WABIT HEALTH INSURANCE PLAN OPTIONS

Not a complete description. A summary plan description, including complete details of benefits and exclusions will be provided to WAB members upon request.

PLANS	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
Deductible Single	$500	$1,000	$1,000	$200 Family Monthly	$2,500	$2,500	$5,000
Family	$1,000	$2,000	$2,000		5,000	$5,000	$10,000
Co-Insurance	50/50	80/20	50/50	50/50	50/50	90/10	100%
Out-of-Pocket Max Single	$2,500	$2,000;	$3,500	$2000+FMD;	$10,000;	$5,000;	$5,000;
Family	$5,000	$4,000	$7,000	$4,000+FMD	$20,000	$10,000	$10,000
Dr. Office Visit	Deductible & co-insurance apply	Deductible & co-insurance apply	$35 Fam. Dr.	Deductible & co-insurance apply	$35 Fam. Dr.	Deductible & co-insurance apply	Deductible & co-insurance apply
Co-Pay			$70 Spclst up to $400		$70 Spclst up to $400		
Accident	100% to $1000 per person	100% to $1000 per person	Subject to deductible & Coinsurance	Subject to deductible & Coinsurance	100% to $1000 per person	Subject to deductible & Coinsurance	Subject to deductible & Coinsurance
Wellness Benefit	To age 2: 100%; 2-39: 100% to $300; 40-49: 100% to $500; 50+:100% to $750						
National Pharmaceutical Retail Prescriptions Non-Formulary Drugs	$50+20% copay to $100/fill	$50+20% copay to $100/fill	$50+20% copay to $100/fill	$50+20% copay to $100/fill	$50+20% copay to $100/fill	Discount Card Subject to deductible & Coinsurance	Discount Card Subject to deductible & Coinsurance
Formulary	$25 copay	$25 copay	$25 copay	$25 copay	$50+20% copay to $100/fill		
Generic	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay		