

## Medical Coverage

The District offers a choice of medical plan options so you can choose the plan that best meets your needs – and those of your family.

Plan Provisions	WEA Trust					
	\$2,000 Ded 80-60 Essential Qualified		\$3,000 Ded 80-60 Essential Qualified		\$4,000 Ded 80-60 Essential Qualified	
	In- Network	Out-of- Network	In- Network	Out-of- Network	In- Network	Out-of- Network
<b>Annual Deductible (Individual/Family)</b>	\$2,000/ \$4,000	\$4,000/ \$8,000	\$3,000/ \$6,000	\$6,000/ \$12,000	\$4,000/ \$8,000	\$8,000/ \$16,000
<b>Out-of-Pocket Maximum (Includes Deductible/Embedded Deductible)</b>	\$3,000/ \$6,000	\$6,000/ \$12,000	\$4,000/ \$8,000	\$9,000/ \$18,000	\$5,000 \$10,000	\$10,000/ \$20,000
	Included Deductible		Includes Embedded Deductible		Includes Embedded Deductible	
<b>Lifetime Maximum</b>	Unlimited		Unlimited		Unlimited	
<b>Preventive Care</b>	100%	60%*	100%	60%*	100%	60%*
<b>Primary Physician Office Visit</b>	80%*	60%*	80%*	60%*	80%*	60%*
<b>Specialist Office Visit</b>	80%*	60%*	80%*	60%*	80%*	60%*
<b>X-Ray and Lab</b>	80%*	60%*	80%*	60%*	80%*	60%*
<b>Inpatient Hospital Services</b>	80%*	60%*	80%*	60%*	80%*	60%*
<b>Outpatient Hospital Services</b>	80%*	60%*	80%*	60%*	80%*	60%*
<b>Urgent Care</b>	80%*	60%*	80%*	60%*	80%*	60%*
<b>Emergency Room Care</b>	80%*	80%*	80%*	80%*	80%*	80%*
<b>Retail Prescription Drugs (30-day supply)</b>	80%*	60%*	80%*	60%*	80%*	60%*
<b>Mail Order Prescription Drugs (90-day supply)</b>	80%*	60%*	80%*	60%*	80%*	60%*
<b>Premium Rates - Wellness</b>	24 Pay	20 Pay	24 Pay	20 Pay	24 Pay	20 Pay
<b>Single</b>	\$82.52	\$99.02	\$38.04	\$45.65	\$9.55	\$11.46
<b>Family</b>	\$216.20	\$259.43	\$99.66	\$119.59	\$25.01	\$30.01
<b>Premium Rates - Non Wellness</b>	24 Pay	20 Pay	24 Pay	20 Pay	24 Pay	20 Pay
<b>Single</b>	\$137.07	\$164.49	\$85.59	\$102.70	\$52.61	\$63.13
<b>Family</b>	\$359.13	\$430.95	\$224.24	\$269.09	\$137.83	\$165.39

\*After deductible.