WEBT SUMMARY OF MEDICAL BENEFITS for Retirees 7/1/2020-6/30/2021

Over Age 65		
Contract Type	\$100 Deductible	
<u>Single</u>	\$489	
Benefit	<u> </u>	1
**Office Visits	Deductible, then coinsurance	**Applies to Medical OOP Maximum
**Deductible	\$100	_
**Coinsurance	80% / 20%	
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%	**Applies to Prescription Drug OOP Maximum
	<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	:

<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 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	