

PLAN NAME	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.
100% Benefits*	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
Individual Deductible	\$2,000
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$7,000
Family Deductible Individual family member is embedded.	2 individual deductibles must be satisfied per family.
Family Out-of-Pocket Maximum Includes deductibles and copays. Individual family member is embedded.	\$14,000
Coinsurance Percentage Unless another percentage is stated.	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
Emergency Room Benefit Additional copay may be waived if accident or life threatening.	\$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.
Pre-Certification Requirement	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.
Diagnostic Imaging Covered at 100% if KPPFree™ is used.*	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.
Prescription Copay	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
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%
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
Specialty Medications 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 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.