

PLAN NAME	SELECT 500	SELECT 750	SELECT 1500
<b>Health Benefits</b> Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.
<b>100% Benefits*</b>	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
<b>Individual Deductible</b>	\$500	\$750	\$1,500
<b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.	\$3,500	\$3,750	\$4,500
<b>Family Deductible</b> Individual family member is embedded.	3 individual deductibles must be satisfied per family.	3 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.
<b>Family Out-of-Pocket Maximum</b> Includes deductibles and copays. Individual family member is embedded.	\$10,500	\$11,250	\$10,500
<b>Coinsurance Percentage</b> Unless another percentage is stated.	The Plan pays 80% of covered charges, the participant pays 20%.	The Plan pays 80% of covered charges, the participant pays 20%.	The Plan pays 80% of covered charges, the participant pays 20%.
<b>Office Visit Copay</b> Physician Office Visit, Urgent Care Visit, Specialist Visit. Employees enrolled in Kempton Direct Access Providers will have no co-pay for services provided under the monthly fee.	\$15	\$25	\$25
<b>Emergency Room Benefit</b> Additional copay may be waived if accident or life threatening.	\$100 copay, then subject to deductible and coinsurance.	\$100 copay, then subject to deductible and coinsurance.	\$100 copay, then subject to deductible and coinsurance.
<b>Surgical Procedure Benefit</b> Covered at 100% when KPPFree™ is used.*	\$300 copay, then subject to deductible and coinsurance.	\$300 copay, then subject to deductible and coinsurance.	\$300 copay, then subject to deductible and coinsurance.
<b>Pre-Certification Requirement</b>	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.
<b>Laboratory Benefit</b> Covered at 100% if direct contracted provider listed above is used.*	The Plan pays 80% of covered charges, the participant pays 20%. Deductible waived.	The Plan pays 80% of covered charges, the participant pays 20%. Deductible waived.	The Plan pays 80% of covered charges, the participant pays 20%. Deductible waived.
<b>Diagnostic Imaging</b> Covered at 100% if KPPFree™ is used.*	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.
<b>Prescription Benefits - PBM Southern Scripts</b> Walgreens & Costco are non-covered.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.
<b>Prescription Copay</b>	Generic - \$10 Name Brand - \$45	Generic - \$10 Name Brand - \$45	Generic - \$10 Name Brand - \$45
<b>Maintenance Medications</b> A 102-day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy or through mail order.	Generic - \$10 Name Brand - \$90	Generic - \$10 Name Brand - \$90	Generic - \$10 Name Brand - \$90
<b>Therapeutic Alternative Limitation</b> There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the copay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at AdvantageHealthPlans.com.	50%	50%	50%
<b>Premier Drug Tier</b> <i>Over-the-Counter</i> - Receive a 102-day supply when your physician prescribes an OTC drug in lieu of a prescription drug. <i>Prescription Medications</i> - Receive specific prescriptions medications at an enhanced benefit. The list of medications and instructions are available at AdvantageHealthPlans.com.	\$0	\$0	\$0
<b>Specialty Medications</b> Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$150	\$150

There is no implied warranty as to the quality of care that may be rendered by any provider. Under IRS guidelines, except ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit.

