



4C - HDHP 6900 Summary of Benefits

Plan	4C - HDHP 6900 In Network
Deductible Individual	\$6,900
Deductible Family	\$13,800
In-Network Coinsurance	0% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$6,900
Maximum Out-of-Pocket - Family	\$13,800
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	0% coinsurance after deductible
Office Visit Specialist	0% coinsurance after deductible
Office Visit Mental Health	0% coinsurance after deductible
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	0% coinsurance after deductible
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
Pharmacy	
Tier 1	0% coinsurance after deductible
Tier 2	0% coinsurance after deductible
Tier 3	0% coinsurance after deductible
Tier 4	0% coinsurance after deductible

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