



KINGS
HEALTH PLAN

Kings Gold Plan



What is Kings Health Plan?

Kings Health Plan was designed to make healthcare simple, affordable, and accessible for everyone. Our mission is to provide meaningful benefits without the complexity or high costs of traditional insurance. With Kings Health Plan, members enjoy access to high-quality care at a fraction of the cost of traditional insurance through a membership-based model that offers in-office options. We offer convenient in-office visits, low cost co-pays, and a tiered medication list (formulary included).

What is the Kings Gold Plan?

Comprehensive coverage options and tailored solutions featuring **in-office care benefits**. Distributed through general agencies and brokers, the Kings Gold Plan is designed to meet the **diverse healthcare needs** of individuals and families.

Kings Gold Plan Rates	
Individuals:	\$199/mo
Couple:	\$363/mo
Parent & 1 Child:	\$363/mo
Couple & 1 Child:	\$487/mo

Add additional dependents at affordable rates.
See our website for more information.

Key Plan Benefits:

Affordable Premiums:

Options for individuals, couples and families.

Preventative Care:

Covered at 100% (includes health screenings for blood pressure, cholesterol, obesity, cancer and more).

Low Co-Pays:

- \$0 for Preventative Visits
- \$25 for Primary Care & Specialist Visits
- \$50 for Urgent Care Visits
- \$50 for Labs, X-rays, & Urgent Care Facilities

No Waiting Period:

Coverage for pre-existing conditions starts immediately.

Flexible Enrollment:

Sign up at any time, with benefits starting the first of the next month.

Additional Coverage:

Includes Tiered Prescription Drug Benefits and free preventative services for both adults and children.





Free Preventative Benefits for Adults Include:

- Blood Pressure Screening
- Cholesterol Screening for those at risk or above a certain age
- Diabetes Screening (Type II) for adults 40-70 years of age who are overweight.
- Obesity Screening and Counseling
- Diet counseling for those at higher risk for chronic disease.
- Colorectal Cancer screening for adults 45 to 75
- Falls Prevention for adults over 65
- Depression Screening
- Hepatitis B Screening for those at higher risk
- Hepatitis C Screening for adults over 18
- Certain Immunizations
- Cessation Interventions for Tobacco users

Free Preventative Benefits for Children Include:

- Newborn screenings: Blood, Bilirubin, Hearing, Sickle Cell, PKU, and more.
- Well Baby and Well Child visits
- Regular Height, Weight and Body Mass Index measurements
- Immunizations from birth to age 18
- Vision Screening
- Hearing Screenings for children and adolescents
- Oral health risk assessment for children, 6 months to 6 years
- Autism Screening at 18 and 24 months
- Developmental Screening for children under 3 years of age
- Obesity Screening and Counseling
- Behavioral assessments
- Depression Screening for adolescents beginning at age 12

Why Choose Kings Gold Plan?

- In-person Visits
- Low Co-pay for Labs and X-rays
- Affordable Prescriptions & Medicines
- No Waiting Period & Enroll Anytime
- \$25 Co-pay for In-person Visits
- \$0 Co-pay for Preventative Screenings
- Coverage available for the whole family
- Nationwide Provider Network

Wellness & Preventative Care

100% coverage for ACA-required preventive services, including immunizations, screenings, and wellness visits.

Nationwide PPO Network:

Find a doctor, lab or other healthcare provider with the Claritev Provider Search. Search for your doctor or find a new PCP in our nationwide network.

Prescription Benefits:

Discounts on prescription medications, including coverage tiers for generic and brand-name drugs at more than 60,000 in-network retail pharmacies.



Excluded Services

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Abortion
- Acupuncture
- Bariatric Surgery
- Care when traveling outside the United States
- Chemotherapy / Radiation Therapy
- Chiropractic Care
- Cosmetic Surgery
- Weight Loss Programs/Drugs
- Experimental / Investigational Treatments
- Hearing Aids
- Infertility Treatment
- Long-Term Care
- Private-Duty Nursing
- Routine Eye Care
- Transplant Services
- Dental Care
- Dialysis

Not insurance. kingshealthplan.com is a consumer health plan/benefit program. The Gold and Platinum plans meet ACA minimum coverage requirements.

Not a medical provider. Services are delivered by independent, third-party licensed clinicians/medical groups.

No kings health plan covers hospitalization, emergency room services, or surgery.

Prescriptions not guaranteed. Availability may vary; some medications or services may have restrictions.

Not for emergencies. In an emergency, call 911 or go to the nearest emergency department.

Separate charges may apply. Labs, imaging, or external referrals may involve separate charges.

Availability varies. Features, partner networks, and shipping may vary by state and are subject to change.

Privacy & data: Telehealth and pharmacy partners maintain their own compliance and privacy programs.

Eligibility: Primary member must be 18+; adding dependents subject to plan rules.



KINGS HEALTH PLAN

Membership-based access to high-quality care including preventative care, health screenings and prescription benefits - with simple, predictable payments.

