

WEA-MedPlus

Effective January 1, 2021

Affordable and Simple Rates

- Guaranteed for the year
- No age penalties
- Rates are only based on location

Medical Benefits

- Deductible coverage
- Copay coverage
- Coinsurance coverage

- Access to Virtual Visits, our Low Back Pain Program and the SilverSneakers® fitness program
- Vision benefits through NVA
- Optional family coverage for spouses or domestic partners
- No network limitations
- Foreign emergency coverage
- Simple sign-up process

Additional Benefits

Area	3-Digit Zip Code	Single Rate	Family Rate
Wisconsin (excluding Milwaukee, Racine, Hudson)	535xx - 539xx, 541xx - 549xx	\$225.64	\$451.28
Milwaukee, Racine, Hudson	530xx - 534xx, 540xx	\$253.85	\$507.70
Minnesota	550xx - 567xx	\$239.75	\$479.50
Florida	320xx - 349xx	\$310.26	\$620.51
All Other	xxxxx	\$282.05	\$564.11

		Medicare Part A	Using in-network healthcare providers	
	Per benefit period	Medicare pays	This policy pays	You pay
Inpatient Hospitalization Semi-private room and board, general nursing, and miscellaneous hospital services and supplies	First 60 days	All but \$1,484 deductible per benefit period	\$1,484 deductible per benefit period	\$0 for Medicare eligible expenses
	61 st to 90 th day	All but \$371 per day charge per benefit period	\$371 per day charge per benefit period	\$0 for Medicare eligible expenses
	91 st to 150 th day (after 91 st day using 60 lifetime reserve days)	All but \$742 per day charge per benefit period	\$742 per day charge per benefit period	\$0 for Medicare eligible expenses
	Beyond 150 days	No coverage	All medically necessary and appropriate days	\$0 for Medicare eligible expenses
Inpatient Psychiatric Care	190 days per lifetime	100% of approved amounts	All medically necessary and appropriate services (no limit)	\$0 for Medicare eligible expenses
Skilled Nursing Facility After a 3-day hospitalization, enter Medicare approved facility within 30 days of discharge from hospital	Days 1-20	100% of approved amount	\$0	\$0 for Medicare eligible expenses
	Days 21-60	All but \$185.50 per day charges per benefit period	\$185.50 per day charges per benefit period	\$0 for Medicare eligible expenses
	Days 61-100	All but \$185.50 per day charges per benefit period	No coverage	Remainder of Medicare expenses
Home Health Care Medically necessary skilled care	Visits limited to part-time or intermittent nursing care	100% approved amount for services	100% of all remaining costs with no limit <i>(subject to prior authorization)</i>	\$0 for Medicare eligible expenses
Blood Inpatient		All but first 3 pints	First 3 pints and 100% of costs	\$0 for Medicare eligible expenses
Kidney Disease Treatment		Limited	No dollar limit	\$0 for Medicare eligible expenses



Note: WEA-MedPlus does not include prescription drug coverage.

		Medicare Part B	Using in-network healthcare providers	
	Per benefit period	Medicare pays	This policy pays	You pay
Outpatient Medical Services Eligible expenses for physician's services, inpatient and outpatient medical services & supplies, physical and speech therapy, diagnostic tests, durable medical equipment	Calendar year	80% of approved amount after \$203 Medicare deductible	100% of remaining costs <i>(therapies and surgeries are subject to prior authorization)</i>	\$0 for Medicare eligible expenses
Clinical Lab Services Tests for diagnostic services	Calendar year	100% of approved amounts	100% of remaining costs	\$0 for Medicare eligible expenses
Blood Outpatient	Calendar year	80% of approved amount after \$203 Medicare deductible <i>(starting with the fourth pint)</i>	100% of remaining costs	\$0 for Medicare eligible expenses
Chiropractic	Calendar year	80% of approved amount after \$203 Medicare deductible	100% of remaining costs	\$0 for Medicare eligible expenses
Ambulatory Surgical Center	Calendar year	80% of approved amount after \$203 Medicare deductible	100% of remaining costs	\$0 for Medicare eligible expenses
Breast Reconstruction Following a mastectomy	Calendar year	80% of approved amount after \$203 Medicare deductible	100% of remaining costs <i>(subject to prior authorization)</i>	\$0 for Medicare eligible expenses
Foreign Travel Emergency (100% of the maximum allowable fee)	Not covered	Not covered	Emergency services	\$0 for Medicare eligible expenses
Diabetic Medical Supplies Test strips, blood glucose monitor, lancet devices and lancets, glucose control solution	Calendar year	80% of approved amount after \$203 Medicare deductible	100% of remaining costs	\$0 for Medicare eligible expenses
Diabetic Pharmacy Supplies Insulin, syringes, needles	Calendar year	Not covered	Not covered	Covered by Part D
Preventive Services	Calendar year	Medicare covers a list of preventive services located on the Medicare website: www.medicare.gov	Physical and hearing exams, as well as preventive services listed at www.weatrust.com	\$0 for Medicare eligible expenses

Vision Benefits via National Vision Administrators (NVA)

Did you know that vision exams can serve as a window into your overall health? Annual eye exams not only detect eye diseases like cataracts and glaucoma; they can also provide early detection of conditions like diabetes and multiple sclerosis.

As a WEA-MedPlus member, you will have coverage for routine vision exams and vision correct materials, such as lenses, frames and contacts. You will also have access to a national vision network of more than 46,000 eye care professionals.

In addition to your funded benefits, your vision plan provides separate discounts for laser eye surgery through the National Lasik Network and up to 30% lower prices through Contact Fill, a mail-order service.

Covered Services	Network	Non-Network
Routine Vision Exam <i>(once every 12 months)</i>	Covered at 100%, after \$10 copay	Up to \$35
Lenses	One type of lens is covered every 12 months	
Eyeglasses	Standard glass or plastic Covered at 100%, after \$10 copay	Single vision: up to \$35 Bi-focal: up to \$40 Tri-focal: up to \$50
Elective contacts ¹	Covered up to \$125 retail allowance ² <i>(discount off remaining balance of 15% for conventional or 10% for disposable)</i> ³	Up to \$105
Non-elective contacts	Covered at 100%	Up to \$200
Frames <i>(once every 24 months)</i>	Covered up to \$125 retail allowance ⁴ <i>(discount off remaining balance of 20%)</i> ⁵	Up to \$70

1. Fitting & Follow-Up Fees are deducted from the Contact Lens Retail Allowance shown above unless otherwise specified.

2. Contact lenses covered up to \$88 Retail Allowance at Walmart and Sam's Club locations that are in the Network.

3. Discount does not apply at Contact Fill or Walmart and Sam's Club locations. Prohibited by some manufacturers or where prohibited by law.

4. Covered up to \$50 Retail Allowance at Walmart and Sam's Club locations that are in the Network.

5. Discount does not apply for certain proprietary frame brands, at Walmart and Sam's Club locations or where prohibited by law.