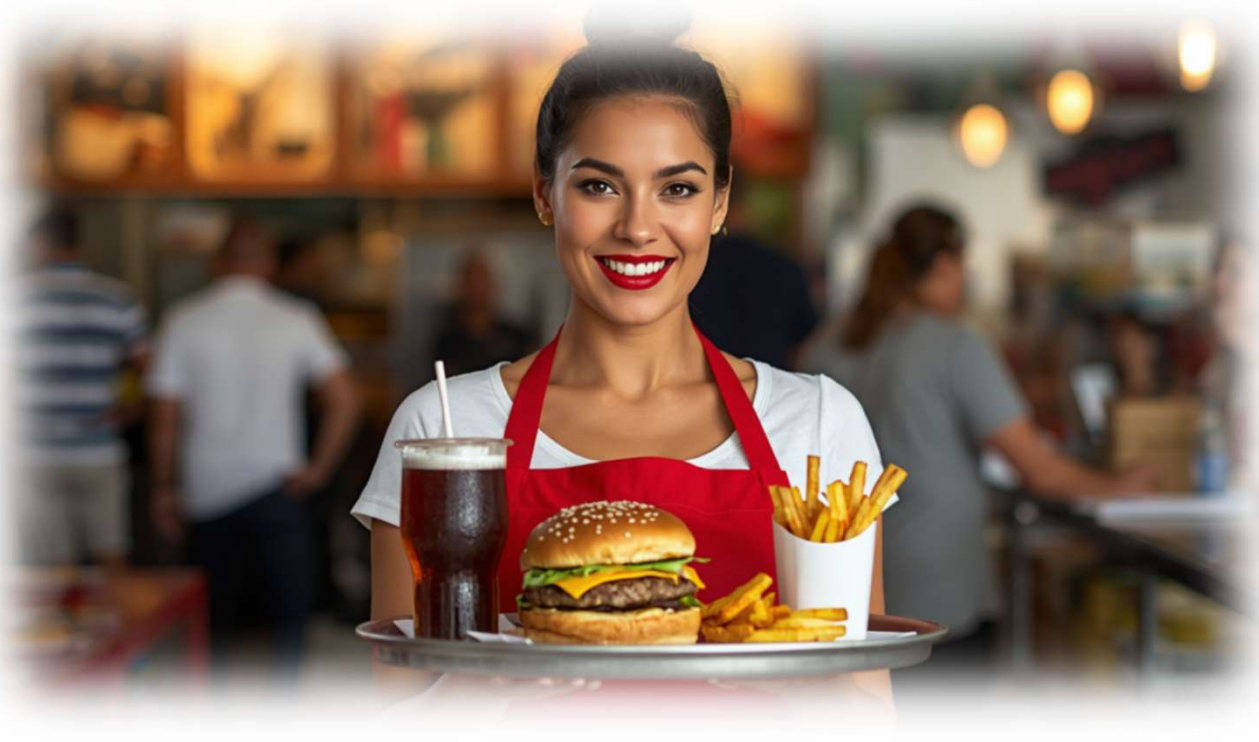
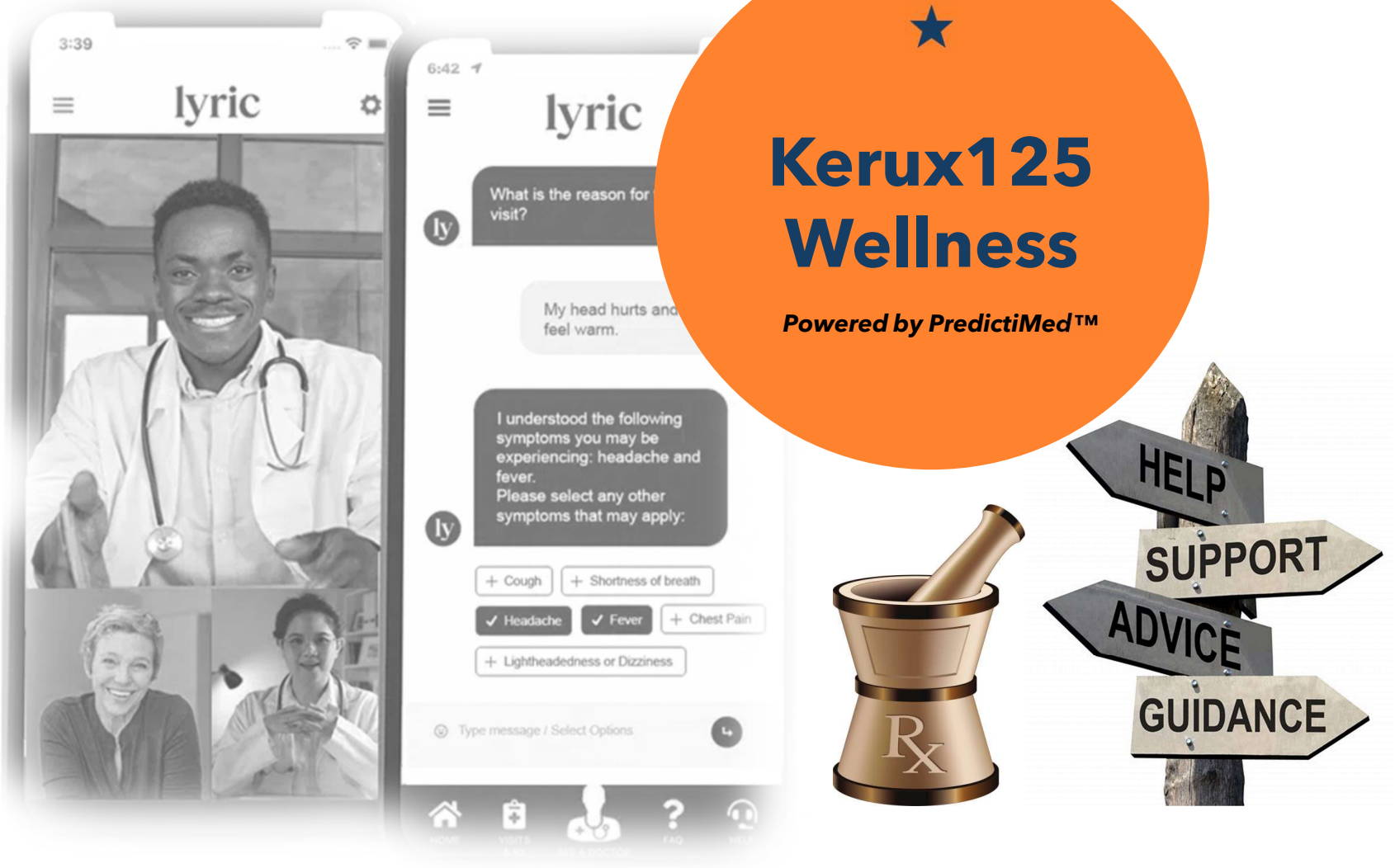


