



Summary of Benefits & Coverage

Rates effective January 1st, 2026

Medical & Wellness Benefits

All benefit summaries are for illustration purposes only.
Services not listed are not covered.

To review the full Schedule of Benefits and Plan Document, please request it by contacting your broker

Developed by

JKB Consulting
Group LLC

AMERICA'S HealthcareSM
Benefits **ARCHITECTS**



Summary of Benefits & Coverage

Kerux125 Complete is a flexible, ACA-compliant health benefits solution designed to meet the diverse needs, income levels, and lifestyles of today's workforce. By aligning plan options with employee eligibility factors—such as income, tax status, and hours worked—Kerux125 Complete helps maximize participation, affordability, and overall engagement.

Plan Options Overview

Kerux125 Complete offers four distinct plan options, each tailored to provide the right level of coverage and cost structure:

1. **SIMPLE** Plan - Essential Coverage at \$0 Net Cost

Best suited for:

- Part-time employees
- Cost-sensitive employees
- Employees needing to meet ACA Part A requirements (state-mandated where applicable)

Key Benefits:

Meets ACA Minimum Essential Coverage (MEC) requirements
Unlimited doctor access via Virtual Direct Primary Care (VDPC)
\$0 cost access to a formulary of commonly prescribed generic medications
No copays or deductibles for doctor consultations or prescriptions within the plan

Cost:

- **Employer: \$0**
- **Employee: \$0**
- Fully funded through the Kerux125 Complete tax savings and proprietary funding structure



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2. **ADVANTAGE** Plan - Comprehensive Everyday Care at No Cost

Best suited for:

- Full-time employees seeking broader, everyday healthcare coverage
- Employees who want traditional health plan features without added cost

Key Benefits:

- Includes all Core Plan virtual care services
- Expanded access to doctor visits and prescription drug coverage
- Additional wellness-focused benefits
- Designed to mirror many features employees expect from traditional health insurance

Cost:

- **Employer: Net \$0**
- **Employee: Net \$0** (due to the tax savings accumulated on the plan, they may see additional tax savings added to their paycheck)
- Fully funded through the Kerux125 Complete tax savings and proprietary funding structure



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3. COMPLETE Plan - Minimum Value Plan (MVP) with Expanded Coverage

Best suited for:

- Full-time employees seeking more robust, traditional coverage while keeping premium costs in check.
- Employees who want protection similar to major medical plans
- Employees needing expanded coverage for family members

Key Benefits:

- Fully ACA compliant (Part A & Part B) for employers
- Comparable to an ACA Bronze-level plan
- Includes all virtual care services from Core and Enhanced plans
- Provides a buy-up option with broader coverage and financial protection

Cost:

- A significant portion of premiums is offset through the Kerux125 Complete tax savings structure
- **Additional employee/employer contribution may apply**
- Employees should consult their agent or broker for detailed premium information

Note: For employers with more than 50 full-time equivalent (FTE) groups, Kerux125 Complete **must be offered to 95% of full-time employees** for Part B compliance.



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Preventative Services - Included in ALL Core, Enhanced, & Complete Plans

Preventative Services

Covered Under the Affordable Care Act (Part A)

15 Covered Preventive Services for Adults

1. **Abdominal Aortic Aneurysm Screening**
One-time ultrasound for men 65-75 who have ever smoked.
2. **Alcohol Misuse Screening & Counseling**
Identifies unhealthy alcohol use and provides brief counseling.
3. **Aspirin Use (Preventive Medication)**
For certain adults at risk of cardiovascular disease.
4. **Blood Pressure Screening**
Detects hypertension early to prevent heart disease/stroke.
5. **Cholesterol Screening**
Measures lipid levels to assess cardiovascular risk.
6. **Colorectal Cancer Screening**
Includes colonoscopy or stool tests (ages 45-75).
7. **Depression Screening**
Routine mental health screening in primary care.
8. **Diabetes (Type 2) Screening**
For adults with high blood pressure or risk factors.
9. **Diet Counseling**
Nutrition counseling for those at risk of chronic disease.
10. **Hepatitis B & C Screening**
For at-risk individuals and certain age groups.

11. **HIV Screening & Prevention (PrEP)**
Testing and preventive medication for high-risk individuals.
12. **Lung Cancer Screening**
Annual low-dose CT scans for high-risk smokers.
13. **Obesity Screening & Counseling**
BMI screening and weight management support.
14. **Sexually Transmitted Infection (STI) Counseling**
Prevention counseling for at-risk individuals.
15. **Tobacco Use Screening & Cessation**
Screening plus medications and counseling to quit.

