



**4C - \$1500/80%/\$3250  
Summary of Benefits**

Plan	4C - \$1500/80%/\$3250 In Network
Deductible Individual	\$1,500
Deductible Family	\$3,000
In-Network Coinsurance	20% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$3,250
Maximum Out-of-Pocket - Family	\$6,500
Network	Alliant
<b>Services</b>	
Emergency Room	20% coinsurance after deductible
Urgent Care	20% coinsurance after deductible
Inpatient Hospital	20% coinsurance after deductible
Inpatient Physician	20% coinsurance after deductible
Office Visit PCP	20% coinsurance after deductible
Office Visit Specialist	20% coinsurance after deductible
Office Visit Mental Health	20% coinsurance after deductible
Imaging (CT/PET Scans, MRIs)	20% coinsurance after deductible
Speech Therapy	20% coinsurance after deductible
Occupational/Physical Therapy	20% coinsurance after deductible
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Professional Services	20% coinsurance after deductible
X-Rays/Diagnostic Imaging	20% coinsurance after deductible
Skilled Nursing Facility	20% coinsurance after deductible
Outpatient Facility (Ambulatory)	20% coinsurance after deductible
Outpatient Surgery Physician/Surgical	20% coinsurance after deductible
Chiropractic	20% coinsurance after deductible In-Network Only. Limited to 20 Visits.
<b>Pharmacy</b>	
Generic	20% coinsurance after deductible
Preferred Brand	20% coinsurance after deductible
Non-Preferred Brand	20% coinsurance after deductible
Specialty	20% coinsurance after deductible
<b>Out-of-Network</b>	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$20,000
Deductible Family	\$40,000