

PLAN NAME	SELECT 500
<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.
<b>100% Benefits*</b>	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
<b>Individual Deductible</b>	\$500
<b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.	\$3,500
<b>Family Deductible</b> Individual family member is embedded.	3 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
<b>Coinsurance Percentage</b> Unless another percentage is stated.	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
<b>Emergency Room Benefit</b> Additional copay may be waived if accident or life threatening.	\$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.
<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.
<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.
<b>Diagnostic Imaging</b> Covered at 100% if KPPFree™ is used.*	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.
<b>Prescription Copay</b>	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
<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%
<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
<b>Specialty Medications</b> Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150

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