



**4C - \$7000/95%/\$8200  
Summary of Benefits**

Plan	4C - \$7000/95%/\$8200 In Network
Deductible Individual	\$7,000
Deductible Family	\$14,000
In-Network Coinsurance	5% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$8,200
Maximum Out-of-Pocket - Family	\$16,400
Network	Alliant
<b>Services</b>	
Emergency Room	5% coinsurance after deductible
Urgent Care	\$75
Inpatient Hospital	5% coinsurance after deductible
Inpatient Physician	5% coinsurance after deductible
Office Visit PCP	\$40
Office Visit Specialist	\$80
Office Visit Mental Health	\$40
Imaging (CT/PET Scans, MRIs)	5% coinsurance after deductible
Speech Therapy	5% coinsurance after deductible
Occupational/Physical Therapy	5% coinsurance after deductible
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Professional Services	No Charge
X-Rays/Diagnostic Imaging	5% coinsurance after deductible
Skilled Nursing Facility	5% coinsurance after deductible
Outpatient Facility (Ambulatory)	5% coinsurance after deductible
Outpatient Surgery Physician/Surgical	5% coinsurance after deductible
Chiropractic	5% coinsurance after deductible In-Network Only. Limited to 20 Visits.
<b>Pharmacy</b>	
Generic	\$30
Preferred Brand	\$55
Non-Preferred Brand	\$100
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.