

LivingWell CDHP Benefits Grid

Lifetime Maximum	In-Network	Unlimited		Out-of-Network	Unlimited	
HRA	In-Network	Single \$500	Family \$1,000	Out-of-Network	Single \$500	Family \$1,000
Annual Deductible	In-Network	Single \$1,550	Family \$2,900	Out-of-Network	Single \$2,900	Family \$5,550
Annual Maximum Out-of-Pocket Applies to Medical and Pharmacy	In-Network	Single \$3,150	Family \$6,050	Out-of-Network	Single \$6,050	Family \$11,900

Deductibles and Maximum Out-of-Pocket for In-Network and Out-of-Network providers accumulate separately and do not cross-apply

Co-Insurance	In-Network	Plan: 80%	Member: 20%	Out-of-Network	Plan: 50%	Member: 50%
Doctor's Office Visit	In-Network	Deductible, then 20%		Out-of-Network	Deductible, then 50%	
Annual Prescription Drug Maximum Out-of-Pocket	In-Network	Combined with Medical		Out-of-Network	Combined with Medical	
30-Day Supply						
Tier 1 — Generic	In-Network	Deductible, then 20%		Out-of-Network	Deductible, then 50%	
Tier 2 — Formulary	In-Network	Deductible, then 20%		Out-of-Network	Deductible, then 50%	
90-Day Supply (Retail or Mail Order)	In-Network	Deductible, then 20%		Out-of-Network	Not Covered	
GLP-1 Weight Loss Drugs	In-Network	Deductible, then 25%		Out-of-Network	Deductible, then 50%	

COVERED SERVICES

Preventive Care Office Visits

Well-baby, well-child visits, as recommended	In-Network	100%		Out-of-Network	Deductible, then 50%	
Adult annual physical exam	In-Network	100%		Out-of-Network	Deductible, then 50%	
Immunizations, as recommended	In-Network	100%		Out-of-Network	Deductible, then 50%	
Screenings including Pap smears, and labs, as part of the preventive office visit	In-Network	100%		Out-of-Network	Deductible, then 50%	



LivingWell CDHP Benefits Grid

Outpatient Services

Primary Care and Specialist Office Visits	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%
LiveHealth Online telehealth for Medical and Behavioral Health	In-Network	100%	Out-of-Network	N/A
Telehealth with provider other than LiveHealth Online	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%
Diagnostic tests in doctor's office	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%
Surgery in Office Setting	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%
Behavioral Health and Substance Abuse Use	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%
Autism Services	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%
Allergy Injection without Office Visit	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%
Allergy Serum	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%
Chiropractic Care (manipulation therapy) (maximum of 26 visits per year, no more than one visit a day)	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%
Therapy Services (per visit: physical, occupational, speech – maximum combined limit of 90 visits per year)	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%
Emergency Services				
Urgent Care Center	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 20%
Emergency Room (emergency medical treatment only)	In-Network	\$250 Co-pay, then Deductible, then 25%. Co-pay waived if admitted.	Out-of-Network	\$250 Co-pay, then Deductible, then 25%. Co-pay waived if admitted.
Emergency Room Physician	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 20%
Ambulance	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 20%
Other Services				
Inpatient Hospital (Semi-private room)	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%
Outpatient Hospital/Surgery	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%
Outpatient/Ambulatory Surgery Center	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%
Maternity Care	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%
Durable Medical Equipment and Supplies	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 20%
Home Health Care	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%
X-ray, Lab, and Diagnostics including MRI, CT, and PET scans	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%

Notes: The boxed areas of the grid are components of each plan most often used by members when choosing a plan option, but are not all inclusive. You can refer to the Summary of Benefits and Coverage (SBC) for more information. KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. If an error has occurred, the benefits outlined in the 2026 Summary Plan Descriptions (SPDs) and Medical Benefit Booklets will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations, and exclusions set forth in the SPDs.

- Co-pays do not accumulate toward the Deductible, but they do accumulate toward the applicable Maximum Out-of-Pocket. Once your Maximum Out-of-Pocket is met, you do not have to pay any more Co-pays.
- Certain drugs to treat diabetes, COPD, asthma, and hypertension are subject to reduced Co-pays and Co-insurance with no Deductibles. A 90-day supply of maintenance drugs may be subject to lower Co-pays and Co-insurance. Select preventive/maintenance drugs bypass the Deductible on the CDHPs.
- Claims are processed based on provider billing type, which may include separate charges from a lab performing services outside of the doctor's office visit.

