

# Individual and Family Plans



	Centric Enhanced	Centric			The Healthy Investor™ HSA Individual & Family
<b>Annual Deductibles</b>					
Individual	\$1,000	\$2,000	\$3,000	\$5,000	\$2,000   \$3,000
Family	\$3,000	\$6,000	\$9,000	\$15,000	\$4,000   \$6,000
<b>Annual Coinsurance Maximums</b> ** (Does not include deductible, unless otherwise stated)					<b>Includes Deductible</b>
Individual	\$5,000 Par \$10,000 Non-Par		\$6,000 Par \$12,000 Non-Par		\$5,000 Par Unlimited Non-Par
Family	\$15,000 Par \$30,000 Non-Par		\$18,000 Par \$36,000 Non-Par		\$10,000 Par Unlimited Non-Par
<b>Lifetime Maximum</b>	\$2,000,000		\$2,000,000		\$2,000,000
<b>Non-Participating Provider Coinsurance</b>	50%		50%		50%
<b>Preventive Care</b> (\$350 maximum per calendar year for all preventive care)	<b>Not subject to deductible</b>		<b>Not subject to deductible</b>		<b>Not subject to deductible</b>
Annual Routine Physical Exam	70%		70%		80%
Well Baby Care (to 24 months of age)	70%		70%		80%
<b>Annual Routine Eye Exam</b>	VSP Discount Program		VSP Discount Program		VSP Discount Program
<b>Smoking Cessation-Professional Services</b>	70%, \$150 maximum per year		70%, \$150 maximum per year		80%, \$150 maximum per year
<b>Outpatient Lab &amp; X-Ray</b>	70%		70%		80%
Mammography and PSA - Routine	70%, <b>Not subject to deductible</b>		70%, <b>Not subject to deductible</b>		80%, <b>Not subject to deductible</b>
Mammography and PSA - Diagnostic	70%		70%		80%
<b>Professional Services</b>					
Office, home, naturopath or urgent care visits	70%		100% after \$30 copay for first 3 visits ( <b>not subject to deductible</b> ), subsequent visits 70%, <b>(subject to deductible)</b>		80%
Other professional services	70%		70%		80%
<b>Spinal &amp; Extremity Manipulations</b> (12 manipulations per calendar year)	See Professional Services Section		See Professional Services Section		80%
<b>Acupuncture</b> (12 treatments per calendar year)	See Professional Services Section		See Professional Services Section		80%
<b>Maternity</b>	See Professional and Facility/Hospital Services Sections		Not a Benefit		80%
<b>Facility/Hospital Services</b>					
Inpatient	70% after \$500 copay per admit		70%		80%
Outpatient Surgery	70% after \$100 copay		70%		80%
Emergency Room & Supplies	70% after \$150 copay per visit (copay waived if admitted)		70% after \$150 copay per visit (copay waived if admitted)		80%
<b>Ambulance-Ground &amp; Air</b> (\$5,000 maximum per calendar year)	70%		70%		80%
<b>Outpatient Rehabilitation</b> (Physical, Speech, Massage & Occupational Therapy) (\$1,000 maximum per year)	70%		70%		80%
<b>Home Health Care</b> (130 visits per calendar year)	70%		70%		80%
<b>Hospice</b> (6 months per calendar year)	70%		70%		80%
<b>Mental Health</b>					
Inpatient (prior authorization required)	See Facility/Hospital Services Section		See Facility/Hospital Services Section		80%
Outpatient	See Professional Services Section		See Professional Services Section		80%
<b>Medical Equipment &amp; Supplies</b> (\$2,500 maximum per calendar year)	70%		70%		80%
<b>Skilled Nursing Facility</b> (in lieu of hospitalization)	70%		70%		80%
<b>Occupational Injury</b> (owners and officers only) (\$50,000 maximum per calendar year)	70%		70%		80%
<b>Prescription Drugs</b> (\$3,000 maximum per calendar year, maximum does not apply for diabetes)					
Tier 1: Generic	\$10 copay		\$15 copay or the cost of the drug, whichever is less		80%
Tier 2: Preferred Brand Name	30%		Pharmacy Discount Program		80%
Tier 3: Non-Preferred Brand Name	50%		Pharmacy Discount Program		80%
<b>Optional Programs</b>					
<b>Dental</b> (through Washington Dental Service)	✓		✓		✓

04/30/10 All benefits are subject to annual deductible and/or copay (if applicable) unless otherwise stated. This benefit comparison 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 limits and exclusions, are in the contracts. In the event of discrepancies, the contract shall govern. \*In the case of accidental injury, charges for medically necessary covered services directly related to the treatment of the injury are exempt from the deductible for a period of up to six (6) months, provided initial treatment for the injury is received within (72\*) hours of the onset of the injury. After six (6) months, the condition is considered to be chronic and charges related to the treatment of the injury would be applied to any outstanding deductible. All other applicable benefit limitations and maximums apply. \*\*After member satisfies the annual deductible and coinsurance maximum, KPS pays 100% of covered benefits for the remainder of the calendar year, with some limitations. If you choose a non-participating provider, your coinsurance costs are higher. 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, www.kpshealthplans.com, to find a participating provider. \*The Healthy Investor™ family plans are designed for two or more family members. The entire family deductible must be satisfied before benefits are paid, annual routine physical exams, well-baby exams, routine mammograms, and routine prostate cancer screening are not subject to the annual deductible.