KOHLER

Benefits at a Glance

2024 Benefit Highlights for Non Union Associates at Brownwood & Huntsville

Medical Plan Options

Eligible: After 30 days of employment

	PPO (Preferred Provider Organization)		HDHP (High Deductible Health Plan)	
LIFETIME MAXIMUM BENEFIT	None		None	
ANNUAL DEDUCTIBLE	$1,200 Individual | $2,400 Family		$3,200 Individual | $6,400 Family	
COPAYS & COINSURANCE	**IN-NETWORK**	**OUT-OF-NETWORK[1]**	**IN-NETWORK**	**OUT-OF-NETWORK[1]**
COPAYS[2]	Primary Care: $25 Specialty Visit: $75 Urgent Care: $75 Emergency Room: $250	Not Applicable	Not Applicable	Not Applicable
VIRTUAL VISITS via Teladoc at teladoc.com/alabama	$10	Not Applicable	$55 ($10 after deductible)	Not Applicable
PREVENTIVE CARE	100% no deductible	No Coverage	100% no deductible	No Coverage
COINSURANCE[3]	85% after deductible	70% of R&C after deductible	80% after deductible	60% of R&C after deductible
COINSURANCE LIMIT Excludes deductibles; under PPO Plan also excludes copays and prescription drug coinsurance.	$2,300 Individual $4,600 Family	$4,600 Individual $9,200 Family	$1,000 Individual $2,000 Family	$2,000 Individual $4,000 Family
OUT OF POCKET MAXIMUM Includes deductibles, medical and prescription drug coinsurance and copays. Once met plan pays 100%.	$7,500 Individual $15,000 Family	Not Applicable	$4,200 Individual $8,400 Family	Not Applicable
PRESCRIPTION DRUGS	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
PRESCRIPTION DRUGS Must use generic drugs Maintenance drugs must be filled as 90-day supply through mail order or Walgreens. Minimum copay doubles for 90-day prescriptions.	No deductible Plan pays: • 90% generic ($10 minimum copay) • 70% preferred brand ($20 minimum copay) • 50% non-preferred brand ($40 minimum copay) $200 maximum cost for mail order or Walgreens	No Coverage	After deductible Plan pays: • 90% generic ($10 minimum copay) • 70% preferred brand ($20 minimum copay) • 50% non-preferred brand ($40 minimum copay) $200 maximum cost for mail order or Walgreens (after deductible)	No Coverage
COVERAGE & ENROLLMENT				
SPOUSAL/DOMESTIC PARTNER SURCHARGE	$150/month If enroll working spouse/domestic partner with medical coverage available through employer			
CHILD COVERAGE	Covered up to age 26			
DEFAULT IF YOU DO NOT ENROLL OR WAIVE	New Hire / Newly Eligible: HDHP for you (associate only coverage) Annual Open Enrollment: Your election will continue for next year			

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

[2]PPO Copays: The $25 primary care copay includes OB/GYN and behavioral health. The $75 specialty visit copay includes, but is not limited to, chiropractic services (up to 25 visits/year), occupational/physical therapy (up to 60 visits/year).

[3]PPO Coinsurance: Inpatient visits; surgery; x-rays and lab tests; ambulance; emergency room services; hospital (inpatient/outpatient); maternity care; allergy testing/treatment; home health care (up to 120 visits/year); durable medical equipment; mental health/substance abuse treatment.