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

Contract Type	$1,500 Deductible	$2,500 Deductible	$3,500 Deductible	$5,000 Deductible
Under age 60				
Single	$1,565	$1,414	$1,304	$1,187
Single Plus Dependent Child(ren)	$2,348	$2,121	$1,956	$1,781
Age 60-64				
Single	$2,052	$1,861	$1,710	$1,556
Single Plus Dependent Child(ren)	$3,078	$2,792	$2,565	$2,334
	**Applies to Medical OOP Maximum		**Applies to Prescription Drug OOP Maximum	
Benefit				
**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	In Network:	In Network:	In Network:	In Network:
	$3,000 ($6,000 Single plus Dep)	$4,000 ($8,000 Single plus Dep)	$5,000 ($10,000 Single plus Dep)	$6,500 ($13,000 Single plus Dep)
	*Out of Network:	*Out of Network:	*Out of Network:	*Out of Network:
	$3,300 ($6,600 Single plus Dep)	$4,400 ($8,800 Single plus Dep)	$5,500 ($11,000 Single plus Dep)	$7,150 ($14,300 Single plus Dep)
**Prescription Drugs	Retail - for 30 day supply:	Retail - for 30 day supply:	Retail - for 30 day supply:	Retail - for 30 day supply:
	Generic $15	Generic $15	Generic $15	Generic $15
	Preferred Brand $40	Preferred Brand $40	Preferred Brand $40	Preferred Brand $40
	Non-Preferred Brand $60	Non-Preferred Brand $60	Non-Preferred Brand $60	Non-Preferred Brand $60
	Specialty Rx 20%	Specialty Rx 20%	Specialty Rx 20%	Specialty Rx 20%
	Mail Order - for 90 day supply:	Mail Order - for 90 day supply:	Mail Order - for 90 day supply:	Mail Order - for 90 day supply:
	Generic $30	Generic $30	Generic $30	Generic $30
	Preferred Brand $80	Preferred Brand $80	Preferred Brand $80	Preferred Brand $80
	Non-Preferred Brand $120	Non-Preferred Brand $120	Non-Preferred Brand $120	Non-Preferred Brand $120
Prescription Drug OOP Maximum	$1,500 per calendar year out of pocket maxiumum, per person	$1,500 per calendar year out of pocket maxiumum, per person	$1,500 per calendar year out of pocket maxiumum, per person	$1,500 per calendar year out of pocket maxiumum, per person

Please note: PPACA limits the total annual in-network out of pocket maximum to $10,600 per single contract and $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.
This comparison of coverages is intended only as a general description of the benefit plans. Please refer to the Benefit Document for details.
***Members may be balanced billed for Out of Network**