



**4C - \$1500/85%/\$5750  
Summary of Benefits**

Plan	4C - \$1500/85%/\$5750 In Network
Deductible Individual	\$1,500
Deductible Family	\$3,000
In-Network Coinsurance	15% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$5,750
Maximum Out-of-Pocket - Family	\$11,500
Network	Alliant
<b>Services</b>	
Emergency Room	15% coinsurance after deductible
Urgent Care	\$75
Inpatient Hospital	15% coinsurance after deductible
Inpatient Physician	15% coinsurance after deductible
Office Visit PCP	\$30
Office Visit Specialist	\$60
Office Visit Mental Health	\$30
Imaging (CT/PET Scans, MRIs)	15% coinsurance after deductible
Speech Therapy	15% coinsurance after deductible
Occupational/Physical Therapy	15% coinsurance after deductible
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Professional Services	No Charge
X-Rays/Diagnostic Imaging	15% coinsurance after deductible
Skilled Nursing Facility	15% coinsurance after deductible
Outpatient Facility (Ambulatory)	15% coinsurance after deductible
Outpatient Surgery Physician/Surgical	15% coinsurance after deductible
Chiropractic	15% coinsurance after deductible In-Network Only. Limited to 20 Visits.
<b>Pharmacy</b>	
Generic	\$20
Preferred Brand	\$45
Non-Preferred Brand	\$70
Specialty	25% coinsurance*
<b>Out-of-Network</b>	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$20,000
Deductible Family	\$40,000

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