* The HDHP has a non-embedded Deductible which means all family members share a Deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire Deductible must be met before any one family member receives benefits. The entire OOP must be met before the family has satisfied the OOP maximum.

LivingWell PPO Benefits Grid

Lifetime Maximum	In-Network	Unlimited		Out-of-Network	Unlimited	
HRA	In-Network	No HRA		Out-of-Network	No HRA	
Annual Deductible	In-Network	Single \$1,050	Family \$1,850	Out-of-Network	Single \$1,850	Family \$3,450
Annual Maximum Out-of-Pocket Applies to Medical	In-Network	Single \$3,150	Family \$6,050	Out-of-Network	Single \$6,050	Family \$11,900

Deductibles and Maximum Out-of-Pocket for In-Network and Out-of-Network providers accumulate separately and do not cross-apply

Co-Insurance	In-Network	Plan: 75%	Member: 25%	Out-of-Network	Plan: 50%	Member: 50%
Doctor's Office Visits	In-Network	Co-pay: \$25 PCP, \$50 Specialist		Out-of-Network	Deductible, then 50%	

Annual Prescription Drug Maximum Out-of-Pocket	In-Network	Single \$2,500	Family \$5,000	Out-of-Network	Single \$5,000	Family \$10,000
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30-Day Supply

Tier 1 — Generic

Tier 2 — Formulary

90-Day Supply

(Retail or Mail Order)

GLP-1 Weight Loss Drugs

In-Network	\$20
In-Network	\$40

Out-of-Network	\$40
Out-of-Network	\$80

In-Network	\$40
	\$80

Out-of-Network	Not Covered
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In-Network	Deductible, then 25%
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Out-of-Network	Deductible, then 50%
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COVERED SERVICES

Preventive Care Office Visits

Well-baby, well-child visits, as recommended

Adult annual physical exam

Immunizations, as recommended

Screenings including Pap smears, and labs,
as part of the preventive office visit

In-Network	100%
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In-Network	100%
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In-Network	100%
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In-Network	100%
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Out-of-Network	Deductible, then 50%
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Out-of-Network	Deductible, then 50%
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Out-of-Network	Deductible, then 50%
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Out-of-Network	Deductible, then 50%
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LivingWell PPO Benefits Grid

Outpatient Services

Primary Care and Specialist Office Visits	In-Network	Co-pay \$25 PCP, \$50 Specialist	Out-of-Network	Deductible, then 50%
LiveHealth Online telehealth for Medical and Behavioral Health	In-Network	100%	Out-of-Network	N/A
Telehealth with provider other than LiveHealth Online	In-Network	Co-pay \$25 PCP, \$50 Specialist	Out-of-Network	Deductible, then 50%
Diagnostic tests in doctor's office	In-Network	Office Visit Co-pay	Out-of-Network	Deductible, then 50%
Surgery in Office Setting	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 50%
Behavioral Health and Substance Abuse Use	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 50%
Autism Services	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 50%
Allergy Injection without Office Visit	In-Network	\$15 Co-pay	Out-of-Network	Deductible, then 50%
Allergy Serum	In-Network	\$15 Co-pay	Out-of-Network	Deductible, then 50%
Chiropractic Care (manipulation therapy) (maximum of 26 visits per year, no more than one visit a day)	In-Network	\$25 Co-pay	Out-of-Network	Deductible, then 50%
Therapy Services (per visit: physical, occupational, speech – maximum combined limit of 90 visits per year)	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 50%
Emergency Services				
Urgent Care Center	In-Network	\$50 Co-pay	Out-of-Network	\$50 Co-pay
Emergency Room (emergency medical treatment only)	In-Network	\$250 Co-pay, then Deductible, then 25%. Co-pay waived if admitted.	Out-of-Network	\$250 Co-pay, then Deductible, then 25%. Co-pay waived if admitted.
Emergency Room Physician	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 25%
Ambulance	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 25%
Other Services				
Inpatient Hospital (Semi-private room)	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 50%
Outpatient Hospital/Surgery	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 50%
Outpatient/Ambulatory Surgery Center	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 50%
Maternity Care	In-Network	\$25 Co-pay (office visit pregnancy diagnosed) Delivery Charge: Deductible, then 25%	Out-of-Network	Deductible, then 50%
Durable Medical Equipment and Supplies	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 25%
Home Health Care	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 50%
X-ray, Lab, and Diagnostics including MRI, CT, and PET scans	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 50%