22 Covered Preventive Services for Women

(Includes all adult services above PLUS women-specific services)

1. **Well-Woman Visits**
Annual comprehensive preventive care visits.
2. **Breast Cancer Screening (Mammography)**
Detects breast cancer early.
3. **Cervical Cancer Screening**
Pap smear and/or HPV testing.
4. **BRCA Genetic Testing & Counseling**
For women at higher genetic risk of breast/ovarian cancer.
5. **Contraception Coverage**
All FDA-approved birth control methods.
6. **Contraceptive Counseling**
Guidance on family planning options.
7. **Sterilization Procedures**
Permanent contraception options.
8. **Breastfeeding Support & Supplies**
Counseling and breast pumps.
9. **Gestational Diabetes Screening**
Screening during pregnancy.
10. **Pregnancy (Prenatal) Care**
Routine screenings and visits during pregnancy.
11. **Preeclampsia Prevention (Aspirin)**
For high-risk pregnancies.
12. **Rh Incompatibility Screening**
Blood type testing during pregnancy.
13. **Urinary Incontinence Screening**
Identifies bladder control issues.
14. **Osteoporosis Screening**
Bone density testing (typically 65+ or at risk).
15. **Intimate Partner Violence Screening**
Screening and support services.
16. **Sexually Transmitted Infection Screening**
Includes chlamydia, gonorrhea, syphilis.
17. **HIV Screening**
Routine and pregnancy-related testing.
18. **Hepatitis B Screening (Pregnancy)**
Early detection to prevent transmission.
19. **Diabetes Screening (including pregnancy-related)**
Expanded for women's risk factors.
20. **Anxiety Screening (newer guideline)**
Mental health screening for women/adolescents.
21. **Obesity Screening & Counseling**
Weight and lifestyle management.
22. **Tobacco Use Screening & Counseling**
Includes pregnancy-specific cessation support.

26 Covered Preventive Services for Children

1. **Well-Child Visits**
Regular checkups from infancy through adolescence.
2. **Developmental Screening**
Tracks physical, emotional, and cognitive milestones.
3. **Autism Screening**
Early identification (typically at 18 & 24 months).
4. **Behavioral Assessments**
Evaluates emotional and behavioral health.
5. **Depression Screening (Adolescents)**
Mental health screening in teens.
6. **Alcohol & Drug Use Screening (Adolescents)**
Identifies risky behaviors early.
7. **Tobacco Use Screening**
Prevention and counseling.
8. **Obesity Screening & Counseling**
BMI monitoring and lifestyle guidance.
9. **Vision Screening**
Detects vision problems.
10. **Hearing Screening**
Identifies hearing loss early.
11. **Lead Screening**
Detects lead exposure in young children.
12. **Anemia Screening**
Checks for iron deficiency.
13. **Blood Pressure Screening**
Early detection of hypertension.
14. **Cholesterol Screening**
For at-risk children.
15. **Tuberculosis Screening**
For high-risk populations.
16. **STI Screening & Counseling (Adolescents)**
Prevention and early detection.
17. **HIV Screening (Adolescents)**
Routine testing in teens.
18. **Immunizations**
Full CDC vaccine schedule.
19. **Fluoride Supplements**
For children without fluoridated water.
20. **Oral Health Risk Assessment**
Dental health evaluation.
21. **Topical Fluoride Application**
Prevents tooth decay.
22. **Newborn Screening (Metabolic & Genetic)**
Blood tests for serious conditions.
23. **Newborn Hearing Screening**
Detects congenital hearing loss.
24. **Critical Congenital Heart Disease Screening**
Pulse oximetry screening at birth.
25. **Iron Supplements (Infants at Risk)**
Prevents anemia.
26. **Gonorrhea Preventive Eye Medication (Newborns)**
Prevents eye infections at birth.

