4C - Gold 2000
Summary of Benefits

Plan	4C - Gold 2000 In Network
Deductible Individual	$2,000
Deductible Family	$4,000
In-Network Coinsurance	10% coinsurance after deductible
Maximum Out-of-Pocket - Individual	$5,500
Maximum Out-of-Pocket - Family	$11,000
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	$30
Office Visit Specialist	$60
Office Visit Mental Health	$30
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	$20
Tier 2	$45
Tier 3	$70
Tier 4	25% coinsurance*

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

*25% coinsurance up to $400 max per script.