US Benefits 2025

Gold PPO Health Plan Summary

	In Network	Out of Network
Medical		
Lifetime Plan Maximum	Unlimited	Unlimited
Calendar Year Deductible:		
Individual	$250	$1,000
Family	$500	$2,000
Out of Pocket Maximum:		
Individual	$2,000	$6,000
Family	$4,000	$12,000
Coinsurance (plan pays)	90%	70%
Physician Office Visits:		
Primary Care	$15	Deductible and coinsurance
Specialists	$25	
Any services in addition to the office visit will be subject to the deductible and coinsurance (e.g., lab work, x-rays)		
Hospital Visits:		
Inpatient	$250 per admission, then deductible and coinsurance	$250 per admission, then deductible and coinsurance
Outpatient	$100 per procedure, then deductible and coinsurance	$100 per procedure, then deductible and coinsurance
Emergency Room	$125 per visit, then 100%	$125 per visit, then deductible and coinsurance
	Copay waived if admitted within 24 hours	
Urgent Care Center	$50 per visit	$50 per visit
Preventive Exams	100% Coverage	Not Covered
Immunizations	100% Coverage	100% for flu and shingles only

	In Network	Out of Network
Chiropractic Services	$25 per visit	$25 per visit, then deductible and coinsurance Limit of 35
Skilled Nursing	Deductible and coinsurance	Deductible and coinsurance
	Limited to 60 days per calendar year	
Lab and X-Ray	Deductible and coinsurance	Deductible and coinsurance
Home Health Care	Deductible and coinsurance	Deductible and coinsurance
	$25,000 maximum annual benefit, combined with private duty nursing	
Hospice Care	80% after deductible and coinsurance	80% after deductible
Durable Medical Equipment	80% after deductible and coinsurance	80% after deductible
Mental Health & Alcohol/Drug Abuse:		
Inpatient	$250 per admission, then deductible and coinsurance	$250 per admission, then deductible and coinsurance
Outpatient	$15 per visit	30% after deductible and coinsurance
Infertility Treatment (Progyny)*	70% Coinsurance	Not Covered

**This benefit does not apply to Out of Pocket Max*

Prescription Drug*		
	Retail (After $50 per covered person deductible):	Mail Order:
Generic	$5	$10
Preferred Brand Name	$20	$40
Non-Preferred Brand Name	$35	$70

**See the Summary Plan Description for more details and specific plan information*

Monthly Premiums		
Employee Only	$25/month ($12.50 semi-monthly)	* $100/month ($50 semi-monthly) spousal surcharge applied to individuals earning $100K or more annually if spouse/domestic partner works and is offered coverage through their employer but is enrolled in WWT's plan.
Employee + Spouse*	$90/month ($45 semi-monthly)	
Employee + Child(ren)	$70/month ($35 semi-monthly)	
Family*	$145/month ($72.50 semi-monthly)	