



**4C - \$4600/60%/\$8550**  
**Summary of Benefits**

Plan	4C - \$4600/60%/\$8550 In Network
Deductible Individual	\$4,600
Deductible Family	\$9,200
In-Network Coinsurance	40% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$8,550
Maximum Out-of-Pocket - Family	\$17,100
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	\$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	\$17,100
Deductible Family	\$34,200

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