WEBT

SUMMARY OF MEDICAL BENEFITS

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

OOP = Out-of-Pocket

Medical Plan	**$5,000**
**Office Visits Teladoc	$55 copay $0 copay
**Deductible	$5,000 ($10,000 family)
**Coinsurance	80%/20% Participant Liability: $1,500 ($3,000 family)
Medical OOP Maximum	$6,500 ($13,000 family)
Prescription Drugs	Retail - for 30 day supply: Generic $15 Listed Brand $40 Non-Listed Brand $60 Specialty Rx 20% Mail Order-for 90 day supply: 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 per person

Please Note: ***PPACA limits the total annual in-network out of pocket maximum to $9,450 per single contract and to $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.

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

WEBT

SUMMARY OF MEDICAL BENEFITS

Preventive Services	Unlimited Services as Defined by PPACA
In-Hospital	Deductible + 20% Coinsurance
Pre-Certification	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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