

KPS health plans INDIVIDUAL/FAMILY PLANS

SOUND HARBOR CLASSIC FIVE & 50/50

Five

50/50

SOUND HARBOR ESSENTIAL FIVE

Option 1

Option 2

Option 3

THE HEALTHY INVESTOR™

HSA Individual and Family

HSA Individual and Family with Rx

	Five	50/50	Option 1	Option 2	Option 3	HSA Individual and Family	HSA Individual and Family with Rx
Annual Deductibles Individual Family	\$500* \$1,500	\$700* \$2,100	\$1,750* \$5,250	\$2,500* \$7,500	\$5,000* \$15,000	<i>(Choose One)</i> \$1,750 or \$2,600 \$3,500 or \$5,150+	<i>(Choose One)</i> \$1,750 or \$2,600 \$3,500 or \$5,150+
Annual Coinsurance Maximums** (Does not include deductible, unless otherwise stated) Individual Family	\$5,000 \$15,000		\$6,000 \$18,000	\$10,000 \$30,000	\$20,000 \$60,000	Includes deductible– \$5,000 \$10,000	
Lifetime Maximum	\$1,000,000		\$1,000,000			\$1,000,000	
Preventive Care (Not subject to deductible, unless otherwise stated) Annual Routine Physical Exam Well Baby Exam (to 24 months of age) Annual Routine Eye Exam	100% 100% 100%			80% 80% 80% (subject to deductible)		Not a benefit if you choose a non-participating provider 80% 80% 80% (subject to deductible)	
	\$250 maximum per year total for all preventive care		\$200 maximum per year total for all preventive care			\$300 maximum per year total for all preventive care, except well baby care	
Professional Services Office, home, naturopath or urgent care visits Other outpatient professional services	80% 80%	50% 50%		80% 80%		80% 80%	
Outpatient Lab & X-Ray Mammography Services and Prostate Cancer Screening-Routine Mammography Services and Prostate Cancer Screening-Diagnostic	80% 100% (not subject to deductible) 80% (subject to deductible)	50% 100% (not subject to deductible) 50% (subject to deductible)		80% 80% (not subject to deductible) 80% (subject to deductible)		80% 80% (not subject to deductible) 80% (subject to deductible)	
Facility/Hospital Inpatient Outpatient Emergency Room & Supplies	80% after \$250 copay per day, 5 copay maximum per admit 80% after \$250 copay	50% after \$250 copay per day, 5 copay maximum per admit 50% after \$250 copay		80% 80%		80% 80%	
	80% after \$100 copay per visit (copay waived if admitted)	50% after \$100 copay per visit (copay waived if admitted)		80%		80%	
Acupuncture (12 treatments per year maximum)	80%	50%		80%		80%	
Ambulance (\$5,000 maximum per year) Ground & Air	80%	50%		80%		80%	
Home Health Care	80% up to 130 visits	50% up to 130 visits		80% up to 130 visits		80% up to 60 visits	
Hospice (6 month maximum per year)	80%	50%		80%		80%	
Maternity	See Professional & Facility Services	See Professional & Facility Services		Not a Benefit		Not a Benefit	
Medical Equipment & Supplies (\$2,500 maximum per year)	80%	50%		80%		80%	
Mental Health Inpatient (prior authorization required)-10 days per year maximum Outpatient-12 visits per year maximum	See Facility/Hospital Services 80%	See Facility/Hospital Services 50%		80% 80%		80% 80%	
Nutritional Guidance (up to \$400 per year)	80%	50%		80%		80%	
Outpatient Rehabilitation (Physical, Speech, Massage & Occupational Therapy)	80% (\$1,000 maximum per year)	50% (\$1,000 maximum per year)		80% (\$500 maximum per year)		80% (\$500 maximum per year)	
Prescription Drugs (Not subject to deductible, unless otherwise stated, \$2,000 maximum per year, except for diabetes) Tier 1: Generic Tier 2: Preferred Brand Name Tier 3: Non-Preferred Brand Name	Tier 1: \$5 copay Tier 2: \$35 copay Tier 3: 50% coinsurance			Pharmacy Discount Program		Pharmacy Discount Program	80% (subject to deductible)
Skilled Nursing Facility (in lieu of hospitalization)	80%	50%		80%		80%	
Spinal and Extremity Manipulations (12 manipulations per year maximum)	80%	50%		80%		80%	
Sterilization	80%	50%		Not a Benefit		Not a Benefit	
Vision Hardware (not subject to deductible)	80% of \$250 maximum every two (2) calendar years	50% of \$250 maximum every two (2) calendar years		Not a Benefit		Not a Benefit	

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All benefits are subject to annual deductible and/or copay (if applicable) unless otherwise stated. This benefit comparison contains only a brief explanation of the more important coverage features offered. It does not constitute a contract. Complete coverage details, including waiting periods and other limits and exclusions, are in the contracts. In the event of discrepancies, the contract shall govern. *In the case of accidental injury, charges for medically necessary covered services directly related to the treatment of the injury are exempt from the deductible for a period of up to six (6) months, provided initial treatment for the injury is received within seventy-two (72) hours of the onset of the injury. After six (6) months, the condition is considered to be chronic and charges related to the treatment of the injury would be applied to any outstanding deductible. All other applicable benefit limitations and maximums apply. Does not apply to The Healthy Investor™ plans. **After member satisfies the annual deductible and coinsurance maximum, KPS pays 100% of covered benefits for the remainder of the calendar year, with some limitations. If you choose a non-participating provider, your coinsurance costs are higher. In addition, it is your responsibility to pay the difference between any amounts billed by the non-participating provider or facility and the amount paid by KPS. Please refer to our website, www.kpshealthplans.com, to find a participating provider. *The Healthy Investor™ family plans are designed for two or more family members. The entire family deductible must be satisfied before benefits are paid, annual routine physical exams, well-baby exams and routine mammography are not subject to the annual deductible.