Notes: The boxed areas of the grid are components of each plan most often used by members when choosing a plan option, but are not all inclusive. You can refer to the Summary of Benefits and Coverage (SBC) for more information. KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. If an error has occurred, the benefits outlined in the 2026 Summary Plan Descriptions (SPDs) and Medical Benefit Booklets will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations, and exclusions set forth in the SPDs.

- Co-pays do not accumulate toward the Deductible, but they do accumulate toward the applicable Maximum Out-of-Pocket. Once your Maximum Out-of-Pocket is met, you do not have to pay any more Co-pays.
- Certain drugs to treat diabetes, COPD, asthma, and hypertension are subject to reduced Co-pays and Co-insurance with no Deductibles. A 90-day supply of maintenance drugs may be subject to lower Co-pays and Co-insurance. Select preventive/maintenance drugs bypass the Deductible on the CDHPs.
- Claims are processed based on provider billing type, which may include separate charges from a lab performing services outside of the doctor's office visit.

* The HDHP has a non-embedded Deductible which means all family members share a Deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire Deductible must be met before any one family member receives benefits. The entire OOP must be met before the family has satisfied the OOP maximum.

LivingWell Basic CDHP Benefits Grid

Lifetime Maximum	In-Network	Unlimited		Out-of-Network	Unlimited	
HRA	In-Network	Single \$250	Family \$500	Out-of-Network	Single \$250	Family \$500
Annual Deductible	In-Network	Single \$2,100	Family \$3,950	Out-of-Network	Single \$3,450	Family \$6,650
Annual Maximum Out-of-Pocket Applies to Medical and Pharmacy	In-Network	Single \$4,200	Family \$8,200	Out-of-Network	Single \$8,200	Family \$11,900

Deductibles and Maximum Out-of-Pocket for In-Network and Out-of-Network providers accumulate separately and do not cross-apply

Co-Insurance	In-Network	Plan: 70%	Member: 30%	Out-of-Network	Plan: 50%	Member: 50%
Doctor's Office Visit	In-Network	Deductible, then 30%		Out-of-Network	Deductible, then 50%	

Annual Prescription Drug Maximum Out-of-Pocket	In-Network	Combined with Medical		Out-of-Network	Combined with Medical	
30-Day Supply						
Tier 1 — Generic	In-Network	Deductible, then 30%		Out-of-Network	Deductible, then 50%	
Tier 2 — Formulary	In-Network	Deductible, then 30%		Out-of-Network	Deductible, then 50%	
90-Day Supply (Retail or Mail Order)	In-Network	Deductible, then 30%		Out-of-Network	Not Covered	
GLP-1 Weight Loss Drugs	In-Network	Deductible, then 30%		Out-of-Network	Deductible, then 50%	

COVERED SERVICES

Preventive Care Office Visits

Well-baby, well-child visits, as recommended	In-Network	100%		Out-of-Network	Deductible, then 50%	
Adult annual physical exam	In-Network	100%		Out-of-Network	Deductible, then 50%	
Immunizations, as recommended	In-Network	100%		Out-of-Network	Deductible, then 50%	
Screenings including Pap smears, and labs, as part of the preventive office visit	In-Network	100%		Out-of-Network	Deductible, then 50%	

LivingWell Basic CDHP Benefits Grid

Outpatient Services

Primary Care and Specialist Office Visits	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
LiveHealth Online telehealth for Medical and Behavioral Health	In-Network	100%	Out-of-Network	N/A
Telehealth with provider other than LiveHealth Online	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Diagnostic tests in doctor's office	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Surgery in Office Setting	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Behavioral Health and Substance Abuse Use	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Autism Services	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Allergy Injection without Office Visit	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Allergy Serum	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Chiropractic Care (manipulation therapy) (maximum of 26 visits per year, no more than one visit a day)	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Therapy Services (per visit: physical, occupational, speech – maximum combined limit of 90 visits per year)	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%

