



Healthcare Rate Proposal
BETTER BUSINESS BUREAU
 Proposed Effective Date:
 1/1/2010 to 12/31/2010

HMO Benefit Category Accumulation Period: Calendar Year	Member Copayment or Coinsurance
Physician Services <ul style="list-style-type: none"> • PCP Office Visit • Specialist Office Visit • Preventive Care Services <ul style="list-style-type: none"> Well-Woman Exam (PCP or contracting OB/GYN – no referral required) Well-Man Exam Immunizations (up to 72 months); (over 72 months) • Maternity care • Office Procedure • Injections 	\$30 \$50 \$30 PCP / \$50 Specialist \$30 PCP / \$50 Specialist \$30 PCP / \$50 Specialist \$0 \$0 \$400 \$30 PCP or \$50 Specialist No Copayment
Outpatient Lab and X-Ray	\$0
Out-of-Pocket Copayment Maximum	
<ul style="list-style-type: none"> • Single • Family 	\$2,000 \$4,000
Lifetime Maximum	\$2,000,000
Inpatient Benefits	\$300
<ul style="list-style-type: none"> • Single Copayment Maximum • Family Copayment Maximum 	\$1,200 \$2,400
Outpatient Surgery	\$400
Dependent Children Out of Area Care Coverage is limited to Physician office visits, allergy shots, allergy treatment, maternity care, and physical therapy. Services must be received from Contracting Providers, referred by the Dependent's PCP, and prior authorized by PPK. Benefit does not include routine or preventive services such as immunizations and physicals.	\$50 \$30
Emergency Services <ul style="list-style-type: none"> • Contracting Hospital in service area • Any Hospital outside service area • Non-contracting Hospital in service area • Urgent care facility • Non-Emergency Medical Conditions 	\$100 \$100 \$200 \$50 Not Covered
Ambulance	\$0
Inpatient Mental Health/Substance Abuse	Subject to Inpatient Benefits

HMO Option 1: Plan L

HMO Benefit Category Accumulation Period: Calendar Year	Member Copayment or Coinsurance
Outpatient Mental Health/Substance Abuse	\$30 PCP / \$50 Specialist
Durable Medical Equipment (\$2,500 maximum)	\$0
Disposable Medical Supplies (\$500 maximum)	\$0
Diabetic Equipment and Supplies	\$0
Home Health (\$2,500 maximum)	\$0
Outpatient Hospice	\$0
Outpatient Speech Therapy (\$1,500 maximum)	\$30
Inpatient Rehabilitation (60 day maximum)	Subject to Inpatient Benefits
Outpatient Rehabilitation (\$5,000 maximum)	\$30 PCP \$30 Specialist
Post Mastectomy Reconstructive Surgery	Subject to Inpatient Benefits
Transplants <ul style="list-style-type: none"> • Inpatient • Outpatient <p>Members are entitled to receive benefits for human organ and tissue transplant services through Contracting Providers. Transplants covered include: Bone marrow (allogenic or autologous); Cornea; Heart; Heart-Lung; Lung Intestine; Liver; Kidney; Pancreas; Kidney-Pancreas.</p>	Subject to Inpatient Benefits \$30 PCP \$50 Specialist
All Other Covered Services	Subject to Applicable Copayments/Coinsurance

BETTER BUSINESS BUREAU

ENROLLMENT INFORMATION

The monthly premium rates for Better Business Bureau Member businesses with 1-50 employees (including working owners and self employed) are as follows:

Effective January 1, 2010 – December 31, 2010

PPK Age Band Rates – Monthly Premium Schedule HMO Medical Plan L

<i>Medical</i>						
Age	Male Single	Female Single	ES	Male EC	Female EC	Family
<25	\$199.88	\$472.45	\$672.33	\$529.99	\$802.55	\$1,097.33
25-29	\$205.94	\$665.26	\$871.20	\$586.32	\$1,045.84	\$1,353.74
30-34	\$250.36	\$610.75	\$861.10	\$717.75	\$1,078.15	\$1,437.53
35-39	\$281.65	\$546.14	\$827.79	\$803.56	\$1,068.05	\$1,465.79
40-44	\$367.46	\$553.21	\$920.66	\$868.17	\$1,053.92	\$1,543.53
45-49	\$435.09	\$604.69	\$1,039.79	\$903.50	\$1,073.10	\$1,588.95
50-54	\$693.53	\$674.35	\$1,367.87	\$1,114.49	\$1,095.31	\$1,840.32
55-59	\$883.31	\$802.55	\$1,685.87	\$1,258.85	\$1,178.09	\$2,092.69
60-64	\$1,049.88	\$1,012.53	\$2,062.41	\$1,387.05	\$1,349.70	\$2,412.71
65+	\$1,253.80	\$1,169.00	\$2,422.80	\$1,554.63	\$1,469.83	\$2,724.64

