



Washington Trucking Associations

KPS Health Plans

Effective March 1, 2008

Summary of Benefits - STANDARD PLAN

Annual Deductible Options* Individual/Family	\$500/\$1,500
Dependent Age Limit	Age 23
Annual Coinsurance Maximum Options Participating Providers (Individual/Family) Non-Participating providers (Individual/Family)	\$3,000/\$9,000 (does not include deductible or copayments) Included in Participating Coinsurance Maximum
Coinsurance Accrues	Does not accrue separately
Coinsurance (Participating/Non-participating)	80%/Paid at 25% less than KPS allowed amount
Lifetime Maximum per enrollee	\$2,000,000
Facility/Hospital Services Inpatient Outpatient Surgery Emergency Room & Supplies (copay waived if admitted)	\$100 Inpatient copay per day, three copays maximum per year, 80% \$100 Facility copay, three copays maximum per year, 80% \$100 ER copay, 80%
Professional Services/Physician, Naturopath, Chiropractor, Acupuncturist, Outpatient Mental Health Counselor Hospital, Skilled Nursing Facility or Ambulatory Care Center: Home/Office or Urgent	80% \$25 copay, then paid at 100% - <i>Primary</i> not subject to deductible ; \$40 copay, then paid at 100% - <i>Specialist</i> not subject to deductible
Ambulance (to hospital only) Ground (\$2,000) Air	80% 80% \$5,000 per trip
Laboratory & Radiology Services Facility (inpatient hospital, ambulatory surgery center, ER) All Other Lab & Radiology, including diagnostic Mammography and PSA Mammography and PSA-Routine (not subject to deductible)	80% 80% 100%
Maternity (subscriber and spouse, except complications) Hospital Physician	80% See Professional Services sections
Sterilization	80%
Newborn Nursery Care (deductible waived for well baby care, if mother is eligible)	80%
Well Care (not subject to deductible) Annual Routine Physical Exam/Immunizations Well Baby Care to age 36 months	100% after \$25 copay, \$300 80%
Mental Health Inpatient (requires preauthorization) Outpatient	See Facility/Hospital Services Inpatient section, 8 days See Home/Office or Urgent section, 12 visits
Chemical Dependency (\$14,000 maximum per 24-month period; no lifetime maximum) requires preauthorization Inpatient Outpatient	80% 80%
Rehabilitation (Physical, Speech, Massage & Occupational Therapy) Inpatient (\$10,000) Outpatient (\$2,000)	80% 80%
Medical Equipment & Supplies (\$2,500)	80%
Spinal and Extremity Manipulations	100% up to \$30 KPS payment, not subject to deductible , 20 visits
Acupuncture and Needle Treatments (12 treatments)	100% after \$40 copay not subject to deductible
Prescription Drug Options (at participating pharmacies only, all prescriptions available through Walgreens Mail Order; same copays apply)	Tier 1: \$15/ Tier 2: \$40/ Tier 3: \$60 Tiers 1 & 2: 2 copays for a 90-day supply Tier 3: 3 copays for a 90-day supply
Sleep Disorders (\$8,000 lifetime maximum combined) Sleep Studies (\$5,000 lifetime maximum) Surgical Treatment (\$3,000 lifetime maximum)	See Professional & Facility Services sections See Professional & Facility Services sections
Organ Transplants (12 month waiting period) Lifetime Maximum for All Transplants combined	See Professional & Facility Services sections \$250,000 lifetime maximum
Skilled Nursing Facility (in lieu of medically necessary hospitalization)	100% not subject to deductible
Home Health Care (130 visits)	80%
Hospice (6 months)	80%
Temporomandibular Joint Disorders [TMJ] (\$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.