



4C - Platinum Copay Summary of Benefits

Plan	4C - Platinum Copay In Network
Deductible Individual	\$0
Deductible Family	\$0
In-Network Coinsurance	15% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$8,550
Maximum Out-of-Pocket - Family	\$17,100
Network	Alliant
Services	
Emergency Room	\$225
Urgent Care	\$10
Inpatient Hospital	\$150/day (5 max days of IP copays)
Inpatient Physician	Plan pays 100%
Office Visit PCP	First 3 visits no cost share, then \$5
Office Visit Specialist	\$10
Office Visit Mental Health	\$5
Imaging (CT/PET Scans, MRIs)	\$250
Speech Therapy	\$15
Occupational/Physical Therapy	\$15
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Prof Svcs	No Charge
X-Rays/Diagnostic Imaging	\$30
Skilled Nursing Facility	\$100/day
Outpatient Facility (Ambulatory)	\$100
Outpatient Surgery Physician/Surgical	\$100
Pharmacy	
Tier 1	\$5
Tier 2	\$15
Tier 3	\$30
Tier 4	\$75

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