



**4C - HDHP \$7500/100%/\$7500 (FAMILY)**  
**Summary of Benefits**

Plan	4C - HDHP \$7500/100%/\$7500 (FAMILY) In Network
Deductible Individual	\$7,500
Deductible Family	\$7,500
In-Network Coinsurance	0% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$7,500
Maximum Out-of-Pocket - Family	\$7,500
Network	Alliant
<b>Services</b>	
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.
<b>Pharmacy</b>	
Generic	0% coinsurance after deductible
Preferred Brand	0% coinsurance after deductible
Non-Preferred Brand	0% coinsurance after deductible
Specialty	0% coinsurance after deductible
<b>Out-of-Network</b>	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$15,000
Deductible Family	\$15,000