

Medical Benefits	Platinum Plus Plan	
	In-Network	Out-of-Network
<b>Network Information</b>	<p><b>The PPO Network for this plan is Healthcare Highways.</b></p> <p>Out-of-network medical benefits for this plan design are processed at a percentage above the provider's Medicare Rate: Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This plan has other limitations, please review your Policy.</p>	
<p><b>100% Benefits</b> Only available for covered services. If a participant has other primary insurance, the benefit is not be available. Per</p>	<p><b>KPPFree™</b> - Surgeries, procedures, diagnostic imaging, and testing  <b>QuesSelect/Direct Lab Agreements</b> - Laboratory services  <b>Generic &amp; OTC Prescriptions</b> - Specific medications at no cost.</p>	
<b>Individual Deductible</b>	\$500	\$1,500
<p><b>Family Deductible</b> Individual family member is embedded.</p>	\$1,000	\$3,000
<p><b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.</p>	\$3,000	\$6,000
<p><b>Family Out-of-Pocket Maximum</b> Includes deductibles and copays. Individual family member is embedded.</p>	\$6,000	\$12,000
<p><b>Coinsurance Percentage</b> Unless another percentage is stated.</p>	For in-network services, the plan pays 80% of covered charges, the participant pays 20%.	For out-of-network services, the plan pays 60%, the member pays 40%.
<b>Pre-Authorization Requirement</b>	Pre-authorization of all inpatient confinements, out-patient surgeries, sleep studies, and imaging is required. If pre-authorization is not performed, claim will be denied until retroactive authorization is completed.	
<p><b>Physician, Specialist, and Urgent Care Copay</b> Includes lab and x-ray services.</p>	\$25	\$25
<p><b>Physical, Occupational, Speech, &amp; Manipulative Therapy</b> Limited to 26 visits a year. Manipulative therapy is limited to \$75 per visit.</p>	\$25 <b>Covered at 100% through KPPFree™.</b>	\$25
<b>Emergency Room</b>	The member will pay a \$100 copay, then the deductible will apply. Following the copay and deductible, the plan pays 80% of covered charges, the participant pays 20%.	
<p><b>Surgical Procedure</b> Covered at 100% when KPPFree™ is used.</p>	After deductible, the plan pays 80% of covered charges, the participant pays 20%. <b>Covered at 100% when KPPFree™ is used.</b>	After deductible, the plan pays 60%, the member pays 40%.
<p><b>Laboratory</b> Outside of office visit. Covered at 100% if QuestSelect or other direct contracted provider is used.</p>	After deductible, the plan pays 80% of covered charges, the participant pays 20%. <b>Covered at 100% if QuestSelect, DLO, or directly contracted provider is used.</b>	After deductible, the plan pays 60%, the member pays 40%.
<p><b>Diagnostic</b> Covered at 100% if KPPFree™ is used.</p>	After deductible, the plan pays 80% of covered charges, the participant pays 20%. <b>Covered at 100% when KPPFree™ is used.</b>	After deductible, the plan pays 60%, the member pays 40%.
<b>Prescription Benefits</b>	<p><b>For pharmacy, the use of a Sav-RX network pharmacy is mandatory. Out-of-network pharmacy is non-covered.</b></p>	
<b>Retail - 30 days</b>	<p>Generic - \$15 Preferred Name Brand - \$45 Non-Preferred Name Brand - \$60</p>	
<b>Mail - 90 days</b>	<p>Generic - \$30 Preferred Name Brand - \$90 Non-Preferred Name Brand - \$120</p>	
<b>Specialty Medications</b>	30% per specialty drug prescription up to a maximum cost of \$250 to Covered Person. A lower out-of-pocket may be available. Contact Sav-RX for additional information.	
<b>100% Covered Medications</b>	<b>Specific generic and OTC medications covered at 100%.</b>	

Medical Benefits	Platinum Plan	
	In-Network	Out-of-Network
<b>Network Information</b>	<p><b>The PPO Network for this plan is Healthcare Highways.</b></p> <p>Out-of-network medical benefits for this plan design are processed at a percentage above the provider's Medicare Rate: Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This plan has other limitations, please review your Policy.</p>	
<p><b>100% Benefits</b> Only available for covered services. If a participant has other primary insurance, the benefit is not be available. <b>Per</b></p>	<p><b>KPPFree™</b> - Surgeries, procedures, diagnostic imaging, and testing  <b>QuesSelect/Direct Lab Agreements</b> - Laboratory services  <b>Generic &amp; OTC Prescriptions</b> - Specific medications at no cost.</p>	
<b>Individual Deductible</b>	\$1,000	\$3,000
<p><b>Family Deductible</b> Individual family member is embedded.</p>	\$2,000	\$6,000
<p><b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.</p>	\$3,000	\$6,000
<p><b>Family Out-of-Pocket Maximum</b> Includes deductibles and copays. Individual family member is embedded.</p>	\$6,000	\$12,000
<p><b>Coinsurance Percentage</b> Unless another percentage is stated.</p>	For in-network services, the plan pays 80% of covered charges, the participant pays 20%.	For out-of-network services, the plan pays 60%, the member pays 40%.
