4C - $6500/95%/$8200
Summary of Benefits

Plan	4C - $6500/95%/$8200 In Network
Deductible Individual	$6,500
Deductible Family	$13,000
In-Network Coinsurance	5% coinsurance after deductible
Maximum Out-of-Pocket - Individual	$8,200
Maximum Out-of-Pocket - Family	$16,400
Network	Alliant
Services	
Emergency Room	5% coinsurance after deductible
Urgent Care	$75
Inpatient Hospital	5% coinsurance after deductible
Inpatient Physician	5% coinsurance after deductible
Office Visit PCP	$40
Office Visit Specialist	$80
Office Visit Mental Health	$40
Imaging (CT/PET Scans, MRIs)	5% coinsurance after deductible
Speech Therapy	5% coinsurance after deductible
Occupational/Physical Therapy	5% coinsurance after deductible
Preventive/Screening/Immunization	No Charge
Lab Outpatient/Professional Services	No Charge
X-Rays/Diagnostic Imaging	5% coinsurance after deductible
Skilled Nursing Facility	5% coinsurance after deductible
Outpatient Facility (Ambulatory)	5% coinsurance after deductible
Outpatient Surgery Physician/Surgical	5% coinsurance after deductible
Chiropractic	$40 In-Network Only. Limited to 20 Visits.
Pharmacy	
Generic	$30
Preferred Brand	$55
Non-Preferred Brand	$100
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.