



**WEBT**  
**Summary of Medical Benefits for Retirees 7/1/2025-6/30/2026**  
**Under Age 65**

<u>Contract Type</u>	<u>\$1,500 Deductible</u>	<u>\$2,500 Deductible</u>	<u>\$3,500 Deductible</u>	<u>\$5,000 Deductible</u>
<b><u>Under age 60</u></b>				
Single	\$1,476	\$1,334	\$1,230	\$1,120
Single Plus Dependent Child(ren)	\$2,214	\$2,001	\$1,845	\$1,680
<b><u>Age 60-64</u></b>				
Single	\$1,936	\$1,756	\$1,613	\$1,468
Single Plus Dependent Child(ren)	\$2,904	\$2,634	\$2,420	\$2,202
	<b>**Applies to Medical OOP Maximum</b>		<b>**Applies to Prescription Drug OOP Maximum</b>	
<b><u>Benefit</u></b>				
**Office Visits	\$40 Co-Pay	\$45 Co-Pay	\$50 Co-Pay	\$55 Co-Pay
**Teladoc	\$0 Co-Pay	\$0 Co-Pay	\$0 Co-Pay	\$0 Co-Pay
**Deductible	\$1,500 (\$3,000 Single Plus Dep)	\$2,500 (\$5,000 Single Plus Dep)	\$3,500 (\$7,000 Single Plus Dep)	\$5,000 (\$10,000 Single Plus Dep)
**Coinsurance	80% / 20%	80% / 20%	80% / 20%	80% / 20%
Medical OOP Maximum	<u>In Network:</u> \$3,000 (\$6,000 Single plus Dep) <u>*Out of Network:</u> \$3,300 (\$6,600 Single plus Dep)	<u>In Network:</u> \$4,000 (\$8,000 Single plus Dep) <u>*Out of Network:</u> \$4,400 (\$8,800 Single plus Dep)	<u>In Network:</u> \$5,000 (\$10,000 Single plus Dep) <u>*Out of Network:</u> \$5,500 (\$11,000 Single plus Dep)	<u>In Network:</u> \$6,500 (\$13,000 Single plus Dep) <u>*Out of Network:</u> \$7,150 (\$14,300 Single plus Dep)
<b><u>**Prescription Drugs</u></b>	<u>Retail - for 30 day supply:</u> Generic \$15 Preferred Brand \$40 Non-Preferred Brand \$60 Specialty Rx 20% <u>Mail Order - for 90 day supply:</u> Generic \$30 Preferred Brand \$80 Non-Preferred Brand \$120 Specialty Rx 20%	<u>Retail - for 30 day supply:</u> Generic \$15 Preferred Brand \$40 Non-Preferred Brand \$60 Specialty Rx 20% <u>Mail Order - for 90 day supply:</u> Generic \$30 Preferred Brand \$80 Non-Preferred Brand \$120 Specialty Rx 20%	<u>Retail - for 30 day supply:</u> Generic \$15 Preferred Brand \$40 Non-Preferred Brand \$60 Specialty Rx 20% <u>Mail Order - for 90 day supply:</u> Generic \$30 Preferred Brand \$80 Non-Preferred Brand \$120 Specialty Rx 20%	<u>Retail - for 30 day supply:</u> Generic \$15 Preferred Brand \$40 Non-Preferred Brand \$60 Specialty Rx 20% <u>Mail Order - for 90 day supply:</u> Generic \$30 Preferred Brand \$80 Non-Preferred Brand \$120 Specialty Rx 20%
Prescription Drug OOP Maximum	\$1,500 per calendar year, per person	\$1,500 per calendar year, per person	\$1,500 per calendar year, per person	\$1,500 per calendar year, per 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 \$9,200 per single contract and \$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.**

**\*Members may be balanced billed for Out of Network**