



4C - Silver Copay Summary of Benefits

Plan	4C - Silver Copay In Network
Deductible Individual	\$0
Deductible Family	\$0
In-Network Coinsurance	40% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$8,550
Maximum Out-of-Pocket - Family	\$17,100
Network	Alliant
Services	
Emergency Room	\$750
Urgent Care	\$75
Inpatient Hospital	\$500/day (5 max days of IP copays)
Inpatient Physician	Plan pays 100%
Office Visit PCP	First 3 visits no cost share, then \$50
Office Visit Specialist	\$80
Office Visit Mental Health	\$50
Imaging (CT/PET Scans, MRIs)	\$1,000
Speech Therapy	\$45
Occupational/Physical Therapy	\$45
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Prof Svcs	No Charge
X-Rays/Diagnostic Imaging	\$250
Skilled Nursing Facility	\$250/day
Outpatient Facility (Ambulatory)	\$500
Outpatient Surgery Physician/Surgical	\$500
Pharmacy	
Tier 1	\$30
Tier 2	\$50
Tier 3	\$75
Tier 4	\$250

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