JKB Consulting Group LLC 2026 | KERUX125™ HEALTH BENEFITS

SUMMARY OF BENEFITS

(EMPLOYEE EDITION)



Kerux125 Wellness

Powered by PredictiMed™

Virtual-First Healthcare and Wellness. Maximum Payroll Tax Savings. $0 Net Cost.

Virtual Care + Wellness

KERUX125 WELLNESS

Summary of Benefits & Coverage

PLAN BENEFITS	KERUX125 WELLNESS
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
Virtual Urgent Care | Telehealth – 24/7 On Demand Doctor Access	$0 Copay; Unlimited Usage; 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 • Abuse • Addiction • ADHD/ADD • Anger Management • Anxiety & Stress • Bipolar Disorder • Depression & Mood • Divorce • Domestic Violence	$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
GLP-1 Weight Loss	$0 Copay; GLP-1 Weight Loss Guided Steps to Lasting Weight Loss
Nutritionists/Support	Included at $0 Copay
Smoking Cessation	Included at $0 Copay
Billing Advocacy	Included at $0 Copay
Rx Benefits – FREE Generic Prescriptions on Formulary (See PHD)	Included at $0 Copay
BUY-UP PLAN OPTIONS	
Supplemental Insurance Benefits (Available for Purchase) • Hospital Indemnity Insurance • Accident Expense Insurance • Critical Illness Insurance • Life Insurance Benefits • Vision + Dental Insurance	Speak with your Kerux125 Agent/Advisor
Identity Theft Protection	Included at $0 Cost
Legal Protection Program provided by PPLS	$10,000 for Kerux125 related issues
Net Plan Cost After Tax Savings	**Employee $0 Net Cost**

