



**4C - \$3500/80%/\$5500**  
**Summary of Benefits**

Plan	4C - \$3500/80%/\$5500 In Network
Deductible Individual	\$3,500
Deductible Family	\$7,000
In-Network Coinsurance	20% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$5,500
Maximum Out-of-Pocket - Family	\$11,000
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	\$25
Office Visit Specialist	\$50
Office Visit Mental Health	\$25
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	\$25 In-Network Only. Limited to 20 Visits.
<b>Pharmacy</b>	
Generic	\$8
Preferred Brand	\$35
Non-Preferred Brand	\$75
Specialty	25% coinsurance†

<b>Out-of-Network</b>	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$11,000
Deductible Family	\$22,000

†25% coinsurance up to \$400 maximum for any 1 (one) script.