4C - $3000/90%/$5500
Summary of Benefits

Plan	4C - $3000/90%/$5500 In Network
Deductible Individual	$3,000
Deductible Family	$6,000
In-Network Coinsurance	10% coinsurance after deductible
Maximum Out-of-Pocket - Individual	$5,500
Maximum Out-of-Pocket - Family	$11,000
Network	Alliant
Services	
Emergency Room	10% coinsurance after deductible
Urgent Care	$75
Inpatient Hospital	10% coinsurance after deductible
Inpatient Physician	10% coinsurance after deductible
Office Visit PCP	$30
Office Visit Specialist	$60
Office Visit Mental Health	$30
Imaging (CT/PET Scans, MRIs)	10% coinsurance after deductible
Speech Therapy	10% coinsurance after deductible
Occupational/Physical Therapy	10% coinsurance after deductible
Preventive/Screening/Immunization	No Charge
Lab Outpatient/Professional Services	No Charge
X-Rays/Diagnostic Imaging	10% coinsurance after deductible
Skilled Nursing Facility	10% coinsurance after deductible
Outpatient Facility (Ambulatory)	10% coinsurance after deductible
Outpatient Surgery Physician/Surgical	10% coinsurance after deductible
Chiropractic	$30 In-Network Only. Limited to 20 Visits.
Pharmacy	
Generic	$20
Preferred Brand	$45
Non-Preferred Brand	$70
Specialty	25% coinsurance*

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

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