

**WISCONSIN ELECTRICAL EMPLOYEES HEALTH AND WELFARE PLAN
2024 CALENDAR YEAR DEDUCTIBLE AND MAXIMUM OUT OF POCKET AMOUNTS**

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| Major Medical Calendar Year Deductible (PPO and Non-PPO charges combined to satisfy deductible) | PPO / Non-PPO | |
| Individual | \$500 | |
| Family | \$1,500 | |
| | PPO | Non-PPO |
| Coinsurance Amount | Plan | Participant |
| PPO Covered Charges | 90% | 10% |
| Non-PPO Covered Charges | 70% | 30% |
| Medical Maximum Out of Pocket Expense Per Calendar Year (after calendar year deductible has been satisfied) | Individual | Family |
| PPO Covered Charges | \$1,350 | \$4,050 |
| Non-PPO Covered Charges | N/A | N/A |
| SAV-RX (Prescription Card Service) | CO-PAY AMOUNT | |
| | 30 Day Fill | 60-90 Day Fill |
| Generic | \$10 | \$15 |
| Brand Name | \$50 | \$75 |
| | Individual | Family |
| SAV-RX - Maximum Out of Pocket Expense Per Calendar Year | \$7,600 | \$13,350 |
| | | |
| 2024 TOTAL MEDICAL & PRESCRIPTION OOP | \$9450 | \$18,900 |
| PLEASE NOTE: For Participant Eligibility and Individual Benefit Summary, visit our website's home page, www.weebf.com , click on the "Provider Portal" and input the requested data. | | |
| PPO Provider Directory – go to www.anthem.com for an updated PPO Provider Listing. | | |