

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

Prescription Rider

All Sound Harbor Plans: These three plans include a pharmacy discount program. In addition, a choice of three options are available only as a rider, as follows:

- \$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)

(no deductible or coinsurance maximum; all prescriptions available through Walgreens Mail Order; same copays apply)

The Healthy Investor™: HSA 80 Rx includes a pharmacy copayment plan of \$5/\$30/50% with \$50 minimum [Tier 1/Tier 2/Tier 3], subject to medical deductible. HSA 80 and HSA 70 include a pharmacy discount program. Due to the tax-deductible feature of this HSA product, optional riders are not available.

Benefits

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 at 100% up to the maximum payment of \$100 per calendar year.

This benefit is *not* subject to deductible requirements. There is *no copay* associated with this benefit.

Limitations

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

Expanded Spinal and Extremity Rider

Services Provided

With this “buy-up” rider, members receive up to 48 visits per year. Members may see any contracted physician or provider who can perform spinal and extremity manipulations within the scope of their license, up to 48 visits per year, as long as it is medically necessary. The standard spinal & extremity manipulation benefit through KPS Health Plans provides 12 visits per year. This rider may be purchased to enhance the standard benefit.

Limitations

The level of reimbursement is based on your chosen medical plan design. If you have a plan with a deductible and coinsurance, your deductible will be waived (except HSA plans), and your spinal & extremity manipulation will be paid at the coinsurance amount (ie. 80%). If you have a plan with an office visit copayment, deductible and coinsurance, your deductible will be waived, and you will pay the office visit copayment for your spinal and extremity manipulation.

Spinal and Extremity Manipulation coverage is provided through the KPS Health Plans network of physicians and providers. For information about our participating physicians and providers, please visit our website at www.kpshealthplans.com.

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.

Vision Rider

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.

Optional Riders