



Retiree Medical Plans at a Glance

Review the Non-Medicare K-C Retiree Medical plan options below. Visit [Anthem.com](https://www.anthem.com) or call 866-873-4010 for details.

	CDHP Blue	CDHP Green	CDHP HRA	PPO ¹
Annual Costs	Visit mykcbenefits.com > Health & Welfare > Annual Costs to view rates or click here .			
Deductible	<i>In-Network:</i> \$2,100 Individual \$4,200 2-Party \$4,200 2-Party Plus <i>Out-of-Network:</i> \$4,200 Individual \$8,400 2-Party \$8,400 2-Party Plus	<i>In-Network:</i> \$3,600 Individual \$7,200 2-Party \$7,200 2-Party Plus <i>Out-of-Network:</i> \$7,200 Individual \$14,400 2-Party \$14,400 2-Party Plus	<i>In-Network:</i> \$2,100 Individual \$4,200 2-Party \$4,200 2-Party Plus <i>Out-of-Network:</i> \$4,200 Individual \$8,400 2-Party \$8,400 2-Party Plus	<i>In-Network:</i> \$750 Individual \$1,500 2-Party \$2,250 2-Party Plus <i>Out-of-Network:</i> \$1,500 Individual \$3,000 2-Party \$4,500 2-Party Plus
Out-of-pocket maximum	<i>In-Network:</i> \$4,200 Individual \$8,400 2-Party \$8,400 2-Party Plus <i>Out-of-Network:</i> \$8,400 Individual \$16,800 2-Party \$16,800 2-Party Plus	<i>In-Network:</i> \$7,200 Individual \$14,400 2-Party \$14,400 2-Party Plus <i>Out-of-Network:</i> \$14,400 Individual \$28,800 2-Party \$28,800 2-Party Plus	<i>In-Network:</i> \$4,200 Individual \$8,400 2-Party \$8,400 2-Party Plus <i>Out-of-Network:</i> \$8,400 Individual \$16,800 2-Party \$16,800 2-Party Plus	<i>In-Network Medical:</i> \$2,250 Individual \$4,500 2-Party \$6,750 2-Party Plus <i>Out-of-Network Medical:</i> \$4,500 Individual \$9,000 2-Party \$13,500 2-Party Plus <i>Prescription:</i> \$2,800 Individual \$5,600 2-Party \$8,400 2-Party Plus
K-C's HRA contribution	N/A	N/A	\$700 Individual \$1,400 2-Party \$1,400 2-Party Plus	N/A
Preventive care	In-Network: K-C pays 100%. Out-of-Network: You pay 100% until you reach the out-of-network deductible, then K-C pays 60%.			
Coinsurance	In-Network: You pay 100% until you meet the deductible, then K-C pays 80%. Out-of-Network: You pay 100% until you meet the deductible, then K-C pays 60%.			



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Office visits	In-Network: You pay 100% until you meet the in-network deductible, then K-C pays 80%. Out-of-Network: You pay 100% until you meet the out-of-network deductible, then K-C pays 60%.			<i>Primary care:</i> \$25 copay <i>Specialist:</i> \$35 copay
Urgent care				\$25 copay
Emergency room				\$150 copay
Hospitalization	In-Network: You pay 100% until you meet the in-network deductible, then K-C pays 80%. Out-of-Network: You pay 100% until you meet the out-of-network deductible, then K-C pays 60%.			You pay 100% until you meet the deductible, then K-C pays 80% (in-network) or 60% (out-of-network).
Lab, x-ray, imaging				
Mental health inpatient				
Mental health outpatient				\$25 copay
Physical, chiropractic, speech, and occupational therapy	In-Network: You pay 100% until you meet the in-network deductible, then K-C pays 80%. Out-of-Network: You pay 100% until you meet the out-of-network deductible, then K-C pays 60%.			
Maintenance Rx	K-C pays 100% for certain maintenance prescriptions. ²			<i>30-day supply:</i> \$10 <i>90-day supply:</i> \$20
Generic Rx	You pay 100% until you meet the deductible, then K-C pays 80%			You pay 25% coinsurance
Preferred brand Rx				<i>30-day supply:</i> \$30 min/\$60 max <i>90-day supply:</i> \$60 min/\$150 max
Non-preferred brand Rx				You pay 40% coinsurance <i>30-day supply:</i> \$50 min/\$100 max <i>90-day supply:</i> \$100 min/\$250 max

¹ In the PPO, copays and prescription drugs don't count toward your medical deductible.

² To learn which maintenance prescriptions are included, call 888-797-8911 or go to caremark.com.

This document is a brief summary of each Plan's provisions. Nothing in this document changes any of the Plans' provisions or affects any rights under the Plans. Each Plan's document is the only governing document. Kimberly-Clark reserves the right to amend a part or all of the Plans or even discontinue the Plans.