<b>Pre-Authorization Requirement</b>	Pre-authorization of all inpatient confinements, out-patient surgeries, sleep studies, and imaging is required. If pre-authorization is not performed, claim will be denied until retroactive authorization is completed.	
<p><b>Physician, Specialist, and Urgent Care Copay</b> Includes lab and x-ray services.</p>	\$30	\$30
<p><b>Physical, Occupational, Speech, &amp; Manipulative Therapy</b> Limited to 26 visits a year. Manipulative therapy is limited to \$75 per visit.</p>	\$30 <b>Covered at 100% through KPPFree™.</b>	\$30
<b>Emergency Room</b>	The member will pay a \$150 copay, then the deductible will apply. Following the copay and deductible, the plan pays 80% of covered charges, the participant pays 20%.	
<p><b>Surgical Procedure</b> Covered at 100% when KPPFree™ is used.</p>	After deductible, the plan pays 80% of covered charges, the participant pays 20%. <b>Covered at 100% when KPPFree™ is used.</b>	After deductible, the plan pays 60%, the member pays 40%.
<p><b>Laboratory</b> Outside of office visit. Covered at 100% if QuestSelect or other direct contracted provider is used.</p>	After deductible, the plan pays 80% of covered charges, the participant pays 20%. <b>Covered at 100% if QuestSelect, DLO, or directly contracted provider is used.</b>	After deductible, the plan pays 60%, the member pays 40%.
<p><b>Diagnostic</b> Covered at 100% if KPPFree™ is used.</p>	After deductible, the plan pays 80% of covered charges, the participant pays 20%. <b>Covered at 100% when KPPFree™ is used.</b>	After deductible, the plan pays 60%, the member pays 40%.
<b>Prescription Benefits</b>	<p><b>For pharmacy, the use of a Sav-RX network pharmacy is mandatory. Out-of-network pharmacy is non-covered.</b></p>	
<b>Retail - 30 days</b>	Generic - \$15 Preferred Name Brand - \$45 Non-Preferred Name Brand - \$60	
<b>Mail - 90 days</b>	Generic - \$30 Preferred Name Brand - \$90 Non-Preferred Name Brand - \$120	
<b>Specialty Medications</b>	30% per specialty drug prescription up to a maximum cost of \$250 to Covered Person. A lower out-of-pocket may be available. Contact Sav-RX for additional information.	
<b>100% Covered Medications</b>	<b>Specific generic and OTC medications covered at 100%.</b>	

Note: This comparison is for review purposes only and is not a guarantee of benefits. Please refer to your Summary Plan Description.

Medical Benefits	Gold Plan	
	In-Network	Out-of-Network
<b>Network Information</b>	<p><i>The PPO Network for this plan is Healthcare Highways.</i></p> <p><i>Out-of-network medical benefits for this plan design are processed at a percentage above the provider's Medicare Rate: Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This plan has other limitations, please review your Policy.</i></p>	
<p><b>100% Benefits</b> Only available for covered services. If a participant has other primary insurance, the benefit is not be available. Per</p>	<p><b>KPPFree™</b> - Surgeries, procedures, diagnostic imaging, and testing  <b>QuesSelect/Direct Lab Agreements</b> - Laboratory services  <b>Generic &amp; OTC Prescriptions</b> - Specific medications at no cost.</p>	
<b>Individual Deductible</b>	\$1,500	\$4,500
<p><b>Family Deductible</b> Individual family member is embedded.</p>	\$3,000	\$9,000
<p><b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.</p>	\$3,000	\$6,000
<p><b>Family Out-of-Pocket Maximum</b> Includes deductibles and copays. Individual family member is embedded.</p>	\$6,000	\$12,000
<p><b>Coinsurance Percentage</b> Unless another percentage is stated.</p>	For in-network services, the plan pays 80% of covered charges, the participant pays 20%.	For out-of-network services, the plan pays 60%, the member pays 40%.
