

**WISCONSIN ELECTRICAL EMPLOYEES HEALTH AND WELFARE PLAN
2023 CALENDAR YEAR DEDUCTIBLE AND MAXIMUM OUT OF POCKET AMOUNTS**

Major Medical Calendar Year Deductible (PPO and Non-PPO charges applied separately to satisfy deductible)	PPO	Non-PPO
Individual	\$500	\$500
Family	\$1,500	\$1,500
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	\$1,000	\$3,000
Non-PPO Covered Charges	\$3,000	\$9,000
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	\$13,700

PLEASE NOTE: For Participant Eligibility and Individual Benefit Summary, on our website's home page, click on the "Provider Portal" and input the requested data.

PPO Provider Directory – go to www.anthem.com for an updated PPO Provider Listing.