

WEBT
SUMMARY OF MEDICAL BENEFITS for Retirees 7/1/2018-6/30/2019

Over Age 65

<u>Contract Type</u>	<u>\$100 Deductible</u>	
Single	\$432	
<u>Benefit</u>		
**Office Visits	Deductible, then coinsurance	**Applies to Medical OOP Maximum
**Deductible	\$100	
**Coinsurance	80% / 20%	
Medical OOP Maximum	\$1,600	
**Prescription Drugs	<u>Retail - for 30 day supply:</u> Generic \$15 Listed Brand \$40 Non-Listed Brand \$60 Specialty Rx 20% <u>Mail Order - for 90 day supply:</u> Generic \$30 Listed Brand \$80 Non-Listed Brand \$120 Specialty Rx 20%	**Applies to Prescription Drug OOP Maximum
Prescription Drugs OOP Maximum	\$1,500 per calendar year out of pocket maximum	

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

WEBT

Summary of Medical Benefits

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
Physicians Office Ambulatory Surgical Center	Covered at 100% of Allowable Charges after Deductible
Laboratory/Pathology/X-Ray	Deductible + 20% Coinsurance
Magnetic Resonance (MRI) Initial on one day Additional on same day	Deductible + 20% Coinsurance Limited to 50% of Allowable Charges
Work Related Injuries	Deductible + 20% Coinsurance
Therapy Physical Therapy Occupational Therapy Speech Therapy	Deductible + 20% Coinsurance - 30 Visits per Illness or Injury
Spinal Manipulations	Deductible + 20% - 30 Visits per Calendar Year
Ambulance Ground Air	Deductible + 20% Coinsurance
Mental Health	Deductible + 20% Coinsurance
Substance Abuse	Deductible + 20% Coinsurance
Rehabilitation Services	Deductible + 20% Coinsurance for Specified Conditions that Meet Criteria
Plan Maximum	Unlimited