

2026 HDHP SUMMARY OF MEDICAL BENEFITS COMPARISON		(IN-NETWORK)	(OUT-OF-NETWORK)
		Not subject to reasonable & customary Unlimited	Subject to reasonable & customary Unlimited
<b>ANNUAL MAXIMUM BENEFIT</b>			
<b>ANNUAL DEDUCTIBLES</b>		\$1,700 Single/\$3,400 Family Inpatient or Outpatient (whichever comes first)	\$3,000 Single/\$6,000 Family Inpatient or Outpatient (whichever comes first)
<b>OUT-OF-POCKET EXPENSE MAXIMUM (excludes deductibles)</b>		\$1,800 Single/\$3,600 Family	\$4,000 Single/\$8,000 Family
<b>PATIENT SERVICES*</b>			
• Doctor visits		90% after deductible	70% after deductible
• Diagnostic lab & x-ray (non-surgical)		90% after deductible	70% after deductible
• Diagnostic lab & x-ray (surgery related)		90% after deductible	70% after deductible
• High End Radiology Tests (MRI, MRA, CAT scan/CT scan PET scans and SPECT scans)		90% after deductible	70% after deductible
• Preventive Care (employee ,spouse, & children) (Includes routine immunizations)		100% of covered services, deductible waived	100% of covered services, up to \$500, then 70% after deductible
• Allergy Serum and Allergy Injections		90% after deductible	70% after deductible
<b>INPATIENT HOSPITAL CARE*</b>			
• Semi-private Room/Board/Misc Services		90% after deductible	70% after deductible
• Emergency Room (leads to hospital stay)		90% (included in hospital bill)	70% (included in hospital bill)
<b>OUTPATIENT HOSPITAL CARE*</b>			
• Outpatient surgery		90% after deductible	70% after deductible
• Emergency Room		90% after deductible	90% after deductible
• ER Physician (non-surgical)		90% after deductible	90% after deductible
• Therapy (physical/occupational/rehabilitation)		90% after deductible	70% after deductible
<b>EMERGENCY SERVICES*</b>			
• Ambulance (ground or air) (inpatient)		90% after deductible	90% after deductible
• Ambulance (ground or air) (outpatient)		90% after deductible	90% after deductible
<b>OTHER SERVICES*</b>			
• Durable Medical Equipment (crutches, etc)		90% after deductible	70% after deductible
• Prosthetic Appliances (artificial limbs)		90% after deductible	70% after deductible
• Chemotherapy & Radiation Therapy		90% after deductible	70% after deductible
• Chiropractic (\$1,000 per year)		90% after deductible	70% after deductible
• Home Health (60 visits per year)		90% after deductible	70% after deductible
• Hospice		90% after deductible	70% after deductible
<b>MENTAL HEALTH</b>			
• Mental Health-inpatient		90% after deductible	70% after deductible
• Mental Health – outpatient		90% after deductible	70% after deductible
<b>SUBSTANCE ABUSE</b>			
• Substance Abuse – inpatient		90% after deductible	70% after deductible
• Substance Abuse – outpatient		90% after deductible	70% after deductible
Working Spouse policy applies			
<b>COST</b> (pre-tax deductions taken from 24 pay periods) Employee Only \$30.99 Employee + Spouse \$85.36 Employee + Child(ren) \$76.30 Employee + Family \$122.24		For the 2026 plan year East Kentucky Power will fund an HSA (Health Savings Account) for employees in the HDHP <ul style="list-style-type: none"> <li>Employee Only \$40/month</li> <li>Employee + Spouse or Employee + Children \$80/month</li> <li>Employee + Family \$120/month</li> </ul>	
<b>PRESCRIPTION DRUGS</b>  <div> <div>(Excluding Specialty Drugs)</div> <div>           30 day supply            90% after deductible         </div> <div>           90 day supply            90% after deductible         </div> </div> (Excluding Specialty Drugs) mail Order or Retail)  Tier 1 90% after deductible Tier 2 90% after deductible Tier 3 90% after deductible <b>Proton Pump Inhibitor</b> (Ulcer or GERD drugs): Prilosec over-the counter no-co-pay for 30 day supply Step Therapy Program Required for brand name drugs		For employees in the wellness program on the HDHP, EKPC will also contribute annually the following into their HSA <ul style="list-style-type: none"> <li>Employee Only coverage \$260</li> <li>Employee + Spouse or Employee + Children \$420</li> <li>Employee + Family \$580</li> </ul>	
<b>SPECIALTY DRUGS</b> Pre-authorization/clinical review Required Co-pay 10% after deductible			