

WEBT
SUMMARY OF MEDICAL BENEFITS for Retirees 7/1/2024-6/30/2025
Under Age 65

<u>Contract Type</u>	<u>\$1,000 Deductible</u>	<u>\$1,500 Deductible</u>	<u>\$2,500 Deductible</u>	<u>\$3,500 Deductible</u>	<u>\$5,000 Deductible</u>
Under age 60					
<u>Single</u>	\$1,589	\$1,433	\$1,295	\$1,194	\$1,087
<u>Single Plus Dependent Child(ren)</u>	\$2,384	\$2,150	\$1,943	\$1,791	\$1,631
Age 60-64					
<u>Single</u>	\$2,087	\$1,880	\$1,705	\$1,566	\$1,425
<u>Single Plus Dependent Child(ren)</u>	\$3,131	\$2,820	\$2,558	\$2,349	\$2,138
	**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	\$55 Co-Pay
**Deductible	\$1,000 (\$2,000 Family)	\$1,500 (\$3,000 Family)	\$2,500 (\$5,000 Family)	\$3,500 (\$7,000 Family)	\$5,000 (\$10,000 Family)
**Coinsurance	80% / 20% Participant Liability: \$1,500 (\$3,000 family)	80% / 20% Participant Liability: \$1,500 (\$3,000 family)	80% / 20% Participant Liability: \$1,500 (\$3,000 family)	80% / 20% Participant Liability: \$1,500 (\$3,000 family)	80% / 20% Participant Liability: \$1,500 (\$3,000 family)
Medical OOP Maximum	\$2,500 (\$5,000 Family)	\$3,000 (\$6,000 Family)	\$4,000 (\$8,000 Family)	\$5,000 (\$10,000 Family)	\$6,500 (\$13,000 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>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%	<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, per person	\$1,500 per calendar year, per person	\$1,500 per calendar year, per person	\$1,500 per calendar year, per person	\$1,500 per calendar year, per person

Please note: This comparison of coverages is intended only as a general description of the benefit plans. Please refer to the Benefit Document for full details.
PPACA limits the total in-network out of pocket maximum to \$9,450 per single contract and \$18,900 per all other contracts.
In no circumstance will an individual enrollee within WEBT meet the PPACA total in-network out of pocket maximum of \$9,450.