

# Health Insurance

The Kentucky Employees' Health Plan (KEHP) offers four health insurance plan options. Review the details below to see which plan option is best for you and your family. There are more plan specifics in this guide and in the Medical Benefit Booklet for each plan.

## LivingWell CDHP

Do you want to pay lower premiums and receive money in an HRA to help reduce your Deductible? The LivingWell CDHP may be the plan for you.

- It's the best value of the plans offered by KEHP.
- It is recommended for those who have a little or a lot of healthcare expenses.
- All Covered Services, except for certain items like preventive care and a few specific prescriptions, are subject to the Deductible.
- For most services, once you meet the Deductible, the plan will pay 80% of covered expenses and you will pay a 20% Co-insurance.
- Both your medical and pharmacy expenses apply to the Deductible and the Maximum Out-of-Pocket.
- Once your Maximum Out-of-Pocket is met, your covered medical and pharmacy claims will be paid at 100%.

You will receive HRA funds through a HealthEquity debit VISA Healthcare Card.

- The card is pre-funded with \$500 if you have single coverage or \$1,000 if you have couple, parent-plus, or family coverage levels.
- Use the HRA funds to help pay for your Co-insurance which offsets your Deductible.
- Use this card at your doctor's office, hospital, or pharmacy. Simply swipe the card to help pay for your eligible expenses, which will be deducted from your card balance.
- You can also use this card to pay for eligible vision and dental expenses. These expenses do not reduce your Deductible.
- Your HRA funds may roll over to a subsequent year, up to a maximum of \$7,500.

## LivingWell PPO

Are you willing to pay more in premiums to limit your out-of-pocket costs to a Co-payment for certain services? The LivingWell PPO may be the plan for you.

- Co-pays apply to doctor's office visits, allergy serum, allergy shots, urgent care centers, and prescriptions.
- An emergency room Co-pay, plus your Deductible and then Co-insurance, will apply when you use an emergency room.
- Your Co-pays will not apply to your Deductible.
- Your Co-pays will apply to your Maximum Out-of-Pocket. Once your Out-of-Pocket is met, no other Co-pays apply.
- Most expenses are subject to the Deductible and then covered at 75%.
- This plan has two Maximum Out-of-Pocket amounts — one for medical expenses and the other for prescription expenses. They accumulate separately, which means you may pay more out of your pocket depending on your expenses.

## LivingWell Basic CDHP

How about more basic health insurance coverage and lower premiums, and an HRA to help reduce your Deductible? LivingWell Basic CDHP is just that.

- This is basic coverage for a lower premium.
- You will pay 30% for Covered Services after you meet your Deductible.
- Both your medical and pharmacy expenses apply to the Maximum Out-of-Pocket.
- Once your Maximum Out-of-Pocket is met, your covered medical and pharmacy claims will be paid at 100%.

You will receive HRA funds through a HealthEquity debit VISA Healthcare Card.

- The card is pre-funded with \$250 if you have single coverage or \$500 if you have couple, parent-plus, or family coverage levels.
- Use the HRA to help pay for your Co-insurance, which offsets your Deductible.
- Use this card at your doctor's office, hospital, or pharmacy. Simply swipe the card to help pay for your eligible expenses, which will be deducted from your card balance.
- You can also use this card to pay for eligible vision and dental expenses. These expenses do not reduce your Deductible.
- Your HRA funds may roll over to a subsequent year, up to a maximum of \$7,500.

# Health Insurance

## LivingWell High Deductible Health Plan (HDHP)

Do you want to pay lower premiums in exchange for higher out-of-pocket costs? The LivingWell HDHP may be the plan for you.

- This is a catastrophic-type of health plan, with higher Deductibles and lower premiums.
- It is recommended for those who expect to have lower overall healthcare expenses and only need preventive care.
- If you have a Health Savings Account (HSA), you can use it with this plan. HSAs are not available through KEHP.
- You don't have to have an HSA to elect this plan.
- All Covered Services, except for qualified preventive care, are subject to the Deductible.
- Unlike other KEHP plan offerings, the HDHP does not have separate single and family Deductibles accumulating simultaneously; only one Deductible will apply ("single" if single-only coverage or the higher "family" Deductible if any other option is elected).
- Once you meet the Deductible, the plan will pay 70% of covered expenses and you will pay a 30% Co-insurance.
- Both your medical and pharmacy expenses apply to the Deductible and the Maximum Out-of-Pocket.
- Once your Maximum Out-of-Pocket is met, your covered medical and pharmacy claims will be paid at 100%.

Some complementary benefits offered under the other three health plan options are not covered under the HDHP, including:

- Carrum Health
- LivingWell Health Clinics
- UK Acupuncture

However, some of the above services may be available to you once your Deductible for the plan year is met.



