



## 4C - Gold 1500 Summary of Benefits

Plan	4C - Gold 1500 In Network
Deductible Individual	\$1,500
Deductible Family	\$3,000
In-Network Coinsurance	15% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$5,750
Maximum Out-of-Pocket - Family	\$11,500
Network	Alliant
<b>Services</b>	
Emergency Room	15% coinsurance after deductible
Urgent Care	\$75
Inpatient Hospital	15% coinsurance after deductible
Inpatient Physician	15% coinsurance after deductible
Office Visit PCP	\$30
Office Visit Specialist	\$60
Office Visit Mental Health	\$30
Imaging (CT/PET Scans, MRIs)	15% coinsurance after deductible
Speech Therapy	15% coinsurance after deductible
Occupational/Physical Therapy	15% coinsurance after deductible
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Prof Svcs	No Charge
X-Rays/Diagnostic Imaging	15% coinsurance after deductible
Skilled Nursing Facility	15% coinsurance after deductible
Outpatient Facility (Ambulatory)	15% coinsurance after deductible
Outpatient Surgery Physician/Surgical	15% coinsurance after deductible
<b>Pharmacy</b>	
Tier 1	\$20
Tier 2	\$45
Tier 3	\$70
Tier 4	25% coinsurance after deductible*

<b>Out-of-Network</b>	
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.