

**Benefit Summary for KICF Pooled Employee Health Insurance**  
**Blue Choice Comprehensive Major Medical Program High Deductible Health Plan**  
 (qualifies for HSA)  
**January 1, 2020 – December 31, 2020**

Maximum benefits are available when services are received from Blue Choice providers. Your financial responsibility is based on the provider network you select. Non-Blue Choice & Non-CAP: Difference between the payment allowance and provider charge, additional 20% coinsurance amount, deductible, coinsurance or copay amount CAP (Non-Blue Choice): Additional 20% coinsurance amount\*, deductible, coinsurance or copay amount Blue Choice: Deductible, coinsurance or copay amount.

\*Limited to a combined \$2,000 per person, \$4,000 two-or-more persons each benefit period.

Member Pays	
<b>Deductible</b> (Per group anniversary benefit period)	\$3,000/\$6,000 individual/two-or-more persons No one family member may contribute more than the individual deductible amount toward the two-or-more persons coverage maximum (family aggregate)
<b>Coinsurance</b> (Member portion for most services)	\$0

Doctor's office visits	
Home and office visits (includes eye exam)	Subject to deductible
Preventive care as defined by the <i>Affordable Care Act</i>	Paid at 100% of the allowable charge. Some of the services include: <ul style="list-style-type: none"> <li>• Routine screenings</li> <li>• Preventive immunizations</li> <li>• Well-woman visits/screenings</li> </ul>
Telehealth	Subject to deductible

Drug coverage	
Prescription Drugs (Pharmacy Submitted)	Subject to deductible  The quantity per prescription shall be the greater of a 34-day supply or 100-unit dosage, if defined as a maintenance drug. Mandatory Designated Specialty Pharmacy. (Note: prior authorization and quantity limits apply.)

Medical services	
Emergency medical transportation	Subject to deductible
Inpatient surgery physician/surgical	Subject to deductible
Inpatient facility fee	Subject to deductible
Outpatient surgery physician/surgical	Subject to deductible
Outpatient lab and radiology	Subject to deductible
Advanced imaging	Subject to deductible
Emergency room	Subject to deductible
Accidental Injury Services	Subject to deductible

Recovery/Special needs	
Outpatient rehabilitation	Subject to deductible
Hospice	Subject to deductible
Home health care	Subject to deductible
Medical Equipment / Disposable Supplies	Subject to deductible
Mental health	
<b>Mental/behavioral health</b> <b>Inpatient Services</b> Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906	Subject to deductible
<b>Outpatient Services</b>	Subject to deductible
Other	
Maximum lifetime benefit	Unlimited
Eligible dependents	Covered to age 26

BCBSKS reserves the right to adjust premiums accordingly should enrollment vary from the census.  
 Exclusions: The following procedures and all related services and supplies are not covered under this program. Services provided directly for or relative to diseases or injuries caused by or arising out of acts of war, insurrection, rebellion, armed invasion, or aggression; duplicate benefits provided under federal, state or local laws, regulations or programs, except Medicaid; cosmetic or reconstructive surgery (except as stated in the certificate); any keratotomy procedures; charges for personal items; convalescent or custodial/maintenance care or rest cures; blood or payments to donors of blood; any service or supply related to the medical management of obesity except for eligible preventive services; charges for services by immediate relatives or by members of your household; acupuncture and admissions for acupuncture; services related to temporomandibular joint dysfunction syndrome over the amount specified in the certificate; any medically-aided insemination procedure; services related to the reversal of sterilization procedures; mental illness or substance use disorder services provided by a non-eligible provider; hearing aids; eyeglasses or contact lenses (except after the removal of cataracts); unnecessary services and admissions; services or supplies which are experimental or investigative in nature; services not specifically listed as benefits in the certificate; services covered and payable by any medical expense payment provision of any automobile insurance policy.

This is a brief summary of the coverage available under this program. It is not a legal document.  
 The exact provisions of the benefits and exclusions are contained in the certificate.