WEBT

SUMMARY OF MEDICAL BENEFITS

**Applies to Medical OOP Maximum

**Applies to Prescription Drugs OOP Maximum

OOP = Out-of-Pocket

Medical Plan	HDHP \$1,500
**Office Visits	Deductible, then coinsurance
Teladoc	\$45 per visit
**Deductible	\$1,500 Single Contract Only \$3,000 All Other Contracts
**Coinsurance	80%/20%
	Participant Liability: \$1,500 Single Contract Only \$3,000 All Other Contracts
Medical OOP Maximum	\$3,000 Single Contract Only \$6,000 All Other Contracts
**Prescription Drugs	Deductible, then coinsurance
Prescription Drugs OOP Maximum	Deductible, then coinsurance

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 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

Physician's Office

Ambulatory Surgical Center

Covered at 100% of Allowable Charges after Deductible

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

Magnetic Resonance Imaging (MRI) Deductible + 20% Coinsurance

Work Related Injuries Deductible + 20% Coinsurance

Therapy

Physical Therapy

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

Speech Therapy

Spinal Manipulations Deductible + 20% Coinsurance - 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

Rehabilitation Services

Deductible + 20% Coinsurance for Specified Conditions that Meet

Criteria

Plan Maximum Unlimited

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