WEBT

SUMMARY OF MEDICAL BENEFITS

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

OOP = Out-of-Pocket

Medical Plan	**$1,000**
****Office Visits**	$35 Co-Pay
****Teladoc**	$0 Co-Pay
****Deductible**	$1,000 ($2,000 family)
****Coinsurance**	80%/20%
Medical OOP Maximum	In Network: $2,500 ($5,000 family) ***Out of Network: $2,750 ($5,500 family)
****Prescription Drugs**	Retail - for 30 day supply: Generic $15 Preferred Brand $40 Non-Preferred Brand $60 Specialty Rx 20% Mail Order-for 90 day supply: Generic $30 Preferred Brand $80 Non-Preferred Brand $120 Specialty Rx 20%
Prescription Drugs OOP Maximum	$1,500 per calendar year out of pocket maximum per person

****Members may be balance billed for Out of Network.*

***Please Note:* PPACA limits the total annual in-network out of pocket maximum to $9,200 per single contract and to $18,400 per all other contracts. In no circumstance will an individual enrollee within WEBT meet the PPACA total in-network out of pocket maximum of $9,200.**

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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
Rehabilitation Services	Deductible + 20% Coinsurance for Specified Conditions that Meet Criteria
Plan Maximum	Unlimited

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