## KEHP 2019 Benefits Grid

### Plan Options

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>LivingWell CDHP</th>
<th>LivingWell PPO</th>
<th>LivingWell Basic CDHP</th>
<th>LivingWell Limited High Deductible Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
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</tr>
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</tbody>
</table>

### Lifetime Maximum
- Unlimited
- Unlimited
- Unlimited
- Unlimited

### Health Reimbursement Arrangement (HRA)
- Single $500; Family $1,000
- Not Applicable
- Single $250; Family $500
- Not Applicable

### Annual Deductible*
- Single $1,250
  - Family $2,500
- Single $2,500
  - Family $5,000
- Single $750
  - Family $1,500
- Single $1,500
  - Family $3,000
- Single $1,750
  - Family $3,500
- Single $3,500
  - Family $6,000
- Single $4,000
  - Family $8,000
- Single $8,000
  - Family $16,000

### Annual Medical
- Applies to Medical and Pharmacy
- Applies to Medical
- Applies to Medical and Pharmacy
- Applies to Medical and Pharmacy

### Out-of-Pocket Maximum**
- Single $2,750
  - Family $5,500
- Single $5,500
  - Family $11,000
- Single $2,750
  - Family $5,500
- Single $5,500
  - Family $11,000
- Single $3,750
  - Family $7,500
- Single $7,500
  - Family $11,000
- Single $5,000
  - Family $10,000
- Single $10,000
  - Family $20,000

### Deductibles & Out-of-Pocket Maximums
- Deductibles for In-Network and Out-of-Network providers accumulate separately and do not cross apply.

### Co-Insurance
- Plan: 85% Member: 15%
- Plan: 60% Member: 40%
- Plan: 80% Member: 20%
- Plan: 60% Member: 40%
- Plan: 70% Member: 30%
- Plan: 50% Member: 50%
- Plan: 50% Member: 50%
- Plan: 40% Member: 60%

### Doctor’s Office Visits
- Deductible then 15%
- Deductible then 40%
- Co-Pay: $25 PCP; $45 Specialist
- Deductible then 40%
- Deductible then 30%
- Deductible then 50%
- Deductible then 50%
- Deductible then 60%

### Advanced Control Formulary

<table>
<thead>
<tr>
<th>Annual Prescription Drug Out-of-Pocket Maximum**</th>
<th>Combined with Medical</th>
<th>Combined with Medical</th>
<th>Single $2,500</th>
<th>Not Applicable</th>
<th>Combined with Medical</th>
<th>Combined with Medical</th>
<th>Combined with Medical</th>
<th>Combined with Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-Day Supply***</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>$10</td>
<td>$35</td>
<td>Not Covered</td>
<td>Deductible then 30%</td>
<td>No Tier 3</td>
<td></td>
</tr>
<tr>
<td>Tier 1 - Generic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2 - Formulary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 3 - Non-Formulary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90-Day Supply (Retail or Mail Order)***</td>
<td>Deductible then 15%</td>
<td>Not Covered</td>
<td>$20</td>
<td>$70</td>
<td>$110</td>
<td>Deductible then 30%</td>
<td>No Tier 3</td>
<td></td>
</tr>
<tr>
<td>Tier 1 - Generic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Tier 2 - Formulary</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Physician Care (Inpatient/Outpatient/Other)
- Deductible then 15%
- Deductible then 40%
- Deductible then 20%
- Deductible then 40%
- Deductible then 30%
- Deductible then 50%
- Deductible then 60%

### Diagnostic Tests**** In Doctor’s Office
- Deductible then 15%
- Deductible then 40%
- Office Visit Co-Pay
- Deductible then 40%
- Deductible then 30%
- Deductible then 50%
- Deductible then 60%

### Other Laboratory
- Deductible then 15%
- Deductible then 40%
- Deductible then 20%
- Deductible then 40%
- Deductible then 30%
- Deductible then 50%
- Deductible then 60%

### Inpatient Hospital (Semi-Private Room)
- Deductible then 15%
- Deductible then 40%
- Deductible then 20%
- Deductible then 40%
- Deductible then 30%
- Deductible then 50%
- Deductible then 60%

### Outpatient Hospital/Surgery
- Deductible then 15%
- Deductible then 40%
- Deductible then 20%
- Deductible then 40%
- Deductible then 30%
- Deductible then 50%
- Deductible then 60%
## KEHP 2019 Benefits Grid

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>LivingWell CDHP</th>
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</thead>
<tbody>
<tr>
<td>Outpatient/Ambulatory Surgery Center</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>Deductible then 20%</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Emergency Room (Benefit for emergency medical treatment only)</td>
<td>Deductible then 15%</td>
<td>Deductible then 15%</td>
<td>$150 Co-Pay then Deductible then 20% Co-Pay waived if admitted</td>
<td>Deductible then 30%</td>
</tr>
<tr>
<td>ER Physician Care</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
<td>Deductible then 20%</td>
<td>Deductible then 30%</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Deductible then 15%</td>
<td>Deductible then 20%</td>
<td>Deductible then 20%</td>
<td>Deductible then 30%</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>Deductible then 15%</td>
<td>$50 Co-Pay</td>
<td>Deductible then 30%</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td>Routine Well Child</td>
<td>Covered at 100%</td>
<td>Deductible then 40%</td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td>Routine Well Adult</td>
<td>Covered at 100%</td>
<td>Deductible then 40%</td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Treated the same as any other health condition. See specifics related to PCP office visit, inpatient, and outpatient services.</td>
<td>Treated the same as any other health condition. See specifics related to PCP office visit, inpatient, and outpatient services.</td>
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<tr>
<td>Autism Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy Injections</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>$15 Co-Pay</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Allergy Serum</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>$15 Co-Pay</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Maternity Care (See SPD for Specifics)</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>$25 Co-Pay (office visit for pregnancy diagnosed) Delivery Charge: Deductible then 20%</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>Deductible then 20%</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Therapy Services (Per Visit; Physical, Occupational, Speech)</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>Deductible then 20%</td>
<td>Deductible then 40%</td>
</tr>
<tr>
<td>Chiropractic Care (Manipulation Therapy)</td>
<td>Deductible then 15%</td>
<td>Deductible then 40%</td>
<td>$25 Co-Pay</td>
<td>Deductible then 40%</td>
</tr>
</tbody>
</table>

**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 2019 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.
- **LivingWell CDHP, LivingWell Basic CDHP, and LivingWell Limited High Deductible Plan:** all covered expenses apply to the out-of-pocket maximum, except routine well child and routine well adult.
- **LivingWell PPO:** 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 and co-insurance with no deductibles. A 90-day supply of maintenance drugs is subject to lower co-pays and co-insurance. Select preventive/maintenance drugs bypass the deductible on the CDHPs and the Limited High Deductible Plan.**
- **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.**