

Your Anthem Benefits



Kimball Electronics, Inc.

750 PPO Plan

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. | \$750 Single / \$1,500 Family Only In-Network expenses apply to the In-Network deductible | \$1,500 Single / \$3,000 Family Only Out-of-Network expenses apply to the Out-of-Network deductible. |
| Out-of-Pocket Limit (Single/Family) | \$3,000 Single / \$6,000 Family for In-Network Providers \$6,000/single or \$12,000/family for Out-of-Network Providers | |
| 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 | \$25/visit, deductible does not apply | 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) | \$25 Copay for initial visit to Confirm pregnancy. Employee pays 20% and the Plan pays 80% after deductible | 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 | <ul style="list-style-type: none"> Emergency Room Services: After deductible is met, Employee pays 20% and the Plan pays 80% Urgent Care Services: \$40/visit, deductible does not apply Ambulance Services: After deductible is met, Employee pays 20% and the Plan pays 80% | <ul style="list-style-type: none"> Emergency Room Services: Covered as In-Network Urgent Care Services: After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60% Ambulance Services: Covered as In-Network |
| 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 | <ul style="list-style-type: none"> Inpatient: After deductible is met, Employee pays 20% and the Plan pays 80%. Outpatient Facility Fee: \$40/visit, deductible does not apply. Outpatient Surgery: 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 | \$40/ visit, deductible does not apply. | 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 | <ul style="list-style-type: none"> • Inpatient: After deductible is met, Employee pays 20% and the Plan pays 80%. • Outpatient Office Visit: \$25/visit, deductible does not apply. • Other Outpatient: 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 | <ul style="list-style-type: none"> • Inpatient: After deductible is met, Employee pays 20% and the Plan pays 80%. • Outpatient Office Visit: \$25/visit, deductible does not apply. • Other Outpatient: 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 Accredio Specialty pharmacy</p> | \$10 copay for generic drugs \$30 copay for preferred brand-name drugs \$50 copay for non-preferred brand-name drugs \$20 copay for generic drugs \$65 copay for preferred brand-name drugs \$110 copay for non-preferred brand-name drugs | \$10 copay after deductible \$30 copay after deductible \$50 copay after deductible \$20 copay after deductible \$65 copay after deductible \$110 copay 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 Accredio.

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

Dependent Children do not have maternity coverage.