EXCLUSIONS

1. Services not provided, ordered, or referred by your PCP (except for Emergency Services, well-woman exam, annual diabetic retinal eye exam and the prospective parent PCP visit).
2. Services of Non-Contracting Providers except for Emergency Services or when authorized by the Member's PCP and prior authorized by PPK.
3. Any services which are not Medically Necessary.
4. Experimental, Investigational, unproven or obsolete treatments, procedures or devices and related services, unless otherwise described in this Certificate.
5. Transplants, except as described in this Certificate.
6. Cosmetic treatment or surgical procedures primarily to restore or alter appearance unless specified in the Reconstructive Treatment/Surgery benefit section of this Certificate.
7. Vitamins, minerals, nutritional supplements, or special diet foods whether or not required by a Physician.
8. Costs associated with commercial pain management programs.
9. Cosmetic, health, and beauty aids.
10. Chelation therapy, except for acute arsenic, gold, mercury or lead poisoning.
11. Evaluations and diagnostic tests ordered or requested in connection with criminal actions, divorce, child custody, or child visitation proceedings and any assessment against any person required by a diversion agreement or by order of a court to attend an alcohol and drug safety action program certified pursuant to K.S.A. 8-1008 and amendments thereto.
12. Treatment of teeth or structures directly supporting the teeth including, but not limited to: extraction of teeth (including bony impacted wisdom teeth), routine cleaning, dental examination, x-rays, and repairs, fillings, scaling, scraping and/or root planing, dentures, bridges, dental implants, casts, splints, straightening of teeth, services for dental malocclusion, maxillofacial orthognathic and prognathic treatment/surgery, orthodontics, periodontics, or hospitalizations for non-covered services, except as specified in the Oral Surgery and Other Related Services and the Transplant sections of this Certificate.
13. Services or supplies related to intersex surgeries.
14. Non-medical ancillary services including, but not limited to: legal services, social rehabilitation, vocational rehabilitation, work reintegration training, work hardening or conditioning, behavioral training, sleep therapy, employment counseling; educational testing,

- training, or therapy, unless approved by PPK as part of treatment for traumatic head injury or stroke, or as specified in the Diabetic Services and Maternity Care sections.
15. Items of wearing apparel, except as described under the Compression Stockings, Prosthetic Devices, Orthotic Devices or Reconstructive Treatment/Surgery sections of this Certificate.
 16. All charges for or related to autopsies, except when requested by PPK.
 17. All charges related to complementary/alternative medicine including, but not limited to: sensory integrative techniques, music therapy, guided imagery, therapeutic touch, aroma therapy, acupressure, hydro-massage, Vax-D therapy, reflexology, cranio-sacral therapy, acupuncture and therapy for the development of cognitive skills to improve attention, memory or problem solving, including compensatory training.
 18. All prescription drugs, non-prescription drugs, and Investigational and Experimental drugs, except as described as covered in this Certificate.
 19. Routine foot care including the paring and removing of corns and calluses or trimming of nails unless Medically Necessary for the treatment of a person who, due to a demonstrated medical condition, is unable to perform such activity.
 20. Cost of biologicals that are immunizations or medications to protect against occupational hazards and risks.
 21. Care for health conditions required by state or local law to be treated in a public facility.
 22. Services for injuries or diseases related to your employment to the extent you are covered or are required to be covered by the workers' compensation law. If the Member enters into a settlement giving up rights to recover past or future medical benefits under workers' compensation law, PPK will not pay past or future medical benefits that are the subject of or related to that settlement. In addition, if the Member is covered by a workers' compensation program, which limits benefits other than specified by the program, PPK will not pay balances of charges from such non-specified Providers.
 23. Benefits of this Certificate will not duplicate benefits provided under Federal, State or local laws, regulations or programs. Examples of such programs are: Medicare, CHAMPUS, Tricare and services in any veteran's facility when the services are eligible for coverage by the government. This Certificate will provide coverage on a primary or secondary basis as required by state or federal law. This exclusion does not apply to Medicaid. This exclusion applies whether or not you choose to waive your rights to these services.
 24. Services resulting from war or an act of war.
 25. Whole blood, and blood plasma or payments to donors for blood or payment to a blood collection site.
 26. Transportation, food, and lodging unless otherwise described in this Certificate.
 27. The costs of health services resulting from accidental bodily injuries arising out of the ownership, operation, maintenance, or use of a motor vehicle to the extent such services are required to be covered by motor vehicle financial responsibility laws, regulations, or programs, or are payable under any medical expense payment provisions (by whatever terminology used-including such benefits mandated by law) of any automobile insurance policy.
 28. Services performed by the Member or their parent, spouse, sibling, or child.
 29. Injuries incurred while the Member is in the commission or attempted commission of a felony.
 30. Services or items for the convenience of the Member or Provider including, but not limited to, home laboratory testing and duplication of covered durable medical equipment.
 31. Services when the Member is not present including, but not limited to, case management team conferences, telephone calls, electronic communication, telemedicine, and consultations with family members.
 32. Any service(s) rendered where the Member(s) receives monetary or in-kind enticement, incentive, rebate or kickback of any kind from a Provider(s) or agent(s) of a Provider(s).
 33. Any service(s) rendered and/or billed by a Provider through misrepresentation of material fact or fraud.
 34. Items not strictly for the purposes of treating a medical condition including, but not limited to: over the counter batteries, massagers, air/water purifiers, air conditioners, pillows, mattresses, communication devices/aids, whirlpools, bedwetting alarms, prenatal cradles, breast pumps, car seats, strollers, shower chairs, commodes, thermal therapy devices, or modifications to the Member's home or vehicle.
 35. Any portion of a Claim that PPK determines to be incorrectly or inappropriately billed by a Physician, Health Professional, Facility or Hospital. This includes, but is not limited to: unbundling of procedural services, office visits that take place within a global period, and inappropriate modifier use.
 36. Services related to the treatment of temporomandibular joint disease (TMJ) and Myofascial Pain Dysfunction Syndrome (MPDS).
 37. Costs associated with smoking cessation programs.
 38. Medical and hospital care and costs for the infant child of a Dependent.
 39. Elective abortions.
 40. Cost associated with the replacement of items that are damaged, lost or stolen
 41. Any service or supply that is provided or obtained relative to an excluded service and subsequent complications, which may occur. "Provided relative to" would be a service of supply that would not have been required if the excluded service had not been obtained by the Member. This includes any inpatient or outpatient service by any Provider whether service is rendered face-to-face or without patient presence.