

2026 SUMMARY OF MEDICAL BENEFITS COMPARISON			(IN-NETWORK)	(OUT-OF-NETWORK)
			Not subject to reasonable & customary	Subject to reasonable & customary
ANNUAL MAXIMUM BENEFIT			Unlimited	Unlimited
ANNUAL DEDUCTIBLES (3 per family max)			\$700 Inpatient or Outpatient (whichever comes first)	\$1,400 Inpatient or Outpatient (whichever comes first)
OUT-OF-POCKET EXPENSE MAXIMUM (2 per family) (excludes deductibles)			\$1,900	\$4,500
PATIENT SERVICES*				
• Doctor visits (primary)			\$30 co-pay	70% after deductible
• Doctor visits (specialist)			\$35 co-pay	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% deductible waived
• Allergy Serum and Allergy Injections			90% after deductible	70% after deductible
INPATIENT HOSPITAL CARE*				
• 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)
OUTPATIENT HOSPITAL CARE*				
• Outpatient surgery			90% after deductible	70% after deductible
• Emergency Room (co-pay covers hospital charges only)			\$200 co-pay (per visit), then 100% covered services, deductible waived	\$200 co-pay (per visit), then 100% covered services, deductible waived
• ER Physician (non-surgical)				
• Therapy (physical/occupational/rehabilitation)			90% after deductible	70% after deductible
EMERGENCY SERVICES*				
• Ambulance (ground or air) (inpatient)			90% deductible waived	90% deductible waived
• Ambulance (ground or air) (outpatient)			90% after deductible	90% after deductible
OTHER SERVICES*				
• 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)			\$30 co-pay	70% after deductible
• Home Health (60 visits per year)			90% after deductible	70% after deductible
• Hospice			90% after deductible	70% after deductible
MENTAL HEALTH				
• Mental Health-inpatient			90% after deductible	70% after deductible
• Mental Health – outpatient			90% after deductible	70% after deductible
SUBSTANCE ABUSE				
• Substance Abuse – inpatient			90% after deductible	70% after deductible
• Substance Abuse – outpatient			\$30 co-pay	70% after deductible
Working Spouse policy applies				
COST (pre-tax deductions taken from 24 pay periods)			For the 2026 plan year East Kentucky Power will fund an HRA (Health Reimbursement Account) for employees in the wellness program that can be used to offset (lower) the cost share of this PPO Plan for medical expenses <ul style="list-style-type: none">The first \$500 for an employee enrolled in “Employee Only” coverage will be paid by the HRA to offset an employee’s “first dollar” medical expenses.The HRA will be funded for the Employee/Spouse and Employee/Children at \$800, andEmployee/Family at \$1,100	
Employee Only \$34.51				
Employee + Spouse \$97.90				
Employee + Child(ren) \$87.48				
Employee + Family \$138.71				
PRESCRIPTION DRUGS			Some Specialty Drugs have a higher cost share - that are eligible for the KREC Co-pay Assistance Plan. The Co-Pay Assistance Program may reduce the member cost to below \$100. IPC (Independent Pharmaceutical Consultants) will contact and enroll any eligible members in the program.	
(Excluding Specialty Drugs)				
Tier 1 \$15 \$30				
Tier 2 \$30 \$60				
Tier 3 \$60 \$120				
Proton Pump Inhibitor (Ulcer or GERD drugs):				
Prilosec over-the counter no-co-pay for 30 day supply				
Step Therapy Program Required for brand name drugs				
SPECIALTY DRUGS				
Pre-authorization/clinical review Required				
Co-pay 20% up to \$100 per prescription				

*Maternity is covered the same as any other illness (limited to Employee and Spouse only)