4C - $4000/60%/$8000
Summary of Benefits

Plan	4C - $4000/60%/$8000 In Network
Deductible Individual	$4,000
Deductible Family	$8,000
In-Network Coinsurance	40% coinsurance after deductible
Maximum Out-of-Pocket - Individual	$8,000
Maximum Out-of-Pocket - Family	$16,000
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	$30 (first 3 visits) then deductible and coinsurance
Office Visit Specialist	40% coinsurance after deductible
Office Visit Mental Health	$30 (first 3 visits) then deductible and coinsurance
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	$5
Preferred Brand	$50
Non-Preferred Brand	$100
Specialty	$250

Out-of-Network	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	$16,000
Deductible Family	$32,000