

The following optional riders are available as indicated on the Large Group Comparison of Benefits. Each description is a brief summary of benefits only and does not constitute a contract. Please contact your broker or your KPS Account Executive for complete information.

Prescription Options

Options

A variety of prescription drug options are available according to your needs. A three-tier option is available for generic (Tier 1), preferred brand (Tier 2) and non-preferred brand (Tier 3). You choose the copay amount for each tier. You can also choose a percentage amount for each tier with minimums and maximums. In addition, you can also choose to include a deductible for any or all plan options. For example:

- \$5/\$20/\$40 (Tier 1/Tier 2/Tier 3)
- \$10/\$30/50% with \$35 minimum (Tier 1/Tier 2/Tier 3)
- \$250 deductible per person, then \$15/\$40/50% with a \$45 minimum (Tier 1/Tier 2/Tier 3)

Vision Rider

Benefits

This rider is available with three benefit levels on large group plans. **Each plan offers no deductibles and no copays.**

Coverage under this benefit includes:

- One routine eye examination each calendar year paid at 100% for participating providers and 60% for non-participating providers.
- Eyeglass frames and lenses (any type), hard/soft contact lenses and lens options, such as tinting, are covered, as follows:

Vision 100: 100% up to a maximum payment of \$100 per calendar year (*no coinsurance*).

Vision 200: 80% up to a maximum payment of \$200 per calendar year (*20% coinsurance*).

Vision 300: 80% up to a maximum payment of \$300 per calendar year (*20% coinsurance*).

Limitations and Exclusions

All limitations and exclusions defined in the Benefits Booklet apply to this Vision Rider.

Occupational Injury Rider

Benefits

With this rider, treatment of work-related illnesses and injuries is covered to the extent the service or procedure is included as a covered service or benefit in the Benefits Booklet. This benefit is limited to \$250,000 per lifetime.

Limitations

Occupational Injury coverage applies only to those enrollees who are not required by law to participate in a Worker's Compensation insurance program. **The rider covers ONLY owners and officers who are enrolled on the plan as employees.** Spouses will not be covered unless enrolled as an employee. A spouse is considered an employee if they are deriving W-2 income from the business, or if they are listed on the tax forms as a joint owner in the business. They must also work a minimum of 30 hours per week, or the minimum number of hours specified by the group in the Group Master Application.

Dental Rider

Benefits

The following benefits are paid at 100% of the KPS Fee Schedule. (*For details, refer to the Schedule of Dental Procedures.*)

- Class I (no deductible): Examinations, X-rays, cleaning, fluoride treatments.
- Class II: Restoration through fillings, oral surgery, periodontics, endodontics.
- Class III: Bridges, partials, dentures, crowns, inlays.

Deductibles & Maximum Benefits (on Class II & III services)

Plan Option	Annual Deductible	Maximum Per Family	Maximum Benefit Per Person Per Year
1	\$25	\$75	\$1,000
2	\$25	\$75	\$1,500
3	\$50	\$150	\$1,000
4	\$50	\$150	\$1,500

Limitations (per person per calendar year)

- One oral examination and prophylaxis twice per year.
- One fluoride treatment twice per year up to age 18.
- Supplemental bite-wing X-rays twice per year.
- One panorex X-ray every three calendar years.
- This is an indemnity benefit. You can go to any licensed dental provider. Reimbursement will be limited to the KPS Fee Schedule. (*For details, refer to the Schedule of Dental Procedures.*) You are responsible for the annual deductible and any difference between the KPS fee schedule and billed charges.
- There is a 12-month waiting period for Class III services.