<b>Pre-Authorization Requirement</b>	Pre-authorization of all inpatient confinements, out-patient surgeries, sleep studies, and imaging is required. If pre-authorization is not performed, claim will be denied until retroactive authorization is completed.	
<p><b>Physician, Specialist, and Urgent Care Copay</b> Includes lab and x-ray services.</p>	\$35	\$35
<p><b>Physical, Occupational, Speech, &amp; Manipulative Therapy</b> Limited to 26 visits a year. Manipulative therapy is limited to \$75 per visit.</p>	\$35 <b>Covered at 100% through KPPFree™.</b>	\$35
<b>Emergency Room</b>	The member will pay a \$200 copay, then the deductible will apply. Following the copay and deductible, the plan pays 80% of covered charges, the participant pays 20%.	
<p><b>Surgical Procedure</b> Covered at 100% when KPPFree™ is used.</p>	After deductible, the plan pays 80% of covered charges, the participant pays 20%. <b>Covered at 100% when KPPFree™ is used.</b>	After deductible, the plan pays 60%, the member pays 40%.
<p><b>Laboratory</b> Outside of office visit. Covered at 100% if QuesSelect or other direct contracted provider is used.</p>	After deductible, the plan pays 80% of covered charges, the participant pays 20%. <b>Covered at 100% if QuesSelect, DLO, or directly contracted provider is used.</b>	After deductible, the plan pays 60%, the member pays 40%.
<p><b>Diagnostic</b> Covered at 100% if KPPFree™ is used.</p>	After deductible, the plan pays 80% of covered charges, the participant pays 20%. <b>Covered at 100% when KPPFree™ is used.</b>	After deductible, the plan pays 60%, the member pays 40%.
Prescription Benefits	<p><i>For pharmacy, the use of a Sav-RX network pharmacy is mandatory. Out-of-network pharmacy is non-covered.</i></p>	
<b>Retail - 30 days</b>	<p>Generic - \$15 Preferred Name Brand - \$45 Non-Preferred Name Brand - \$60</p>	
<b>Mail - 90 days</b>	<p>Generic - \$30 Preferred Name Brand - \$90 Non-Preferred Name Brand - \$120</p>	
<b>Specialty Medications</b>	30% per specialty drug prescription up to a maximum cost of \$250 to Covered Person. A lower out-of-pocket may be available. Contact Sav-RX for additional information.	
<b>100% Covered Medications</b>	<b>Specific generic and OTC medications covered at 100%.</b>	

Medical Benefits	Silver Plan	
	In-Network	Out-of-Network
<b>Network Information</b>	<p><b>The PPO Network for this plan is Healthcare Highways.</b></p> <p>Out-of-network medical benefits for this plan design are processed at a percentage above the provider's Medicare Rate: Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This plan has other limitations, please review your Policy.</p>	
<p><b>100% Benefits</b> Only available for covered services. If a participant has other primary insurance, the benefit is not be available. <b>Per</b></p>	<p><b>KPPFree™</b> - Surgeries, procedures, diagnostic imaging, and testing  <b>QuesSelect/Direct Lab Agreements</b> - Laboratory services  <b>Generic &amp; OTC Prescriptions</b> - Specific medications at no cost.</p>	
<b>Individual Deductible</b>	\$2,500	\$5,000
<p><b>Family Deductible</b> Individual family member is embedded.</p>	\$5,000	\$10,000
<p><b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.</p>	\$3,000	\$6,000
<p><b>Family Out-of-Pocket Maximum</b> Includes deductibles and copays. Individual family member is embedded.</p>	\$6,000	\$12,000
<p><b>Coinsurance Percentage</b> Unless another percentage is stated.</p>	For in-network services, the plan pays 70% of covered charges, the participant pays 30%.	For out-of-network services, the plan pays 50%, the member pays 50%.
<b>Pre-Authorization Requirement</b>	Pre-authorization of all inpatient confinements, out-patient surgeries, sleep studies, and imaging is required. If pre-authorization is not performed, claim will be denied until retroactive authorization is completed.	
<p><b>Physician, Specialist, and Urgent Care Copay</b> Includes lab and x-ray services.</p>	\$45	\$45
<p><b>Physical, Occupational, Speech, &amp; Manipulative Therapy</b> Limited to 26 visits a year. Manipulative therapy is limited to \$75 per visit.</p>	\$45 <b>Covered at 100% through KPPFree™.</b>	\$45
<b>Emergency Room</b>	The member will pay a \$300 copay, then the deductible will apply. Following the copay and deductible, the plan pays 70% of covered charges, the participant pays 30%.	
