

PLAN NAME	SELECT 500	SELECT 750	SELECT 1500
Health Benefits Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted. Out-of-network claims 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 Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted. Out-of-network claims 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 Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted. Out-of-network claims 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 Summary Plan Description.
100% Benefits*	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
Individual Deductible	\$500	\$750	\$1,500
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$3,500	\$3,750	\$4,500
Family Deductible 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.
Family Out-of-Pocket Maximum Includes deductibles and copays. Individual family member is embedded.	\$10,500	\$11,250	\$10,500
Coinsurance Percentage 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%.
Office Visit Copay 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
Emergency Room Benefit 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.
Surgical Procedure Benefit 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.
Pre-Certification Requirement	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.
Laboratory Benefit 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.
Diagnostic Imaging 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%.
Prescription Benefits - PBM Southern Scripts 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.
Prescription Copay	Generic - \$10 Name Brand - \$45	Generic - \$10 Name Brand - \$45	Generic - \$10 Name Brand - \$45
Maintenance Medications 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
Therapeutic Alternative Limitation 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%
Premier Drug Tier <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
Specialty Medications 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
Health Benefits Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted. Out-of-network claims 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 Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted. Out-of-network claims 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 Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted. Out-of-network claims 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 Summary Plan Description.
100% Benefits*	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
Individual Deductible	\$750	\$1,500	\$2,000
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$5,750	\$6,500	\$7,000
Family Deductible 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.
Family Out-of-Pocket Maximum Includes deductibles and copays. Individual family member is embedded.	\$11,500	\$13,000	\$14,000
Coinsurance Percentage 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%.
Office Visit Copay 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
Emergency Room Benefit 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.
Surgical Procedure Benefit 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.
Pre-Certification Requirement	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.
Laboratory Benefit 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.
Diagnostic Imaging 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%.
Prescription Benefits - PBM Southern Scripts 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.
Prescription Copay	Generic - \$15 Name Brand - \$35	Generic - \$15 Name Brand - \$35	Generic - \$15 Name Brand - \$35
Maintenance Medications 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
Therapeutic Alternative Limitation 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%
Premier Drug Tier <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
Specialty Medications Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$150	\$150

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PLAN NAME	VALUE 3000	VALUE 5000
Health Benefits Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted. Out-of-network claims 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 Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted. Out-of-network claims 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 Summary Plan Description.
100% Benefits*	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
Individual Deductible	\$3,000	\$5,000
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$7,350	\$8,150
Family Deductible Individual family member is embedded.	2 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.
Family Out-of-Pocket Maximum Includes deductibles and copays. Individual family member is embedded.	\$14,700	\$16,300
Coinsurance Percentage 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%.
Office Visit Copay 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
Emergency Room Benefit 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.
Surgical Procedure Benefit Covered at 100% when KPPFree™ is used.*	\$300 copay, then subject to deductible and coinsurance.	\$300 copay, then subject to deductible and coinsurance.
Pre-Certification Requirement	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.
Laboratory Benefit 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.
Diagnostic Imaging 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%.
Prescription Benefits - PBM Southern Scripts 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.
Prescription Copay	Generic - \$15 Name Brand - \$55	Generic - \$15 Name Brand - \$55
Maintenance Medications 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
Therapeutic Alternative Limitation 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%
Premier Drug Tier <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
Specialty Medications Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$150

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PLAN NAME	HDHP 2500	HDHP 5000	MINIMUM VALUE PLUS PLAN
Health Benefits Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted. Out-of-network claims 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 Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted. Out-of-network claims 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 Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted. Out-of-network claims 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 Summary Plan Description.
100% Benefits*	*100% Benefits Available, after deductible is met: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements	*100% Benefits Available, after deductible is met: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
Individual Deductible	\$2,500	\$5,000	\$8,700
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$5,000	\$5,000	\$8,700
Family Deductible 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
Family Out-of-Pocket Maximum Includes deductibles and copays. Individual family member is embedded.	\$10,000	\$10,000	\$17,400 aggregate.
Coinsurance Percentage 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.
Office Visit Copay 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
Emergency Room Benefit 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.
Surgical Procedure Benefit 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.
Pre-Certification Requirement	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.
Laboratory Benefit 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.
Diagnostic Imaging 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.
Prescription Benefits - PBM Southern Scripts 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.
Prescription Copay	Generic - 10%, after deductible is met. Name Brand - 20%, after deductible is met.	\$0, after deductible is met.	Generic - \$15 Name Brand - \$55
Maintenance Medications 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
Therapeutic Alternative Limitation 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%
Premier Drug Tier <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
Specialty Medications 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

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PLAN NAME	CHOICE SELECT 1500	CHOICE VALUE 750	CHOICE VALUE 3000
	There is NO PPO NETWORK.	There is NO PPO NETWORK.	There is NO PPO NETWORK.
Health Benefits Network Information	ALL claims 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 Summary Plan Description.	ALL claims 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 Summary Plan Description.	ALL claims 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 Summary Plan Description.
100% Benefits*	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
Individual Deductible	\$1,500	\$750	\$3,000
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$4,500	\$7,750	\$7,350
Family Deductible 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.
Family Out-of-Pocket Maximum Includes deductibles and copays. Individual family member is embedded.	\$10,500	\$11,500	\$14,700
Coinsurance Percentage 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%.
Office Visit Copay 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
Emergency Room Benefit 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.
Surgical Procedure Benefit 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.
Pre-Certification Requirement	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.
Laboratory Benefit 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.
Diagnostic Imaging 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%.
Prescription Benefits - PBM Southern Scripts 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.
Prescription Copay	Generic - \$10 Name Brand - \$45	Generic - \$15 Name Brand - \$55	Generic - \$15 Name Brand - \$55
Maintenance Medications 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
Therapeutic Alternative Limitation 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%
Premier Drug Tier <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
Specialty Medications 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.