

**Kansas Educational Insurance Trust Association  
KE12 – Non-Grandfathered USD 244 Burlington  
High-Deductible Health Plan  
Comprehensive Major Medical**

**Effective October 01, 2016 - September 30, 2017**

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.

<b>Member Pays</b>	
<b>Deductible</b> (Per group anniversary benefit period)	\$6,350/\$12,700 individual/two-or-more persons
<b>Coinsurance Maximum</b>	\$0
<b>Annual Out-of-Pocket Maximum</b> (includes deductible)	\$6,350/\$12,700 individual/two-or-more persons. After the annual out-of-pocket amount has been reached (deductible), eligible benefits will be paid at 100% of the allowed amount for the remainder of the benefit period
<b>Doctor's Office Visits</b>	
<b>Home and Office Visits</b>	Subject to deductible
<b>Preventive Care</b> as defined by the Affordable Care Act	Paid at 100% of the allowable charge. Some of the services include:  Routine screenings Immunizations Well-women visits/screenings Contraceptive methods
<b>Drug Coverage</b>	
<b>Prescription Drugs &amp; Mail Order</b> (Pharmacy Submit)	Subject to health deductible
<b>Medical Services</b>	
<b>Inpatient Surgery Physician/Surgical</b>	Subject to deductible
<b>Inpatient Facility Fee</b>	Subject to deductible
<b>Outpatient surgery physician/surgical</b>	Subject to deductible
<b>Outpatient lab and radiology</b>	Subject to deductible
<b>Emergency room</b>	Subject to deductible
<b>Accidental Injury Services</b>	Subject to deductible

<b>Recovery/Special Needs</b>	
<b>Outpatient Rehabilitation</b>	Subject to deductible
<b>Hospice</b>	Subject to deductible
<b>Home Health Care</b>	Subject to deductible
<b>Private Duty Nursing</b>	Subject to deductible
<b>Mental Health</b>	
<b>Mental Illness &amp; Substance Use Disorders</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
<b>Other</b>	
<b>Maximum Lifetime Benefit</b>	Unlimited
<b>Eligible Dependents</b>	Covered to age 26

**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; services or supplies related to sex changes, sexual dysfunctions or inadequacies; 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.