



**4C - \$3000/90%/\$5500
Summary of Benefits**

Plan	4C - \$3000/90%/\$5500 In Network
Deductible Individual	\$3,000
Deductible Family	\$6,000
In-Network Coinsurance	10% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$5,500
Maximum Out-of-Pocket - Family	\$11,000
Network	Alliant
Services	
Emergency Room	10% coinsurance after deductible
Urgent Care	\$75
Inpatient Hospital	10% coinsurance after deductible
Inpatient Physician	10% coinsurance after deductible
Office Visit PCP	\$30
Office Visit Specialist	\$60
Office Visit Mental Health	\$30
Imaging (CT/PET Scans, MRIs)	10% coinsurance after deductible
Speech Therapy	10% coinsurance after deductible
Occupational/Physical Therapy	10% coinsurance after deductible
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Professional Services	No Charge
X-Rays/Diagnostic Imaging	10% coinsurance after deductible
Skilled Nursing Facility	10% coinsurance after deductible
Outpatient Facility (Ambulatory)	10% coinsurance after deductible
Outpatient Surgery Physician/Surgical	10% coinsurance after deductible
Chiropractic	10% coinsurance after deductible In-Network Only. Limited to 20 Visits.
Pharmacy	
Generic	\$20
Preferred Brand	\$45
Non-Preferred Brand	\$70
Specialty	25% coinsurance*
Out-of-Network	
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.