



**4C - \$2000/60%/\$6500
Summary of Benefits**

Plan	4C - \$2000/60%/\$6500 In Network
Deductible Individual	\$2,000
Deductible Family	\$4,000
In-Network Coinsurance	40% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$6,500
Maximum Out-of-Pocket - Family	\$13,000
Network	Alliant
Services	
Emergency Room	40% coinsurance after deductible
Urgent Care	\$75
Inpatient Hospital	40% coinsurance after deductible
Inpatient Physician	40% coinsurance after deductible
Office Visit PCP	\$25
Office Visit Specialist	\$40
Office Visit Mental Health	\$25
Imaging (CT/PET Scans, MRIs)	40% coinsurance after deductible
Speech Therapy	40% coinsurance after deductible
Occupational/Physical Therapy	40% coinsurance after deductible
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Professional Services	No Charge
X-Rays/Diagnostic Imaging	40% coinsurance after deductible
Skilled Nursing Facility	40% coinsurance after deductible
Outpatient Facility (Ambulatory)	40% coinsurance after deductible
Outpatient Surgery Physician/Surgical	40% coinsurance after deductible
Chiropractic	40% coinsurance after deductible In-Network Only. Limited to 20 Visits.
Pharmacy	
Generic	\$8
Preferred Brand	\$35
Non-Preferred Brand	\$75
Specialty	25% coinsurance*
Out-of-Network	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$13,000
Deductible Family	\$26,000

*25% coinsurance up to \$400 maximum for any 1 (one) script.