Simple Health Plan

MEC Included

Virtual-First Healthcare. Maximum Savings. $0 Net Cost.

Compliance + MEC + Virtual Care

SIMPLE PLAN

Summary of Benefits & Coverage

Preventative Services – Included in ALL Simple, Advantage, & Complete Plans

KERUX125™

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.

SIMPLE PLAN

Summary of Benefits & Coverage

PLAN BENEFITS	SIMPLE
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
Virtual Urgent Care | Telehealth – 24/7 On Demand Doctor Access	$0 Copay; Unlimited Usage; 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 • Abuse • Addiction • ADHD/ADD • Anger Management • Anxiety & Stress • Bipolar Disorder • Depression & Mood • Divorce • Domestic Violence	$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
GLP-1 Weight Loss	$0 Copay; GLP-1 Weight Loss Guided Steps to Lasting Weight Loss
Nutritionists/Support	Included at $0 Copay
Smoking Cessation	Included at $0 Copay
Billing Advocacy	Included at $0 Copay
Rx Benefits – FREE Generic Prescriptions on Formulary (See PHD)	Included at $0 Copay
BUY-UP PLAN OPTIONS	
Supplemental Insurance Benefits (Available for Purchase) • Hospital Indemnity Insurance • Accident Expense Insurance • Critical Illness Insurance • Life Insurance Benefits • Vision + Dental Insurance	Speak with your Kerux125 Agent/Advisor
Identity Theft Protection	Included at $0 Cost
Legal Protection Program provided by PPLS	$10,000 for Kerux125 related issues
Net Plan Cost After Tax Savings	**Employee $0 Net Cost**

SIMPLE PLAN

Summary of Benefits & Coverage

PLAN BENEFITS	SIMPLE
PLAN PRICING	
Employee Only	$0.00
Employee and Spouse	$36.09
Employee and Child(ren)	$24.09
Family	$60.09

Advantage Health Plan

MEC + Medical/Insurance Benefits Included

Enhanced Protection. $0 Net Cost. Greater Employee Value.

Compliance + Virtual Care + Medical & Insurance Benefits

ADVANTAGE PLAN

Summary of Benefits & Coverage

Preventative Services – Included in ALL Simple, Advantage, & Complete Plans

KERUX125™

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.

ADVANTAGE PLAN

Summary of Benefits & Coverage

PLAN BENEFITS	ADVANTAGE
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
Virtual Urgent Care | Telehealth – 24/7 On Demand Doctor Access	$0 Copay; Unlimited Usage; 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 • Abuse • Addiction • ADHD/ADD • Anger Management • Anxiety & Stress • Bipolar Disorder • Depression & Mood • Divorce • Domestic Violence	$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
GLP-1 Weight Loss	$0 Copay; GLP-1 Weight Loss Guided Steps to Lasting Weight Loss
Nutritionists/Support	Included at $0 Copay
Smoking Cessation	Included at $0 Copay
Billing Advocacy	Included at $0 Copay
Rx Benefits – FREE Generic Prescriptions on Formulary (See PHD)	Included at $0 Copay
BUY-UP PLAN OPTIONS	
Supplemental Insurance Benefits (Available for Purchase) • Hospital Indemnity Insurance • Accident Expense Insurance • Critical Illness Insurance • Life Insurance Benefits • Vision + Dental Insurance	Speak with your Kerux125 Agent/Advisor
Identity Theft Protection	Included at $0 Cost
Legal Protection Program provided by PPLS	$10,000 for Kerux125 related issues

