

SCHEDULE OF BENEFITS (updated 10/11/2018)

OUTLINE OF BENEFITS	IN-Network Benefits	OUT-of-Network Benefits
Combined Lifetime Maximum Benefit	Unlimited	
Annual Deductible	PLAN A / PLAN B / PLAN C	PLAN A / PLAN B / PLAN C
Per Person	\$1000 / \$2,500 / \$5,000	\$1000 / \$2,500 / \$10,000
Per Family	\$2,000 / \$5,000 / \$10,000	\$2,000 / \$5,000 / \$20,000
Co-Insurance Levels (After Deductible)		
Per Person	20% / 20% / 0%	40% / 40% / 0%
Per Family	20% / 20% / 0%	40% / 40% / 0%
Out-of-Pocket Max (Including Deductible)		
Per Person	\$3,500 / \$5,000 / \$5,000	\$7000 / \$10,000 / \$10,000
Per Family	\$7,000 / \$10,000 / \$10,000	\$14,000 / \$20,000 / \$20,000
Physician Charges		
Office Visits	\$30 / \$30 / 100% after ded.	Subject to ded. & co-ins.
Specialist Office Visits	\$50 / \$50 / 100% after ded.	Subject to ded. & co-ins.
X-Ray and Lab Services*	First \$300 at 100%*	Subject to ded. & co-ins.
Other Procedures	Subject to deductible	Subject to ded. & co-ins.
Preventive Care	100%	Subject to ded. & co-ins.
Routine physical, Colonoscopy, Mammograms/Pap Smears, Prostate exam Immunizations		
Hospital and Other Facilities		
Inpatient and Intensive Care	Subject to deductible	Subject to ded. & co-ins.
X-Ray and Lab Services*	First \$300 at 100%*	Subject to ded. & co-ins.
Outpatient Surgery	Subject to deductible	Subject to ded. & co-ins.
Prescription Drug Card	PLAN A / PLAN B / PLAN C	
Generic Drug Co-Pay	\$0 / \$0 / \$0	
Preferred Brand	\$30 / \$30 / \$30 after ded.	
Non-Preferred Brand	\$45 / \$45 / \$45 after ded.	
Premiums**	PLAN A / PLAN B / PLAN C	
Single	\$530 / \$465 / \$355	
EE + Child	\$937 / \$850 / \$780	
EE + Spouse	\$1035 / \$965 / \$860	
Family	\$1680 / \$1585 / \$1455	
Plan C is HSA Qualified		
*Plan C is subject to deductible other than for preventive care		

**This is a NEW group plan. Premiums are based on health questionnaires previously submitted to establish our group. If the number of enrollees changes, premiums are subject to change.

Is your current medical provider IN-Network? Visit www.ahappo.net to search the list of providers. Use group code 1705.

Questions or to enroll, contact one of our partners at:

Toby or Randy @ Kaw Valley Insurance - 785-670-6143 | Kevin or Angie @ Payne Financial Strategies - 785-828-4578