WEBT SUMMARY OF MEDICAL BENEFITS for Retirees 7/1/2019-6/30/2020

Over Age 65

Contract Type	\$100 Deductible	! ! 				
<u>Single</u>	\$449					
Benefit	1	<u> </u> 				
 **Office Visits **Deductible	Deductible, then coinsurance	**Applies to Medical OOP Maximum				
**Coinsurance	80% / 20%					
Medical OOP Maximum	\$1,600					
**Prescription Drugs	Retail - for 30 day supply: Generic \$15 Listed Brand \$40 Non-Listed Brand \$60 Specialty Rx 20%	**Applies to Prescription Drug OOP Maximum				
	Mail Order - for 90 day supply: Generic \$30 Listed Brand \$80 Non-Listed Brand \$120 Specialty Rx 20%					
Prescription Drugs OOP Maximum	\$1,500 per calendar year out of pocket maximum					

<u>Please note</u>: This comparison of coverages is intended only as a general description for the principle features of the benefit plans.

Please refer to the benefit document for full details.

WEBT Summary of Medical Benefits

Preventive Services Unlimited Services as Defined by PPACA

In-Hospital Deductible + 20% Coinsurance

Pre-Certification Required for Non-Emergency, Non-Maternity Admissions

Surgery

Hospital Inpatient Outpatient

Deductible + 20% Coinsurance

Physician's Office

Ambulatory Surgical Center

Covered at 100% of Allowable Charges after Deductible

Laboratory/Pathology/X-Ray Deductible + 20% Coinsurance

Magnetic Resonance (MRI)

Deductible + 20% Coinsurance

Work Related Injuries Deductible + 20% Coinsurance

Therapy

Physical Therapy Occupational Therapy Speech Therapy

Deductible + 20% Coinsurance - 30 Visits per Illness or Injury

Spinal Manipulations Deductible + 20% - 30 Visits per Calendar Year

Ambulance

Ground Air

Deductible + 20% Coinsurance

Mental Health Deductible + 20% Coinsurance

Substance Abuse Deductible + 20% Coinsurance

Dependent Eligibility End of Month Age 26 for dependents of retirees under age 65

Rehabilitation Services Deductible + 20% Coinsurance for Specified Conditions that Meet Criteria

Plan Maximum Unlimited