## WEBT SUMMARY OF MEDICAL BENEFITS for Retirees 7/1/2023-6/30/2024

## **Under Age 65**

Contract Type	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible	\$3,500 Deductible	\$5,000 Deductible
Under age 60			İ		i
Single	\$1,528	\$1,378	\$1,245	\$1,148	\$1,045
Single Plus Dependent Child(ren)	\$2,292	\$2,067	\$1,868	\$1,722	\$1,568
Age 60-64 Single	\$2,007	\$1,808	\$1,639	\$1,506	\$1,370
Single Plus Dependent   Child(ren)	\$3,011	\$2,712	\$2,459	\$2,259	\$2,055
! ! !	**Applies to M	edical 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%	80% / 20%	80% / 20%	  80% / 20%	  80% / 20%
 	Participant Liability: \$1,500 (\$3,000 family)	Participant Liability: \$1,500 (\$3,000 family)	Participant Liability: \$1,500 (\$3,000 family)	Participant Liability: \$1,500 (\$3,000 family)	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	Retail - for 30 day supply:	Retail - for 30 day supply:	Retail - for 30 day supply:	Retail - for 30 day supply:	Retail - for 30 day supply:
	Generic \$15	Generic \$15 ·	Generic \$15	Generic \$15	Generic \$15
	Listed Brand \$40	Listed Brand \$40	Listed Brand \$40	Listed Brand \$40	Listed Brand \$40
	Non-Listed Brand \$60	Non-Listed Brand \$60	Non-Listed Brand \$60	Non-Listed Brand \$60	Non-Listed Brand \$60
	Specialty Rx 20%	Specialty Rx 20%	Specialty Rx 20%	Specialty Rx 20%	Specialty Rx 20%
	   <u>Mail Order - for 90 day supply:</u>  Generic \$30	Mail Order - for 90 day supply: Generic \$30	   <u>Mail Order - for 90 day supply:</u>  Generic \$30	   <u>Mail Order - for 90 day supply:</u>  Generic \$30	   <u>Mail Order - for 90 day supply:</u>  Generic \$30
	Listed Brand \$80	Listed Brand \$80	Listed Brand \$80	Listed Brand \$80	Listed Brand \$80
	Non-Listed Brand \$120	Non-Listed Brand \$120	Non-Listed Brand \$120	Non-Listed Brand \$120	Non-Listed Brand \$120
 	Specialty Rx 20%	Specialty Rx 20%	Specialty Rx 20%	Specialty Rx 20%	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 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 \$9,100 per single contract and \$18,200 per all other contracts.

In no circumstance will an individual enrollee within WEBT meet the PPACA total in-network out of pocket maximum of \$9,100.