



4C - HDHP 6250
Summary of Benefits

Plan	4C - HDHP 6250 In Network
Deductible Individual	\$6,250
Deductible Family	\$12,500
In-Network Coinsurance	30% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$6,900
Maximum Out-of-Pocket - Family	\$13,800
Network	Alliant
Services	
Emergency Room	30% coinsurance after deductible
Urgent Care	30% coinsurance after deductible
Inpatient Hospital	30% coinsurance after deductible
Inpatient Physician	30% coinsurance after deductible
Office Visit PCP	30% coinsurance after deductible
Office Visit Specialist	30% coinsurance after deductible
Office Visit Mental Health	30% coinsurance after deductible
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
Pharmacy	
Tier 1	30% coinsurance after deductible
Tier 2	30% coinsurance after deductible
Tier 3	30% coinsurance after deductible
Tier 4	30% coinsurance after deductible

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