



## 4C - \$7000/70%/\$8550 Summary of Benefits

Plan	4C - \$7000/70%/\$8550 In Network
Deductible Individual	\$7,000
Deductible Family	\$14,000
In-Network Coinsurance	30% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$8,550
Maximum Out-of-Pocket - Family	\$17,100
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	30% coinsurance after deductible
Office Visit Specialist	30% coinsurance after deductible
Office Visit Mental Health	30% coinsurance after deductible
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	30% coinsurance after deductible In-Network Only. Limited to 20 Visits.
Pharmacy	
Generic	30% coinsurance
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	\$20,000
Deductible Family	\$40,000

\*30% coinsurance up to \$400 maximum for any 1 (one) script.