



WEBT

Summary of Medical Benefits for Retirees 7/1/2026-6/30/2027 Over Age 65

<u>Contract Type</u>	<u>\$100 Deductible</u>	
<u>Single</u>	\$678	
<u>Benefit</u>		
**Office Visits	Deductible, then coinsurance	**Applies to Medical OOP Maximum
**Teladoc	\$0 Co-Pay	
**Deductible	\$100	
**Coinsurance	80% / 20%	
Medical OOP Maximum	In Network: \$1,600 *Out of Network: \$1,760	
**Prescription Drugs	<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	**Applies to Prescription Drug OOP Maximum
Prescription Drug OOP Maximum	\$1,500 per calendar year out of pocket maximum, per person	

Please note: This comparison of coverages is intended only as a general description of the benefit plan. Please refer to the benefit document for full details.

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