



4C - Bronze 7550 Summary of Benefits

| Plan | 4C - Bronze 7550 In Network |
|---------------------------------------|-----------------------------------|
| Deductible Individual | \$7,550 |
| Deductible Family | \$15,100 |
| In-Network Coinsurance | 10% coinsurance after deductible |
| Maximum Out-of-Pocket - Individual | \$8,550 |
| Maximum Out-of-Pocket - Family | \$17,100 |
| Network | Alliant |
| Services | |
| Emergency Room | 10% coinsurance after deductible |
| Urgent Care | \$75 |
| Inpatient Hospital | 10% coinsurance after deductible |
| Inpatient Physician | 10% coinsurance after deductible |
| Office Visit PCP | 10% coinsurance after deductible |
| Office Visit Specialist | 10% coinsurance after deductible |
| Office Visit Mental Health | 10% coinsurance after deductible |
| Imaging (CT/PET Scans, MRIs) | 10% coinsurance after deductible |
| Speech Therapy | 10% coinsurance after deductible |
| Occupational/Physical Therapy | 10% coinsurance after deductible |
| Preventative/Screening/Immunization | No Charge |
| Lab Outpatient/Prof Svcs | No Charge |
| X-Rays/Diagnostic Imaging | 10% coinsurance after deductible |
| Skilled Nursing Facility | 10% coinsurance after deductible |
| Outpatient Facility (Ambulatory) | 10% coinsurance after deductible |
| Outpatient Surgery Physician/Surgical | 10% coinsurance after deductible |
| Pharmacy | |
| Tier 1 | 10% coinsurance after deductible |
| Tier 2 | 10% coinsurance after deductible |
| Tier 3 | 10% coinsurance after deductible |
| Tier 4 | 25% coinsurance after deductible* |

| Out-of-Network | |
|----------------------------|----------------------------------|
| Out-of-Network Coinsurance | 40% coinsurance after deductible |
| Deductible Individual | \$20,000 |
| Deductible Family | \$40,000 |

*25% coinsurance subject to the medical deductible. After the deductible, 25% coinsurance up to \$400 max per script.