



**4C - HDHP \$6250/70%/\$6900**  
**Summary of Benefits**

Plan	4C - HDHP \$6250/70%/\$6900 In Network
Deductible Individual	\$6,250
Deductible Family	\$12,500
In-Network Coinsurance	30% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$6,900
Maximum Out-of-Pocket - Family	\$13,800
Network	Alliant
<b>Services</b>	
Emergency Room	30% coinsurance after deductible
Urgent Care	30% coinsurance after deductible
Inpatient Hospital	30% coinsurance after deductible
Inpatient Physician	30% coinsurance after deductible
Office Visit PCP	30% coinsurance after deductible
Office Visit Specialist	30% coinsurance after deductible
Office Visit Mental Health	30% coinsurance after deductible
Imaging (CT/PET Scans, MRIs)	30% coinsurance after deductible
Speech Therapy	30% coinsurance after deductible
Occupational/Physical Therapy	30% coinsurance after deductible
Preventative/Screening/Immunization	0% coinsurance; not subject to deductible
Lab Outpatient/Prof Svcs	30% coinsurance after deductible
X-Rays/Diagnostic Imaging	30% coinsurance after deductible
Skilled Nursing Facility	30% coinsurance after deductible
Outpatient Facility (Ambulatory)	30% coinsurance after deductible
Outpatient Surgery Physician/Surgical	30% coinsurance after deductible
Chiropractic	30% coinsurance after deductible. Limited to 20 Visits.
<b>Pharmacy</b>	
Generic	30% coinsurance after deductible
Preferred Brand	30% coinsurance after deductible
Non-Preferred Brand	30% coinsurance after deductible
Specialty	30% coinsurance after deductible
<b>Out-of-Network</b>	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$20,000
Deductible Family	\$40,000