KEHP 2021 Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP		LivingWell Limited High Deductible Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
HRA	Single $500; Family $1,000		Not Applicable		Single $250; Family $500		Not Applicable	
Annual Deductible*	Single $1,500 Family $2,750	Single $2,750 Family $5,250	Single $1,000 Family $1,750	Single $1,750 Family $3,250	Single $2,000 Family $3,750	Single $3,250 Family $6,250	Single $4,250 Family $8,250	Single $8,250 Family $16,250
	Applies to Medical and Pharmacy		Applies to Medical		Applies to Medical and Pharmacy		Applies to Medical and Pharmacy	
Annual Medical Out-of-Pocket Maximum**	Single $3,000 Family $5,750	Single $5,750 Family $11,250	Single $3,000 Family $5,750	Single $5,750 Family $11,250	Single $4,000 Family $7,750	Single $7,750 Family $11,250	Single $5,250 Family $10,250	Single $10,250 Family $20,250
Deductibles & Out-of-Pocket Maximums 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 $50 Specialist	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Annual Prescription Drug Out-of-Pocket Maximum**	**Combined with Medical**	**Combined with Medical**	**Single $2,500 Family $5,000**	**Single $5,000 Family $10,000**	**Combined with Medical**	**Combined with Medical**	**Combined with Medical**	**Combined with Medical**
30-Day Supply* Tier 1 – Generic Tier 2 – Formulary	Deductible then 15%	Deductible then 40%	$15 $40	$30 $80	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
90-Day Supply (Retail or Mail Order)* Tier 1 – Generic Tier 2 – Formulary	Deductible then 15%	Not Covered	$30 $80	Not Covered	Deductible then 30%	Not Covered	Deductible then 50%	Not Covered
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 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 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 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 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 50%	Deductible then 60%

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	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient/Ambulatory Surgery Center	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Emergency Room (Benefit for emergency medical treatment only)	Deductible then 15%		$150 Co-pay then Deductible then 20% Co-pay waived if admitted		Deductible then 30%		Deductible then 50%	
ER Physician Care	Deductible then 15%		Deductible then 20%		Deductible then 30%		Deductible then 50%	
Ambulance	Deductible then 15%		Deductible then 20%		Deductible then 30%		Deductible then 50%	
Urgent Care Center	Deductible then 15%		$50 Co-pay		Deductible then 30%		Deductible then 50%	
Routine Well Child	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 60%
Routine Well Adult	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 60%
Mental Health	Treated the same as any other health condition. See specifics related to PCP office visit, inpatient, and outpatient services.							
Autism Services	Treated the same as any other health condition. See specifics related to PCP office visit, inpatient, and outpatient services.							
Allergy Injections	Deductible then 15%	Deductible then 40%	$15 Co-pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Allergy Serum	Deductible then 15%	Deductible then 40%	$15 Co-pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Maternity Care (See SPD for specifics)	Deductible then 15%	Deductible then 40%	$25 Co-pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Durable Medical Equipment	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Therapy Services (Per Visit; Physical, Occupational, Speech – combined limit)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
	Maximum of 90 combined therapy visits per calendar year							
Chiropractic Care (Manipulation Therapy)	Deductible then 15%	Deductible then 40%	$25 Co-pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
	Maximum of 26 visits per calendar year; no more than 1 visit per day							

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 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.

* 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.