



SUMMARY OF MEDICAL BENEFITS

****Applies to Medical OOP Maximum**

****Applies to Prescription Drug OOP Maximum**

OOP = Out-of-Pocket

Benefit	<u>\$2,500</u>
**Office Visits	\$45 Co-Pay
**Teladoc	\$0 Co-Pay
**Deductible	\$2,500 (\$5,000 Family)
**Coinsurance	80%/20%
Medical OOP Maximum	<u>In Network:</u> \$4,000 (\$8,000 Family) <u>*Out of Network:</u> \$4,400 (\$8,800 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
Prescription Drug 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 \$10,600 per single contract and to \$21,200 per all other contracts. In no circumstance will an individual enrollee within WEBT meet the PPACA total in-network out of pocket maximum of \$10,600.



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