



**4C - \$5000/70%/\$6500**  
**Summary of Benefits**

Plan	4C - \$5000/70%/\$6500 In Network
Deductible Individual	\$5,000
Deductible Family	\$10,000
In-Network Coinsurance	30% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$6,500
Maximum Out-of-Pocket - Family	\$13,000
Network	Alliant
<b>Services</b>	
Emergency Room	\$350
Urgent Care	\$75
Inpatient Hospital	30% coinsurance after deductible
Inpatient Physician	30% coinsurance after deductible
Office Visit PCP	\$40
Office Visit Specialist	\$55
Office Visit Mental Health	\$40
Imaging (CT/PET Scans, MRIs)	30% coinsurance after deductible
Speech Therapy	30% coinsurance after deductible
Occupational/Physical Therapy	30% coinsurance after deductible
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Prof Svcs	30% coinsurance after deductible
X-Rays/Diagnostic Imaging	30% coinsurance after deductible
Skilled Nursing Facility	30% coinsurance after deductible
Outpatient Facility (Ambulatory)	30% coinsurance after deductible
Outpatient Surgery Physician/Surgical	30% coinsurance after deductible
Chiropractic	\$40 In-Network Only. Limited to 20 Visits.
<b>Pharmacy</b>	
Generic	\$8
Preferred Brand	\$45
Non-Preferred Brand	\$90
Specialty	25% coinsurance†

<b>Out-of-Network</b>	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$13,000
Deductible Family	\$26,000

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