Emergency Services

Urgent Care Center	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 30%
Emergency Room (emergency medical treatment only)	In-Network	\$250 Co-Pay, then Deductible, then 30%. Waived if admitted.	Out-of-Network	\$250 Co-Pay, then Deductible, then 30%. Waived if admitted.
Emergency Room Physician	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 30%
Ambulance	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 30%

Other Services

Inpatient Hospital (Semi-private room)	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Outpatient Hospital/Surgery	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Outpatient/Ambulatory Surgery Center	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Maternity Care	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Durable Medical Equipment and Supplies	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 30%
Home Health Care	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
X-ray, Lab, and Diagnostics including MRI, CT, and PET scans	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%

Notes: The boxed areas of the grid are components of each plan most often used by members when choosing a plan option, but are not all inclusive. You can refer to the Summary of Benefits and Coverage (SBC) for more information. KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. If an error has occurred, the benefits outlined in the 2026 Summary Plan Descriptions (SPDs) and Medical Benefit Booklets will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations, and exclusions set forth in the SPDs.

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- Certain drugs to treat diabetes, COPD, asthma, and hypertension are subject to reduced Co-pays and Co-insurance with no Deductibles. A 90-day supply of maintenance drugs may be subject to lower Co-pays and Co-insurance. Select preventive/maintenance drugs bypass the Deductible on the CDHPs.
- Claims are processed based on provider billing type, which may include separate charges from a lab performing services outside of the doctor's office visit.

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LivingWell HDHP Benefits Grid

Lifetime Maximum	In-Network	Unlimited	Out-of-Network	Unlimited
HRA	In-Network	No HRA. Can use a non-KEHP HSA with this plan.	In-Network	No HRA. Can use a non-KEHP HSA with this plan.
Annual Deductible	In-Network	Single \$2,100* Family \$4,200*	Out-of-Network	Single \$4,200 Family \$8,450
Annual Maximum Out-of-Pocket Applies to Medical and Pharmacy	In-Network	Single \$8,300 Family \$16,650	Out-of-Network	Single \$16,650 Family \$33,300

Deductibles and Maximum Out-of-Pocket for In-Network and Out-of-Network providers accumulate separately and do not cross-apply

Co-Insurance	In-Network	Plan: 70% Member: 30%	Out-of-Network	Plan: 50% Member: 50%
Doctor's Office Visit	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Annual Prescription Drug Maximum Out-of-Pocket	In-Network	Combined with Medical	Out-of-Network	Combined with Medical
30-Day Supply				
Tier 1 — Generic	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Tier 2 — Formulary	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
90-Day Supply (Retail or Mail Order)	In-Network	Deductible, then 30%	Out-of-Network	Not Covered
GLP-1 Weight Loss Drugs	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%

COVERED SERVICES

Preventive Care Office Visits

Well-baby, well-child visits, as recommended	In-Network	100%	Out-of-Network	Deductible, then 50%
Adult annual physical exam	In-Network	100%	Out-of-Network	Deductible, then 50%
Immunizations, as recommended	In-Network	100%	Out-of-Network	Deductible, then 50%
Screenings including Pap smears, and labs, as part of the preventive office visit	In-Network	100%	Out-of-Network	Deductible, then 50%

LivingWell HDHP Benefits Grid

Outpatient Services

Primary Care and Specialist Office Visits	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
LiveHealth Online telehealth for Medical and Behavioral Health	In-Network	100%	Out-of-Network	N/A
Telehealth with provider other than LiveHealth Online	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Diagnostic tests in doctor's office	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Surgery in Office Setting	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Behavioral Health and Substance Abuse Use	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Autism Services	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Allergy Injection without Office Visit	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Allergy Serum	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Chiropractic Care (manipulation therapy) (maximum of 26 visits per year, no more than one visit a day)	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Therapy Services (per visit: physical, occupational, speech – maximum combined limit of 90 visits per year)	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%

Emergency Services

Urgent Care Center	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 30%
Emergency Room (emergency medical treatment only)	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 30%
Emergency Room Physician	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 30%
Ambulance	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 30%

Other Services

Inpatient Hospital (Semi-private room)	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Outpatient Hospital/Surgery	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Outpatient/Ambulatory Surgery Center	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Maternity Care	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Durable Medical Equipment and Supplies	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 30%
Home Health Care	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
X-ray, Lab, and Diagnostics including MRI, CT, and PET scans	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%

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