WEBT

SUMMARY OF MEDICAL BENEFITS

**Applies to Medical OOP Maximum **Applies to Prescription Drugs OOP Maximum

OOP = Out-of-Pocket

Medical Plan	**$1,500**
Office Visits	$40 copay
Teladoc	$0 copay
Deductible	$1,500 ($3,000 family)
Coinsurance	80%/20% Participant Liability: $1,500 ($3,000 family)
Medical OOP Maximum	$3,000 ($6,000 family)
Prescription Drugs	Retail - for 30 day supply: Generic $15 Listed Brand $40 Non-Listed Brand $60 Specialty Rx 20% 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 per person

Please Note: ***PPACA limits the total annual in-network out of pocket maximum to $9,100 per single contract and to $18,200 per all other contracts.***

In no circumstance will an individual enrollee within WEBT meet the PPACA total in-network out of pocket maximum of $9,100.

This comparison of coverages is intended only as a general description of the benefit plans. Please refer to the Benefit Document for 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	Deductible + 20% Coinsurance
Outpatient	
Physician's Office	Covered at 100% of Allowable Charges after Deductible
Ambulatory Surgical Center	
Laboratory/Pathology/X-Ray	Deductible + 20% Coinsurance
Magnetic Resonance Imaging (MRI)	Deductible + 20% Coinsurance
Work Related Injuries	Deductible + 20% Coinsurance
Therapy	
Physical Therapy	Deductible + 20% Coinsurance - 30 Combined Visits per Illness or Injury
Occupational Therapy	
Speech Therapy	
Spinal Manipulations	Deductible + 20% Coinsurance - 30 Visits per Calendar Year
Ambulance	
Ground	Deductible + 20% Coinsurance
Air	
Mental Health	Deductible + 20% Coinsurance
Substance Abuse	Deductible + 20% Coinsurance
Dependent Eligibility	End of Month Age 26
Dependent Maternity	Not Covered
Rehabilitation Services	Deductible + 20% Coinsurance for Specified Conditions that Meet Criteria
Plan Maximum	Unlimited

This comparison of coverages is intended only as a general description of the features of the benefit plans. Please refer to the Benefit Document for details.