



# Washington Trucking Associations

## KPS Health Plans

Effective March 1, 2008

### Summary of Benefits - THE HEALTHY INVESTOR™ SAVINGS PLAN

|  |   |
|--|---|
| <b>Annual Deductible Options*</b> Individual/Family  | \$1800/\$3,600 <b>If more than one family member is on the plan, the entire family deductible must be met before benefits are paid.</b> |
| <b>Dependent Age Limit</b>   | Age 23  |
| <b>Annual Coinsurance Maximum Options</b>  |   |
| Participating Providers (Individual/Family)  | \$5,000/\$10,000 (includes deductible)  |
| Non-Participating providers (Individual/Family)  | Unlimited   |
| <b>Coinsurance Accrues</b>   | Accrues separately  |
| <b>Coinsurance (Participating/Non-participating)</b>   | 80%/60%   |
| <b>Lifetime Maximum</b> per enrollee   | \$1,000,000   |
| <b>Facility/Hospital Services</b>  |   |
| Inpatient  | 80%   |
| Outpatient Surgery   | 80%   |
| Emergency Room & Supplies (copay waived if admitted)   | 80%   |
| <b>Professional Services/Physician, Naturopath, Chiropractor, Acupuncturist, Outpatient Mental Health Counselor</b>                              |   |
| Hospital, Skilled Nursing Facility or Ambulatory Care Center   | 80%   |
| Home/Office or Urgent  | 80%   |
| <b>Ambulance</b> (to hospital only)  |   |
| Ground (\$2,000)   | 80%   |
| Air  | 80%, \$5,000 per year   |
| <b>Laboratory &amp; Radiology Services</b>   |   |
| Facility (inpatient hospital, ambulatory surgery center, ER)   | 80%   |
| All Other Lab & Radiology, including diagnostic Mammography and PSA  | 80%   |
| Mammography and PSA-Routine ( <b>not subject to deductible</b> )   | 80%   |
| <b>Maternity</b> (subscriber and spouse, except complications)   |   |
| Hospital   | 80%   |
| Physician  | 80%   |
| <b>Sterilization</b>   | 80%   |
| <b>Newborn Nursery Care</b> (deductible waived for well baby care, if mother is eligible)  | 80%   |
| <b>Well Care (not subject to deductible)</b>   | Not a benefit if you choose a non-par provider  |
| Annual Routine Physical Exam/Immunizations   | 80%, \$300  |
| Well Baby Care to age 36 months  | 80%   |
| <b>Mental Health</b>   |   |
| Inpatient (requires preauthorization)  | 80%, 12 days  |
| Outpatient   | 80%, 15 visits  |
| <b>Chemical Dependency</b> (\$14,000 maximum per 24-month period; no lifetime maximum) requires preauthorization                                 |   |
| Inpatient  | 80%   |
| Outpatient   | 80%   |
| <b>Rehabilitation</b> (Physical, Speech, Massage & Occupational Therapy)   |   |
| Inpatient (\$10,000)   | 80%   |
| Outpatient (\$2,000)   | 80%   |
| <b>Medical Equipment &amp; Supplies</b> (\$2,500)  | 80%   |
| <b>Spinal and Extremity Manipulations</b>  | 80%, 12 visits  |
| <b>Acupuncture and Needle Treatments</b> (12 treatments)   | 80%   |
| <b>Prescription Drug Options</b> (at participating pharmacies only, all prescriptions available through Walgreens Mail Order; same copays apply) | 80%, subject to deductible  |
| <b>Sleep Disorders</b> (\$8,000 lifetime maximum combined)   |   |
| Sleep Studies (\$5,000 lifetime maximum)   | 80%   |
| Surgical Treatment (\$3,000 lifetime maximum)  | 80%   |
| <b>Organ Transplants</b> (12 month waiting period)   | See Professional & Facility Services section:   |
| Lifetime Maximum for All Transplants <b>combined</b>   | \$200,000 lifetime maximum<br>Non-Par Provider \$100,000 lifetime maximum   |
| <b>Skilled Nursing Facility</b> (in lieu of medically necessary hospitalization)   | 80%   |
| <b>Home Health Care</b> (130 visits)   | 80%   |
| <b>Hospice</b> (6 months)  | 80%   |
| <b>Temporomandibular Joint Disorders [TMJ]</b> (\$1,000; \$5,000 per lifetime)   | 80%   |

All benefits are subject to annual deductible and coinsurance unless otherwise stated. Day/visit limits and dollar maximums are combined between participating and non-participating providers and are for the calendar year unless otherwise noted. If you choose a non-participating provider, your out-of-pocket costs are higher because benefits will be paid at reduced percentage of the KPS allowed amount for covered services. 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 at <http://www.kpshealthplans.com> to see if your provider is participating or to find more information about KPS. The Summary of Benefits 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 limitations and exclusions, are in the Benefits Booklet. In the event of discrepancies, the Benefits Booklet shall govern.