



## 4C - \$9100/100%/\$9100 Summary of Benefits

Plan	4C - \$9100/100%/\$9100 In Network
Deductible Individual	\$9,100
Deductible Family	\$18,200
In-Network Coinsurance	0% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$9,100
Maximum Out-of-Pocket - Family	\$18,200
Network	Alliant
<b>Services</b>	
Emergency Room	0% coinsurance after deductible
Urgent Care	0% coinsurance after deductible
Inpatient Hospital	0% coinsurance after deductible
Inpatient Physician	0% coinsurance after deductible
Office Visit PCP	\$40
Office Visit Specialist	0% coinsurance after deductible
Office Visit Mental Health	\$40
Imaging (CT/PET Scans, MRIs)	0% coinsurance after deductible
Speech Therapy	0% coinsurance after deductible
Occupational/Physical Therapy	0% coinsurance after deductible
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Prof Svcs	No Charge
X-Rays/Diagnostic Imaging	0% coinsurance after deductible
Skilled Nursing Facility	0% coinsurance after deductible
Outpatient Facility (Ambulatory)	0% coinsurance after deductible
Outpatient Surgery Physician/Surgical	0% coinsurance after deductible
Chiropractic	\$40 In-Network Only. Limited to 20 Visits.
<b>Pharmacy</b>	
Generic	\$5
Preferred Brand	0% coinsurance after deductible
Non-Preferred Brand	0% coinsurance after deductible
Specialty	0% coinsurance after deductible
<b>Out-of-Network</b>	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$18,200
Deductible Family	\$36,400