



**4C - \$500/60%/\$2500
Summary of Benefits**

| Plan | 4C - \$500/60%/\$2500 In Network |
|---------------------------------------|---|
| Deductible Individual | \$500 |
| Deductible Family | \$1,000 |
| In-Network Coinsurance | 40% coinsurance after deductible |
| Maximum Out-of-Pocket - Individual | \$2,500 |
| Maximum Out-of-Pocket - Family | \$5,000 |
| Network | Alliant |
| Services | |
| Emergency Room | 40% coinsurance after deductible |
| Urgent Care | \$75 |
| Inpatient Hospital | 40% coinsurance after deductible |
| Inpatient Physician | 40% coinsurance after deductible |
| Office Visit PCP | \$25 |
| Office Visit Specialist | \$50 |
| Office Visit Mental Health | \$25 |
| Imaging (CT/PET Scans, MRIs) | 40% coinsurance after deductible |
| Speech Therapy | 40% coinsurance after deductible |
| Occupational/Physical Therapy | 40% coinsurance after deductible |
| Preventative/Screening/Immunization | No Charge |
| Lab Outpatient/Prof Svcs | No Charge |
| X-Rays/Diagnostic Imaging | 40% coinsurance after deductible |
| Skilled Nursing Facility | 40% coinsurance after deductible |
| Outpatient Facility (Ambulatory) | 40% coinsurance after deductible |
| Outpatient Surgery Physician/Surgical | 40% coinsurance after deductible |
| Chiropractic | \$25 In-Network Only. Limited to 20 Visits. |
| Pharmacy | |
| Generic | \$5 |
| Preferred Brand | \$50 |
| Non-Preferred Brand | \$100 |
| Specialty | \$250 |
| Out-of-Network | |
| Out-of-Network Coinsurance | 40% coinsurance after deductible |
| Deductible Individual | \$10,000 |
| Deductible Family | \$20,000 |