

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 Services 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 Imaging (CT/PET Scans, MRIs) 0% coinsurance after deductible Descent Therapy 0% coinsurance after deductible Descentative/Screening/Immunization 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 Outpatient Surgery Physician/Surgical 0% coinsurance after deductible Chiropractic \$5 Pharmacy Generic \$5 Preferred Brand 0% coinsurance after deductible Ow coinsurance after deductible	Plan	4C - \$9100/100%/\$9100 In Network
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 Services Emergency Room 0% coinsurance after deductible Urgent Care 0% coinsurance after deductible Inpatient Hospital 0% coinsurance after deductible Inpatient Physician 0% coinsurance after deductible Inpatient Physician 0% coinsurance after deductible Office Visit PCP \$40 Office Visit Specialist 0% coinsurance after deductible Imaging (CT/PET Scans, MRIs) 0% coinsurance after deductible Speech Therapy 0% coinsurance after deductible Cocupational/Physical Therapy 0% coinsurance after deductible Derventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 0% coinsurance after deductible Outpatient Facility (Ambulatory) 0% coinsurance after deductible Outpatient Surgery Physician/Surgical 0% coinsurance after deductible Chiropractic \$5 Preferred Brand 0% coinsurance after deductible Ow Coinsurance after deductible	Deductible Individual	
In-Network Coinsurance Maximum Out-of-Pocket - Individual Maximum Out-of-Pocket - Individual Maximum Out-of-Pocket - Family Network Alliant Services Emergency Room Urgent Care Inpatient Hospital Office Visit PCP S40 Office Visit Specialist Office Visit Mental Health Inaging (CT/PET Scans, MRIs) Speech Therapy Occupational/Physical Therapy Orcupational/Physical Therapy Preventative/Screening/Immunization Lab Outpatient/Prof Svcs X-Rays/Diagnostic Imaging Skilled Nursing Facility Outpatient Facility (Ambulatory) Outpatient Position Pharmacy Generic Preferred Brand Non-Preferred Brand Ow coinsurance after deductible Office Visit Mental Health S40 Ow coinsurance after deductible		
Maximum Out-of-Pocket - Individual \$9,100 Maximum Out-of-Pocket - Family \$18,200 Network Alliant Services Emergency Room O% coinsurance after deductible Urgent Care O% coinsurance after deductible Inpatient Hospital O% coinsurance after deductible Inpatient Physician O% coinsurance after deductible Office Visit PCP S40 Office Visit Specialist O% coinsurance after deductible Imaging (CT/PET Scans, MRIs) O% coinsurance after deductible Speech Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Doutpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging O% coinsurance after deductible Outpatient Facility O% coinsurance after deductible Outpatient Surgery Physician/Surgical O% coinsurance after deductible Ohiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$5 Preferred Brand O% coinsurance after deductible Ook coinsurance after deductible	·	
Maximum Out-of-Pocket - Family \$18,200 Network Alliant Services Emergency Room O% coinsurance after deductible Urgent Care O% coinsurance after deductible Inpatient Hospital O% coinsurance after deductible Inpatient Physician O% coinsurance after deductible Office Visit PCP Office Visit Specialist O% coinsurance after deductible Office Visit Specialist O% coinsurance after deductible Office Visit Mental Health \$40 Imaging (CT/PET Scans, MRIs) O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging O% coinsurance after deductible Outpatient Facility (Ambulatory) O% coinsurance after deductible Outpatient Surgery Physician/Surgical O% coinsurance after deductible Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$5 Preferred Brand O% coinsurance after deductible O% coinsurance after deductible		
Network Services Emergency Room O% coinsurance after deductible Urgent Care O% coinsurance after deductible Inpatient Hospital O% coinsurance after deductible Office Visit PCP \$40 Office Visit Specialist O% coinsurance after deductible Office Visit Mental Health Squ Imaging (CT/PET Scans, MRIs) O% coinsurance after deductible Office Visit Mental Health No coinsurance after deductible Office Visit Mental Health Squ Imaging (CT/PET Scans, MRIs) O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Ocharge No Charge X-Rays/Diagnostic Imaging O% coinsurance after deductible Outpatient/Prof Svcs No Charge Skilled Nursing Facility Ow coinsurance after deductible Outpatient Facility (Ambulatory) Ow coinsurance after deductible Outpatient Surgery Physician/Surgical Ow coinsurance after deductible Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$5 Preferred Brand Ow coinsurance after deductible Ow coinsurance after deductible		
