



**4C - \$2500/80%/\$5000 - \$35 PCP**  
**Summary of Benefits**

Plan	4C - \$2500/80%/\$5000 - \$35 PCP In Network
Deductible Individual	\$2,500
Deductible Family	\$5,000
In-Network Coinsurance	20% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$5,000
Maximum Out-of-Pocket - Family	\$10,000
Network	Alliant
<b>Services</b>	
Emergency Room	20% coinsurance after deductible
Urgent Care	\$75
Inpatient Hospital	20% coinsurance after deductible
Inpatient Physician	20% coinsurance after deductible
Office Visit PCP	\$35
Office Visit Specialist	\$50
Office Visit Mental Health	\$35
Imaging (CT/PET Scans, MRIs)	20% coinsurance after deductible
Speech Therapy	20% coinsurance after deductible
Occupational/Physical Therapy	20% coinsurance after deductible
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Prof Svcs	20% coinsurance after deductible
X-Rays/Diagnostic Imaging	20% coinsurance after deductible
Skilled Nursing Facility	20% coinsurance after deductible
Outpatient Facility (Ambulatory)	20% coinsurance after deductible
Outpatient Surgery Physician/Surgical	20% coinsurance after deductible
Chiropractic	\$35 In-Network Only. Limited to 20 Visits.
<b>Pharmacy</b>	
Generic	20% coinsurance after deductible
Preferred Brand	20% coinsurance after deductible
Non-Preferred Brand	20% coinsurance after deductible
Specialty	20% coinsurance after deductible
<b>Out-of-Network</b>	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$10,000
Deductible Family	\$20,000