

**WEBT**  
**SUMMARY OF MEDICAL BENEFITS for Retirees 7/1/2020-6/30/2021**  
**Under Age 65**

<u>Contract Type</u>	<u>\$1000 Deductible</u>	<u>\$1,500 Deductible</u>	<u>\$2,500 Deductible</u>	<u>\$3,500 Deductible</u>
<b>Under age 60</b>				
Single	\$1,196	\$1,079	\$975	\$898
Single Plus Dependent Child(ren)	\$1,794	\$1,619	\$1,463	\$1,347
<b>Age 60-64</b>				
Single	\$1,571	\$1,416	\$1,283	\$1,179
Single Plus Dependent Child(ren)	\$2,357	\$2,124	\$1,925	\$1,769
	<b>**Applies to Medical OOP Maximum</b>		<b>**Applies to Prescription Drug OOP Maximum</b>	
<b>Benefit</b>				
**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 \$8,150 per single contract and \$16,300 per all other contracts. In no circumstance will an individual enrollee within WEBT meet the PPACA total in-network out of pocket maximum of \$8,150.

## **WEBT**

### **Summary of Medical Benefits**

<b>Preventive Services</b>	Unlimited Services as Defined by PPACA
<b>In-Hospital Pre-Certification</b>	Deductible + 20% Coinsurance Required for Non-Emergency, Non-Maternity Admissions
<b>Surgery Hospital Inpatient Outpatient</b>	Deductible + 20% Coinsurance
<b>Physician's Office Ambulatory Surgical Center</b>	Covered at 100% of Allowable Charges after Deductible
<b>Laboratory/Pathology/X-Ray</b>	Deductible + 20% Coinsurance
<b>Magnetic Resonance (MRI)</b>	Deductible + 20% Coinsurance
<b>Work Related Injuries</b>	Deductible + 20% Coinsurance
<b>Therapy Physical Therapy Occupational Therapy Speech Therapy</b>	Deductible + 20% Coinsurance - 30 Visits per Illness or Injury
<b>Spinal Manipulations</b>	Deductible + 20% - 30 Visits per Calendar Year
<b>Ambulance Ground Air</b>	Deductible + 20% Coinsurance
<b>Mental Health</b>	Deductible + 20% Coinsurance
<b>Substance Abuse</b>	Deductible + 20% Coinsurance
<b>Dependent Eligibility</b>	End of Month Age 26 for dependents of retirees under age 65
<b>Rehabilitation Services</b>	Deductible + 20% Coinsurance for Specified Conditions that Meet Criteria
<b>Plan Maximum</b>	Unlimited