PLAN NAME	VALUE 750	VALUE 1500	VALUE 2000
<b>Health Benefits</b> Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.
<b>100% Benefits*</b>	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
<b>Individual Deductible</b>	\$750	\$1,500	\$2,000
<b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.	\$5,750	\$6,500	\$7,000
<b>Family Deductible</b> Individual family member is embedded.	2 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.
<b>Family Out-of-Pocket Maximum</b> Includes deductibles and copays. Individual family member is embedded.	\$11,500	\$13,000	\$14,000
<b>Coinsurance Percentage</b> Unless another percentage is stated.	The Plan pays 70% of covered charges, the participant pays 30%.	The Plan pays 70% of covered charges, the participant pays 30%.	The Plan pays 70% of covered charges, the participant pays 30%.
<b>Office Visit Copay</b> Physician Office Visit, Urgent Care Visit, Specialist Visit. Employees enrolled in Kempton Direct Access Providers will have no co-pay for services provided under the monthly fee.	\$35	\$35	\$35
<b>Emergency Room Benefit</b> Additional copay may be waived if accident or life threatening.	\$200 copay, then subject to deductible and coinsurance.	\$200 copay, then subject to deductible and coinsurance.	\$200 copay, then subject to deductible and coinsurance.
<b>Surgical Procedure Benefit</b> Covered at 100% when KPPFree™ is used.*	\$300 copay, then subject to deductible and coinsurance.	\$300 copay, then subject to deductible and coinsurance.	\$300 copay, then subject to deductible and coinsurance.
<b>Pre-Certification Requirement</b>	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.
<b>Laboratory Benefit</b> Covered at 100% if direct contracted provider listed above is used.*	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.
<b>Diagnostic Imaging</b> Covered at 100% if KPPFree™ is used.*	After deductible, the Plan pays 70% of covered charges, the participant pays 30%.	After deductible, the Plan pays 70% of covered charges, the participant pays 30%.	After deductible, the Plan pays 70% of covered charges, the participant pays 30%.
<b>Prescription Benefits - PBM Southern Scripts</b> Walgreens & Costco are non-covered.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.
<b>Prescription Copay</b>	Generic - \$15 Name Brand - \$35	Generic - \$15 Name Brand - \$35	Generic - \$15 Name Brand - \$35
<b>Maintenance Medications</b> A 102-day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy or through mail order.	Generic - \$30 Name Brand - \$110	Generic - \$30 Name Brand - \$110	Generic - \$30 Name Brand - \$110
<b>Therapeutic Alternative Limitation</b> There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the copay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at AdvantageHealthPlans.com.	50%	50%	50%
<b>Premier Drug Tier</b> <i>Over-the-Counter</i> - Receive a 102-day supply when your physician prescribes an OTC drug in lieu of a prescription drug. <i>Prescription Medications</i> - Receive specific prescriptions medications at an enhanced benefit. The list of medications and instructions are available at AdvantageHealthPlans.com.	\$0	\$0	\$0
<b>Specialty Medications</b> Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$150	\$150

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PLAN NAME	VALUE 3000	VALUE 5000
<b>Health Benefits</b> Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.
<b>100% Benefits*</b>	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
<b>Individual Deductible</b>	\$3,000	\$5,000
<b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.	\$7,350	\$8,150
<b>Family Deductible</b> Individual family member is embedded.	2 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.
<b>Family Out-of-Pocket Maximum</b> Includes deductibles and copays. Individual family member is embedded.	\$14,700	\$16,300
<b>Coinsurance Percentage</b> Unless another percentage is stated.	The Plan pays 70% of covered charges, the participant pays 30%.	The Plan pays 70% of covered charges, the participant pays 30%.
<b>Office Visit Copay</b> Physician Office Visit, Urgent Care Visit, Specialist Visit. Employees enrolled in Kempton Direct Access Providers will have no co-pay for services provided under the monthly fee.	\$35	\$35
<b>Emergency Room Benefit</b> Additional copay may be waived if accident or life threatening.	\$200 copay, then subject to deductible and coinsurance.	\$200 copay, then subject to deductible and coinsurance.
<b>Surgical Procedure Benefit</b> Covered at 100% when KPPFree™ is used.*	\$300 copay, then subject to deductible and coinsurance.	\$300 copay, then subject to deductible and coinsurance.
<b>Pre-Certification Requirement</b>	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.
<b>Laboratory Benefit</b> Covered at 100% if direct contracted provider listed above is used.*	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.
<b>Diagnostic Imaging</b> Covered at 100% if KPPFree™ is used.*	After deductible, the Plan pays 70% of covered charges, the participant pays 30%.	After deductible, the Plan pays 70% of covered charges, the participant pays 30%.
<b>Prescription Benefits - PBM Southern Scripts</b> Walgreens & Costco are non-covered.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.
<b>Prescription Copay</b>	Generic - \$15 Name Brand - \$55	Generic - \$15 Name Brand - \$55
<b>Maintenance Medications</b> A 102-day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy or through mail order.	Generic - \$30 Name Brand - \$110	Generic - \$30 Name Brand - \$110
<b>Therapeutic Alternative Limitation</b> There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the copay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at AdvantageHealthPlans.com.	50%	50%
<b>Premier Drug Tier</b> <i>Over-the-Counter</i> - Receive a 102-day supply when your physician prescribes an OTC drug in lieu of a prescription drug. <i>Prescription Medications</i> - Receive specific prescriptions medications at an enhanced benefit. The list of medications and instructions are available at AdvantageHealthPlans.com.	\$0	\$0
<b>Specialty Medications</b> Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$150

