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
Services	
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/Prof Svcs	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. Limited to 20 Visits.
Pharmacy	
Generic	20% coinsurance after deductible
Preferred Brand	20% coinsurance after deductible
Non-Preferred Brand	20% coinsurance after deductible
Specialty	20% coinsurance after deductible

Out-of-Network	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	$20,000
Deductible Family	$40,000