

Deductible Individual \$4,000 Deductible Family \$8,000 In-Network Coinsurance 40% coinsurance after deductible Maximum Out-of-Pocket - Individual \$8,150 Maximum Out-of-Pocket - Family \$16,300 Network Alliant Services Emergency Room 40% coinsurance after deductible Urgent Care Individual 40% coinsurance after deductible Urgent Care 575 Inpatient Hospital 40% coinsurance after deductible Inpatient Physician 40% coinsurance after deductible Office Visit Specialist 575 Office Visit Specialist 575 Office Visit Mental Health 525 Imaging (CT/PET Scans, MRIs) 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 Chiropractic 40% coinsurance after deductible In-Network Only, Limited to 20 Visits. Pharmacy Generic 58 Preferred Brand 535 Specialty 25% coinsurance*	Plan	4C - \$4000/60%/\$8150
Deductible Family In-Network Coinsurance A0% coinsurance after deductible Maximum Out-of-Pocket - Individual Maximum Out-of-Pocket - Family Maximum Out-of-Pocket - Family Services Emergency Room A0% coinsurance after deductible Urgent Care Inpatient Hospital A0% coinsurance after deductible Urgent Care Inpatient Physician A0% coinsurance after deductible Urgent Services Services Inpatient Hospital A0% coinsurance after deductible Urgent Care Inpatient Physician A0% coinsurance after deductible Office Visit Specialist S75 Office Visit Specialist S75 Office Visit Mental Health S25 Imaging (CT/PET Scans, MRIs) A0% coinsurance after deductible Occupational/Physical Therapy A0% coinsurance after deductible Occupational/Physical Therapy A0% coinsurance after deductible Dreventative/Screening/Immunization No Charge X-Rays/Diagnostic Imaging A0% coinsurance after deductible Skilled Nursing Facility A0% coinsurance after deductible Outpatient Facility (Ambulatory) A0% coinsurance after deductible Outpatient Surgery Physician/Surgical A0% coinsurance after deductible Outpatient Surgery Physician/Surgical A0% coinsurance after deductible In-Network Only. Limited to 20 Visits. Pharmacy Generic S8 Preferred Brand S35 Non-Preferred Brand S75		In Network
In-Network Coinsurance 40% coinsurance after deductible Maximum Out-of-Pocket - Individual \$8,150 Maximum Out-of-Pocket - Family \$16,300 Network Alliant Services SEMERGENCY 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 \$75 Office Visit Mental Health \$25 Imaging (CT/PET Scans, MRIs) 40% coinsurance after deductible Occupational/Physical Therapy 40% coinsurance after deductible Occupational Services No Charge S-Rays/Diagnostic Imaging 40% coinsurance after deductible Octpatient Facility (Ambulatory) 40% coinsurance after deductible Outpatient Facility (Ambulatory) 40% coinsurance after deductible Outpatient Surgery Physician/Surgical 40% coinsurance after deductible Ontpatient Surgery Physician/Surgical 40% coinsurance after deductible In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$35 Non-Preferred Brand \$35	Deductible Individual	\$4,000
Maximum Out-of-Pocket - Individual Maximum Out-of-Pocket - Family Services Emergency Room Mow coinsurance after deductible Urgent Care Inpatient Hospital Inpatient Physician Office Visit PCP Office Visit Specialist Spech Therapy Au% coinsurance after deductible Spech Therapy Au% coinsurance after deductible Occupational/Physical Therapy Preventative/Screening/Immunization Lab Outpatient/Professional Services X-Rays/Diagnostic Imaging Skilled Nursing Facility Au% coinsurance after deductible Outpatient Facility (Ambulatory) Outpatient Facility (Ambulatory) Plarmacy Generic Preferred Brand No-Preferred Brand Alliant \$16,300 Alliant \$16,300 Alliant \$40% coinsurance after deductible 00% coinsurance after deductible Au% coinsurance after deductible \$575 Mow Charge Au% coinsurance after deductible Au% coinsurance after	Deductible Family	\$8,000
Maximum Out-of-Pocket - Family Network Alliant Services Emergency Room 40% coinsurance after deductible Urgent Care Inpatient Physician Office Visit PCP Office Visit Specialist Occupational/Physical Therapy A0% coinsurance after deductible Speech Therapy A0% coinsurance after deductible Occupational/Physical Imaging A0% coinsurance after deductible Octupatient Facility (Ambulatory) A0% coinsurance after deductible Outpatient Facility (Ambulatory) A0% coinsurance after deductible Outpatient Surgery Physician/Surgical A0% coinsurance after deductible In-Network Only. Limited to 20 Visits. Pharmacy Generic S8 Preferred Brand S75	In-Network Coinsurance	40% coinsurance after deductible
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 \$75 Office Visit Mental Health \$25 Imaging (CT/PET Scans, MRIs) 40% coinsurance after deductible Occupational/Physical 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 Outpatient 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 575	Maximum Out-of-Pocket - Individual	\$8,150
