2027 medical benefits from Centivo

A premium health plan, without the premium price.



THE HIGH PERFORMANCE PLAN

FREE primary care	No deductible	Predictable copays	High-quality care	**FREE** virtual primary care

It all starts with your primary care doctor.

With Centivo, you get access to trusted local doctors and hospitals, **FREE** primary care, predictable copays and no deductible.

Why does it cost less?

The **High Performance Plan** is built around a simple idea: **better primary care leads to better healthcare.**

Your primary care doctor is your partner. They help you manage your health, coordinate your care and connect you with the right specialists when you need them.

For most specialist visits, you'll start with a referral from your primary care doctor. This helps ensure you receive the right care at the right time, avoid unnecessary services, and keep your costs lower.

See who's in the network
View plan details, a provider directory and more. Scan or go to **kohler.centivo.com**.

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Care from providers you know

Centivo partners directly with local doctors and health systems to negotiate lower costs. That means the Centivo Network includes many familiar providers—with significantly lower costs for care. In your area, this includes:

Ascension · PREVEA health · Froedtert · Children's Wisconsin · ProHealth Care

Primary care, made easier

Centivo Care is your dedicated virtual primary care practice—and it's FREE with each Centivo plan. You'll have a doctor and care team who get to know you, not just your symptoms.

- Same- or next-day appointments
- Dedicated doctor and care team
- Preventive, sick and chronic care
- Integrated mental health

Revised 9/29/26

Coverage and cost highlights

	In-network and Guided	Out-of-network or Unguided
Network	Centivo WI-2 Network	N/A
Primary care doctor selection required	Yes	No
Primary care referrals to specialists required	Yes, with some exceptions*	No
Deductible (individual / family)	None	$3,000 / $6,000
Out-of-pocket maximum (individual / family)	$3,500 / $7,000	$9,100 / $18,200
Annual physical, vaccinations and screenings	FREE	Ded. + 50% coinsurance
Primary care, includes pediatricians	FREE	Ded. + 50% coinsurance
Centivo Care virtual primary care	FREE	N/A
Specialist	$100 copay	Ded. + 50% coinsurance
OB/GYN	$25 copay	Ded. + 50% coinsurance
Mental health	$25 copay	Ded. + 50% coinsurance
Basic imaging (such as X-rays)	$25 copay	Ded. + 50% coinsurance
Advanced imaging (such as MRIs & PET scans)	$300 copay	Ded. + 50% coinsurance
Outpatient surgery	$500 copay	Ded. + 50% coinsurance
Inpatient surgery	$1,750 copay	Ded. + 50% coinsurance
Inpatient stay (no surgery)	$1,000 copay	Ded. + 50% coinsurance
Urgent care (covered as in-network when outside network area)	$100 copay	Ded. + 50% coinsurance/
Emergency room (covered as in-network wherever you are, copay waived if admitted)	$350 copay	$350 copay
Prevea Kohler Health Center		
Primary care	FREE	$40 copay
Urgent care, chiropractic, PT, mental health	$10 copay	$10 copay
Specialist	$10 copay	$40 copay
Imaging	FREE	FREE

* If you don't visit your designated primary care doctor for care or get a referral for specialist visits, your care is considered Unguided and will be covered as out-of-network. No referral needed for OB/GYN, behavioral health, urgent, emergency or chiropractic care, lab work, physical, occupational or speech therapy.

Prescription coverage by Express Scripts**	Up to 30-day supply at retail
Generic	10% coinsurance ($15 minimum copay)
Preferred brand	30% coinsurance ($30 minimum copay)
Non-preferred brand	50% coinsurance ($60 minimum copay)

** Maintenance drugs must be filled as 90-day supply through mail order, Woodlake Pharmacy or Walgreens (minimum copays double, $300 maximum copay). Please contact Express Scripts with any questions.

Defining key terms:

Deductible: The amount you pay out-of-pocket before the plan pays towards your healthcare costs.
Copay: A fixed dollar amount you pay for a healthcare service or visit.
Coinsurance: The percentage of costs you're responsible for after you meet your deductible.
Out-of-pocket maximum: The most you'll pay for any covered healthcare and pharmacy expenses during the plan year.

Learn more at kohler.centivo.com or by calling **855-440-1955**.

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This document provides an overview of the plan offering. Information is not a complete description of benefits..

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