<p><b>Surgical Procedure</b> Covered at 100% when KPPFree™ is used.</p>	After deductible, the plan pays 70% of covered charges, the participant pays 30%. <b>Covered at 100% when KPPFree™ is used.</b>	After deductible, the plan pays 50%, the member pays 50%.
<p><b>Laboratory</b> Outside of office visit. Covered at 100% if QuestSelect or other direct contracted provider is used.</p>	After deductible, the plan pays 70% of covered charges, the participant pays 30%. <b>Covered at 100% if QuestSelect, DLO, or directly contracted provider is used.</b>	After deductible, the plan pays 50%, the member pays 50%.
<p><b>Diagnostic</b> Covered at 100% if KPPFree™ is used.</p>	After deductible, the plan pays 70% of covered charges, the participant pays 30%. <b>Covered at 100% when KPPFree™ is used.</b>	After deductible, the plan pays 50%, the member pays 50%.
<b>Prescription Benefits</b>	<p><b>For pharmacy, the use of a Sav-RX network pharmacy is mandatory. Out-of-network pharmacy is non-covered.</b></p>	
<b>Retail - 30 days</b>	Generic - \$15 Preferred Name Brand - \$45 Non-Preferred Name Brand - \$60	
<b>Mail - 90 days</b>	Generic - \$30 Preferred Name Brand - \$90 Non-Preferred Name Brand - \$120	
<b>Specialty Medications</b>	30% per specialty drug prescription up to a maximum cost of \$250 to Covered Person. A lower out-of-pocket may be available. Contact Sav-RX for additional information.	
<b>100% Covered Medications</b>	<b>Specific generic and OTC medications covered at 100%.</b>	

Medical Benefits	Bronze Plan	
	In-Network	Out-of-Network
<b>Network Information</b>	<p><b>The PPO Network for this plan is Healthcare Highways.</b></p> <p>Out-of-network medical benefits for this plan design are processed at a percentage above the provider's Medicare Rate: Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This plan has other limitations, please review your Policy.</p>	
<p><b>100% Benefits</b> Only available for covered services. If a participant has other primary insurance, the benefit is not be available. <b>Per</b></p>	<p><b>KPPFree™</b> - Surgeries, procedures, diagnostic imaging, and testing  <b>QuesSelect/Direct Lab Agreements</b> - Laboratory services  <b>Generic &amp; OTC Prescriptions</b> - Specific medications at no cost.</p>	
<b>Individual Deductible</b>	\$4,000	\$8,000
<p><b>Family Deductible</b> Individual family member is embedded.</p>	\$10,000	\$20,000
<p><b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.</p>	\$6,600	\$13,200
<p><b>Family Out-of-Pocket Maximum</b> Includes deductibles and copays. Individual family member is embedded.</p>	\$13,200	\$26,400
<p><b>Coinsurance Percentage</b> Unless another percentage is stated.</p>	For in-network services, the plan pays 70% of covered charges, the participant pays 30%.	For out-of-network services, the plan pays 50%, the member pays 50%.
<b>Pre-Authorization Requirement</b>	Pre-authorization of all inpatient confinements, out-patient surgeries, sleep studies, and imaging is required. If pre-authorization is not performed, claim will be denied until retroactive authorization is completed.	
<p><b>Physician, Specialist, and Urgent Care Copay</b> Includes lab and x-ray services.</p>	\$55	\$55
<p><b>Physical, Occupational, Speech, &amp; Manipulative Therapy</b> Limited to 26 visits a year. Manipulative therapy is limited to \$75 per visit.</p>	\$55 <b>Covered at 100% through KPPFree™.</b>	\$55
<b>Emergency Room</b>	The member will pay a \$300 copay, then the deductible will apply. Following the copay and deductible, the plan pays 70% of covered charges, the participant pays 30%.	
<p><b>Surgical Procedure</b> Covered at 100% when KPPFree™ is used.</p>	After deductible, the plan pays 70% of covered charges, the participant pays 30%. <b>Covered at 100% when KPPFree™ is used.</b>	After deductible, the plan pays 50%, the member pays 50%.
<p><b>Laboratory</b> Outside of office visit. Covered at 100% if QuesSelect or other direct contracted provider is used.</p>	After deductible, the plan pays 70% of covered charges, the participant pays 30%. <b>Covered at 100% if QuesSelect, DLO, or directly contracted provider is used.</b>	After deductible, the plan pays 50%, the member pays 50%.
<p><b>Diagnostic</b> Covered at 100% if KPPFree™ is used.</p>	After deductible, the plan pays 70% of covered charges, the participant pays 30%. <b>Covered at 100% when KPPFree™ is used.</b>	After deductible, the plan pays 50%, the member pays 50%.
