

Individual/Family Plans	Sound Harbor Elite	Essential Plus	Sound Harbor Enterprise	The Healthy Investor™ HSA Individual and Family
<b>Annual Deductibles</b> Individual Family	\$1,000* \$3,000	\$2,000* \$6,000	\$3,000* \$9,000	(Choose One) \$2,000 or \$3,000 \$4,000+ or \$6,000+
<b>Annual Coinsurance Maximums**</b> (Does not include deductible, unless otherwise stated) Individual Family	\$5,000 \$15,000	\$6,000 \$18,000	\$6,000 \$18,000	Includes deductible \$5,000 \$10,000
<b>Lifetime Maximum</b>	\$1,000,000	\$1,000,000	\$2,000,000	\$2,000,000
<b>Preventive Care</b> Annual Routine Physical Exam Well Baby Care (to 24 months of age) Annual Routine Eye Exam	(not subject to deductible) 70% 70% 70% 70% \$250 maximum per year for all preventive care	(not subject to deductible) 70% 70% 70% 70% \$250 maximum per year for all preventive care	(not subject to deductible) 70% 70% 70% 70% \$350 maximum per year for all preventive care	(Subject to deductible, unless otherwise stated) 80% (not subject to deductible) 80% (not subject to deductible) 80% 80% \$350 maximum per year for all preventive care
<b>Smoking Cessation-Professional Services</b>	70% (not subject to deductible) Included in preventive care annual maximum	70% (not subject to deductible) Included in preventive care annual maximum	70% \$150 maximum per year	80% \$150 maximum per year
<b>Professional Services</b> Office, home, naturopath or urgent care visits Other professional services	70% 70%	100% after \$30 per-visit copay for first 3 visits combined (no deductible), subsequent visits 70% subject to deductible 70%	100% after \$30 per-visit copay for first 3 visits combined (no deductible), subsequent visits 70% subject to deductible 70%	80% 80%
<b>Outpatient Lab &amp; X-Ray</b> Mammography Services and Prostate Cancer Screening-Routine Mammography Services and Prostate Cancer Screening-Medically necessary	70% 70% (not subject to deductible) 70% (subject to deductible)	70% 70% (not subject to deductible) 70% (subject to deductible)	70% 70% (not subject to deductible) 70% (not subject to deductible)	80% 80% 80%
<b>Facility/Hospital</b> Inpatient Outpatient Emergency Room & Supplies	70% after \$250 copay per day, 3 copay maximum per admit 70% after \$100 copay 70% after \$100 copay per visit (copay waived if admitted)	70% 70% 70% after \$100 copay per visit (copay waived if admitted)	70% 70% 70% after \$100 copay per visit (copay waived if admitted)	80% 80% 80%
<b>Acupuncture</b> (12 treatments per year maximum)	70%	See Professional Services	See Professional Services	80%
<b>Ambulance-Ground &amp; Air</b>	70% \$5,000 maximum per year	70% \$5,000 maximum per year	70% \$7,000 maximum per year	80% \$7,000 maximum per year
<b>Home Health Care</b> (130 visits maximum per year) subject to deductible	70%	70%	70%	80%
<b>Hospice</b> (6 month maximum per year) subject to deductible	70%	70%	70%	80%
<b>Maternity</b>	See Professional & Facility Services	Not a Benefit	Not a Benefit	80%
<b>Medical Equipment &amp; Supplies</b> (\$2,500 maximum per year) subject to deductible	70%	70%	70%	80%
<b>Mental Health</b> Inpatient (prior authorization required)-10 days per year maximum Outpatient-12 visits per year maximum	See Facility & Hospital Services 70%	70% See Professional Services	70% See Professional Services	80% 80%
<b>Nutritional Guidance</b> (up to \$400 per year)	70%	70%	70%	80%
<b>Outpatient Rehabilitation</b> (Physical, Speech, Massage & Occupational Therapy) (\$1,000 maximum per year)	70%	70%	70%	80%
<b>Prescription Drugs</b> Tier 1: Generic Tier 2: Preferred Brand Name Tier 3: Non-Preferred Brand Name	(\$2,000 maximum per year, except for diabetes) Tier 1: \$10 copay Tier 2: 50% w/\$40 minimum copay Tier 3: 50% w/\$40 minimum copay Tiers 2 and 3: subject to \$200 deductible	(\$2,000 maximum per year, except for diabetes) Tier 1: \$15 copay or the cost of the drug, whichever is less Tier 2: Pharmacy Discount Program Tier 3: Pharmacy Discount Program	(\$2,000 maximum per year, except for diabetes) Tier 1: \$15 copay or the cost of the drug, whichever is less Tier 2: Pharmacy Discount Program Tier 3: Pharmacy Discount Program	(\$3,000 maximum per year, except for diabetes) Tier 1: 80% Tier 2: 80% Tier 3: 80%
<b>Skilled Nursing Facility</b> (in lieu of hospitalization)	70%	70%	70%	80%
<b>Spinal and Extremity Manipulations</b> (12 manipulations per year maximum)	70%	See Professional Services	See Professional Services	80%

All benefits are subject to annual deductible and/or copay (if applicable) unless otherwise stated. This benefit comparison contains only a brief explanation of the more important coverage features offered. It does not constitute a contract. Complete coverage details, including waiting periods and other limits and exclusions, are in the contracts. In the event of discrepancies, the contract shall govern. \*In the case of accidental injury, charges for medically necessary covered services directly related to the treatment of the injury are exempt from the deductible for a period of up to six (6) months, provided initial treatment for the injury is received within (72\*) hours of the onset of the injury. After six (6) months, the condition is considered to be chronic and charges related to the treatment of the injury would be applied to any outstanding deductible. All other applicable benefit limitations and maximums apply. \*\*After member satisfies the annual deductible and coinsurance maximum, KPS pays 100% of covered benefits for the remainder of the calendar year, with some limitations. If you choose a non-participating provider, your coinsurance costs are higher. In addition, it is your responsibility to pay the difference between any amounts billed by the non-participating provider or facility and the amount paid by KPS. Please refer to our website, www.kpshealthplans.com, to find a participating provider. +The Healthy Investor™ family plans are designed for two or more family members. The entire family deductible must be satisfied before benefits are paid, annual routine physical exams, well-baby exams, routine mammograms, and routine prostate cancer screening are not subject to the annual deductible.