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PLAN NAME	HDHP 2500	HDHP 5000	MINIMUM VALUE PLUS PLAN
<b>Health Benefits</b> Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.
<b>100% Benefits*</b>	<b>*100% Benefits Available, after deductible is met:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements	<b>*100% Benefits Available, after deductible is met:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
<b>Individual Deductible</b>	\$2,500	\$5,000	\$8,700
<b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.	\$5,000	\$5,000	\$8,700
<b>Family Deductible</b> Individual family member is embedded.	\$5,000 Embedded deductible for a family member is \$2,800.	\$10,000 Embedded deductible for a family member is \$5,000.	\$17,400 aggregate. Embedded deductible for family member is \$8,700
<b>Family Out-of-Pocket Maximum</b> Includes deductibles and copays. Individual family member is embedded.	\$10,000	\$10,000	\$17,400 aggregate.
<b>Coinsurance Percentage</b> Unless another percentage is stated.	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.	After deductible, the Plan pays 100% of covered charges.	After deductible, the Plan pays 100% of covered charges.
<b>Office Visit Copay</b> Physician Office Visit, Urgent Care Visit, Specialist Visit. Employees enrolled in Kempton Direct Access Providers will have no co-pay for services provided under the monthly fee.	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.	After deductible, the Plan pays 100% of covered charges.	\$50
<b>Emergency Room Benefit</b> Additional copay may be waived if accident or life threatening.	After deductible, the Plan pays 80%, the participant pays 20%.	After deductible, the Plan pays 100% of covered charges.	\$200 copay, then subject to deductible and coinsurance.
<b>Surgical Procedure Benefit</b> Covered at 100% when KPPFree™ is used.*	After deductible, the Plan pays 80%, the participant pays 20%.	After deductible, the Plan pays 100% of covered charges.	\$300 copay, then subject to deductible and coinsurance.
<b>Pre-Certification Requirement</b>	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.
<b>Laboratory Benefit</b> Covered at 100% if direct contracted provider listed above is used.*	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.	After deductible, the Plan pays 100% of covered charges.	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.
<b>Diagnostic Imaging</b> Covered at 100% if KPPFree™ is used.*	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.	After deductible, the Plan pays 100% of covered charges.	After deductible, the Plan pays 100% of covered charges.
<b>Prescription Benefits - PBM Southern Scripts</b> Walgreens & Costco are non-covered.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.
<b>Prescription Copay</b>	Generic - 10%, after deductible is met. Name Brand - 20%, after deductible is met.	\$0, after deductible is met.	Generic - \$15 Name Brand - \$55
<b>Maintenance Medications</b> A 102-day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy or through mail order.	Generic - 10%, after deductible is met. Name Brand - 20%, after deductible is met.	\$0, after deductible is met.	Generic - \$30 Name Brand - \$110
<b>Therapeutic Alternative Limitation</b> There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the copay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at AdvantageHealthPlans.com.	50%, after deductible is met.	\$0, after deductible is met.	50%
<b>Premier Drug Tier</b> <i>Over-the-Counter</i> - Receive a 102-day supply when your physician prescribes an OTC drug in lieu of a prescription drug. <i>Prescription Medications</i> - Receive specific prescriptions medications at an enhanced benefit. The list of medications and instructions are available at AdvantageHealthPlans.com.	\$0, after deductible is met.	\$0, after deductible is met.	\$0
<b>Specialty Medications</b> Use of Southern Scripts Specialty Pharmacy is mandatory.	Generic - 10%, after deductible is met. Name Brand - 20%, after deductible is met.	\$0, after deductible is met.	\$150

There is no implied warranty as to the quality of care that may be rendered by any provider. Under IRS guidelines, except ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit.

