

2009 SOLUTIONS PLUS

THE HEALTHY INVESTOR™ 2009

| | Copay Option | Investor 80 | Investor 100 |
|---|---|---|--|
| Annual Deductible Options Individual/Family | <input type="checkbox"/> \$500/\$1,500 - Par \$500/\$1,500 - NonPar <input type="checkbox"/> \$1,000/\$3,000 - Par \$1,000/\$3,000 - NonPar <input type="checkbox"/> \$1,500/\$4,500 - Par \$1,500/\$4,500 - NonPar | <input type="checkbox"/> \$1,500/\$3,000 Par \$1,500/\$4,500 NonPar <input type="checkbox"/> \$2,000/\$4,000 Par \$2,000/\$6,000 NonPar <input type="checkbox"/> \$2,500/\$5,000 Par \$2,500/\$7,500 NonPar <input type="checkbox"/> \$3,000/\$6,000 Par \$3,000/\$9,000 NonPar | If more than one family member is on the plan, the entire family deductible must be met before benefits are paid. <input type="checkbox"/> \$4,000/\$8,000 Par \$4,000/\$12,000 NonPar <input type="checkbox"/> \$5,000/\$10,000 Par \$5,000/\$15,000 NonPar |
| Annual Coinsurance Maximum Options Individual/Family | Does not include deductible or copayments. <input type="checkbox"/> \$2,000/\$6,000 - Par \$10,000/\$30,000 - NonPar <input type="checkbox"/> \$5,000/\$15,000 - Par \$10,000/\$30,000 - NonPar | Option below must correspond to the same sequential deductible option above Includes deductible. If more than one family member is on the plan, the entire family coinsurance maximum must be met before benefits are paid at 100%. <input type="checkbox"/> \$4,000/\$8,000 Par \$10,000/\$30,000 NonPar <input type="checkbox"/> \$4,500/\$9,000 Par \$10,000/\$30,000 NonPar <input type="checkbox"/> \$5,000/\$10,000 Par \$10,000/\$30,000 NonPar <input type="checkbox"/> \$5,500/\$11,000 Par \$10,000/\$30,000 NonPar | |
| Lifetime Maximum | \$2,000,000 | \$2,000,000 | \$2,000,000 |
| Office Visit Copayment Options | \$30 | N/A | N/A |
| Non-Par Provider Coinsurance | 50% (except for Emergency Services) | 50% (except for Emergency Services) | 50% (except for Emergency Services) |
| Preventive Care | No Deductible | No Deductible | No Deductible |
| Annual Routine Physical Exam (\$500) | 100% | 80% | 100% |
| Well Baby (to 24 months of age) | 80% | 80% | 100% |
| Outpatient Lab & X-Ray | | | |
| Facility (inpatient hospital, ambulatory surgery center, ER) | 80% | 80% | 100% |
| All other Lab and X-ray | 80% | 80% | 100% |
| Mammography and PSA-Routine | 100%, no deductible | 80%, no deductible | 100%, no deductible |
| Mammography and PSA-Diagnostic | 100%, no deductible | 80% | 100% |
| Colorectal Cancer Screening | | | |
| Routine | 100%, no deductible | 80%, no deductible | 100%, no deductible |
| Diagnostic | See Professional/Hospital Services Sections | 80% | 100% |
| Professional Services/Physician, Naturopath, Chiropractor, Acupuncturist, Outpatient Mental Health Counselor | 100% after copay, no deductible | 80% | 100% |
| Spinal & Extremity Manipulation (12 visits) | See Professional Office Visits | 80% | 100% |
| Acupuncture (12 treatments) | See Professional Office Visits | 80% | 100% |
| Prescription Drug Options (at participating pharmacies only) | <input type="checkbox"/> \$10 / \$30 / \$50 or <input type="checkbox"/> \$15 / \$40 / \$60 | 80% subject to deductible and coinsurance maximum | 100% subject to deductible and coinsurance maximum |
| Maternity (subscriber and spouse only, except complications for eligible dependents) | See Facility/Hospital and Professional Services Sections | See Facility/Hospital and Professional Services Sections | See Facility/Hospital and Professional Services Sections |
| Facility/Hospital Services | | | |
| Inpatient | 80% after \$300 copay per admit | 80% | 100% |
| Outpatient Surgery | 80% | 80% | 100% |
| Emergency Room & Supplies | 80% after \$150 copay | 80% | 100% |
| Ambulance (to hospital only) | | | |
| Ground \$2,000 | 80% per year | 80% per year | 100% per year |
| Air \$5,000 | 80% per trip | 80% per trip | 100% per trip |
| Chemical Dependency (requires preauthorization; \$14,500 maximum per 24-month period; no lifetime maximum) | 80% | 80% | 100% |
| Organ Transplants \$250,000 Lifetime Maximum for All Transplants (Non-Par Provider up to \$100,000 per lifetime) | 80% | 80% | 100% |
| Rehabilitation (Physical, Speech, Massage & Occupational Therapy) | | | |
| Inpatient (up to \$10,000) | 80% | 80% | 100% |
| Outpatient (up to \$2,000) | 80% | 80% | 100% |
| Home Health Care (130 visits) & Hospice (6 months) | 80% | 80% | 100% |
| Mental Health | | | |
| Inpatient (requires preauthorization) (up to 8 days) | 80% | 80% | 100% |
| Outpatient (12 visits) | See Facility/Hospital and Professional Services Sections | 80% | 100% |
| Temporomandibular Joint Disorders (up to \$1,000 per year; \$5,000 lifetime maximum) | 80% | 80% | 100% |
| Medical Equipment & Supplies (\$2,500) | 80% | 80% | 100% |
| Occupational Injury (owners and officers only) (\$100,000) | 80% | 80% | 100% |
| Optional Riders | | | |
| Vision | ✓ | ✓ | ✓ |
| Dental (through Washington Dental Service) | ✓ | ✓ | ✓ |

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 fifty percent (50%) 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. To obtain a detailed listing of all of the benefits included please contact KPS health plans. 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.**