

These pages provide a brief overview of your benefits through Kohler Co. For further details, contact your plan's claims administrator.

MEDICAL PLAN OPTIONS – Administered by Blue Cross Blue Shield of Alabama (BCBSAL)

	HRA 90 INCLUDES HEALTH REIMBURSEMENT ACCOUNT (HRA)		HRA 80 INCLUDES HEALTH REIMBURSEMENT ACCOUNT (HRA)		HDHP ENABLES YOU TO OPEN A HEALTH SAVINGS ACCOUNT (HSA)	
LIFETIME MAXIMUM BENEFIT	N/A					
ANNUAL DEDUCTIBLE	Individual Family		Individual Family		Individual Family	
	You pay up to the access point: \$400 \$800		You pay up to the access point: \$400 \$800		You pay total annual deductible: \$3,000 \$6,000	
	HRA pays: \$800 \$1,600		HRA pays: \$800 \$1,600		HSA can be used to pay all or part of your deductible	
	You pay remaining: \$600 \$1,200		You pay remaining: \$1,200 \$2,400			
Total Annual Deductible	\$1,800	\$3,600	Total Annual Deductible	\$2,400	\$4,800	
	IN-NETWORK	OUT-OF-NETWORK ¹	IN-NETWORK	OUT-OF-NETWORK ¹	IN-NETWORK	OUT-OF-NETWORK ¹
COINSURANCE LIMIT Excludes deductibles and, under HRA plans, prescription drug coinsurance	\$1,000 individual, \$2,000 family	\$3,000 individual, \$6,000 family	\$2,000 individual, \$4,000 family	\$4,000 individual, \$8,000 family	Plan pays 100% after deductible	\$2,000 individual, \$4,000 family
OUT OF POCKET MAXIMUM Includes deductibles, medical and prescription drug coinsurance	\$7,900 individual \$15,800 family	N/A	\$7,900 individual \$15,800 family	N/A	\$3,000 individual \$6,000 family	N/A
PREVENTIVE CARE Frequency schedule applies	100%, no deductible	No coverage	100%, no deductible	No coverage	100%, no deductible	No coverage
PLAN COINSURANCE <ul style="list-style-type: none">• Doctor office visits, inpatient visits, surgery• X-rays and lab tests• Allergy testing/treatment• Chiropractic services (up to 25 visits per year)• Hospital medical/surgical, inpatient/ outpatient• Maternity care (daughters not covered)• Home health care (up to 120 visits per year)• Durable medical equipment• Occupational/physical therapy (up to 60 visits per year)• Mental health and alcohol/drug abuse treatment, inpatient/outpatient	90% after deductible	70% of R&C after deductible	80% after deductible	60% of R&C after deductible	100% after deductible	80% of R&C after deductible
<ul style="list-style-type: none">• Emergency room (coinsurance is 50% if no emergency)• Ambulance	90% after deductible	90% of R&C after deductible	80% after deductible	80% of R&C after deductible	100% after deductible	100% of R&C after deductible
<ul style="list-style-type: none">• Speech therapy• Hospice care• Skilled nursing facility (up to 60 days per year)	90% after deductible	No coverage	80% after deductible	No coverage	100% after deductible	No coverage
PRESCRIPTION DRUGS	No deductible. Plan pays:		No deductible. Plan pays:			
Generic (Tier 1)	90%		80%			
Preferred Brand (Tier 2)	75%		65%			
Non-Preferred Brand (Tier 3)	60%	No coverage	50%	No coverage	100% after deductible	No coverage
Maintenance drugs must be filled as 90-day supply through mail order or Walgreens	You pay \$5 minimum for brand-name drugs You pay \$100 maximum for mail order or Walgreens		You pay \$5 minimum for brand-name drugs You pay \$100 maximum for mail order or Walgreens			
*If a generic is available and you choose to fill the brand name prescription, you will pay the cost difference between the brand name and the generic in addition to your generic coinsurance.						
CHILD COVERAGE*	Covered up to age 26					
CLAIMS ADMINISTRATOR INFO	BCBSAL – 866-887-7691, www.bcbsal.org/web/public/kohler (if enrolled in Kohler medical, go to www.bcbsal.com)					
SPOUSAL SURCHARGE	\$140 monthly surcharge applies if enrolling spouse in Kohler Co. medical plan and spouse has medical coverage available through his/her employer					
IF YOU DON'T ENROLL FOR 2019	HDHP FOR YOU AND YOUR ENROLLED DEPENDENTS (IF APPLICABLE) FOR 2019					

¹Out-of-network benefits are limited to the reasonable and customary (R&C) charge as determined by BCBSAL. You are responsible for any amounts in excess of R&C if you use an out-of-network provider.