

WEBT

SUMMARY OF MEDICAL BENEFITS

****Applies to Medical OOP Maximum**

****Applies to Prescription Drugs OOP Maximum**

OOP = Out-of-Pocket

Medical Plan	<u>HDHP \$3,500</u>
**Office Visits	Deductible, then coinsurance
Teladoc	\$55 per visit
**Deductible	\$3,500 (\$7,000 Family)
**Coinsurance	80%/20%
	Participant Liability: \$1,500 (\$3,000 family)
Medical OOP Maximum	\$5,000 (\$10,000 Family)
**Prescription Drugs	Deductible, then coinsurance
Prescription Drugs OOP Maximum	Deductible, then coinsurance

This comparison of coverages is intended only as a general description of the benefit plans. Please refer to the Benefit Document for details.

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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 Imaging (MRI)	Deductible + 20% Coinsurance
Work Related Injuries	Deductible + 20% Coinsurance
Therapy Physical Therapy Occupational Therapy Speech Therapy	Deductible + 20% Coinsurance - 30 Combined Visits per Illness or Injury
Spinal Manipulations	Deductible + 20% Coinsurance - 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
Dependent Maternity	Not Covered
Rehabilitation Services	Deductible + 20% Coinsurance for Specified Conditions that Meet Criteria
Plan Maximum	Unlimited

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