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Kerux125 Complete - **PLAN COMPARISON - SIMPLE, ADVANTAGE, COMPLETE**



PLAN BENEFITS	SIMPLE	ADVANTAGE	COMPLETE
MEDICAL & INSURANCE SERVICES			
Network	N/A	PNOA PHCS	PNOA PHCS
Out of Network Coverage	N/A	N/A	N/A
Annual Deductibles/Out of Pocket Limit	N/A	Individual = \$0/\$725 Family = \$0/\$1,450	Individual = \$0/\$9,100 Family = \$0/\$18,200
Preventative & Wellness	100%	100%	100%
Primary Care Office Visit	N/A	\$20 Copay; Limited to 3 visits per year	30% coinsurance
Specialist Visit Office Visit	N/A	\$50 Copay; Limited to 3 visits per year	30% coinsurance
Urgent Care Visit Office Visit	N/A	\$50 Copay; Limited to 3 visits per year	30% coinsurance
Maternity Pre-Post Natal (Office Visit)	N/A	N/A	30% coinsurance
Maternity Services	N/A	N/A	30% coinsurance
Mental/Behavioral Health (Office Visit)	N/A	N/A	30% coinsurance
Diagnostic Testing (X-ray, blood work)	Preventative Only	\$50 Copay	30% coinsurance
Imaging (CT/PET scans, MRIs)	Preventative Only	\$200 Copay	30% coinsurance
Emergency Room	N/A	N/A	30% coinsurance
Outpatient/In-Patient Services Hospital Admissions	N/A	N/A	30% coinsurance
Outpatient Therapy (Physical, Speech, Occupational)	N/A	N/A	30% coinsurance
Chiropractic Services	N/A	N/A	30% coinsurance
Generic/Brand Rx (Shield PBM)	Discounts Available	\$20 Copay; Generic only up to \$250/prescription	30% coinsurance; Limit to 30-day or 90-day supply
Enhanced Rx Discount Program	Included	Included	Included
Advanced Rx/Labs/Imaging Benefits Program (Coming August 1st, 2026)	100% Covered	\$20/month	\$20/month
Net Plan Cost	Employer = \$0 Net Cost Employee = \$0 Net Cost	Employer = \$0 Net Cost Employee = \$0 Net Cost	<\$535/employee per month

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PLAN BENEFITS	SIMPLE	ADVANTAGE	COMPLETE
VIRTUAL CARE SERVICES			
Virtual Primary Care - Select a doctor from our provider network for ongoing personalized care from a provider committed to your complete health	\$0 Copay; Unlimited Usage	\$0 Copay; Unlimited Usage	\$0 Copay; Unlimited Usage
Virtual Urgent Care Telehealth	\$0 Copay; Unlimited; 24/7 on demand access to licensed physicians to help with non-emergency needs	\$0 Copay; Unlimited; 24/7 on demand access to licensed physicians to help with non-emergency needs	\$0 Copay; Unlimited; 24/7 on demand access to licensed physicians to help with non-emergency needs
Virtual Mental Health Support Speak with a Therapist in as little as 48 hours <ul style="list-style-type: none"> • Abuse • Addiction • ADHD/ADD • Anger Management • Anxiety & Stress • Bipolar Disorder • Depression & Mood • Divorce • Domestic Violence • Eating Disorders • Grief & Loss • Medication Management • OCD • Parenting Issues • Relationships • Sexuality • Trauma & PTSD 	\$0 Copay; Speak with one of our licensed providers who can provide care for many of the most common mental health concerns	\$0 Copay; Speak with one of our licensed providers who can provide care for many of the most common mental health concerns	\$0 Copay; Speak with one of our licensed providers who can provide care for many of the most common mental health concerns
Virtual MSK	\$0 Copay; Unlimited	\$0 Copay; Unlimited	\$0 Copay; Unlimited
GLP-1 Weight Loss	\$0 Copay; GLP-1 Weight Loss Guided Steps to Lasting Weight Loss	\$0 Copay; GLP-1 Weight Loss Guided Steps to Lasting Weight Loss	\$0 Copay; GLP-1 Weight Loss Guided Steps to Lasting Weight Loss
Nutritionists/Support	Included at \$0 Copay	Included at \$0 Copay	Included at \$0 Copay
Smoking Cessation	Included at \$0 Copay	Included at \$0 Copay	Included at \$0 Copay
Billing Advocacy	Included at \$0 Copay	Included at \$0 Copay	Included at \$0 Copay
BUY-UP PLAN OPTIONS			
Supplemental Insurance Benefits (Available for Purchase) <ul style="list-style-type: none"> • Hospital Indemnity Insurance • Accident Expense Insurance • Critical Illness Insurance • Life Insurance Benefits • Vision + Dental Insurance 	Speak with your Kerux125 Complete Agent/Advisor	Speak with your Kerux125 Complete Agent/Advisor	Speak with your Kerux125 Complete Agent/Advisor
Identity Theft Protection	Included at \$0 Cost	Included at \$0 Cost	Included at \$0 Cost
Legal Protection Program provided by PPLS	\$10,000 for Kerux125 related issues	\$10,000 for Kerux125 related issues	\$10,000 for Kerux125 related issues