



**4C - \$1000/60%/\$3500**  
**Summary of Benefits**

Plan	4C - \$1000/60%/\$3500 In Network
Deductible Individual	\$1,000
Deductible Family	\$2,000
In-Network Coinsurance	40% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$3,500
Maximum Out-of-Pocket - Family	\$7,000
Network	Alliant
<b>Services</b>	
Emergency Room	40% coinsurance after deductible
Urgent Care	\$75
Inpatient Hospital	40% coinsurance after deductible
Inpatient Physician	40% coinsurance after deductible
Office Visit PCP	\$30 (first 3 visits) then deductible and coinsurance
Office Visit Specialist	40% coinsurance after deductible
Office Visit Mental Health	\$30 (first 3 visits) then deductible and coinsurance
Imaging (CT/PET Scans, MRIs)	40% coinsurance after deductible
Speech Therapy	40% coinsurance after deductible
Occupational/Physical Therapy	40% coinsurance after deductible
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Prof Svcs	40% coinsurance after deductible
X-Rays/Diagnostic Imaging	40% coinsurance after deductible
Skilled Nursing Facility	40% coinsurance after deductible
Outpatient Facility (Ambulatory)	40% coinsurance after deductible
Outpatient Surgery Physician/Surgical	40% coinsurance after deductible
Chiropractic	\$30 In-Network Only. Limited to 20 Visits.
<b>Pharmacy</b>	
Generic	\$5
Preferred Brand	\$50
Non-Preferred Brand	\$100
Specialty	\$250

<b>Out-of-Network</b>	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$10,000
Deductible Family	\$20,000