Services Emergency Room O% coinsurance after deductible Urgent Care O% coinsurance after deductible Inpatient Hospital O% coinsurance after deductible Inpatient Physician O% coinsurance after deductible Inpatient Physician O% coinsurance after deductible Office Visit PCP \$40 Office Visit Specialist O% coinsurance after deductible Office Visit Mental Health \$40 Imaging (CT/PET Scans, MRIs) O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging O% coinsurance after deductible Outpatient Facility (Ambulatory) O% coinsurance after deductible Outpatient Surgery Physician/Surgical O% coinsurance after deductible Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$5 Preferred Brand O% coinsurance after deductible Ow coinsurance after deductible Ow coinsurance after deductible	·	
Emergency Room Urgent Care O% coinsurance after deductible Inpatient Hospital O% coinsurance after deductible Inpatient Physician O% coinsurance after deductible Office Visit PCP \$40 Office Visit Specialist O% coinsurance after deductible Office Visit Mental Health \$40 Imaging (CT/PET Scans, MRIs) O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging O% coinsurance after deductible Outpatient Facility (Ambulatory) O% coinsurance after deductible Outpatient Surgery Physician/Surgical Chiropractic \$40 Imaging CT/PET Scans, MRIs O% coinsurance after deductible Ow coinsurance after deductible Ow coinsurance after deductible Nor-Preferred Brand O% coinsurance after deductible		Alliant
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. Pharmacy Generic \$5 Preferred Brand 0% coinsurance after deductible Non-Preferred Brand 0% coinsurance after deductible	Services	
Inpatient Hospital Inpatient Physician O% coinsurance after deductible Office Visit PCP Office Visit Specialist O% coinsurance after deductible Office Visit Mental Health S40 Imaging (CT/PET Scans, MRIs) O% coinsurance after deductible Office Visit Mental Health Speech Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Occupational/Physical Therapy No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging O% coinsurance after deductible Outpatient Facility Ow coinsurance after deductible Outpatient Facility (Ambulatory) O% coinsurance after deductible Outpatient Surgery Physician/Surgical O% coinsurance after deductible Chiropractic S40 In-Network Only. Limited to 20 Visits. Pharmacy Generic S5 Preferred Brand O% coinsurance after deductible Ow coinsurance after deductible	Emergency Room	0% coinsurance after deductible
Inpatient Physician Office Visit PCP S40 Office Visit Specialist Office Visit Mental Health Imaging (CT/PET Scans, MRIs) Speech Therapy Occupational/Physical Therapy Preventative/Screening/Immunization Lab Outpatient/Prof Svcs X-Rays/Diagnostic Imaging Skilled Nursing Facility Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic S40 Omaging CT/PET Scans, MRIs) Office Visit Mental Health S40 Ow coinsurance after deductible Ow coinsurance after deductible Ow coinsurance after deductible No Charge X-Rays/Diagnostic Imaging Office Visit Scans, MRIs Office Visit Mental Health S40 No coinsurance after deductible Ow coinsurance after deductible Ow coinsurance after deductible Ow coinsurance after deductible S40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$55 Preferred Brand Office Visit Scans Office Visit Sections Office Visit Security S40 Office Visit Security S40	Urgent Care	0% coinsurance after deductible
Office Visit PCP Office Visit Specialist Office Visit Mental Health Imaging (CT/PET Scans, MRIs) Speech Therapy Office Visit Mental Health Office Visit Mental Health Speech Therapy Office Visit Mental Health Office Visit Mental Health Speech Therapy Office Visit Mental Health Office Visit Mental Health Speech Therapy Office Visit Mental Health No Charge Office	Inpatient Hospital	0% coinsurance after deductible
Office Visit Specialist Office Visit Mental Health S40 Imaging (CT/PET Scans, MRIs) O% coinsurance after deductible Speech Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging O% coinsurance after deductible Skilled Nursing Facility O% coinsurance after deductible Outpatient Facility (Ambulatory) O% coinsurance after deductible Outpatient Surgery Physician/Surgical O% coinsurance after deductible Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$5 Preferred Brand O% coinsurance after deductible Non-Preferred Brand O% coinsurance after deductible	Inpatient Physician	0% coinsurance after deductible
Office Visit Mental Health Imaging (CT/PET Scans, MRIs) Speech Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging O% coinsurance after deductible Owtoinsurance after deductible Owtpatient Facility Owtoinsurance after deductible Outpatient Facility (Ambulatory) Owtoinsurance after deductible Outpatient Surgery Physician/Surgical Chiropractic S40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$5 Preferred Brand O% coinsurance after deductible Non-Preferred Brand O% coinsurance after deductible	Office Visit PCP	\$40
