

# LivingWell Limited High Deductible Benefits Grid

## LivingWell Limited High Deductible – Plan Option

Lifetime Maximum	<b>In-Network</b>	Unlimited		<b>Out-of-Network</b>	Unlimited	
Health Reimbursement Arrangement (HRA)	None					
Annual Deductible	<b>In-Network</b>	Single \$4,250	Family \$8,250	<b>Out-of-Network</b>	Single \$8,250	Family \$16,250
Annual Out-of-Pocket Maximum* <i>(Medical and Prescription out-of-pocket is combined.)</i>	<b>In-Network</b>	Single \$5,250	Family \$10,250	<b>Out-of-Network</b>	Single \$10,250	Family \$20,250
Co-insurance	<b>In-Network</b>	Plan: 50%	Member: 50%	<b>Out-of-Network</b>	Plan: 40%	Member: 60%
Doctor's Office Visits	<b>In-Network</b>	Deductible then 50%		<b>Out-of-Network</b>	Deductible then 60%	

### Annual Prescription Drug Out-of-Pocket Maximum\*\*

### Combined with Medical

#### 30-Day Supply of Prescriptions\*\*

Tier 1 – Generic

**In-Network** Deductible then 50%

**Out-of-Network** Deductible then 60%

Tier 2 – Formulary

**In-Network** Deductible then 50%

**Out-of-Network** Deductible then 60%

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

Tier 1 – Generic

**In-Network** Deductible then 50%

**Out-of-Network** Not Covered

Tier 2 – Formulary

**In-Network** Deductible then 50%

**Out-of-Network** Not Covered

Physician Care *(Inpatient/Outpatient/Other)*

**In-Network** Deductible then 50%

**Out-of-Network** Deductible then 60%

Diagnostic Tests\*\*\* in Doctor's Office

**In-Network** Deductible then 50%

**Out-of-Network** Deductible then 60%

Other Laboratory

**In-Network** Deductible then 50%

**Out-of-Network** Deductible then 60%

Inpatient Hospital *(Semi-Private Room)*

**In-Network** Deductible then 50%

**Out-of-Network** Deductible then 60%

Outpatient Hospital/Surgery

**In-Network** Deductible then 50%

**Out-of-Network** Deductible then 60%

Outpatient/Ambulatory Surgery Center

**In-Network** Deductible then 50%

**Out-of-Network** Deductible then 60%

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Emergency Room <i>(Benefit for emergency medical treatment only.)</i>	<b>In-Network</b>	Deductible then 50%	<b>Out-of-Network</b>	Deductible then 50%
ER Physician Care	<b>In-Network</b>	Deductible then 50%	<b>Out-of-Network</b>	Deductible then 50%
Ambulance	<b>In-Network</b>	Deductible then 50%	<b>Out-of-Network</b>	Deductible then 50%
Urgent Care Center	<b>In-Network</b>	Deductible then 50%	<b>Out-of-Network</b>	Deductible then 50%
Routine Well Child	<b>In-Network</b>	Covered at 100%	<b>Out-of-Network</b>	Deductible then 60%
Routine Well Adult	<b>In-Network</b>	Covered at 100%	<b>Out-of-Network</b>	Deductible then 60%
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	<b>In-Network</b>	Deductible then 50%	<b>Out-of-Network</b>	Deductible then 60%
Allergy Serum	<b>In-Network</b>	Deductible then 50%	<b>Out-of-Network</b>	Deductible then 60%
Maternity Care <i>(See SPD for specifics.)</i>	<b>In-Network</b>	Deductible then 50%	<b>Out-of-Network</b>	Deductible then 60%
Durable Medical Equipment	<b>In-Network</b>	Deductible then 50%	<b>Out-of-Network</b>	Deductible then 60%
Therapy Services <i>(Physical, Occupational, Speech – combined limit of 90 visits per calendar year.)</i>	<b>In-Network</b>	Deductible then 50%	<b>Out-of-Network</b>	Deductible then 60%
Chiropractic Care <i>(Manipulation Therapy.) Maximum of 26 visits per calendar year; no more than 1 visit per day.</i>	<b>In-Network</b>	Deductible then 50%	<b>Out-of-Network</b>	Deductible then 60%

**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.