



4C - Gold Copay Summary of Benefits

Plan	4C - Gold Copay In Network
Deductible Individual	\$0
Deductible Family	\$0
In-Network Coinsurance	20% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$8,550
Maximum Out-of-Pocket - Family	\$17,100
Network	Alliant
Services	
Emergency Room	\$500
Urgent Care	\$75
Inpatient Hospital	\$250/day
Inpatient Physician	Plan pays 100%
Office Visit PCP	First 3 visits no cost share, then \$15
Office Visit Specialist	\$30
Office Visit Mental Health	\$15
Imaging (CT/PET Scans, MRIs)	\$500
Speech Therapy	\$30
Occupational/Physical Therapy	\$30
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Prof Svcs	No Charge
X-Rays/Diagnostic Imaging	\$100
Skilled Nursing Facility	\$150/day
Outpatient Facility (Ambulatory)	\$250
Outpatient Surgery Physician/Surgical	\$250
Pharmacy	
Tier 1	\$10
Tier 2	\$25
Tier 3	\$50
Tier 4	50% coinsurance after deductible

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