



2022 Retiree Medical Plans at a Glance

When reviewing the Non-Medicare K-C Retiree Medical plan options below, it's important to note that the chart only compares in-network services. A separate deductible, out-of-pocket maximum, and coinsurance apply to out-of-network services. 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> \$1,500 Individual \$3,000 2-Party \$3,000 2-Party Plus <i>Out-of-Network:</i> \$3,000 Individual \$6,000 2-Party \$6,000 2-Party Plus	<i>In-Network:</i> \$2,500 Individual \$5,000 2-Party \$5,000 2-Party Plus <i>Out-of-Network:</i> \$5,000 Individual \$10,000 2-Party \$10,000 2-Party Plus	<i>In-Network:</i> \$1,500 Individual \$3,000 2-Party \$3,000 2-Party Plus <i>Out-of-Network:</i> \$3,000 Individual \$6,000 2-Party \$6,000 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> \$3,000 Individual \$6,000 2-Party \$6,000 2-Party Plus <i>Out-of-Network:</i> \$6,000 Individual \$12,000 2-Party \$12,000 2-Party Plus	<i>In-Network:</i> \$5,000 Individual \$10,000 2-Party \$10,000 2-Party Plus <i>Out-of-Network:</i> \$10,000 Individual \$20,000 2-Party \$20,000 2-Party Plus	<i>In-Network:</i> \$3,000 Individual \$6,000 2-Party \$6,000 2-Party Plus <i>Out-of-Network:</i> \$6,000 Individual \$12,000 2-Party \$12,000 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	K-C pays 100%			
Coinsurance	You pay 100% until you meet the deductible, then K-C pays 80%			
Office visits	You pay 100% until you meet the deductible, then K-C pays 80%			<i>Primary care:</i> \$25 copay <i>Specialist:</i> \$35 copay
Urgent care				\$25 / \$35 copay
Emergency room				\$150 copay



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Hospitalization	You pay 100% until you meet the deductible, then K-C pays 80%			You pay 100% until you meet the deductible, then K-C pays 80%
Lab, x-ray, imaging				
Mental health inpatient				
Mental health outpatient				\$25 copay
Physical (incl. chiropractic), speech, and occupational therapy	You pay 100% until you meet the deductible, then K-C pays 80% (combined 60-visit annual maximum)			
Maintenance Rx	K-C pays 100% for certain maintenance prescriptions ²			30-day supply: \$10 90-day supply: \$20 (CVS retail or mail order)
Generic Rx	You pay 100% until you meet the deductible, then K-C pays 80%			You pay 25% coinsurance 30-day supply: \$30 min. to \$60 max. 90-day supply: \$60 min. to \$150 max. (CVS retail or mail order)
Preferred brand Rx				
Non-preferred brand Rx				You pay 40% coinsurance 30-day supply: \$50 min. to \$100 max. 90-day supply: \$100 min. to \$250 max. (CVS retail or mail order)

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.