



## 4C - \$7500/60%/\$8500 Summary of Benefits

Plan	4C - \$7500/60%/\$8500 In Network
Deductible Individual	\$7,500
Deductible Family	\$15,000
In-Network Coinsurance	40% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$8,500
Maximum Out-of-Pocket - Family	\$17,000
Network	Alliant
Services	
Emergency Room	40% coinsurance after deductible
Urgent Care	40% coinsurance after deductible
Inpatient Hospital	40% coinsurance after deductible
Inpatient Physician	40% coinsurance after deductible
Office Visit PCP	40% coinsurance after deductible
Office Visit Specialist	40% coinsurance after deductible
Office Visit Mental Health	40% coinsurance after deductible
Imaging (CT/PET Scans, MRIs)	40% coinsurance after deductible
Speech Therapy	40% coinsurance after deductible
Occupational/Physical Therapy	40% coinsurance after deductible
Preventive/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	40% coinsurance after deductible
Preferred Brand	40% coinsurance after deductible
Non-Preferred Brand	40% coinsurance after deductible
Specialty	40% coinsurance after deductible
Out-of-Network	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$17,000
Deductible Family	\$34,000