ADVANTAGE PLAN
Summary of Benefits & Coverage

PLAN BENEFITS	ADVANTAGE
MEDICAL & INSURANCE SERVICES	
Network	PNOA | PHCS
Annual Medical Deductible (& Pharmacy - Complete ONLY)	$0 Per Person $0 Per Family
Annual Medical Out of Pocket Maximum *The Member's Copayment apply to the Annual Out-of-Pocket Maximum*	$7,900 Per Person $15,800 Per Family
Amounts in Excess of Negotiated Rates/Maximum Allowable Charge	For Participating Providers the contract generally prohibits the provider from charging more than the negotiated rate for covered services.*
Lifetime Maximum	None
Dependent Coverage	To age 26
Preventative & Wellness	100%
Primary Care Office Visit	$20 Copay; Limited to 3 visits per year
Specialist Visit Office Visit	$50 Copay; Limited to 3 visits per year
Urgent Care Visit Office Visit	$50 Copay; Limited to 3 visits per year
Maternity Pre-Post Natal (Office Visit)	N/A
Maternity Services	N/A
Mental/Behavioral Health (Office Visit)	N/A
Diagnostic Testing (X-ray, blood work); Non-Hospital Based	$50 Copay; Limit 5 visits per year
Radiology; Non-Hospital Based	$50 Copay; Limit 5 visits per year
Imaging (CT/PET scans, MRIs); Non-Hospital Based	$200 Copay; Limit 1 visit per year
Emergency Room	N/A
Outpatient/In-Patient Services Hospital Admissions	N/A
Outpatient Therapy (Physical, Speech, Occupational)	N/A
Preventive Prescription Drugs - Pharmacy Retail - 30-90 Day Supply Pharmacy Mail Order - 90 Day Supply	Covered in Full
Non-Preventive Prescription Drugs - Up to a 30-Day Supply	$20 Copayment (Generic only up to $250 per prescription)
Advanced Rx/Labs/Imaging Benefits Program (Coming August 1st, 2026)	TBD
Net Plan Cost After Tax Savings	**Employee $0 Net Cost**

This summary provides a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions may apply. Please refer to the Plan Document for complete information on benefits. In the case of discrepancy between this summary and the language contained in the Plan Document, the latter will take precedence

ADVANTAGE PLAN

Summary of Benefits & Coverage

PLAN BENEFITS	ADVANTAGE
PLAN PRICING	
Employee Only (PHCS | PNOA) Employee and Spouse (PHCS | PNOA) Employee and Child(ren) (PHCS | PNOA) Family (PHCS | PNOA)	$0.00 $36.09 $24.09 $60.09

Complete Health Plan

Major Medical Plan
Meets ACA Part B

Comprehensive Coverage. Greater Choice. Maximum Protection.

Everything in Advantage + Expanded provider access and enhanced comprehensive coverage.

COMPLETE PLAN

Summary of Benefits & Coverage

Preventative Services – Included in ALL Simple, Advantage, & Complete Plans

KERUX125™

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.
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   For certain adults at risk of cardiovascular disease.
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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.
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    Screening plus medications and counseling to quit.

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

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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

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2. **Developmental Screening**
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3. **Autism Screening**
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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.

COMPLETE PLAN

Summary of Benefits & Coverage

PLAN BENEFITS	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
Virtual Urgent Care | Telehealth – 24/7 On Demand Doctor Access	$0 Copay; Unlimited Usage; 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 • Abuse • Addiction • ADHD/ADD • Anger Management • Anxiety & Stress • Bipolar Disorder • Depression & Mood • Divorce • Domestic Violence	$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
GLP-1 Weight Loss	$0 Copay; GLP-1 Weight Loss Guided Steps to Lasting Weight Loss
Nutritionists/Support	Included at $0 Copay
Smoking Cessation	Included at $0 Copay
Billing Advocacy	Included at $0 Copay
Rx Benefits – FREE Generic Prescriptions on Formulary (See PHD)	Included at $0 Copay
BUY-UP PLAN OPTIONS	
Supplemental Insurance Benefits (Available for Purchase) • Hospital Indemnity Insurance • Accident Expense Insurance • Critical Illness Insurance • Life Insurance Benefits • Vision + Dental Insurance	Speak with your Kerux125 Agent/Advisor
Identity Theft Protection	Included at $0 Cost
Legal Protection Program provided by PPLS	$10,000 for Kerux125 related issues

