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

Under Age 65

| Company Town | 64 000 Post office | 64 F00 D - 1 - 171-1 | 60 F00 D - 1 - 47-1 | \$0.500 Deal (1911) | 65 000 D - 1 - 49-1 |
|-----------------------|---------------------------------|---------------------------------|-----------------------------------|---------------------------------|---------------------------------|
| Contract Type | \$1,000 Deductible | \$1,500 Deductible | \$2,500 Deductible | \$3,500 Deductible | \$5,000 Deductible |
| Under age 60 | 1 | 1 | | | |
| Single | \$1,589 | \$1,433 | \$1,295 | \$1,194 | \$1,087 |
| Single Plus Dependent | 1 | 1 40.450 | | 1 | |
| Child(ren) | \$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 |
| Single Plus Dependent | | | | 1 | |
| Child(ren) | \$3,131 | \$2,820 | \$2,558 | \$2,349 | \$2,138 |
| ! ! ! | **Applies to Me | edical OOP Maximum | **Applies to Prescription Drug | OOP Maximum | · |
| <u>Benefit</u> | | 1 | | | |
| **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) |
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| l ¦**Coinsurance | 80% / 20% | 80% / 20% | 1 80% / 20% | 80% / 20% | 80% / 20% |
| | Participant Liability: | Participant Liability: | Participant Liability: | Participant Liability: | Participant Liability: |
| | \$1,500 (\$3,000 family) | \$1,500 (\$3,000 family) | \$1,500 (\$3,000 family) | \$1,500 (\$3,000 family) | \$1,500 (\$3,000 family) |
| Medical OOP | <u> </u> | <u> </u> | | | |
| 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) |
| 1 | | | | | |
| **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 |
| i i I | 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% |
| |] | 1 | | | |
| ; I | Mail Order - for 90 day supply: | Mail Order - for 90 day supply: | Mail Order - for 90 day supply: | Mail Order - for 90 day supply: | Mail Order - for 90 day supply: |
| | Generic \$30 | Generic \$30 | Generic \$30 | Generic \$30 | 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 | \$1,500 per calendar year, per | \$1,500 per calendar year, per | \$1,500 per calendar year, per | \$1,500 per calendar year, per | \$1,500 per calendar year, per |
| OOP Maximum | person | person | person | person | 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.