MEDICAL AND PRESCRIPTION DRUGS

You have two Consumer Driven Health Plans (CDHPs) to choose from:

- 1700 Plan
- 2400 Plan

The plans both:

- Use Anthem Blue Cross Blue Shield network
- Offer prescription drugs through CarelonRx
- Cover the same treatments and medications, including free preventive care (such as annual wellness exams, routine immunizations, and health screenings based on age and gender)
- Provide a way for you to save for your medical and prescription drugs with a Health Savings Account (HSA)
- Offer Employee Assistance Program (EAP) support
- Provide access to an online/mobile app called Sydney that includes virtual care for medical and behavioral health

However, there are some key differences. If you choose the 1700 Plan, you will:

- Pay more in paycheck deductions
- Have a lower deductible and out-of-pocket max when you need care during the year
- Receive HSA dollars from Kimball International to use for your care

DOWNLOAD THE **SYDNEY APP TODAY!**

GET IT ON Google Play

Download on the App Store

Before you make your medical plan decision, review the table below to see how the plans compare.

	1700 PLAN		2400 PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible				
Individual (Member Only)	$1,700	$3,400	$2,400	$4,800
Family (Member and Dependents)	$3,400	$6,800	$4,800	$9,600
Coinsurance	YOU PAY 20% AFTER DEDUCTIBLE	YOU PAY 40% AFTER DEDUCTIBLE	YOU PAY 10% AFTER DEDUCTIBLE	YOU PAY 40% AFTER DEDUCTIBLE
Company HSA Contribution				
Individual (Member Only)	$400		No company contribution	
Family (Member and Dependents)	$700			
Out-of-Pocket Maximum				
Individual (Member Only)	$3,400 Only in-network expenses apply to the in-network out-of-pocket limit.	$6,800	$5,800 Only in-network expenses apply to the in-network out-of-pocket limit.	$11,600
Family (Member and Dependents)	$6,800 Only in-network expenses apply to the in-network out-of-pocket limit.	$13,600	$11,600 Only in-network expenses apply to the in-network out-of-pocket limit.	$23,200

CHART CONTINUED	1700 PLAN		2400 PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Office Visits				
Preventive Visits	$0 — PLAN PAYS 100%		$0 — PLAN PAYS 100%	
Primary Care (PCP)	YOU PAY 20% AFTER DEDUCTIBLE	YOU PAY 40% AFTER DEDUCTIBLE	YOU PAY 10% AFTER DEDUCTIBLE	YOU PAY 40% AFTER DEDUCTIBLE
Specialists				
Urgent Care				
Virtual Visits — Sydney				
Diagnostic Lab and X-Ray				
Hospital				
Emergency Room	$200 COPAY + COINSURANCE AFTER DEDUCTIBLE IS MET			
Inpatient	YOU PAY 20% AFTER DEDUCTIBLE	YOU PAY 40% AFTER DEDUCTIBLE	YOU PAY 10% AFTER DEDUCTIBLE	YOU PAY 40% AFTER DEDUCTIBLE
Outpatient				
Emergency Medical Transportation				
Imaging (CT/PET Scans, MRIs)				
Infertility Treatment	YOU PAY 20% AFTER DEDUCTIBLE $10,000 LIFETIME MAXIMUM	YOU PAY 40% AFTER DEDUCTIBLE $10,000 LIFETIME MAXIMUM	YOU PAY 10% AFTER DEDUCTIBLE $10,000 LIFETIME MAXIMUM	YOU PAY 40% AFTER DEDUCTIBLE $10,000 LIFETIME MAXIMUM
Prescription (Rx) Drugs				
Rx Drug on Preventive List	Retail and mail order: Deductible does not apply. You pay 10%, 20%, or 40%.			
Rx Drug Not on Preventive List	Member pays full cost of the drug until deductible is met. Once met, you pay 10%, 20% or 40%. Once out of pocket is met, member pays $0.			
Rx Specialty Drugs				
Infertility Treatment	After deductible is met, Kimball International pays 80% and you pay 20%. **$10,000 LIFETIME MAX. FOR MEDICAL AND RX**		After deductible is met, Kimball International pays 90% and you pay 10%. **$10,000 LIFETIME MAX. FOR MEDICAL AND RX**	
You are responsible for obtaining precertification for certain services. Please call Member Services on the back of your Anthem ID card for more information.				

PRESCRIPTION DRUG COVERAGE:

- Other prescriptions: Count toward deductible and out-of-pocket; maintenance/specialty drugs must switch to mail order after two retail fills.
- 90-day supply: Available at CVS retail pharmacies in addition to mail order.
- Coupons: If a coupon makes your drug cheaper at a retail pharmacy versus mail order, please contact Anthem for a 12-month override.

2026 HEALTHCARE (Medical and Prescription) **COSTS**	WEEKLY PAYCHECK COSTS		BIWEEKLY PAYCHECK COSTS	
	1700 PLAN	2400 PLAN	1700 PLAN	2400 PLAN
Employee	$24.51	$10.19	$49.01	$20.37
Employee + Spouse	$66.79	$29.83	$133.58	$59.66
Employee + Child(ren)	$56.16	$25.18	$112.32	$50.35
Employee + Family	$96.62	$43.21	$193.24	$86.41