



## 4C - \$3000/80%/\$6000 Summary of Benefits

| Plan                                  | 4C - \$3000/80%/\$6000<br>In Network                    |
|---------------------------------------|---------------------------------------------------------|
| Deductible Individual                 | \$3,000                                                 |
| Deductible Family                     | \$6,000                                                 |
| In-Network Coinsurance                | 20% coinsurance after deductible                        |
| Maximum Out-of-Pocket - Individual    | \$6,000                                                 |
| Maximum Out-of-Pocket - Family        | \$12,000                                                |
| 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                                                |