

# KPS health plans

		SOUND HARBOR GROUP 2008	
		Standard Option	Copay Option
Annual Deductible Options Individual/Family		<input type="checkbox"/> \$1,000/\$3,000* <input type="checkbox"/> \$2,000/\$6,000* <input type="checkbox"/> \$5,000/\$15,000*	
Annual Coinsurance Maximum Options Individual/Family		<b>Does not include deductible or copayments.</b> <input type="checkbox"/> \$5,000/\$15,000* <input type="checkbox"/> \$10,000/\$30,000*	
Lifetime Maximum		\$2,000,000	
Office Visit Copayment Options		None	\$20
Non-Par Provider Coinsurance		60% (except for Emergency Services)	
Preventive Care		<b>No Deductible —</b>	
Annual Routine Physical Exam (\$300)		75%	100% after copay
Well Child Care (to 24 months of age)		75%	100% after copay
Outpatient Lab & X-Ray			
Facility (inpatient hospital, ambulatory surgery center, ER)		75%	75%
All other Lab and X-ray		75%	100% up to \$200, <b>no deductible</b> ; 75% thereafter, <b>deductible</b>
Mammography and PSA-Routine		75%	100%, <b>no deductible</b>
Mammography and PSA-Diagnostic		75%	See All other Lab and X-ray section
Colorectal Cancer Screening			
Routine		75%	100%, <b>no deductible</b>
Diagnostic		75%	See All other Lab and X-ray section
Professional Office Visits (includes Naturopathy)		75%	100% after copay for each of first 4 visits, <b>no deductible</b> ; 75% thereafter, <b>deductible</b>
Spinal & Extremity Manipulation (12 visits)		75%	See Professional Office Visits
Acupuncture (12 treatments)		75%	See Professional Office Visits
Prescription Drug Options (at participating pharmacies only)		Pharmacy Discount Program (For other options available, see Optional Riders on next page)	
Maternity (subscriber and spouse only, except complications for eligible dependents)		See Professional & Hospital Services	
Inpatient			
Professional			
Hospital			
Inpatient		75%	
Outpatient Surgery		75%	
Emergency Room & Supplies		75% after \$50 copay	
Ambulance (to hospital only)			
Ground		75% up to \$2,000 per year	
Air		75% up to \$5,000 per year	
Chemical Dependency (requires preauthorization; \$14,000 maximum per 24-month period; no lifetime maximum)		75%	
Organ Transplants		75%	
Lifetime Maximum for All Transplants (Non-Par Provider up to \$100,000 per lifetime)		\$250,000	
Rehabilitation (Physical, Speech, Massage & Occupational Therapy)			
Inpatient		75% up to \$10,000	
Outpatient		75% up to \$1,000	
Home Health Care (130 visits) & Hospice (6 months)		75%	
Mental Health			
Inpatient (requires preauthorization)		75% up to 10 days	75% up to 10 days
Outpatient		75% up to 12 visits	12 visits, see Professional Office Visits
Temporomandibular Joint Disorders (up to \$1,000 per year; \$5,000 per lifetime)		75%	
Medical Equipment & Supplies		75% up to \$2,000	
Optional Riders			
Prescription Drugs		✓	
Dental		✓	
Vision		✓	
Expanded Spinal & Extremity Manipulation		✓	
Occupational Injury (owners & officers only)		✓	

All benefits are subject to annual deductible and coinsurance unless otherwise stated. Day/visit limits and dollar maximums are combined between participating and non-participating providers and are for the calendar year unless otherwise noted. If you choose a non-participating provider, your out-of-pocket costs are higher because benefits will be paid at sixty percent (60%) of the KPS allowed amount for covered services. 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 at <http://www.kpshealthplans.com> to see if your provider is participating or to find more information about KPS. The Summary of Benefits 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 limitations and exclusions, are in the Benefits Booklet. In the event of discrepancies, the Benefits Booklet shall govern.

\*After member satisfies the annual deductible and coinsurance maximum, KPS pays 100% of covered benefits for the remainder of the calendar year.