Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP		LivingWell HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited							
Health Reimbursement Arrangement (HRA)	Single $500; Family $1,000		Not Applicable		Single $250; Family $500		No HRA. Can use a non-KEHP HSA with this plan.	
Deductible/Maximum Out-Of-Pocket Type	Embedded		Embedded		Embedded		Family/Embedded	
Annual Medical Deductible	Single $1,550 Family $2,900	Single $2,900 Family $5,550	Single $1,050 Family $1,850	Single $1,850 Family $3,450	Single $2,100 Family $3,950	Single $3,450 Family $6,650	Single $2,100* Family $4,200*	Single $4,200 Family $8,450
Out-of-Pocket Medical Maximum	Single $3,150 Family $6,050	Single $6,050 Family $11,900	Single $3,150 Family $6,050	Single $6,050 Family $11,900	Single $4,200 Family $8,200	Single $8,200 Family $11,900	Single $8,300 Family $16,650	Single $16,650 Family $33,300
Deductibles and Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross-apply.								
Co-Insurance	Plan: 80% Member: 20%	Plan: 50% Member: 50%	Plan: 75% Member: 25%	Plan: 50% Member: 50%	Plan: 70% Member: 30%	Plan: 50% Member: 50%	Plan: 70% Member: 30%	Plan: 50% Member: 50%
Doctor's Office Visit	Deductible, then 20%	Deductible, then 50%	Co-Pay: $30 PCP, $55 Specialist	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Annual Prescription Deductible	Single $500 Family $900	Single $1,000 Family $1,800	Single $500 Family $1,000	Single $1,000 Family $2,000	Single $500 Family $1,000	Single $1,000 Family $2,000	Combined with Medical	
Annual Prescription Out-of-Pocket Maximum	Single $1,000 Family $2,000	Single $2,000 Family $4,000	Single $2,500 Family $5,000	Single $5,000 Family $10,000	Single $1,000 Family $2,000	Single $2,000 Family $4,000	Combined with Medical	
30-Day Supply **Tier 1 — Generic** **Tier 2 — Formulary** **Tier 3 — Specialty**	Deductible, then 20%	Deductible, then 50%	$30 $50 Deductible, then 30%	$50 $100 Deductible, then 30%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
90-Day Supply (Retail or Mail Order) **Tier 1 — Generic** **Tier 2 — Formulary** **Tier 3 — Specialty**	Deductible, then 20%	Not Covered	$50 $100 Deductible, then 30%	Not Covered Not Covered Deductible, then 30%	Deductible, then 30%	Not Covered	Deductible, then 30%	Not Covered
GLP-1 Weight Loss Drugs	Deductible, then 25%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Covered Services								
Preventive Care Office Visits								
Well-baby, well-child visits, as recommended	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%
Adult annual physical exam	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%
Immunizations, as recommended	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%
Screenings including Pap smears, and labs, as part of the preventive office visit	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%	100%	Deductible, then 50%
Outpatient Services								
Primary Care and Specialist Office Visits	Deductible, then 20%	Deductible, then 50%	Co-Pay: $30 PCP, $55 Specialist	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
LiveHealth Online telehealth for Medical and Behavioral Health	100%	N/A	100%	N/A	100%	N/A	100%	N/A
Telehealth with provider other than LiveHealth Online	Deductible, then 20%	Deductible, then 50%	Co-Pay: $30 PCP, $55 Specialist	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%

Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP		LivingWell HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Tests in Doctor's Office	Deductible, then 20%	Deductible, then 50%	Office Visit Co-Pay	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Surgery in Office Setting	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Behavioral Health and Substance Use	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Autism Services	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Allergy Injection without Office Visit	Deductible, then 20%	Deductible, then 50%	$15 Co-Pay	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Allergy Serum	Deductible, then 20%	Deductible, then 50%	$15 Co-Pay	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Chiropractic Care (manipulation therapy) (maximum of 26 visits per year, no more than one visit a day)	Deductible, then 20%	Deductible, then 50%	$30 Co-Pay	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Therapy Services (per visit: physical, occupational, speech – maximum combined limit of 90 visits per year)	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Emergency Services								
Urgent Care Center	Deductible, then 20%		$55 Co-Pay		Deductible, then 30%		Deductible, then 30%	
Emergency Room (emergency medical treatment only)	$250 Co-Pay, then Deductible, then 25%. Co-Pay waived if admitted.		$250 Co-Pay, then Deductible, then 25%. Co-Pay waived if admitted.		$250 Co-Pay, then Deductible, then 30%. Waived if admitted.		Deductible, then 30%	
Emergency Room Physician	Deductible, then 20%		Deductible, then 25%		Deductible, then 30%		Deductible, then 30%	
Ambulance	Deductible, then 20%		Deductible, then 25%		Deductible, then 30%		Deductible, then 30%	
Other Services								
Inpatient Hospital (Semi-private room)	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Outpatient Hospital/Surgery	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Outpatient/Ambulatory Surgery Center	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Maternity Care	Deductible, then 20%	Deductible, then 50%	$30 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Durable Medical Equipment and Supplies	Deductible, then 20%	Deductible, then 20%	Deductible, then 25%	Deductible, then 25%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%
Home Health Care	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
X-ray, Lab, and Diagnostics including MRI, CT, and PET scans	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	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 2027 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 Medical Out-of-Pocket. Once your Maximum Out-of-Pocket is met, you do not have to pay any more Medical Co-Pays. Once your Prescription Out-of-Pocket Maximum is met, you do not have to pay any more Prescription 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 drugs are available at a reduced Co-Pay or Co-Insurance under the Value Benefit. See the Value Benefit section for more info. 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 Maximum Out-of-Pocket (MOOP), 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 Maximum Out-of-Pocket.