

WISCONSIN ELECTRICAL EMPLOYEES HEALTH AND WELFARE PLAN
2026 CALENDAR YEAR DEDUCTIBLE AND MAXIMUM OUT OF POCKET AMOUNTS

Major Medical Calendar Year Deductible (PPO and Non-PPO charges combined to satisfy deductible)	PPO / NON-PPO	
Individual	\$500	
Family	\$1,500	
Out of Pocket Cost	PPO	NON-PPO
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	\$1,550	\$4,650
Non-PPO Covered Charges	N/A	N/A
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	\$7,350	\$12,850
2026 TOTAL MEDICAL & PRESCRIPTION OOP	\$9,400	\$19,000
PLEASE NOTE: For Participant Eligibility and Individual Benefit Summary, visit our website's home page, www.weebf.com , click on the "Provider Portal" and input the requested data.		
PPO Provider Directory- go to www.anthem.com for an updated PPO Provider Listing.		