KANSAS HEALTH INSURANCE ASSOCIATION

Health Insurance Policy Highlights and Comparisons

The following table is NOT a complete summary or explanation of policy benefits.

Please refer to your policy for complete details of benefits.

	Policy Type Policy Type		Policy Type Policy Type			
Benefits	\$1,500	\$2,500	\$5,000	\$10,000		
	Ψ1,500	HSA COMPLIANT	φ5,000	Ψ10,000		
		IISA COMI LIANT				
Deductible, per Calendar Year						
Single	\$1,500	\$2,500	\$5,000	\$10,000		
In Network Co-insurance						
Single	70% of the next	70% of the next	70% of the next	70% of the		
	\$5,000; then	\$8,333; then benefits	\$5,000; then	next \$15,000;		
	benefits paid at	paid at 100%	benefits paid at 90%	then benefits		
	100%	-	•	paid at 90%		
				_		
Out of Network Co-insurance	(Out of network expenses do not apply toward the out of pocket maximum and are					
	never paid at 100%)					
Single	50% up to		50% up to Lifetime	50% up to		
	Lifetime	50% up to Lifetime	Maximum	Lifetime		
	Maximum	Maximum	Waxiiiaii	Maximum		
	WithAlliam			Witaxiiitaiii		
Benefit percentage payable						
After Deductible and Co-insurance	100%	100%	90%	90%		
Individual Lifetime Maximum	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000		
Prevention Services	\$25 Co-pay then	Benefits are payable	\$25 Co-pay then	\$25 Co-pay		
	benefits paid	on the same basis as	benefits paid 100%	then benefits		
	100% any other sickness. paid 100%					
Inpatient Hospital Care	Benefits are payable on the same basis as any other sickness. Prior authorization is					
	required; \$1,000 penalty for failure to obtain pre-authorization.					
Therapies: Physical, Speech &	Benefits are payable on the same basis as any other sickness.					
Occupational						
Oral Surgery	Benefits are payable on the same basis as any other sickness.					
Spinal Manipulation	Benefits are payable on the same basis as any other sickness; limited to 20 visits per					
	calendar year.					
Maternity Benefits are payable on the same basis as any other sickness benefit						

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Health Insurance Policy Highlights and Comparisons

The following table is NOT a complete summary or explanation of policy benefits. Please

refer to your policy for complete details of benefits.

Benefits continued	Policy Type	Policy Type	Policy Type	Policy Type		
	\$1,500	\$2,500	\$5,000	\$10,000		
Emergency Room	Benefits are payable on the same basis as any other sickness.					
Ambulance	Benefits are payable on the same basis as any other sickness, subject to policy					
	limitations.					
Durable Medical Equipment	Benefits are payable on the same basis as any other sickness, rental/purchase over \$500					
	must be pre-authorized.					
Inpatient Mental Health/	Benefits are payable on the same basis as any other sickness, limited to the lesser of a					
Substance Abuse	combined maximum limit of 30 days or \$7,500 in a calendar year.					
Outpatient Mental Health/	For Policies with \$1,500, \$5,000 and \$10,000 deductibles eligible expenses for the first					
Substance Abuse	visit are reimbursed at 100%, deductible waived; visits 2-20 are subject to a \$25 co-pay,					
	deductible waived.					
	For the \$2,500 deductible Policy outpatient mental health/substance abuse benefits are					
	payable on the same basis as any other sickness					
	O.L. J					
	Calendar year maximum limit for the \$1,500, \$2,500, \$5,000 and \$10,000 deductible					
Chilled Name of Cons	Policies: 20 visits for mental nervous and substance abuse combined.					
Skilled Nursing Care	Benefits are payable on the same basis as any other sickness, limited to 120 days per calendar year.					
Home Health Care	Benefits are payable on the same basis as any other sickness, limited to 40 visits per					
Home Health Care	calendar year. Prior authorization required.					
Prescriptions	carendar year. 11101 a.	autorization required.				
Coverage is only available	Prescriptions are subj	ect to the calendar vear	deductible, then reimb	oursed at 50% until		
through the Prescription	Prescriptions are subject to the calendar year deductible, then reimbursed at 50% until the out of pocket expense is met; thereafter, prescriptions will be reimbursed at the					
Network Provider. The	benefit percentage payable of your policy up to the lifetime maximum of the policy.					
member pharmacy MUST file						
the prescription claim on Your						
behalf.						

^{*} On the \$2,500 deductible policy deductibles and co-insurance are subject to change according to IRS code section 220 in relation to the CPI. Consult your tax attorney, accountant, or other qualified advisor for information relating to the steps necessary to maintain a compliant individual HSA policy.