

WEBT
SUMMARY OF MEDICAL BENEFITS for Retirees 7/1/2018-6/30/2019

Under Age 65

Contract Type	\$1000 Deductible	\$1,500 Deductible	\$2,500 Deductible	\$3,500 Deductible
Under age 60				
<u>Single</u>	\$1,035	\$934	\$844	\$777
<u>Single Plus Dependent Child(ren)</u>	\$1,553	\$1,401	\$1,266	\$1,166
Age 60-64				
<u>Single</u>	\$1,360	\$1,226	\$1,110	\$1,021
<u>Single Plus Dependent Child(ren)</u>	\$2,040	\$1,839	\$1,665	\$1,532
	**Applies to Medical OOP Maximum		**Applies to Prescription Drug OOP Maximum	
Benefit				
**Office Visits	\$35 Co-Pay	\$40 Co-Pay	\$45 Co-Pay	\$50 Co-Pay
**Deductible	\$1,000 (\$2,000 Family)	\$1,500 (\$3,000 Family)	\$2,500 (\$5,000 Family)	\$3,500 (\$7,000 Family)
**Coinsurance	80% / 20%	80% / 20%	80% / 20%	80% / 20%
Medical OOP Maximum	\$2,500 (\$5,000 Family)	\$3,000 (\$6,000 Family)	\$4,000 (\$8,000 Family)	\$5,000 (\$10,000 Family)
**Prescription Drugs	<u>Retail - for 30 day supply:</u> Generic \$15 Listed Brand \$40 Non-Listed Brand \$60 Specialty Rx 20%	<u>Retail - for 30 day supply:</u> Generic \$15 Listed Brand \$40 Non-Listed Brand \$60 Specialty Rx 20%	<u>Retail - for 30 day supply:</u> Generic \$15 Listed Brand \$40 Non-Listed Brand \$60 Specialty Rx 20%	<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%	<u>Mail Order - for 90 day supply:</u> Generic \$30 Listed Brand \$80 Non-Listed Brand \$120 Specialty Rx 20%	<u>Mail Order - for 90 day supply:</u> Generic \$30 Listed Brand \$80 Non-Listed Brand \$120 Specialty Rx 20%	<u>Mail Order - for 90 day supply:</u> 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	\$1,500 per calendar year out of pocket maximum	\$1,500 per calendar year out of pocket maximum	\$1,500 per calendar year out of pocket maximum

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.

PPACA limits the total in-network out of pocket maximum to \$7,350 per single contract and \$14,700 per all other contracts. In no circumstance will an individual enrollee within WEBT meet the PPACA total in-network out of pocket maximum of \$7,350.

WEBT

Summary of Medical Benefits

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
Physicians Office Ambulatory Surgical Center	Covered at 100% of Allowable Charges after Deductible
Laboratory/Pathology/X-Ray	Deductible + 20% Coinsurance
Magnetic Resonance (MRI) Initial on one day Additional on same day	Deductible + 20% Coinsurance Limited to 50% of Allowable Charges
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