

**WEBT
SUMMARY OF MEDICAL BENEFITS for Retirees 7/1/2024-6/30/2025**

Over Age 65

<u>Contract Type</u>	<u>\$100 Deductible</u>	
Single	\$627	
<u>Benefit</u>		
**Office Visits	Deductible, then coinsurance	**Applies to Medical OOP Maximum
**Deductible	\$100	
**Coinsurance	80% / 20% Participant Liability: \$1,500 (\$3,000 family)	
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% <u>Mail Order - for 90 day supply:</u> Generic \$30 Listed Brand \$80 Non-Listed Brand \$120 Specialty Rx 20%	**Applies to Prescription Drug OOP Maximum
Prescription Drugs OOP Maximum	\$1,500 per calendar year, per person	

Please note: This comparison of coverages is intended only as a general description of the benefit plan. Please refer to the benefit document for full details.