

LivingWell CDHP Benefits Grid

Lifetime Maximum	In-Network	Unlimited	Out-of-Network	Unlimited
Health Reimbursement Arrangement (HRA)	In-Network	Single \$500 Family \$1,000	Out-of-Network	Single \$500 Family \$1,000
Annual Deductible	In-Network	Single \$1,500 Family \$2,750	Out-of-Network	Single \$2,750 Family \$5,250
Annual Maximum Out-of-Pocket (Medical and Prescription out-of-pocket is combined.)	In-Network	Single \$3,000 Family \$5,750	Out-of-Network	Single \$5,750 Family \$11,250
Co-insurance	In-Network	Plan: 80% Member: 20%	Out-of-Network	Plan: 50% Member: 50%
Doctor's Office Visits	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 of Prescriptions				
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 of Prescriptions (Retail or Mail Order)				
Tier 1 – Generic	In-Network	Deductible, then 20%	Out-of-Network	Not Covered
Tier 2 – Formulary	In-Network	Deductible, then 20%	Out-of-Network	Not Covered

COVERED SERVICES

Preventive Care Office Visits	In-Network	100%	Out-of-Network	Deductible, then 50%
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%

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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 (<i>manipulation therapy</i>) (<i>maximum of 26 visits per year, no more than one visit per day</i>)	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 50%
Therapy Services (<i>per visit: physical, occupational, speech</i> <i>- maximum combined limit of 90 visits per year</i>)	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 (<i>emergency medical treatment only</i>)	In-Network	Deductible, then 20%	Out-of-Network	Deductible, then 20%
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 (<i>Semi-private room</i>)	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 50%
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: 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 2023 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.

- Certain drugs to treat diabetes, COPD, and asthma are subject to reduced co-pays 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.
- Co-insurance accumulates toward the applicable maximum out-of-pocket. Once your maximum out-of-pocket is met, you do not have to pay any more co-insurance for covered services.
- 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.

LivingWell Basic CDHP

Lifetime Maximum	In-Network	Unlimited	Out-of-Network	Unlimited
Health Reimbursement Arrangement (HRA)	In-Network	Single \$250 Family \$500	In-Network	Single \$250 Family \$500
Annual Deductible	In-Network	Single \$2,000 Family \$3,750	Out-of-Network	Single \$3,250 Family \$6,250
Annual Maximum Out-of-Pocket (Medical and Prescription out-of-pocket is combined.)	In-Network	Single \$4,000 Family \$7,750	Out-of-Network	Single \$7,750 Family \$11,250
Co-insurance	In-Network	Plan: 70% Member: 30%	Out-of-Network	Plan: 50% Member: 50%
Doctor's Office Visits	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%

Annual Prescription Drug Maximum Out-of-Pocket

30-Day Supply of Prescriptions

Tier 1 – Generic

Tier 2 – Formulary

90-Day Supply of Prescriptions (Retail or Mail Order)

Tier 1 – Generic

Tier 2 – Formulary

In-Network	Combined with Medical	Out-of-Network	Combined with Medical
In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
In-Network	Deductible, then 30%	Out-of-Network	Not Covered
In-Network	Deductible, then 30%	Out-of-Network	Not Covered

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%	Out-of-Network	Deductible, then 50%
In-Network	100%	Out-of-Network	Deductible, then 50%
In-Network	100%	Out-of-Network	Deductible, then 50%
In-Network	100%	Out-of-Network	Deductible, then 50%
In-Network	100%	Out-of-Network	Deductible, then 50%

LivingWell Basic CDHP

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 (<i>manipulation therapy</i>) (<i>maximum of 26 visits per year, no more than one visit per day</i>)	In-Network	Deductible, then 30%	Out-of-Network	Deductible, then 50%
Therapy Services (<i>per visit: physical, occupational, speech – maximum combined limit of 90 visits per year</i>)	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 (<i>emergency medical treatment only</i>)	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 (<i>Semi-private room</i>)	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 50%
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: 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 2023 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.

- Certain drugs to treat diabetes, COPD, and asthma are subject to reduced co-pays 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.
- Co-insurance accumulates toward the applicable maximum out-of-pocket. Once your maximum out-of-pocket is met, you do not have to pay any more co-insurance for covered services.
- 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.

LivingWell PPO Benefits Grid

Lifetime Maximum	In-Network	Unlimited		Out-of-Network	Unlimited	
Health Reimbursement Arrangement (HRA)		None				
Annual Deductible	In-Network	Single \$1,000	Family \$1,750	Out-of-Network	Single \$1,750	Family \$3,250
Annual Maximum Out-of-Pocket <i>(Applies to medical only - separate from the prescription maximum out-of-pocket)</i>	In-Network	Single \$3,000	Family \$5,750	Out-of-Network	Single \$5,750	Family \$11,250
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
30-Day Supply of Prescriptions						
Tier 1 – Generic	In-Network	\$20		Out-of-Network	\$40	
Tier 2 – Formulary	In-Network	\$40		Out-of-Network	\$80	
		Zero cost share for specialty drugs for those enrolled in the PrudentRX specialty program. A 30% co-insurance for specialty drugs applies for those not enrolled.				
90-Day Supply of Prescriptions (Retail or Mail Order)						
Tier 1 – Generic	In-Network	\$40		Out-of-Network	Not Covered	
Tier 2 – Formulary	In-Network	\$80		Out-of-Network	Not Covered	
		Zero cost share for specialty drugs for those enrolled in the PrudentRX specialty program. A 30% co-insurance for specialty drugs applies for those not enrolled.				
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 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%
Telehealth with provider other than LiveHealth Online	In-Network	Co-Pay \$25 PCP, \$50 Specialist	Out-of-Network	Deductible, then 50%
Allergy injection without office visit	In-Network	Co-Pay \$15	Out-of-Network	Deductible, then 50%
Allergy Serum	In-Network	Co-Pay \$15	Out-of-Network	Deductible, then 50%
Chiropractic Care (<i>manipulation therapy</i>) (maximum of 26 visits per year, no more than one visit per day)	In-Network	Co-Pay \$25	Out-of-Network	Deductible, then 50%
LiveHealth Online Telehealth for Medical, and Behavioral Health	In-Network	100%	Out-of-Network	N/A
Diagnostic tests in doctor's office	In-Network	Deductible, then 25%	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%
Therapy Services (<i>per visit: physical, occupational, speech – maximum combined limit of 90 visits per year</i>)	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 50%

Emergency Services

Urgent Care Center	In-Network	Co-Pay \$50	Out-of-Network	Deductible, then 20%
Emergency Room (<i>emergency medical treatment only</i>)	In-Network	Co-Pay \$150, then Deductible, then 20%. Co-pay waived if admitted	Out-of-Network	Co-Pay \$150, then Deductible, then 20%. 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 (<i>Semi-private room</i>)	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	Deductible, then 25%	Out-of-Network	Deductible, then 50%
Durable Medical Equipment and Supplies	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 50%
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: 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 2023 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.
- Co-insurance accumulates toward the applicable maximum out-of-pocket. Once your maximum out-of-pocket is met, you do not have to pay any more co-insurance for covered services.
- Certain drugs to treat diabetes, COPD, and asthma are subject to reduced co-pays with no Deductibles.
- 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.