

LivingWell Basic CDHP Benefits Grid

LivingWell Basic CDHP – Plan Option

Lifetime Maximum	In-Network	Unlimited	Out-of-Network	Unlimited
Health Reimbursement Arrangement (HRA)		Single \$250 Family \$500		
Annual Deductible	In-Network	Single \$2,000 Family \$3,750	Out-of-Network	Single \$3,250 Family \$6,250
Annual Medical Out-of-Pocket Maximum* (<i>Medical and Prescription out-of-pocket is combined.</i>)	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 Out-of-Pocket Maximum**	In-Network	Combined with Medical	Out-of-Network	Combined with Medical
30-Day Supply of Prescriptions**				
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 of Prescriptions (<i>Retail or Mail Order</i>)**				
Tier 1 – Generic	In-Network	Deductible then 30%	Out-of-Network	Not Covered
Tier 2 – Formulary	In-Network	Deductible then 30%	Out-of-Network	Not Covered
Physician Care (<i>Inpatient/Outpatient/Other</i>)	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%
Other Laboratory	In-Network	Deductible then 30%	Out-of-Network	Deductible then 50%
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%

LivingWell Basic CDHP Benefits Grid

LivingWell Basic CDHP – Plan Option

Emergency Room <i>(Benefit for emergency medical treatment only.)</i>	In-Network	Deductible then 30%	Out-of-Network	Deductible then 30%
ER Physician Care	In-Network	Deductible then 30%	Out-of-Network	Deductible then 30%
Ambulance	In-Network	Deductible then 30%	Out-of-Network	Deductible then 30%
Urgent Care Center	In-Network	Deductible then 30%	Out-of-Network	Deductible then 30%
Routine Well Child	In-Network	Covered at 100%	Out-of-Network	Deductible then 50%
Routine Well Adult	In-Network	Covered at 100%	Out-of-Network	Deductible then 50%
Autism Services and Mental Health <i>(Treated the same as any other health condition. See specifics related to PCP office visit, inpatient, and outpatient services.)</i>				
Allergy Injections	In-Network	Deductible then 30%	Out-of-Network	Deductible then 50%
Allergy Serum	In-Network	Deductible then 30%	Out-of-Network	Deductible then 50%
Maternity Care <i>(See SPD for specifics.)</i>	In-Network	Deductible then 30%	Out-of-Network	Deductible then 50%
Durable Medical Equipment	In-Network	Deductible then 30%	Out-of-Network	Deductible then 50%
Therapy Services <i>(Physical, Occupational, Speech – combined limit of 90 visits per calendar year.)</i>				
	In-Network	Deductible then 30%	Out-of-Network	Deductible then 50%
Chiropractic Care <i>(Manipulation Therapy.) Maximum of 26 visits per calendar year; no more than 1 visit per day.</i>				
	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 2021 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.

* All covered expenses apply to the out-of-pocket maximum, except routine well child and routine well adult. Deductibles & Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply.

** Certain drugs to treat diabetes, COPD, and asthma are subject to reduced co-insurance with no deductibles. Select preventive/maintenance drugs bypass the deductible.

*** 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.