

<div><div></div><div>The Difference Card</div></div> <div>SUMMARY OF BENEFITS</div>			
EK Health Services Inc		HealthNet PPO	1/1/2026 to 12/31/2026
	Swipe card for benefit listed under the "Difference Card Pays" column.		
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	HEALTHNET BENEFIT
PHYSICIAN SERVICES			
 Primary Care Office Visit Copay	Last \$1,500/\$3,000	First \$3,500/\$7,000	Deductible and Coinsurance
 Specialist Office Visit Copay	Last \$1,500/\$3,000	First \$3,500/\$7,000	Deductible and Coinsurance
Preventive Care / Screening / Immunization		No Charge	
 Urgent Care	Last \$1,500/\$3,000	First \$3,500/\$7,000	Deductible and Coinsurance
PHARMACY			
Prescription Deductible Application	Integrated with Medical Deductible		
Prescription Individual Deductible			
Prescription Family Deductible			
 Retail Prescriptions	Last \$1,500/\$3,000	First \$3,500/\$7,000	Deductible and Coinsurance
 Mail Order Prescriptions	Last \$1,500/\$3,000	First \$3,500/\$7,000	Deductible and Coinsurance
DIAGNOSTIC PROCEDURES			
 Diagnostic Test- Lab Bloodwork	Last \$1,500/\$3,000	First \$3,500/\$7,000	Deductible and Coinsurance
 Diagnostic Test X-Ray	Last \$1,500/\$3,000	First \$3,500/\$7,000	Deductible and Coinsurance
 Complex Imaging (CT/Pet Scans, MRIs)	Last \$1,500/\$3,000	First \$3,500/\$7,000	Deductible and Coinsurance
HOSPITAL SERVICES			
 Emergency Room Care	Last \$1,500/\$3,000	First \$3,500/\$7,000	Deductible and Coinsurance
 Outpatient Surgery	Last \$1,500/\$3,000	First \$3,500/\$7,000	Deductible and Coinsurance
 Inpatient Hospital	Last \$1,500/\$3,000	First \$3,500/\$7,000	Deductible and Coinsurance
IN NETWORK DEDUCTIBLE & COINSURANCE			
Qualified High Deductible Health Plan	Yes		
Deductible Accumulation Period	Calendar year		
Family Deductible Accumulation Type	Family Total Accumulation		
 In-Network Individual Deductible	\$0	\$3,500	\$3,500
 In-Network Family Deductible	\$0	\$7,000	\$7,000
In-Network Individual Coinsurance Limit	20% to \$1,500	\$0	20% to \$1,500
In-Network Family Coinsurance Limit	20% to \$3,000	\$0	20% to \$3,000
OUT OF NETWORK DEDUCTIBLE & COINSURANCE			
Out-of-Network Individual Deductible	\$7,000	\$0	\$7,000
Out-of-Network Family Deductible	\$14,000	\$0	\$14,000
Out-of-Network Individual Coinsurance Limit	40% to \$3,000	\$0	40% to \$3,000
Out-of-Network Family Coinsurance Limit	40% to \$6,000	\$0	40% to \$6,000
<div><div>In-Network Family Multiplier2</div><div>All claims must be submitted within 3 months of the end of the deductible accumulation period. Terminated members must submit claims within 3 months of the termination date. Information on this document based on carrier SBC.</div></div> <div><div></div><div>Please have your provider swipe the Difference Card for the following amounts: In-Network Medical & Pharmacy SwipeFirst \$3,500/\$7,000 Call 888.343.2110 with any questions.</div></div> <div><div>Mail Order Multiplier2</div><div>Download the Mobile App to View and Submit Claims</div><div><div>SCAN THIS WITH YOUR CAMERA</div></div></div>			