

# Your Anthem Benefits



**Kimball Electronics, Inc.**

**750 PPO Plan**

**Summary of Benefits, Effective 01/01/2026**

Covered Benefits	In-Network You Pay:	Out-of-Network You Pay:
<b>Deductible (Single/Family)</b> 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.
<b>Out-of-Pocket Limit (Single/Family)</b>	\$3,000 Single / \$6,000 Family for In-Network Providers \$6,000/single or \$12,000/family for Out-of-Network Providers	
<b>Lifetime Maximum</b>	Unlimited	
<b>Physician Office Services</b> Primary Care Physician /Specialty Care Physician Including: <ul style="list-style-type: none"> <li>Surgeries performed in office setting</li> <li>Allergy injections and serum</li> </ul>	\$25/visit, deductible does not apply	After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%.
<b>Preventive Care Services</b> 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"> <li>Physician Office Visits</li> <li>Other Outpatient Services at Hospital/Alternative Care Facility</li> </ul>	Covered at 100%	Covered at 100%
<b>Maternity Care Services (Dependent Daughters Not Covered)</b> 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%.
<b>Emergency and Urgent Care</b> <ul style="list-style-type: none"> <li>Hospital Emergency Room Services</li> <li>Urgent Care Center Services</li> <li>Ambulance Services</li> </ul>	<ul style="list-style-type: none"> <li>Emergency Room Services: After deductible is met, Employee pays 20% and the Plan pays 80%</li> <li>Urgent Care Services: \$40/visit, deductible does not apply</li> <li>Ambulance Services: After deductible is met, Employee pays 20% and the Plan pays 80%</li> </ul>	<ul style="list-style-type: none"> <li>Emergency Room Services: Covered as In-Network</li> <li>Urgent Care Services: After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%</li> <li>Ambulance Services: Covered as In-Network</li> </ul>
<b>Inpatient and Outpatient Professional Services</b> Including but not limited to: <ul style="list-style-type: none"> <li>Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and Administration of General Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Inpatient: After deductible is met, Employee pays 20% and the Plan pays 80%.</li> <li>Outpatient Physician Fee: \$40/visit, deductible does not apply.</li> <li>Outpatient Surgery: After deductible is met, Employee pays 20% and the Plan pays 80%.</li> </ul>	After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%.
<b>Inpatient Hospital Facility Services</b> <ul style="list-style-type: none"> <li>Semi-Private Room and Board</li> <li>Diagnostic/Therapeutic Lab and X-ray</li> <li>Operating and Recovery Room</li> <li>Radiation Therapy and Chemotherapy</li> <li>Anesthesia and Inhalation Therapy</li> </ul>	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%.
<b>Inpatient Services at Other Health Care Facilities</b> <ul style="list-style-type: none"> <li>Skilled Nursing 120 days maximum (combined in and out-of-network)</li> <li>Sub-Acute Facilities</li> </ul>	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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<b>Outpatient Surgery Hospital / Alternative Care Facility</b> <ul style="list-style-type: none"> <li>• Surgery and administration of general anesthesia</li> </ul>	\$40/ visit, deductible does not apply.	After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%.
<b>Other Outpatient Services (including but not limited to):</b> <ul style="list-style-type: none"> <li>• Non-Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services</li> <li>• Home Care Services (Network/Non-network combined)</li> </ul>	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%.
<b>Durable Medical Equipment and Orthotics</b>	After deductible is met, Employee pays 20% and the Plan pays 80%.	After the Out-of-Network deductible is met, Employee pays 20% and the Plan pays 80%.
<b>Outpatient Therapy Services</b> Physician Office Visits and Other Outpatient Services at Hospital/Alternative Care Facility <ul style="list-style-type: none"> <li>• Rehabilitation Services, Physical Therapy, Occupational Therapy – 30 visits per calendar year (not combined with any other therapy)</li> <li>• Manipulation Therapy – 20 visits per calendar year</li> <li>• Speech Therapy - 30 visits per calendar year (not combined with any other therapy)</li> </ul>	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%.
<b>Laboratory and Radiology Services: (includes preadmission testing)</b> <ul style="list-style-type: none"> <li>• Physician’s Office</li> <li>• Inpatient Facility</li> <li>• Outpatient Facility</li> <li>• Independent X-Ray and/or Lab Facility</li> </ul>	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%.
<b>Behavioral Health Services: Mental Health</b> <ul style="list-style-type: none"> <li>• Inpatient Facility Services</li> <li>• Outpatient Facility Services</li> <li>• Physician Office Visits</li> <li>• Other Outpatient Services at Hospital/Alternative Care Facility</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient: After deductible is met, Employee pays 20% and the Plan pays 80%.</li> <li>• Outpatient Office Visit: \$25/visit, deductible does not apply.</li> <li>• Other Outpatient: After deductible is met, Employee pays 20% and the Plan pays 80%.</li> </ul>	After the Out-of-Network deductible is met, Employee pays 40% and the Plan pays 60%.
<b>Behavioral Health Services: Substance Abuse</b> <ul style="list-style-type: none"> <li>• Inpatient Facility Services</li> <li>• Outpatient Facility Services</li> <li>• Physician Office Visits</li> <li>• Other Outpatient Services at Hospital/Alternative Care Facility</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient: After deductible is met, Employee pays 20% and the Plan pays 80%.</li> <li>• Outpatient Office Visit: \$25/visit, deductible does not apply.</li> <li>• Other Outpatient: After deductible is met, Employee pays 20% and the Plan pays 80%.</li> </ul>	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:
<p><b>Prescription Drugs:</b></p> <ul style="list-style-type: none"> <li>• Network Retail Pharmacies: (30-day supply)</li> <li>• Mail Service**: (90-day Supply)</li> </ul> <p>**Specialty drugs must be obtained through the Accredio Specialty pharmacy</p>	<p>\$10 copay for generic drugs</p> <p>\$30 copay for preferred brand-name drugs</p> <p>\$50 copay for non-preferred brand-name drugs</p> <p>\$20 copay for generic drugs</p> <p>\$65 copay for preferred brand-name drugs</p> <p>\$110 copay for non-preferred brand-name drugs</p>	<p>\$10 copay after deductible</p> <p>\$30 copay after deductible</p> <p>\$50 copay after deductible</p> <p>\$20 copay after deductible</p> <p>\$65 copay after deductible</p> <p>\$110 copay after deductible</p>

**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 Daughters do not have maternity coverage.

LiveHealth Online Virtual Visits being covered at 100%.