

**WEBT
SUMMARY OF MEDICAL BENEFITS for Retirees 7/1/2022-6/30/2023**

Over Age 65

| <u>Contract Type</u> | <u>\$100 Deductible</u> | |
|--------------------------------|---|---|
| Single | \$540 | |
| <u>Benefit</u> | | |
| **Office Visits | Deductible, then coinsurance | **Applies to Medical OOP Maximum |
| **Deductible | \$100 | |
| **Coinsurance | 80% / 20% Participant Liability: \$1,500 (\$3,000 family) | |
| Medical OOP Maximum | \$1,600 | |
| **Prescription Drugs | <u>Retail - for 30 day supply:</u> Generic \$15 Listed Brand \$40 Non-Listed Brand \$60 Specialty Rx 20% <u>Mail Order - for 90 day supply:</u> Generic \$30 Listed Brand \$80 Non-Listed Brand \$120 Specialty Rx 20% | **Applies to Prescription Drug OOP Maximum |
| Prescription Drugs OOP Maximum | \$1,500 per calendar year, per person | |

Please note: 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.

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Summary of Medical Benefits

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|---|--|
| Preventive Services | Unlimited Services as Defined by PPACA |
| In-Hospital Pre-Certification | Deductible + 20% Coinsurance 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 |