

Your Anthem Benefits



Kimball Electronics, Inc.
1800 CDHP Health Savings Account
Summary of Benefits, Effective 01/01/2025

Covered Benefits	In-Network You Pay:	Out-of-Network You Pay:
Deductible (Single/Family) Family coverage (Employee plus 1 or more) requires the family deductible to be met before coinsurance applies. The single deductible does not apply to family coverage.	\$1,800 Single / \$3,600 Family Only In-Network expenses apply to the In-Network deductible.	\$3,600 Single / \$7,200 Family Only Out-of-Network expenses apply to the Out-of-Network deductible.
Out-of-Pocket Limit (Single/Family)	\$3,500 Single / \$7,000 Family Only In-Network expenses apply to the In-Network out of pocket maximum.	\$6,500 Single / \$13,000 Family Only Out-of-Network expenses apply to the Out-of-Network out of pocket maximum.
Lifetime Maximum	Unlimited	
Physician Office Services Primary Care Physician /Specialty Care Physician Including: <ul style="list-style-type: none"> Surgeries performed in office setting Allergy injections and serum 	After deductible is met, Employee pays 20% and the Plan pays 80%.	After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%.
Preventive Care Services Routine preventive care as defined by the Plan, such as routine physical exams, well-baby exams, vision exams, mammograms, pap test, PSA test, immunizations and related lab services. <ul style="list-style-type: none"> Physician Office Visits Other Outpatient Services at Hospital/Alternative Care Facility 	Covered at 100%	Covered at 100%
Maternity Care Services (Spouse Only) Initial office visit to confirm pregnancy All subsequent prenatal visits, postnatal visits and physician's delivery charges (total maternity fee)	After deductible is met, Employee pays 20% and the Plan pays 80%. After deductible is met, Employee pays 20% and the Plan pays 80%.	After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%. After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%.
Emergency and Urgent Care <ul style="list-style-type: none"> Hospital Emergency Room Services Urgent Care Center Services Ambulance Services 	After deductible is met, Employee pays 20% and the Plan pays 80%.	After deductible is met, Employee pays 20% and the Plan pays 80%. For urgent care Employee pays 40% and the Plan pays 60% after deductible.
Inpatient and Outpatient Professional Services Including but not limited to: <ul style="list-style-type: none"> Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and Administration of General Anesthesia 	After deductible is met, Employee pays 20% and the Plan pays 80%.	After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%.
Inpatient Hospital Facility Services <ul style="list-style-type: none"> Semi-Private Room and Board Diagnostic/Therapeutic Lab and X-ray Operating and Recovery Room Radiation Therapy and Chemotherapy Anesthesia and Inhalation Therapy 	After deductible is met, Employee pays 20% and the Plan pays 80%.	After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%.
Inpatient Services at Other Health Care Facilities <ul style="list-style-type: none"> Skilled Nursing 120 days maximum (combined in and out-of-network) Sub-Acute Facilities 	After deductible is met, Employee pays 20% and the Plan pays 80%.	After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%.

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Outpatient Surgery Hospital / Alternative Care Facility <ul style="list-style-type: none"> • Surgery and administration of general anesthesia 	After deductible is met, Employee pays 20% and the Plan pays 80%.	After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%.
Other Outpatient Services (including but not limited to): <ul style="list-style-type: none"> • Non-Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services • Home Care Services (Network/Non-network combined) 	After deductible is met, Employee pays 20% and the Plan pays 80%.	After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%.
Durable Medical Equipment and Orthotics	After deductible is met, Employee pays 20% and the Plan pays 80%.	After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%.
Outpatient Therapy Services Physician Office Visits and Other Outpatient Services at Hospital/Alternative Care Facility <ul style="list-style-type: none"> • Rehabilitation Services, Physical Therapy, Occupational Therapy – 30 visits per calendar year (not combined with any other therapy) • Manipulation Therapy – 20 visits per calendar year • Speech Therapy - 30 visits per calendar year (not combined with any other therapy) 	After deductible is met, Employee pays 20% and the Plan pays 80%.	After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%.
Laboratory and Radiology Services: (includes preadmission testing) <ul style="list-style-type: none"> • Physician's Office • Inpatient Facility • Outpatient Facility • Independent X-Ray and/or Lab Facility 	After deductible is met, Employee pays 20% and the Plan pays 80%.	After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%.
Behavioral Health Services: Mental Health <ul style="list-style-type: none"> • Inpatient Facility Services • Outpatient Facility Services • Physician Office Visits • Other Outpatient Services at Hospital/Alternative Care Facility 	After deductible is met, Employee pays 20% and the Plan pays 80%.	After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%.
Behavioral Health Services: Substance Abuse <ul style="list-style-type: none"> • Inpatient Facility Services • Outpatient Facility Services • Physician Office Visits • Other Outpatient Services at Hospital/Alternative Care Facility 	After deductible is met, Employee pays 20% and the Plan pays 80%.	After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%.

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Covered Benefits	On the Preventive Drug List you pay:	Not on the Preventive Drug List you pay:
Prescription Drugs: <ul style="list-style-type: none"> Network Retail Pharmacies: (30-day supply) Mail Service**: (90-day Supply) <p>**Specialty drugs must be obtained through the Accredo Specialty pharmacy</p>	20% for generic drugs 20% for preferred brand-name drugs 20% for non-preferred brand-name drugs 20% for generic drugs 20% for preferred brand-name drugs 20% for non-preferred brand-name drugs	20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible

Regarding Prescription Drugs:

- Administered by Express Scripts
- Prescription drugs on the preventive drug list do not apply towards the calendar year deductible. They do apply towards the out-of-pocket limit and are covered at 100% when the out-of-pocket limit is met.
- Prescription drugs not on the preventive drug list are applied towards the calendar year deductible and out-of-pocket limit.
- Specialty drugs are applied towards the calendar year deductible and out-of-pocket limit. You will pay 20% after deductible is met. Specialty drugs are paid at 100% after the out-of-pocket limit is met.
- The initial fill of a specialty drug will be allowed at retail. All subsequent fills must be obtained through Accredo.

Footnotes:

Regarding In-Network and Out-of-Network Services:

- Deductible applies to out-of-pocket limit.
- Once the plan's out-of-pocket maximum is reached, the plan pays 100% of eligible charges for the remainder of the plan year.
- Emergency services are medical, psychiatric, surgical, hospital and related health care services and testing, including ambulance service, which are required to treat a sudden, unexpected onset of bodily injury or serious sickness.

Regarding In-Network Services:

- All services must be provided by one of the preferred providers on our list in order to be covered.

Regarding Out-of-Network Services:

- Your out-of-pocket costs will be higher than with a preferred provider.
- All out-of-network hospital admissions must be precertified and are subject to medical review. A penalty applies to admissions which are not precertified. Non-approved admissions/days result in denial of benefits. The precertification penalty or cost of denied benefits does not apply to deductible or out-of-pocket maximum.
- Out of network services are subject to reasonable and customary charge limitations