



## 4C - \$4000/70%/\$7000 Summary of Benefits

Plan	4C - \$4000/70%/\$7000 In Network
Deductible Individual	\$4,000
Deductible Family	\$8,000
In-Network Coinsurance	30% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$7,000
Maximum Out-of-Pocket - Family	\$14,000
Network	Alliant
Services	
Emergency Room	30% coinsurance after deductible
Urgent Care	\$75
Inpatient Hospital	30% coinsurance after deductible
Inpatient Physician	30% coinsurance after deductible
Office Visit PCP	\$50
Office Visit Specialist	\$75
Office Visit Mental Health	\$50
Imaging (CT/PET Scans, MRIs)	30% coinsurance after deductible
Speech Therapy	30% coinsurance after deductible
Occupational/Physical Therapy	30% coinsurance after deductible
Preventive/Screening/Immunization	No Charge
Lab Outpatient/Professional Services	No Charge
X-Rays/Diagnostic Imaging	30% coinsurance after deductible
Skilled Nursing Facility	30% coinsurance after deductible
Outpatient Facility (Ambulatory)	30% coinsurance after deductible
Outpatient Surgery Physician/Surgical	30% coinsurance after deductible
Chiropractic	\$50 In-Network Only. Limited to 20 Visits.
Pharmacy	
Generic	\$8
Preferred Brand	30% coinsurance
Non-Preferred Brand	30% coinsurance
Specialty	30% coinsurance
Out-of-Network	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$14,000
Deductible Family	\$28,000