

These pages provide a brief overview of your benefits through Kohler Co. For further details, contact your plan's claims administrator.

## MEDICAL PLAN OPTIONS – Administered by Blue Cross Blue Shield of Alabama (BCBSAL)

|   | <b>HRA 90</b> INCLUDES HEALTH REIMBURSEMENT ACCOUNT (HRA)  |  | <b>HRA 80</b> INCLUDES HEALTH REIMBURSEMENT ACCOUNT (HRA)                                     |                                    | <b>HDHP</b> ENABLES YOU TO OPEN A HEALTH SAVINGS ACCOUNT (HSA) |                                    |
|---|--|--|---|------------------------------------|--|------------------------------------|
| <b>LIFETIME MAXIMUM BENEFIT</b>   | <b>N/A</b>   |  |   |                                    |  |                                    |
| <b>ANNUAL DEDUCTIBLE</b>  | <b>Individual Family</b>   |  | <b>Individual Family</b>  |                                    | <b>Individual Family</b>                                       |                                    |
|   | You pay up to the access point: \$400 \$800  |  | You pay up to the access point: \$400 \$800   |                                    | You pay total annual deductible: \$3,000 \$6,000               |                                    |
|   | HRA pays: \$800 \$1,600  |  | HRA pays: \$800 \$1,600   |                                    | <b>HSA can be used to pay all or part of your deductible</b>   |                                    |
| You pay remaining: \$600 \$1,200  |  | You pay remaining: \$1,200 \$2,400             |   |                                    |  |                                    |
| <b>Total Annual Deductible \$1,800 \$3,600</b>  |  | <b>Total Annual Deductible \$2,400 \$4,800</b> |   |                                    |  |                                    |
|   | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK<sup>1</sup></b>              | <b>IN-NETWORK</b>   | <b>OUT-OF-NETWORK<sup>1</sup></b>  | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK<sup>1</sup></b>  |
| <b>COINSURANCE LIMIT</b><br>Excludes deductibles and, under HRA plans, prescription drug coinsurance  | \$1,000 individual, \$2,000 family   | \$3,000 individual, \$6,000 family             | \$2,000 individual, \$4,000 family  | \$4,000 individual, \$8,000 family | Plan pays 100% after deductible                                | \$2,000 individual, \$4,000 family |
| <b>OUT OF POCKET MAXIMUM</b><br>Includes deductibles, medical and prescription drug coinsurance   | \$7,350 individual<br>\$14,700 family  | N/A  | \$7,350 individual<br>\$14,700 family   | N/A                                | \$3,000 individual<br>\$6,000 family                           | N/A                                |
| <b>PREVENTIVE CARE</b><br>Frequency schedule applies  | 100%, no deductible  | No coverage                                    | 100%, no deductible   | No coverage                        | 100%, no deductible  | No coverage                        |
| <b>PLAN COINSURANCE</b><br><ul style="list-style-type: none"> <li>• Doctor office visits, inpatient visits, surgery</li> <li>• X-rays and lab tests</li> <li>• Allergy testing/treatment</li> <li>• Chiropractic services (up to 25 visits per year)</li> <li>• Hospital medical/surgical, inpatient/outpatient</li> <li>• Maternity care (daughters not covered)</li> <li>• Home health care (up to 120 visits per year)</li> <li>• Durable medical equipment</li> <li>• Occupational/physical therapy (up to 60 visits per year)</li> <li>• Mental health and alcohol/drug abuse treatment, inpatient/outpatient</li> </ul> | 90% after deductible   | 70% of R&C after deductible                    | 80% after deductible  | 60% of R&C after deductible        | 100% after deductible  | 80% of R&C after deductible        |
| <ul style="list-style-type: none"> <li>• Emergency room (coinsurance is 50% if no emergency)</li> <li>• Ambulance</li> </ul>  | 90% after deductible   | 90% of R&C after deductible                    | 80% after deductible  | 80% of R&C after deductible        | 100% after deductible  | 100% of R&C after deductible       |
| <ul style="list-style-type: none"> <li>• Speech therapy</li> <li>• Hospice care</li> <li>• Skilled nursing facility (up to 60 days per year)</li> </ul>   | 90% after deductible   | No coverage                                    | 80% after deductible  | No coverage                        | 100% after deductible  | No coverage                        |
| <b>PRESCRIPTION DRUGS</b>   | No deductible. Plan pays:  |  | No deductible. Plan pays:   |                                    |  |                                    |
| Generic (Tier 1)  | 90%  |  | 80%   |                                    |  |                                    |
| Preferred Brand (Tier 2)  | 75%  |  | 65%   |                                    |  |                                    |
| Non-Preferred Brand (Tier 3)  | 60%  | No coverage                                    | 50%   | No coverage                        | 100% after deductible  | No coverage                        |
| Maintenance drugs must be filled as 90-day supply through mail order or Walgreens   | You pay \$5 minimum for brand-name drugs<br>You pay \$100 maximum for mail order or Walgreens  |  | You pay \$5 minimum for brand-name drugs<br>You pay \$100 maximum for mail order or Walgreens |                                    |  |                                    |
| *If a generic is available and you choose to fill the brand name prescription, you will pay the cost difference between the brand name and the generic in addition to your generic coinsurance.   |  |  |   |                                    |  |                                    |
| <b>CHILD COVERAGE*</b>  | Covered up to age 26   |  |   |                                    |  |                                    |
| <b>CLAIMS ADMINISTRATOR INFO</b>  | BCBSAL – 866-887-7691, <a href="http://www.bcbsal.com/oe/kohler">www.bcbsal.com/oe/kohler</a> (if enrolled in Kohler medical, go to <a href="http://www.bcbsal.com">www.bcbsal.com</a> ) |  |   |                                    |  |                                    |
| <b>SPOUSAL SURCHARGE</b>  | \$130 monthly surcharge applies if enrolling spouse in Kohler Co. medical plan and spouse has medical coverage available through his/her employer  |  |   |                                    |  |                                    |
| <b>IF YOU DON'T ENROLL FOR 2018</b>   | <b>HDHP FOR YOU AND YOUR ENROLLED DEPENDENTS (IF APPLICABLE) FOR 2018</b>  |  |   |                                    |  |                                    |

<sup>1</sup>Out-of-network benefits are limited to the reasonable and customary (R&C) charge as determined by BCBSAL. You are responsible for any amounts in excess of R&C if you use an out-of-network provider.