Imaging (CT/PET Scans, MRIs) Speech Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging O% coinsurance after deductible Skilled Nursing Facility Ow coinsurance after deductible Outpatient Facility (Ambulatory) Ow coinsurance after deductible Outpatient Surgery Physician/Surgical Chiropractic Pharmacy Generic \$5 Preferred Brand Ow coinsurance after deductible Ow coinsurance after deductible Ow coinsurance after deductible \$5 Preferred Brand Ow coinsurance after deductible Ow coinsurance after deductible	Office Visit Specialist	0% coinsurance after deductible
Speech Therapy Occupational/Physical Therapy O% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging O% coinsurance after deductible Skilled Nursing Facility O% coinsurance after deductible Outpatient Facility (Ambulatory) Ow coinsurance after deductible Outpatient Surgery Physician/Surgical O% coinsurance after deductible Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$5 Preferred Brand O% coinsurance after deductible Ow coinsurance after deductible	Office Visit Mental Health	\$40
Occupational/Physical Therapy Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging O% coinsurance after deductible Skilled Nursing Facility O% coinsurance after deductible Outpatient Facility (Ambulatory) O% coinsurance after deductible Outpatient Surgery Physician/Surgical O% coinsurance after deductible Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$5 Preferred Brand O% coinsurance after deductible O% coinsurance after deductible	Imaging (CT/PET Scans, MRIs)	0% coinsurance after deductible
Preventative/Screening/Immunization Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging O% coinsurance after deductible Skilled Nursing Facility Ow coinsurance after deductible Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic Pharmacy Generic \$5 Preferred Brand O% coinsurance after deductible O% coinsurance after deductible \$5 Ow coinsurance after deductible \$5 Ow coinsurance after deductible O% coinsurance after deductible O% coinsurance after deductible	Speech Therapy	0% coinsurance after deductible
Lab Outpatient/Prof Svcs X-Rays/Diagnostic Imaging O% coinsurance after deductible Skilled Nursing Facility Ow coinsurance after deductible Outpatient Facility (Ambulatory) Ow coinsurance after deductible Outpatient Surgery Physician/Surgical Ohiropractic Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$5 Preferred Brand Ohicoinsurance after deductible	Occupational/Physical Therapy	0% coinsurance after deductible
X-Rays/Diagnostic Imaging O% coinsurance after deductible Ok coinsurance after deductible Outpatient Facility (Ambulatory) Ottpatient Surgery Physician/Surgical Chiropractic Pharmacy Generic Freferred Brand O% coinsurance after deductible O% coinsurance after deductible \$40 In-Network Only. Limited to 20 Visits. \$5 Preferred Brand O% coinsurance after deductible O% coinsurance after deductible O% coinsurance after deductible	Preventative/Screening/Immunization	No Charge
Skilled Nursing Facility Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Outpatient Surgery Physician/Surgical Ohiropractic S40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$5 Preferred Brand Ow coinsurance after deductible	Lab Outpatient/Prof Svcs	No Charge
Outpatient Facility (Ambulatory) Ow coinsurance after deductible Ow coinsurance after deductible Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$5 Preferred Brand Ow coinsurance after deductible Ow coinsurance after deductible Ow coinsurance after deductible Non-Preferred Brand Ow coinsurance after deductible	X-Rays/Diagnostic Imaging	0% coinsurance after deductible
Outpatient Surgery Physician/Surgical Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$5 Preferred Brand Non-Preferred Brand 0% coinsurance after deductible 0% coinsurance after deductible 0% coinsurance after deductible	Skilled Nursing Facility	0% coinsurance after deductible
Chiropractic \$40 In-Network Only. Limited to 20 Visits. Pharmacy Generic \$5 Preferred Brand 0% coinsurance after deductible Non-Preferred Brand 0% coinsurance after deductible	Outpatient Facility (Ambulatory)	0% coinsurance after deductible
Pharmacy Generic \$5 Preferred Brand 0% coinsurance after deductible Non-Preferred Brand 0% coinsurance after deductible	Outpatient Surgery Physician/Surgical	0% coinsurance after deductible
Generic \$5 Preferred Brand 0% coinsurance after deductible Non-Preferred Brand 0% coinsurance after deductible	Chiropractic	\$40 In-Network Only. Limited to 20 Visits.
Generic \$5 Preferred Brand 0% coinsurance after deductible Non-Preferred Brand 0% coinsurance after deductible		·
Preferred Brand 0% coinsurance after deductible Non-Preferred Brand 0% coinsurance after deductible	Pharmacy	
Preferred Brand 0% coinsurance after deductible Non-Preferred Brand 0% coinsurance after deductible	Generic	\$5
Non-Preferred Brand 0% coinsurance after deductible	Preferred Brand	
	Non-Preferred Brand	
Specialty 0% coinsurance after deductible	Specialty	0% coinsurance after deductible

Out-of-Network	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$18,200
Deductible Family	\$36,400

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