# 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							
HRA	Single \$500; Family \$1,000		No HRA		Single \$250; Family \$500		No HRA. Can use a non-KEHP HSA with this plan.	
Annual 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
Annual Maximum Out-of-Pocket	Applies to Medical and Pharmacy		Applies to Medical		Applies to Medical and Pharmacy		Applies to Medical and Pharmacy	
	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 Maximum Out-of-Pocket 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: \$25 PCP \$50 Specialist	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
Annual Prescription Drug Maximum Out-of-Pocket	Combined with Medical		Single \$2,500 Family \$5,000	Single \$5,000 Family \$10,000	Combined with Medical		Combined with Medical	
30-Day Supply Tier 1 – Generic Tier 2 – Formulary	Deductible, then 20%	Deductible, then 50%	\$20 \$40	\$40 \$80	Deductible, then 30%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%
90-Day Supply (Retail or Mail Order)	Deductible, then 20%	Not Covered	\$40 \$80	Not Covered	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 \$25 PCP \$50 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 \$25 PCP \$50 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 Abuse 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%	\$25 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%		\$50 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%	\$25 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 2026 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 Out-of-Pocket. Once your Maximum Out-of-Pocket is met, you do not have to pay any more 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 maintenance drugs may be subject to lower Co-pays and Co-insurance. 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 and out-of-pocket (OOP) maximum, 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 OOP maximum.

# 2026 Monthly Premium Contributions for Non-Tobacco Users

Who completed the LivingWell Promise in 2025 for 2026			
LivingWell CDHP	Total Premium	Employer Contribution	Employee Contribution
Single	\$1,090.42	\$1,036.96	\$53.46
Parent-Plus	\$1,475.34	\$1,338.28	\$137.06
Couple	\$2,144.14	\$1,804.80	\$339.34
Family	\$2,383.68	\$1,984.76	\$398.92
Family Cross-Reference*	\$1,247.34	\$1,160.44	\$86.90
LivingWell PPO	Total Premium	Employer Contribution	Employee Contribution
Single	\$1,105.54	\$1,016.40	\$89.14
Parent-Plus	\$1,514.46	\$1,260.36	\$254.10
Couple	\$2,238.22	\$1,666.46	\$571.76
Family	\$2,453.16	\$1,736.52	\$716.64
Family Cross-Reference*	\$1,300.24	\$1,129.76	\$170.48
LivingWell Basic CDHP	Total Premium	Employer Contribution	Employee Contribution
Single	\$1,059.88	\$1,031.54	\$28.34
Parent-Plus	\$1,447.24	\$1,379.72	\$67.52
Couple	\$2,150.90	\$1,869.48	\$281.42
Family	\$2,385.14	\$2,047.46	\$337.68
Family Cross-Reference*	\$1,244.12	\$1,212.62	\$31.50
LivingWell HDHP	Total Premium	Employer Contribution	Employee Contribution
Single	\$983.66	\$962.78	\$20.88
Parent-Plus	\$1,343.02	\$1,286.92	\$56.10
Couple	\$1,996.16	\$1,745.70	\$250.46
Family	\$2,213.58	\$1,912.28	\$301.30
Family Cross-Reference*	\$1,153.50	\$1,124.30	\$29.20

Who did NOT complete the LivingWell Promise in 2025 for 2026			
LivingWell CDHP	Total Premium	Employer Contribution	Employee Contribution
Single	\$1,090.42	\$996.96	\$93.46
Parent-Plus	\$1,475.34	\$1,298.28	\$177.06
Couple	\$2,144.14	\$1,764.80	\$379.34
Family	\$2,383.68	\$1,944.76	\$438.92
Family Cross-Reference*	\$1,247.34	\$1,120.44	\$126.90
LivingWell PPO	Total Premium	Employer Contribution	Employee Contribution
Single	\$1,105.54	\$976.40	\$129.14
Parent-Plus	\$1,514.46	\$1,220.36	\$294.10
Couple	\$2,238.22	\$1,626.46	\$611.76
Family	\$2,453.16	\$1,696.52	\$756.64
Family Cross-Reference*	\$1,300.24	\$1,089.76	\$210.48
LivingWell Basic CDHP	Total Premium	Employer Contribution	Employee Contribution
Single	\$1,059.88	\$991.54	\$68.34
Parent-Plus	\$1,447.24	\$1,339.72	\$107.52
Couple	\$2,150.90	\$1,829.48	\$321.42
Family	\$2,385.14	\$2,007.46	\$377.68
Family Cross-Reference*	\$1,244.12	\$1,172.62	\$71.50
LivingWell HDHP	Total Premium	Employer Contribution	Employee Contribution
Single	\$983.66	\$922.78	\$60.88
Parent-Plus	\$1,343.02	\$1,246.92	\$96.10
Couple	\$1,996.16	\$1,705.70	\$290.46
Family	\$2,213.58	\$1,872.28	\$341.30
Family Cross-Reference*	\$1,153.50	\$1,084.30	\$69.20

All employee premium contributions are per employee, per month.

\* Family Cross-Reference is not an available payment option if you are hired on January 1, 2025 or after.