PLAN NAME	CHOICE SELECT 1500	CHOICE VALUE 750	CHOICE VALUE 3000
	<b>There is NO PPO NETWORK.</b>	<b>There is NO PPO NETWORK.</b>	<b>There is NO PPO NETWORK.</b>
<b>Health Benefits</b> Network Information	<b>ALL claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	<b>ALL claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	<b>ALL claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.
<b>100% Benefits*</b>	<b>100% Benefits Available:</b> KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	<b>100% Benefits Available:</b> KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	<b>100% Benefits Available:</b> KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
<b>Individual Deductible</b>	\$1,500	\$750	\$3,000
<b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.	\$4,500	\$7,750	\$7,350
<b>Family Deductible</b> Individual family member is embedded.	2 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.
<b>Family Out-of-Pocket Maximum</b> Includes deductibles and copays. Individual family member is embedded.	\$10,500	\$11,500	\$14,700
<b>Coinsurance Percentage</b> Unless another percentage is stated.	The Plan pays 80% of covered charges, the participant pays 20%.	The Plan pays 70% of covered charges, the participant pays 30%.	The Plan pays 70% of covered charges, the participant pays 30%.
<b>Office Visit Copay</b> Physician Office Visit, Urgent Care Visit, Specialist Visit. Employees enrolled in Kempton Direct Access Providers will have no co-pay for services provided under the monthly fee.	\$25	\$35	\$35
<b>Emergency Room Benefit</b> Additional copay may be waived if accident or life threatening.	\$100 copay, then subject to deductible and coinsurance.	\$200 copay, then subject to deductible and coinsurance.	\$200 copay, then subject to deductible and coinsurance.
<b>Surgical Procedure Benefit</b> Covered at 100% when KPPFree™ is used.*	\$300 copay, then subject to deductible and coinsurance.	\$300 copay, then subject to deductible and coinsurance.	\$300 copay, then subject to deductible and coinsurance.
<b>Pre-Certification Requirement</b>	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.
<b>Laboratory Benefit</b> Covered at 100% if direct contracted provider listed above is used.*	The Plan pays 80% of covered charges, the participant pays 20%. Deductible waived.	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.
<b>Diagnostic Imaging</b> Covered at 100% if KPPFree™ is used.*	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.	After deductible, the Plan pays 70% of covered charges, the participant pays 30%.	After deductible, the Plan pays 70% of covered charges, the participant pays 30%.
<b>Prescription Benefits - PBM Southern Scripts</b> Walgreens & Costco are non-covered.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.
<b>Prescription Copay</b>	Generic - \$10 Name Brand - \$45	Generic - \$15 Name Brand - \$55	Generic - \$15 Name Brand - \$55
<b>Maintenance Medications</b> A 102-day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy or through mail order.	Generic - \$10 Name Brand - \$90	Generic - \$30 Name Brand - \$110	Generic - \$30 Name Brand - \$110
<b>Therapeutic Alternative Limitation</b> There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the copay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at AdvantageHealthPlans.com.	50%	50%	50%
<b>Premier Drug Tier</b> <i>Over-the-Counter</i> - Receive a 102-day supply when your physician prescribes an OTC drug in lieu of a prescription drug. <i>Prescription Medications</i> - Receive specific prescriptions medications at an enhanced benefit. The list of medications and instructions are available at AdvantageHealthPlans.com.	\$0	\$0	\$0
<b>Specialty Medications</b> Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$150	\$150

*There is no implied warranty as to the quality of care that may be rendered by any provider. Under IRS guidelines, except ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit.*