



**4C - \$2250/100%/\$2250
Summary of Benefits**

Plan	4C - \$2250/100%/\$2250 In Network
Deductible Individual	\$2,250
Deductible Family	\$4,500
In-Network Coinsurance	0% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$2,250
Maximum Out-of-Pocket - Family	\$4,500
Network	Alliant
Services	
Emergency Room	\$150
Urgent Care	\$75
Inpatient Hospital	\$350
Inpatient Physician	0% coinsurance after deductible
Office Visit PCP	\$20
Office Visit Specialist	\$40
Office Visit Mental Health	\$20
Imaging (CT/PET Scans, MRIs)	0% coinsurance after deductible
Speech Therapy	0% coinsurance after deductible
Occupational/Physical Therapy	0% coinsurance after deductible
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Professional Services	No Charge
X-Rays/Diagnostic Imaging	0% coinsurance after deductible
Skilled Nursing Facility	0% coinsurance after deductible
Outpatient Facility (Ambulatory)	0% coinsurance after deductible
Outpatient Surgery Physician/Surgical	0% coinsurance after deductible
Chiropractic	0% coinsurance after deductible In-Network Only. Limited to 20 Visits.
Pharmacy	
Generic	\$15
Preferred Brand	\$35
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.