

LivingWell PPO Benefits Grid

Lifetime Maximum	In-Network	Unlimited	Out-of-Network	Unlimited
Health Reimbursement Arrangement (HRA)	In-Network	None		
Annual Deductible*	In-Network	Single \$1,000 Family \$1,750	Out-of-Network	Single \$1,750 Family \$3,250
Annual Medical Out-of-Pocket Maximum** (Applies to medical only – separate from the prescription out-of-pocket maximum.)	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 Out-of-Pocket Maximum** (Applies to prescriptions and separate from medical.)	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
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.)				
Physician Care (Inpatient/Outpatient/Other)	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 50%
Diagnostic Tests**** in Doctor's Office	In-Network	Office Visit co-pay*	Out-of-Network	Deductible, then 50%
Other Laboratory	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 50%
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%

LivingWell PPO Benefits Grid

Emergency Room <i>(Benefit for emergency medical treatment only.)</i>	In-Network	\$150 co-pay*, then deductible, then 25%. Co-pay* waived if admitted	Out-of-Network	\$150 co-pay*, then deductible, then 25%. Co-pay* waived if admitted
ER Physician Care	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 25%
Ambulance	In-Network	Deductible, then 25%	Out-of-Network	Deductible, then 25%
Urgent Care Center	In-Network	\$50 co-pay*	Out-of-Network	\$50 co-pay*
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	\$15 co-pay*	Out-of-Network	Deductible, then 50%
Allergy Serum	In-Network	\$15 co-pay*	Out-of-Network	Deductible, then 50%
Maternity Care <i>(See Medical Benefit Booklet for specifics.)</i>	In-Network	\$25 co-pay* (office visit pregnancy diagnosed) Delivery Charge: Deductible, then 25%	Out-of-Network	Deductible, then 50%
Durable Medical Equipment	In-Network	Deductible, then 25%	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 25%	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	\$25 co-pay*	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 2022 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 out-of-pocket maximum.

** All covered expenses apply to the out-of-pocket maximum, except routine well child and routine well adult. The out-of-pocket maximum accumulates separately and independently for medical and prescription drug benefits.

*** 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.