



4C - \$3200/100%/\$3200
Summary of Benefits

| Plan | 4C - \$3200/100%/\$3200 In Network |
|---------------------------------------|--|
| Deductible Individual | \$3,200 |
| Deductible Family | \$6,400 |
| In-Network Coinsurance | 0% coinsurance after deductible |
| Maximum Out-of-Pocket - Individual | \$3,200 |
| Maximum Out-of-Pocket - Family | \$6,400 |
| 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 |
| Chiropractic | 0% coinsurance after deductible. Limited to 20 Visits. |
| Pharmacy | |
| Generic | 0% coinsurance after deductible |
| Preferred Brand | 0% coinsurance after deductible |
| Non-Preferred Brand | 0% coinsurance after deductible |
| Specialty | 0% coinsurance after deductible |
| Out-of-Network | |
| Out-of-Network Coinsurance | 40% coinsurance after deductible |
| Deductible Individual | \$10,000 |
| Deductible Family | \$20,000 |