

Medical

WEA Trust

Coverage	HDHP (\$3,500 Deductible)		HDHP (\$2,000 Deductible)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	Trust Preferred		Trust Preferred	
Annual Deductible	Embedded		Non-Embedded	
Individual	\$3,500	\$7,000	\$2,000	\$4,000
Family	\$7,000	\$14,000	\$4,000	\$8,000
Out-of-Pocket Maximum	Deductible/ Coinsurance / Copay	Deductible/ Coinsurance Only	Deductible/ Coinsurance / Copay	Deductible/ Coinsurance Only
Individual	\$6,650	\$10,000	\$6,650	\$10,000
Family	\$13,300	\$20,000	\$13,300	\$20,000
Coinsurance	0%	20%	0%	20%
Lifetime Maximum	Unlimited		Unlimited	
Physician & Services				
Primary Care Physician	\$30 Copay after Deductible	20% after Deductible	\$25 Copay after Deductible	20% after Deductible
Specialist Care Physician	\$60 Copay after Deductible	20% after Deductible	\$50 Copay after Deductible	20% after Deductible
Preventive Care	No Charge	20% after Deductible	No Charge	20% after Deductible
Urgent Care	\$100 Copay after Deductible		\$100 Copay after Deductible	
Hospital Services				
Inpatient	No Charge after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible
Outpatient	No Charge after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible
Emergency Room	\$250 Copay after Deductible		\$200 Copay after Deductible	
Retail & Mail Order (In-Network Only and Copays apply after the Deductible)				
Retail (up to a 30-day supply)	\$0/ \$10/ \$30/ \$60		\$0/ \$10/ \$30/ \$60	
Mail Order (up to a 90-day supply)	\$20/ \$60/ \$120		\$20/ \$60/ \$120	

See Certificate of Coverage for full policy details including limits and exclusions. To identify an in-network provider go to www.weatrust.com

Preauthorization – Certain services require preauthorization. You will find a list of the services that require preauthorization on our website at weatrust.com. We will impose a penalty of 50% of the maximum allowable fee before deductible, coinsurance, and copayments are applied, up to \$500 per covered service, for failure to preauthorize. This penalty does not apply to your maximum out-of-pocket limit.

Penalty for Failure to Timely Notify Us of Any Hospital Admission for an Emergency or Childbirth – 50% of covered services up to a maximum of \$250. This penalty does not apply to your maximum out-of-pocket limit.

Benefits above show employee responsibility.

2020 – 2021 Bi-monthly Medical Contributions	HDHP (\$3,500 Deductible)	HDHP (\$2,000 Deductible)
Employee Only	\$31.48	\$98.88
Employee + Family	\$87.85	\$276.54