COMPLETE PLAN
Summary of Benefits & Coverage

PLAN BENEFITS	COMPLETE
MEDICAL & INSURANCE SERVICES	
Network	PNOA | PHCS
Out of Network Coverage	Excluded
Annual Medical Deductible (& Pharmacy – Complete ONLY)	$10,600 Per Person $21,200 Per Person
Annual Medical Out of Pocket Maximum *The Member's Copayment apply to the Annual Out-of-Pocket Maximum*	$10,600 Per Person $21,200 Per Person
Amounts in Excess of Negotiated Rates/Maximum Allowable Charge	For Participating Providers, the Member is responsible for the difference between the Plan payment and 100% of the negotiated rate.
Lifetime Maximum	None
Dependent Coverage	To age 26
Preventative & Wellness	100%
Primary Care Office Visit	0% Coinsurance after Annual Deductible
Specialist Visit Office Visit	0% Coinsurance after Annual Deductible
Urgent Care Visit Office Visit	0% Coinsurance after Annual Deductible
Maternity Pre-Post Natal (Office Visit)	0% Coinsurance after Annual Deductible
Maternity Services	0% Coinsurance after Annual Deductible
Mental/Behavioral Health (Office Visit)	0% Coinsurance after Annual Deductible
Diagnostic Testing (X-ray, blood work); Non-Hospital Based	0% Coinsurance after Annual Deductible
Radiology; Non-Hospital Based	0% Coinsurance after Annual Deductible
Imaging (CT/PET scans, MRIs); Non-Hospital Based	0% Coinsurance after Annual Deductible
Emergency Room	0% Coinsurance after Annual Deductible
Outpatient/In-Patient Services Hospital Admissions	0% Coinsurance after Annual Deductible
Outpatient Therapy (Physical, Speech, Occupational)	0% Coinsurance after Annual Deductible
Preventive Prescription Drugs – Pharmacy Retail – 30-90 Day Supply Pharmacy Mail Order – 90 Day Supply	Covered in Full
Non-Preventive Prescription Drugs – Up to a 30-Day Supply	0% Coinsurance after Annual Deductible
Advanced Rx/Labs/Imaging Benefits Program (Coming August 1st, 2026)	TBD

This summary provides a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions may apply. Please refer to the Plan Document for complete information on benefits. In the case of discrepancy between this summary and the language contained in the Plan Document, the latter will take precedence

COMPLETE PLAN

Summary of Benefits & Coverage

PLAN BENEFITS	COMPLETE
PLAN PRICING	
Employee Only (PHCS | PNOA) Employee and Spouse (PHCS | PNOA) Employee and Child(ren) (PHCS | PNOA) Family (PHCS | PNOA)	$545.00 $1,064.95 $901.18 $1,435.16

KERUX125™
By JKB Consulting Group, LLC

Who to Call

Kerux125 Call Center

Call for questions related to:

- Setting up and using your PHD
- Paycheck comparison
- Enrollment status related ONLY to your wellness benefits

1-800-306-3112

9:00 AM – 6:00 PM Eastern Time,
Monday - Friday

Medical Benefits by Verdegard

Call for questions related to:

- Your medical/insurance benefits
- Your medical/Insurance ID card
- Insurance coverage questions

1-888-811-8944

https://verdegard.com/contact-us/

Virtual Health Benefits by Lyric

Call for questions related to:

- Accessing a Virtual Direct Primary Care Physician
- Accessing an Urgent Care Doctor 24/7
- Accessing your virtual health benefits

1.866.223.8831

www.getlyric.com