	HMO Select—$10/$10	HMO Select IV—$10/$20/$35	HMO 2—$1/$3	KPOS—$10/$20	Personal Choice 5—$5/$10	HMO Flex C1F1—$10/$20
MEDICAL BENEFITS						
Deductible (Individual; Family)	NA	NA	NA	NA	NA	NA
Coinsurance	NA	NA	NA	NA	NA	NA
Out-of-Pocket Maximum (Per Member; Per Family)	$6,600; $13,200	$6,600; $13,200	$6,600; $13,200	$1,000; $2,000	$6,600; $13,200	$7,150; $14,300
Alcohol/Drug Inpatient	$240 copay	$240 copay	No charge	No charge	No charge	No charge
Alcohol/Drug Outpatient	$15 copay	$40 copay	No charge	$20 copay	$5 copay	$20 copay
Ambulance	No charge	No charge	No charge	No charge	No charge	No charge
Blood	No charge	No charge	No charge	$20 copay	No charge	$20 copay
Diabetic Equipment & Supplies and Medical/Consumable	No charge	No charge	No charge	30% of contracted fee schedule for a DME provider	No charge	30% of contracted fee schedule for a DME provider
Diagnostic—Routine; Non-Routine	No charge	$40 copay	No charge	$20 copay; $40 copay	No charge	$20 copay; $40 copay
Emergency Care Services	$35 copay (waived if admitted)	$50 copay (waived if admitted)	$15 copay (waived if admitted)	No charge	$50 copay (waived if admitted)	$100 copay (waived if admitted)
Hospital Services	$240 copay	$240 copay	No charge	No charge	No charge	No charge
Injectable Medications - Specialty	No charge	No charge	No charge	$50 copay per injection	No charge	$50 copay
Maternity/OB Care Prof. Svc	$15 copay	$40 copay	$0 copay	$10 copay	$5 copay	$10 copay
Mental Health Inpatient	$240 copay	$240 copay	No charge	No charge	No charge	No charge
Mental Health Outpatient	$15 copay	$40 copay	$0 copay	$20 copay	$5 copay	$20 copay
Preventive Care Services	No charge	No charge	No charge	No charge	No charge	No charge
PCP Office Visits - Non-Preventive	$10 copay	$20 copay	$2 copay	$10 copay	$5 copay	$10 copay
Specialist Office Visit	$15 copay	$40 copay	No charge	$20 copay	$5 copay	$20 copay
Spinal Manipulation	No charge	$40 copay	No charge	$20 copay	$10 copay (Out of Network: 80% after ded)	$20 copay
Surgical - 2nd Opinion	$15 copay	$40 copay	No charge	$20 copay	No charge	$20 copay
Outpatient Surgery	No charge	$240 copay	No charge	No charge	No charge	No charge
Therapy Ortho/Pleoptic and Rehab	No charge	$40 copay	No charge	$20 copay (Cardiac, Pulm, Speech $20 copay)	$10 copay (Cardiac, Pulm, Speech $20 copay)	$20 copay (Cardiac, Pulm, Speech $20 copay)
Urgent Care	$24 copay	$35 copay	$10 copay	$70 copay	$35 copay	$70 copay
OUT-OF-NETWORK BENEFITS						
Deductible (Individual; Family)	NA	NA	NA	$500; $1,500	$250	NA
Coinsurance	NA	NA	NA	70%, after deductible 50%, after ded for DME, Prosthetics	$500	NA
Out-of-Pocket Maximum (Per Member; Per Family)	NA	NA	NA	$3,000; $9,000	$7,600; $15,200	NA
PRESCRIPTION BENEFITS						
Retail Pharmacy						
Generic	$10	$10	$1	$10	$5	$10
Preferred	$10	$20	$3	$20	$10	$20
Non-Preferred	$10	$35	$3	$20	$10	$20