

## SCHEDULE OF BENEFITS (updated 12/13/2018)

OUTLINE OF BENEFITS	IN-Network Benefits	OUT-of-Network Benefits
<b>Combined Lifetime Maximum Benefit</b>	<b>Unlimited</b>	
<b>Annual Deductible</b>	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
<b>Co-Insurance Levels (After Deductible)</b>		
Per Person	20% / 20% / 0%	40% / 40% / 0%
Per Family	20% / 20% / 0%	40% / 40% / 0%
<b>Out-of-Pocket Max (Including Deductible)</b>		
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
<b>Physician Charges</b>		
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.
<b>Preventive Care</b>	<b>100%</b>	Subject to ded. & co-ins.
Routine physical, Colonoscopy, Mammograms/Pap Smears, Prostate exam Immunizations		
<b>Hospital and Other Facilities</b>		
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.
<b>Prescription Drug Card</b>	PLAN A / PLAN B / PLAN C	
Generic Drug Co-Pay	\$0 / \$0 / \$0 after ded.	
Preferred Brand	\$30 / \$30 / \$30 after ded.	
Non-Preferred Brand	\$45 / \$45 / \$45 after ded.	
<b>Premiums**</b>	PLAN A / PLAN B / PLAN C	
Single	\$610 / \$545 / \$420	
EE + Child	\$1150 / \$1075 / \$960	
EE + Spouse	\$1290 / \$1215 / \$1100	
Family	\$1875 / \$1800 / \$1695	
<b>Plan C is HSA Qualified</b>		
*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](http://www.ahappo.net) to search the list of providers. Use group code 1705.

Enrollment is CLOSED for 2019. Questions, contact one of our partners at:  
Toby or Randy @ Kaw Valley Insurance - 785-670-6143 | Kevin or Angie @ Payne Financial Strategies - 785-828-4578