

US Benefits 2025

Platinum PPO Health Plan Summary



In Network

Out of Network

Medical		
	In Network	Out of Network
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)	100%	70%
Physician Office Visits:		
Primary Care	\$15	Deductible and coinsurance
Specialists	\$25	
<i>Any services in addition to the office visit will be subject to the deductible (e.g., lab work, x-rays)</i>		
Hospital Visits:		
Inpatient	\$250 per admission, then deductible	\$250 per admission, then deductible and coinsurance
Outpatient	\$100 per procedure, then deductible	\$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	Deductible and coinsurance
Lab and X-Ray	Deductible	Deductible and coinsurance
Home Health Care	Deductible	Deductible and coinsurance
Hospice Care	80% after deductible	80% after deductible
Durable Medical Equipment	80% after deductible	80% after deductible

Mental Health & Alcohol/Drug Abuse:

Inpatient	\$250 per admission, then deductible	\$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	\$40/month (\$20 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*	\$140/month (\$70 semi-monthly)	
Employee + Child(ren)	\$110/month (\$55 semi-monthly)	
Family*	\$240/month (\$120 semi-monthly)	