Customer Support:

Kings Health Plan is here to help you every step of the way. Our friendly support team is available by phone, email, and online chat to answer your questions and provide personalized assistance, ensuring you get the help you need.

Live chat support is available through our website
Monday - Friday 8 a.m. - 5 p.m. CST.

 **Website:** KingsHealthPlan.com

 **Email:** Support@KingsHealthPlan.com

 **Member Services:** 1-855-282-5700
Monday - Friday 8 a.m. - 5 p.m. CST.

 @kingshealthplan  KingsHealthPlan

 @KingsHealthPlan  facebook.com/KingsHealth

Locating a Network Provider:

Find the PHCS logo on your ID card and contact MultiPlan by calling 1-800-457-1309 or visiting www.multiplan.com/sbmaspecificservices and following the instructions below:

1. Enter Provider name, Specialty, or Facility type in the search box, or choose from the drop down
2. Enter your location information
3. Click "Search"




Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
Staff Benefits Management & Administrators (SBMA): VitalCare Minimum Essential Coverage (MEC)
Coverage for: Eligible Members & Eligible Dependents | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. **This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call (888) 505-7724. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call (888) 505-7724 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0	See the Common Medical Event Chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	Not Applicable	There are no services subject to a deductible on this plan.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$1,850 individual / \$3,700 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. Visit www.multiplan.com/sbmaspecificservices or call 1-800-457-1309 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No	You don't need a referral to see a specialist for covered services.

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 copayment	Not covered	None
	Specialist visit	\$25 copayment	Not covered	None
	Preventive care/screening/immunization	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. Preventive care benefits may be subject to limitations.
If you have a test	Diagnostic test (x-ray, blood work)	\$50 copayment	Not covered	No coverage for outpatient services provided at a hospital, drug testing, allergy testing, genetic testing or pathology.
	Imaging (CT/PET scans, MRIs)	Not covered	Not covered	Not covered
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at https://kingshealthplan.com/formulary	Tier 1	\$15 copayment	Not covered	Coverage is limited to the formulary drug list. You may view the list by visiting https://kingshealthplan.com/formulary . No coverage for non-preferred and specialty drugs . Preventive medications are covered at no cost to the covered person as required by applicable law but may be subject to coverage limitations.
	Tier 2	\$30 copayment	Not covered	
	Tier 3	\$50 copayment	Not covered	
	Tier 4	\$75 copayment	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not covered	Not covered	Not covered
	Physician/surgeon fees	Not covered	Not covered	Not covered
If you need immediate medical attention	Emergency room care	Not covered	Not covered	Not covered
	Emergency medical transportation	Not covered	Not covered	Not covered
	Urgent care	\$50 copayment	Not covered	Not covered
If you have a hospital stay	Facility fee (e.g., hospital room)	Not covered	Not covered	Not covered
	Physician/surgeon fees	Not covered	Not covered	Not covered

*For more information about limitations and exceptions, call 1-855 282-5700.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Not covered	Not covered	Not covered
	Inpatient services	Not covered	Not covered	Not covered
If you are pregnant	Office visits	\$25 copayment	Not covered	None
	Childbirth/delivery professional services	Not covered	Not covered	Not covered
	Childbirth/delivery facility services	Not covered	Not covered	Not covered
If you need help recovering or have other special health needs	Home health care	Not covered	Not covered	Not covered
	Rehabilitation services	Not covered	Not covered	Not covered
	Habilitation services	Not covered	Not covered	Not covered
	Skilled nursing care	Not covered	Not covered	Not covered
	Durable medical equipment	Not covered	Not covered	Not covered
	Hospice services	Not covered	Not covered	Not covered
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Not covered
	Children's glasses	Not covered	Not covered	Not covered
	Children's dental check-up	Not covered	Not covered	Not covered

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)		
<ul style="list-style-type: none"> • Abortion • Acupuncture • Bariatric Surgery • Care when traveling outside the United States • Chemotherapy / Radiation Therapy • Chiropractic Care 	<ul style="list-style-type: none"> • Cosmetic Surgery • Dental Care • Dialysis • Experimental / Investigational Treatments • Hearing Aids • Infertility Treatment 	<ul style="list-style-type: none"> • Long-Term Care • Private-Duty Nursing • Routine Eye Care • Transplant Services • Weight Loss Programs/Drugs

*For more information about limitations and exceptions, call 1-855 282-5700.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- None

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: 1-888-505-7724.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? No

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-505-7724.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-505-7724.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-888-505-7724.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-888-505-7724.

Additional language services are available upon request. For more information, please contact the plan administrator at 1-888-505-7724.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$25
■ Diagnostic tests copayment	\$50
■ Hospital (facility) copayment	N/A

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$400
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$9,500
The total Peg would pay is	\$9,900

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0
■ Primary care copayment	\$25
■ Diagnostic tests copayment	\$50
■ Specialty drugs	N/A

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$300
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$4,400
The total Joe would pay is	\$4,700

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$0
■ Emergency room care	N/A
■ Durable medical equipment	N/A
■ Rehabilitation services	N/A

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$2,800
The total Mia would pay is	\$2,800