

Benefits	In-Network	In-Network	In-Network	In-Network	In-Network
Calendar Year Deductible (Single/Family)	\$5,000/\$7,500	\$2,700/\$5,000	\$3,500/\$7,000	\$1,200/\$2,500	\$200/\$600
Annual Out-of-Pocket Max (Single/Family)	\$6,850/\$13,700	\$5,000/\$10,000	\$6,250/\$12,500	\$6,250/\$12,500	\$3,850/\$10,950
Co-Insurance	30%	30%	30%	20%	20%
ER TeleHealth (UCM)	No Cost	No Cost	No Cost	No Cost	No Cost
Preventive Care*	No Cost	No Cost	No Cost	No Cost	No Cost
Primary Care	\$20	Ded + 30%	\$20	\$20	\$20
Specialist	Ded + 30%	Ded + 30%	\$80	\$50	\$45
Chiropractic (6 Visits Annually)	Ded + 30%	Ded + 30%	\$80	\$50	\$45
In-Patient Hospitalization	\$475+Ded+30%	Ded + 30%	Ded + 30%	Ded + 20%	Ded + 20%
Emergency Room per Visit	\$350+Ded+30%	Ded + 30%	\$350	\$200	\$200
ER Non-Emergency per Visit	\$800+Ded+30%	Ded+\$800+30%	\$800+Ded+30%	\$800+Ded+30%	\$800+Ded+30%
Urgent Care	\$150	Ded + 30%	\$150	\$100	\$80
Minor Diag: Lab & X-ray	No Cost	Ded + 30%	No Cost	No Cost	No Cost
Free Standing Facility Major Diag: MRI, CT, PET (requires pre-auth)	\$950 Copay	Ded + 30%	\$450 Copay	\$350 Copay	\$250 Copay
Out Patient Hospital Major Diag: MRI, CT & PET (requires pre-auth)	\$950 Copay	Ded + 30%	\$450 Copay	\$350 Copay	\$250 Copay
KIS Imaging Care Management Radiological Benefit (CT scans, MRIs and PET scans)	No Cost	Calendar Year Deductible, then No Cost	No Cost	No Cost	No Cost
Generic RX	\$5	Ded + \$5	\$5	\$5	\$5
Preferred RX	Ded \$750 + \$35	Ded + \$35	\$35	\$35	\$35
Non-Preferred Brand RX Does not include Specialty*	Ded \$1,500 + \$100	Ded + \$100	\$100	\$100	\$100
Preventative Expanded	\$5	\$0	\$5	\$5	\$5
Mail Order	3 months for 2.5 times the cost	3 months for 2.5 times the cost	3 months for 2.5 times the cost	3 months for 2.5 times the cost	3 months for 2.5 times the cost
CanaRx – Brand Only	\$0.00	\$0.00 Preventative Only	\$0.00	\$0.00	\$0.00