

KPS health plans INDIVIDUAL/FAMILY PLANS

SOUND HARBOR ELITE

ESSENTIAL PLUS

SOUND HARBOR ESSENTIAL FIVE

THE HEALTHY INVESTOR™

HSA Individual and Family

HSA Individual and Family with RX

	SOUND HARBOR ELITE	ESSENTIAL PLUS	SOUND HARBOR ESSENTIAL FIVE	HSA Individual and Family	HSA Individual and Family with RX
Annual Deductibles Individual Family	\$1,000* \$3,000	\$2,000* \$6,000	\$2,500* \$7,500	\$5,000* \$15,000	(Choose One) \$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	\$1,000,000	\$1,000,000
Preventive Care (Not subject to deductible, unless otherwise stated) Annual Routine Physical Exam Well Baby Care (to 24 months of age) Annual Routine Eye Exam Smoking Cessation-Professional Services	70% 70% 70% 70% \$250 maximum per year for all preventive care	70% 70% 70% 70% \$250 maximum per year for all preventive care	80% 80% (exams only not subject to deductible) 80% (subject to deductible) 80% (subject to deductible) \$200 maximum per year for all preventive care	80% 80% (exams only not subject to deductible) 80% (subject to deductible) 80% (subject to deductible) \$300 maximum per year for all preventive care, except well baby care	Not a benefit if you choose a non-participating provider 80% 80% (exams only not subject to deductible) 80% (subject to deductible) 80% (subject to deductible) \$300 maximum per year for all preventive care, except well baby care
Professional Services Office, home, naturopath or urgent care visits	70%	100% after \$30 per-visit copay for first 3 visits combined (no deductible), subsequent visits 70% subject to deductible	80%	80%	80%
Other professional services	70%	70%	80%	80%	80%
Outpatient Lab & X-Ray Mammography Services and Prostate Cancer Screening-Routine Mammography Services and Prostate Cancer Screening-Diagnostic	70% 70% (not subject to deductible) 70% (subject to deductible)	70% 70% (not subject to deductible) 70% (subject to deductible)	80% 80% (not subject to deductible) 80% (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	70% after \$250 copay per day, 3 copay maximum per admit	70%	80%	80%	80%
Outpatient	70% after \$100 copay	70%	80%	80%	80%
Emergency Room & Supplies	70% after \$100 copay per visit (copay waived if admitted)	70% after \$100 copay per visit (copay waived if admitted)	80%	80%	80%
Acupuncture (12 treatments per year maximum)	70%	See Professional Services	80%	80%	80%
Ambulance (\$5,000 maximum per year) Ground & Air	70%	70%	80%	80%	80%
Home Health Care	70% up to 130 visits	70% up to 130 visits	80% up to 130 visits	80% up to 60 visits	80% up to 60 visits
Hospice (6 month maximum per year)	70%	70%	80%	80%	80%
Maternity	See Professional & Facility Services	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit
Medical Equipment & Supplies (\$2,500 maximum per year)	70%	70%	80%	80%	80%
Mental Health Inpatient (prior authorization required)-10 days per year maximum Outpatient-12 visits per year maximum	See Facility & Hospital Services 70%	70% See Professional Services	80% 80%	80% 80%	80% 80%
Nutritional Guidance (up to \$400 per year)	70%	70%	80%	80%	80%
Outpatient Rehabilitation (Physical, Speech, Massage & Occupational Therapy)	70% (\$1,000 maximum per year)	70% (\$1,000 maximum per year)	80% (\$500 maximum per year)	80% (\$500 maximum per year)	80% (\$500 maximum per year)
Prescription Drugs (\$2,000 maximum per year, except for diabetes)					
Tier 1: Generic	Tier 1: \$10 copay	Tier 1: \$15 copay or the cost of the drug, whichever is less	Pharmacy Discount Program	Pharmacy Discount Program	80% (subject to deductible)
Tier 2: Preferred Brand Name	Tier 2: 50% w/\$40 minimum copay	Tier 2: Pharmacy Discount Program			
Tier 3: Non-Preferred Brand Name	Tier 3: 50% w/\$40 minimum copay Tiers 2 and 3: subject to \$200 deductible	Tier 3: Pharmacy Discount Program			
Skilled Nursing Facility (in lieu of hospitalization)	70%	70%	80%	80%	80%
Spinal and Extremity Manipulations (12 manipulations per year maximum)	70%	See Professional Services	80%	80%	80%

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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.