

	Standard Option	Copay Option
Annual Deductible Options Individual/Family	<input type="checkbox"/> \$200/\$600* <input type="checkbox"/> \$500/\$1,500* <input type="checkbox"/> \$1,000/\$3,000*	
Annual Coinsurance Maximum Options Individual/Family	Does not include deductible or copayments. <input type="checkbox"/> \$2,000/\$4,000* <input type="checkbox"/> \$5,000/\$10,000* <input type="checkbox"/> \$10,000/\$20,000*	
Lifetime Maximum	\$2,000,000	
Office Visit Copayment Options	None	\$20
Non-Par Provider Coinsurance	60% (except for Emergency Services)	
Preventive Care	No Deductible —	
Annual Routine Physical Exam (\$300)	100%	
Well Child Care (to 24 months of age)	80%	
Outpatient Lab & X-Ray		
Facility (inpatient hospital, ambulatory surgery center, ER)	80%	80%
All other Lab and X-ray	80%	100%, no deductible
Mammography and PSA-Routine	100%, no deductible	100%, no deductible
Mammography and PSA-Diagnostic	80%	100%, no deductible
Colorectal Cancer Screening		
Routine	100%, no deductible	100%, no deductible
Diagnostic	80%	100%
Professional Office Visits (includes Naturopathy)	80%	100% after copay, no deductible
Spinal & Extremity Manipulation (12 visits)	80%	See Professional Office Visits
Acupuncture (12 treatments)	80%	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	80%	
Outpatient Surgery	80%	
Emergency Room & Supplies	80%	
Ambulance (to hospital only)		
Ground	80% up to \$2,000 per year	
Air	80% up to \$5,000 per trip	
Chemical Dependency (requires preauthorization; \$14,000 maximum per 24-month period; no lifetime maximum)	80%	
Organ Transplants	80%	
Lifetime Maximum for All Transplants (Non-Par Provider up to \$100,000 per lifetime)	\$250,000	
Rehabilitation (Physical, Speech, Massage & Occupational Therapy)		
Inpatient	80% up to \$10,000	
Outpatient	80% up to \$2,000	
Home Health Care (130 visits) & Hospice (6 months)	80%	
Mental Health		
Inpatient (requires preauthorization)	80% up to 12 days	80% up to 12 days
Outpatient	80% up to 15 visits	15 visits, see Professional Office Visits
Temporomandibular Joint Disorders (up to \$1,000 per year; \$5,000 per lifetime)	80%	
Medical Equipment & Supplies	80% up to \$2,500	
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.