4C - $2000/60%/$6500
Summary of Benefits

Plan	4C - $2000/60%/$6500 In Network
Deductible Individual	$2,000
Deductible Family	$4,000
In-Network Coinsurance	40% coinsurance after deductible
Maximum Out-of-Pocket - Individual	$6,500
Maximum Out-of-Pocket - Family	$13,000
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	$40
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	$8
Preferred Brand	$35
Non-Preferred Brand	$75
Specialty	25% coinsurance*

Out-of-Network	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	$13,000
Deductible Family	$26,000

*25% coinsurance up to $400 maximum for any 1 (one) script.