

	HMO Select IV—\$10/\$20/\$35	KPOS—\$10/\$20
<b>MEDICAL BENEFITS</b>		
Deductible (Individual; Family)	NA	NA
Coinsurance	NA	NA
Out-of-Pocket Maximum (Per Member; Per Family)	\$6,600; \$13,200	\$1,000; \$2,000
Alcohol/Drug Inpatient	\$240 copay	No charge
Alcohol/Drug Outpatient	\$40 copay	\$20 copay
Ambulance	No charge	No charge
Blood	No charge	\$20 copay
Diabetic Equipment & Supplies and Medical/Consumable	No charge	30% of contracted fee schedule for a DME provider
Diagnostic—Routine; Non-Routine	\$40 copay	\$20 copay; \$40 copay
Emergency Care Services	\$50 copay (waived if admitted)	No charge
Hospital Services	\$240 copay	No charge
Injectable Medications - Specialty	No charge	\$50 copay per injection
Maternity/OB Care Prof. Svc	\$40 copay	\$10 copay
Mental Health Inpatient	\$240 copay	No charge
Mental Health Outpatient	\$40 copay	\$20 copay
Preventive Care Services	No charge	No charge
PCP Office Visits - Non-Preventive	\$20 copay	\$10 copay
Specialist Office Visit	\$40 copay	\$20 copay
Spinal Manipulation	\$40 copay	\$20 copay
Surgical - 2nd Opinion	\$40 copay	\$20 copay
Outpatient Surgery	\$240 copay	No charge
Therapy Ortho/Pleoptic and Rehab	\$40 copay	\$20 copay (Cardiac, Pulm, Speech \$20 copay)
Urgent Care	\$35 copay	\$70 copay
<b>OUT-OF-NETWORK BENEFITS</b>		
Deductible (Individual; Family)	NA	\$500; \$1,500
Coinsurance	NA	70%, after deductible 50%, after ded for DME, Prosthetics
Out-of-Pocket Maximum (Per Member; Per Family)	NA	\$3,000; \$9,000
<b>PRESCRIPTION BENEFITS</b>		
Retail Pharmacy		
Generic	\$10	\$10
Preferred	\$20	\$20
Non-Preferred	\$35	\$20