

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