

PLAN NAME	CHOICE SELECT 1500
Health Benefits Network Information	<p style="text-align: center;">There is NO PPO NETWORK.</p> <p>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.</p>
100% Benefits*	<p style="text-align: center;">100% Benefits Available:</p> KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
Individual Deductible	\$1,500
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$4,500
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.	\$10,500
Coinsurance Percentage Unless another percentage is stated.	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.	\$25
Emergency Room Benefit Additional copay may be waived if accident or life threatening.	\$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.
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 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%.
Prescription Benefits - PBM Southern Scripts Walgreens & Costco are non-covered.	<p>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.</p> <p>Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.</p> <p>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.</p>
Prescription Copay	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
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 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.