WEBT

SUMMARY OF MEDICAL BENEFITS

****Applies to Medical Out of Pocket Maximum**

Medical Plan	**$5,000 HDHP**
****Office Visits**	Deductible, then Coinsurance
****Teladoc**	$55 per visit
****Deductible**	$5,000 ($10,000 Family)
****Coinsurance**	80%/20%
****Prescription Drugs**	Deductible, then Coinsurance
Out of Pocket Maximum	In Network: $6,500 ($13,000 Family) ***Out of Network: $7,150 ($14,300 Family)

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

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	Deductible + 20% Coinsurance
Outpatient	
Physician's Office	Covered at 100% of Allowable Charges after Deductible
Ambulatory Surgical Center	
Laboratory/Pathology/X-Ray	Deductible + 20% Coinsurance
Magnetic Resonance Imaging (MRI)	Deductible + 20% Coinsurance
Work Related Injuries	Deductible + 20% Coinsurance
Therapy	
Physical Therapy	Deductible + 20% Coinsurance - 30 Combined Visits per Illness or Injury
Occupational Therapy	
Speech Therapy	
Spinal Manipulations	Deductible + 20% Coinsurance - 30 Visits per Calendar Year
Ambulance	
Ground	Deductible + 20% Coinsurance
Air	
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

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