

KEHP 2015 BENEFITS GRID

| Plan Options | LivingWell CDHP | | LivingWell PPO | | Standard PPO | | Standard CDHP | |
|--|----------------------------------|-----------------------------------|---|-----------------------------------|---|-----------------------------------|----------------------------------|-----------------------------------|
| | 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 |
| Health Reimbursement Account (HRA) | Single \$500; Family \$1,000 | | Not Applicable | | Not Applicable | | Single \$250; Family \$500 | |
| Annual Deductible* | Single \$1,250 Family \$2,500 | Single \$2,500 Family \$5,000 | Single \$500 Family \$1,000 | Single \$1,000 Family \$2,000 | Single \$750 Family \$1,500 | Single \$1,500 Family \$3,000 | Single \$1,750 Family \$3,500 | Single \$3,000 Family \$6,000 |
| | Applies to Medical and Pharmacy | | Applies to Medical | | Applies to Medical | | Applies to Medical and Pharmacy | |
| Annual Medical Out-of-Pocket Maximum** | Single \$2,500 Family \$5,000 | Single \$5,000 Family \$10,000 | Single \$2,500 Family \$5,000 | Single \$5,000 Family \$10,000 | Single \$3,500 Family \$7,000 | Single \$7,000 Family \$10,000 | Single \$3,500 Family \$7,000 | Single \$7,000 Family \$10,000 |
| 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: 70% Member: 30% | Plan: 50% Member: 50% |
| 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 30% | Deductible then 50% |
| 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 30% | Deductible then 50% |
| Diagnostic Tests In Doctor's Office (Same Site/ Same Day as Office Visit) | Deductible then 15% | Deductible then 40% | Office Visit Co-Pay | Deductible then 40% | Deductible then 30% | Deductible then 50% | Deductible then 30% | Deductible then 50% |
| Other Laboratory | Deductible then 15% | Deductible then 40% | Deductible then 20% | Deductible then 40% | Deductible then 30% | Deductible then 50% | Deductible then 30% | Deductible then 50% |
| 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 30% | Deductible then 50% |
| Outpatient Hospital/Surgery | Deductible then 15% | Deductible then 40% | Deductible then 20% | Deductible then 40% | Deductible then 30% | Deductible then 50% | Deductible then 30% | Deductible then 50% |
| Outpatient/ Ambulatory Surgery Center | Deductible then 15% | Deductible then 40% | Deductible then 20% | Deductible then 40% | Deductible then 30% | Deductible then 50% | Deductible then 30% | Deductible then 50% |
| Emergency Room (Benefit for emergency medical treatment only) | Deductible then 15% | | \$150 Co-Pay then Deductible then 20% Co-Pay waived if admitted. | | \$150 Co-Pay then Deductible then 30% Co-Pay waived if admitted. | | Deductible then 30% | |
| ER Physician Care | Deductible then 15% | | Deductible then 20% | | Deductible then 30% | | Deductible then 30% | |
| Ambulance | Deductible then 15% | | Deductible then 20% | | Deductible then 30% | | Deductible then 30% | |

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|--|---|-----------------------|---|---------------------|---|---------------------|--|-----------------------|
| Urgent Care Center (Facility) | Deductible then 15% | | \$50 Co-Pay | | Deductible then 30% | | Deductible then 30% | |
| 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 50% |
| 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 50% |
| 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 30% | Deductible then 50% |
| 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 30% | Deductible then 50% |
| Durable Medical Equipment | Deductible then 15% | Deductible then 40% | Deductible then 20% | Deductible then 40% | Deductible then 30% | Deductible then 50% | Deductible then 30% | Deductible then 50% |
| Therapy Services (Per Visit; Physical, Occupational, Speech) | Deductible then 15% | Deductible then 40% | Deductible then 20% | Deductible then 40% | Deductible then 30% | Deductible then 50% | Deductible then 30% | Deductible then 50% |
| | Maximum of 30 visits per calendar year, per therapy service type | | Maximum of 30 visits per calendar year, per therapy service type | | Maximum of 30 visits per calendar year, per therapy service type | | Maximum of 30 visits per calendar year, per therapy service type | |
| Chiropractic Care | Deductible then 15% | Deductible then 40% | \$25 Co-Pay | Deductible then 40% | Deductible then 30% | Deductible then 50% | Deductible then 30% | Deductible then 50% |
| | Maximum of 26 visits per calendar year; no more than 1 visit per day | | Maximum of 26 visits per calendar year; no more than 1 visit per day | | Maximum of 26 visits per calendar year; no more than 1 visit per day | | Maximum of 26 visits per calendar year; no more than 1 visit per day | |
| Prescription Drugs | Administered by CVS/caremark | | | | | | | |
| Annual Rx Out-of-Pocket Maximum | Combined with Medical | Combined with Medical | Single \$2,500 Family \$5,000 | Not Applicable | Single \$2,500 Family \$5,000 | Not Applicable | Combined with Medical | Combined with Medical |
| 30-Day Supply Tier 1 - Generic Tier 2 - Preferred Tier 3 -Non-Preferred | Deductible then 15% | Deductible then 40% | \$10 \$35 \$55 | Not Applicable | 30% Min \$10–Max \$25 Min \$20–Max \$50 Min \$60–Max \$100 | Not Applicable | Deductible then 30% | Deductible then 50% |
| 90-Day Supply (Retail or Mail Order) Tier 1 - Generic Tier 2 - Preferred Tier 3 - Non Preferred | Deductible then 15% | Not Applicable | \$20 \$70 \$110 | Not Applicable | 30% Min \$20–Max \$50 Min \$40–Max \$100 Min \$120–Max \$200 | Not Applicable | Deductible then 30% | Not Applicable |

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. **Please refer to the Summary Plan Descriptions (SPDs), available January 30, 2015, for a complete list of benefits.** KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. However, if an error has occurred, the benefits outlined in the 2015 SPDs 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.

-For the **LivingWell CDHP** and the **Standard CDHP** plans, all covered expenses apply to the out-of-pocket maximum. For the **LivingWell PPO** and the **Standard PPO** plans, the out-of-pocket maximum accumulates separately and independently for medical and prescription drug benefits.