

KPS health plans	Bremerton School District Comparison Summary of Benefits 2011	Bremerton School Plan A
Annual Deductible individual/family		\$100/\$300
Dependent Age Limit		Age 26
Annual Coinsurance Maximum individual/family (does not include deductible or copayments)		\$2,000/\$6,000
Lifetime Maximum per enrollee		Unlimited
Non-Par Provider Coinsurance (does not apply to emergency services)		60%
Hospital/Facility Services (prior authorization required for non-emergent and elective care) Inpatient Medical/Surgical Services/Special Care Unit (semi-private room & board) Outpatient Facility (surgical) Emergency Room & Supplies (copay waived if admitted)		80% after \$200 copay per admit 80% after \$200 copay 80% after \$150 copay
Professional Services Home/Office or Urgent (not subject to deductible)		100% after \$20 copay
Ambulance (to hospital only) Ground Air (\$5,000 per trip)		80% 80%
Laboratory & Radiology Services Facility (inpatient hospital, ambulatory surgery center) Emergency Room All Other Lab & Radiology Mammography and PSA - Routine (not subject to deductible) Mammography and PSA - Diagnostic (not subject to deductible)		80% 80% 80% 100% 80%
Colorectal Cancer Screening Diagnostic Routine (not subject to deductible)		See Professional & Hospital Services Sections 100%
Maternity (subscriber & spouse only, except complications)		See Professional & Hospital Services Sections
Sterilization		80%
Newborn Nursery Care (deductible waived for Well Baby Care)		80%
Preventive Care (not subject to deductible) Annual Routine Physical Exam/Immunizations Well Baby Care (to 36 months of age)		100% 100%
Mental Health Inpatient (requires preauthorization) Outpatient (not subject to deductible)		80% after \$200 copay per admit 100% after \$20 copay
Substance Use Disorder Treatment [Chemical Dependency] Inpatient (requires preauthorization) Outpatient (not subject to deductible)		80% after \$200 copay per admit 100% after \$20 copay
Rehabilitation (PT/OT/ST/LMP) Inpatient (30 days) Outpatient (20 visits; not subject to deductible)		80% after \$200 copay per admit 80% after \$20 copay
Medical Equipment & Supplies Oxygen & Oxygen Supplies		80% 80%
Spinal and Extremity Manipulations (12 treatments; not subject to deductible)		100% after \$20 copay
Needle Treatments (12 treatments; not subject to deductible)		100% after \$20 copay
Naturopathic (not subject to deductible)		100% after \$20 copay
Prescription Drugs (at participating pharmacies only; not subject to medical deductible) Tiers 1 & 2 one copay per 90-day supply Mail order (same copays apply) Organ Transplants (12-month waiting period; Credit will be given for prior creditable coverage)		Tier 1 \$5/Tier 2 \$30/Tier 3 \$50 Included See Professional & Hospital Services Sections
Skilled Nursing Facility (in lieu of medically necessary hospitalization)		100% after \$50 copay per admit
Home Health Care (130 visits)		80%
Hospice Care (6 months)		80%
TMJ Treatment (\$1,000; \$5,000 lifetime)		80%
Smoking Cessation (subscriber & spouse; not subject to deductible; medications paid under prescription benefit)		Outpatient Only - See Professional Services Section
Nurse Line		Included
Good For You! Wellness Program		Included

combined between participating and non-participating providers and are for the contract year unless otherwise noted. If you choose a non-participating provider, your out-of-pocket costs are higher because benefits will be paid at sixty percent (60%) 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 This Summary of Benefits contains only an outline of the more important coverage features offered. It does not constitute a contract. Complete coverage details are provided in the Benefits Booklet. In the event of disparity between this summary and the Benefits Booklet, the Benefits Booklet shall govern. KPS may modify premiums on any due date as required following enactment of legislation which increases the liability of KPS by rendering void any of the terms of the contract and/or requires any addition to the benefits provided. KPS Health Plans believes this plan is a "non-grandfathered health plan" and

KPS health plans	Bremerton School District Comparison Summary of Benefits 2011	Bremerton School Plan B
Annual Deductible individual/family		\$200/\$600
Dependent Age Limit		Age 26
Annual Coinsurance Maximum individual/family (does not include deductible or copayments)		\$3,000/\$9,000
Lifetime Maximum per enrollee		Unlimited
Non-Par Provider Coinsurance (does not apply to emergency services)		60%
Hospital/Facility Services (prior authorization required for non-emergent and elective care)		
Inpatient Medical/Surgical Services/Special Care Unit (semi-private room & board)		80% after \$300 copays per admit
Outpatient Facility (surgical)		80% after \$300 copay
Emergency Room & Supplies (copay waived if admitted)		80% after \$150 copay
Professional Services		
Home/Office or Urgent (not subject to deductible)		100% after \$25 copay
Ambulance (to hospital only)		
Ground		80%
Air (\$5,000 per trip)		80%
Laboratory & Radiology Services		
Facility (inpatient hospital, ambulatory surgery center)		80%
Emergency Room		80%
All Other Lab & Radiology		80%
Mammography and PSA - Routine (not subject to deductible)		100%
Mammography and PSA - Diagnostic (not subject to deductible)		80%
Colorectal Cancer Screening		
Diagnostic		See Professional & Hospital Services Sections
Routine (not subject to deductible)		100%
Maternity (subscriber & spouse only, except complications)		See Professional & Hospital Services Sections
Sterilization		80%
Newborn Nursery Care (deductible waived for Well Baby Care)		80%
Preventive Care (not subject to deductible)		
Annual Routine Physical Exam/Immunizations		100%
Well Baby Care (to 36 months of age)		100%
Mental Health		
Inpatient (requires preauthorization)		80% after \$300 copay per admit
Outpatient (not subject to deductible)		100% after \$25 copay
Substance Use Disorder Treatment [Chemical Dependency]		
Inpatient (requires preauthorization)		80% after \$300 copay per admit
Outpatient (not subject to deductible)		100% after \$25 copay
Rehabilitation (PT/OT/ST/LMP)		
Inpatient (30 days)		80% after \$300 copay per admit
Outpatient (20 visits; not subject to deductible)		80% after \$25 copay
Medical Equipment & Supplies		80%
Oxygen & Oxygen Supplies		80%
Spinal and Extremity Manipulations (12 treatments; not subject to deductible)		100% after \$25 copay
Needle Treatments (12 treatments; not subject to deductible)		100% after \$25 copay
Naturopathic (not subject to deductible)		100% after \$25 copay
Prescription Drugs (at participating pharmacies only; not subject to medical deductible)		
Tiers 1 & 2 one copay per 90-day supply)		Tier 1 \$5/Tier 2 \$30/Tier 3 \$50
Mail order (same copays apply)		Included
Organ Transplants (12-month waiting period; credit will be given for prior creditable coverage)		See Professional & Hospital Services Sections
Skilled Nursing Facility (in lieu of medically necessary hospitalization)		100% after \$50 copay per admit
Home Health Care (130 visits)		80%
Hospice Care (6 months)		80%
TMJ Treatment (\$1,000; \$5,000 lifetime)		80%
Smoking Cessation (subscriber & spouse; not subject to deductible; medications paid under prescription benefit)		Outpatient Only - See Professional Services Section
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