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 \$75 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 W-Rays/Diagnostic Imaging 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	Maximum Out-of-Pocket - Family	\$16,300
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 \$75 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	Network	Alliant
Urgent Care \$75 Inpatient Hospital 40% coinsurance after deductible Inpatient Physician 40% coinsurance after deductible Office Visit PCP \$25 Office Visit Specialist \$75 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 \$25 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 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$35 Non-Preferred Brand \$75	Services	
Inpatient Hospital 40% coinsurance after deductible Inpatient Physician 40% coinsurance after deductible Office Visit PCP 525 Office Visit Specialist 575 Office Visit Mental Health 525 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 575	Emergency Room	40% coinsurance after deductible
Inpatient Physician 40% coinsurance after deductible Office Visit PCP \$25 Office Visit Specialist \$75 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 Chiropractic 40% coinsurance after deductible In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$35 Non-Preferred Brand	Urgent Care	\$75
Office Visit PCP Office Visit Specialist Office Visit Mental Health \$25 Imaging (CT/PET Scans, MRIs) Speech Therapy 40% coinsurance after deductible Occupational/Physical Therapy 40% coinsurance after deductible Preventative/Screening/Immunization 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 Facility (Ambulatory) 40% coinsurance after deductible Outpatient Surgery Physician/Surgical 40% coinsurance after deductible Outpatient Surgery Physician/Surgical 40% coinsurance after deductible In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$35 Non-Preferred Brand	Inpatient Hospital	40% coinsurance after deductible
Office Visit Specialist \$75 Office Visit Mental Health \$25 Imaging (CT/PET Scans, MRIs) 40% coinsurance after deductible 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	Inpatient Physician	40% coinsurance after deductible
Office Visit Mental Health \$25	Office Visit PCP	\$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 Outpatient Facility (Ambulatory) 40% coinsurance after deductible Outpatient Surgery Physician/Surgical Chiropractic 40% coinsurance after deductible In-Network Only. Limited to 20 Visits. Pharmacy Generic \$8 Preferred Brand \$35 Non-Preferred Brand \$75	Office Visit Specialist	\$75
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	Office Visit Mental Health	\$25
Occupational/Physical Therapy Preventative/Screening/Immunization 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	Imaging (CT/PET Scans, MRIs)	40% coinsurance after deductible
Preventative/Screening/Immunization 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	Speech Therapy	40% coinsurance after deductible
Lab Outpatient/Professional Services 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	Occupational/Physical Therapy	40% coinsurance after deductible
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	Preventative/Screening/Immunization	No Charge
Skilled Nursing Facility Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic Pharmacy Generic Preferred Brand Skilled Nursing Facility 40% coinsurance after deductible 40% coinsurance after deductible In-Network Only. Limited to 20 Visits. \$8 Preferred Brand \$35 Non-Preferred Brand \$75	Lab Outpatient/Professional Services	No Charge
Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic Chiropractic Pharmacy Generic Preferred Brand Non-Preferred Brand 40% coinsurance after deductible In-Network Only. Limited to 20 Visits. \$8 \$75	X-Rays/Diagnostic Imaging	40% coinsurance after deductible
Outpatient Surgery Physician/Surgical Chiropractic 40% coinsurance after deductible In-Network Only. Limited to 20 Visits. Pharmacy Generic Preferred Brand \$35 Non-Preferred Brand \$75	Skilled Nursing Facility	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	Outpatient Facility (Ambulatory)	40% coinsurance after deductible
Pharmacy Generic \$8 Preferred Brand \$35 Non-Preferred Brand \$75	Outpatient Surgery Physician/Surgical	40% coinsurance after deductible
Generic \$8 Preferred Brand \$35 Non-Preferred Brand \$75	Chiropractic	
Preferred Brand \$35 Non-Preferred Brand \$75	Pharmacy	
Non-Preferred Brand \$75	Generic	\$8
	Preferred Brand	\$35
Specialty 25% coinsurance*	Non-Preferred Brand	\$75
	Specialty	25% coinsurance*

Out-of-Network	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$16,300
Deductible Family	\$32,600

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