<b>Prescription Benefits</b>	<p><b>For pharmacy, the use of a Sav-RX network pharmacy is mandatory. Out-of-network pharmacy is non-covered.</b></p>	
<b>Retail - 30 days</b>	<p>Generic - \$15 Preferred Name Brand - \$45 Non-Preferred Name Brand - \$60</p>	
<b>Mail - 90 days</b>	<p>Generic - \$30 Preferred Name Brand - \$90 Non-Preferred Name Brand - \$120</p>	
<b>Specialty Medications</b>	30% per specialty drug prescription up to a maximum cost of \$250 to Covered Person. A lower out-of-pocket may be available. Contact Sav-RX for additional information.	
<b>100% Covered Medications</b>	<b>Specific generic and OTC medications covered at 100%.</b>	

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Medical Benefits	HDHP Plan	
	In-Network	Out-of-Network
<b>Network Information</b>	<p><b>The PPO Network for this plan is Healthcare Highways.</b></p> <p>Out-of-network medical benefits for this plan design are processed at a percentage above the provider's Medicare Rate: Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This plan has other limitations, please review your Policy.</p>	
<p><b>100% Benefits</b> Only available for covered services. If a participant has other primary insurance, the benefit is not available. <b>Per</b></p>	<p><b>After Deductible</b>  <b>KPPFree™</b> - Surgeries, procedures, diagnostic imaging, and testing  <b>QuesSelect/Direct Lab Agreements</b> - Laboratory services  <b>Generic &amp; OTC Prescriptions</b> - Specific medications at no cost.</p>	
<b>Individual Deductible</b>	\$5,000	\$10,000
<p><b>Family Deductible</b> Individual family member is embedded.</p>	\$10,000	\$15,000
<p><b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.</p>	\$6,650	\$13,100
<p><b>Family Out-of-Pocket Maximum</b> Includes deductibles and copays. Individual family member is embedded.</p>	\$13,300	\$26,600
<p><b>Coinsurance Percentage</b> Unless another percentage is stated.</p>	For in-network services, the plan pays 80% of covered charges, the participant pays 20%.	For out-of-network services, the plan pays 60%, the member pays 40%.
<b>Pre-Authorization Requirement</b>	Pre-authorization of all inpatient confinements, out-patient surgeries, sleep studies, and imaging is required. If pre-authorization is not performed, claim will be denied until retroactive authorization is completed.	
<p><b>Physician, Specialist, and Urgent Care Copay</b> Includes lab and x-ray services.</p>	N/A	N/A
<p><b>Physical, Occupational, Speech, &amp; Manipulative Therapy</b> Limited to 26 visits a year. Manipulative therapy is limited to \$75 per visit.</p>	After deductible, the plan pays 80%, the member pays 20%.	After deductible, the plan pays 60%, the member pays 40%.
<b>Emergency Room</b>	After deductible, the plan pays 80%, the member pays 20%.	
<p><b>Surgical Procedure</b> Covered at 100% when KPPFree™ is used.</p>	After deductible, the plan pays 80% of covered charges, the participant pays 20%. <b>Covered at 100% after deductible when KPPFree™ is used.</b>	After deductible, the plan pays 60%, the member pays 40%.
<p><b>Laboratory</b> Outside of office visit. Covered at 100% if QuesSelect or other direct contracted provider is used.</p>	After deductible, the plan pays 80% of covered charges, the participant pays 20%. <b>Covered at 100% after deductible if QuesSelect, DLO, or directly contracted provider is used.</b>	After deductible, the plan pays 60%, the member pays 40%.
<p><b>Diagnostic</b> Covered at 100% if KPPFree™ is used.</p>	After deductible, the plan pays 80% of covered charges, the participant pays 20%. <b>Covered at 100% after deductible when KPPFree™ is used.</b>	After deductible, the plan pays 60%, the member pays 40%.
Prescription Benefits	<p><b>For pharmacy, the use of a Sav-RX network pharmacy is mandatory. Out-of-network pharmacy is non-covered.</b></p>	
<b>Retail - 30 days</b>	After deductible, the plan pays 80% of covered charges, the participant pays 20%.	
<b>Mail - 90 days</b>	After deductible, the plan pays 80% of covered charges, the participant pays 20%.	
<b>Specialty Medications</b>	After deductible, the plan pays 80% of covered charges, the participant pays 20%.	
<b>100% Covered Medications</b>	<b>After deductible, specific generic and OTC medications covered at 100%.</b>	

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