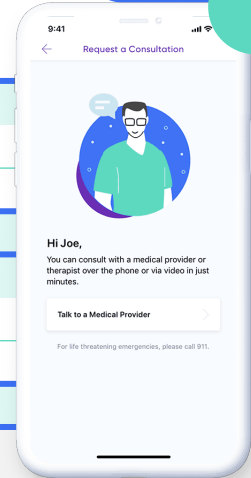


Choice Gold

Health Plan Summary

www.kennionprogram.com



CALENDAR YEAR DEDUCTIBLE		
Employee only	\$500	
Family	\$1,000	
COINSURANCE		
	20%	
OUT OF POCKET MAXIMUM		
Employee only	\$5,000	
Family	\$10,000	
PREVENTIVE CARE		
	100% covered	
OFFICE VISITS		
Primary Services	\$35 Copay	
Specialist Services	\$50 Copay	
Urgent Care	\$50 Copay	
INPATIENT HOSPITAL SERVICES		
Facility: Days 1-5	\$200 Copay / Day	
Facility: After Day 5	100% Covered	
Physician	100% Covered*	
OUTPATIENT HOSPITAL SERVICES		
Facility	\$200 Copay / Procedure	
Physician	100% Covered*	
EMERGENCY ROOM		
Facility	\$200 Copay	
Physician	\$50 Copay	
MENTAL HEALTH / CHEMICAL DEPENDENCY		
Inpatient Facility – Days 1-5	\$200 Copay / Day	
Inpatient Facility – After day 5	100% Covered	
Inpatient Physician	100% Covered*	
Outpatient	\$50 Copay	
PRESCRIPTION DRUG COVERAGE		
	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$15 Copay	\$37.50 Copay
Preferred brand	\$40 Copay	\$100 Copay
Non-preferred brand	\$60 Copay	\$150 Copay

FREE DOCTOR VISITS

Our Employee Benefits App gives you an easy and trusted way to request visits with board-certified medical providers on demand for a \$0 copay. Get the care you need, when and where you need it or using our Employee Benefits App.

This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusive provisions. The prescription drug benefit is managed by MedOne and covers both brand name drugs and generic drugs. Generic drugs have the same active-ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand name drugs. The prescription drug benefit does not cover specialty drugs. See attached for details on your prescription drug benefit.

*After deductible