

CEBT
MEDICAL BENEFITS COMPARISON
(Effective July 1, 2013)

Medical Base Plan	Preferred Provider Organization (PPO)* Option 2	Preferred Provider Organization (PPO)* Option 3	Preferred Provider Organization (PPO)* HD2500
Office Visits	PPO \$30 co-pay Non PPO subject to deductible then 60/40	PPO \$35 co-pay Non PPO subject to deductible then 60/40	PPO subject to deductible then 80/20 Non PPO subject to deductible then 60/40
Lab Charges	PPO \$30 co-pay Non PPO subject to deductible then 60/40	PPO \$35 co-pay Non PPO subject to deductible then 60/40	PPO subject to deductible then 80/20, Non PPO subject to deductible then 60/40
Prescription Drugs	Retail - for 30 day supply: Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60 Mail Order - for 90 day supply: \$40 / \$80 / \$120	Retail - for 30 day supply: Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60 Mail Order - for 90 day supply: \$40 / \$80 / \$120	Retail – for 30 day supply Discount Pharmacy Card Reimbursed at 80/20 after deductible Mail Order – for 90 day supply Reimbursed at 80/20 after deductible
Deductible	\$600 (max of 3 per family)	\$1,000 (max of 3 per family)	\$2,500 employee coverage \$5,000 maximum No deductible carryover
Co-insurance	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
Maximum Out of Pocket	PPO \$3,500 (\$7,000 family) Non PPO \$7,000 (\$14,000 family)	PPO \$3,700 (\$7,500 family) Non PPO \$7,500 (\$15,000 family)	PPO \$3,000 employee coverage \$6,000 family coverage Non PPO \$6,000 employee coverage \$12,000 family coverage
Hospital Charges	Subject to deductible then PPO 80/20, Non PPO 60/40 Precertification is required for inpatient stays, and for surgeries, whether inpatient or outpatient	Subject to deductible then PPO 80/20, Non PPO 60/40 Precertification is required for inpatient stays, and for surgeries, whether inpatient or outpatient	Subject to deductible, then PPO 80/20, Non PPO 60/40 Precertification is required for inpatient stays and for surgeries, whether inpatient or outpatient

Medical Base Plan	Preferred Provider Organization (PPO)* Option 2	Preferred Provider Organization (PPO)* Option 3	Preferred Provider Organization (PPO)* HD2500
Emergency Care	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
Ambulance	Subject to deductible then 80/20 of "reasonable & customary"	Subject to deductible then 80/20 of "reasonable & customary"	Subject to deductible then 80/20 of "reasonable & customary"
Maternity / Prenatal Care	PPO \$30 co-pay (applies to the first prenatal care visit) Non PPO subject to deductible then 60/40	PPO \$35 co-pay (applies to the first prenatal care visit) Non PPO subject to deductible then 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
Physical Therapy	PPO \$30 co-pay Non PPO subject to deductible then 60/40	PPO \$35 co-pay Non PPO subject to deductible then 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
CT Scans and MRI's	Subject: to deductible then PPO 80/20, Non PPO 60/40	Subject: to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
MRI with contrast	Subject: to deductible then PPO 80/20, Non PPO 60/40	Subject: to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
PET Scans and SPECT scans	Subject: to deductible then PPO 80/20, Non PPO 60/40	Subject: to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
Durable Medical Equipment	Subject: to deductible then PPO 80/20, Non PPO 60/40	Subject: to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40
Chiropractor	PPO/Non PPO \$30 co-pay, \$1,000 annual benefit; benefits subject to "reasonable & customary"	PPO/Non PPO \$35 co-pay, \$1,000 annual benefit; benefits subject to "reasonable & customary"	Subject to deductible then PPO 80/20, Non PPO 60/40, \$1,000 annual benefit; benefits subject to "reasonable & customary"

*Subject to reasonable & customary guidelines (R&C)

ROUTINE SERVICES – will be processed following the Federal Patient Protection and Affordable Care Act.

The Summary of Benefits and Coverage (SBC) are posted on the www.cebt.org website.

PPO Note: The co-payment does not apply toward the out of pocket and will still need to be paid even after the out of pocket has been satisfied. Combination of PPO and Non PPO out of pocket limit will never exceed the Non PPO out of pocket limit.

This comparison of coverages is intended only as a general description for the principle features of the benefit plans. Please refer to the evidence of coverage for details.

02/01/13