4C - $750/100%/$2500
Summary of Benefits

Plan	4C - $750/100%/$2500 In Network
Deductible Individual	$750
Deductible Family	$1,500
In-Network Coinsurance	0% coinsurance after deductible
Maximum Out-of-Pocket - Individual	$2,500
Maximum Out-of-Pocket - Family	$5,000
Network	Alliant
Services	
Emergency Room	$150
Urgent Care	$75
Inpatient Hospital	$350
Inpatient Physician	0% coinsurance after deductible
Office Visit PCP	$20
Office Visit Specialist	$40
Office Visit Mental Health	$20
Imaging (CT/PET Scans, MRIs)	0% coinsurance after deductible
Speech Therapy	0% coinsurance after deductible
Occupational/Physical Therapy	0% coinsurance after deductible
Preventive/Screening/Immunization	No Charge
Lab Outpatient/Professional Services	No Charge
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	$20 In-Network Only. Limited to 20 Visits.
Pharmacy	
Generic	$15
Preferred Brand	$35
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.