

**CEBT
MEDICAL BENEFITS SUMMARY**

MEDICAL BASE PLAN	PREFERRED PROVIDER ORGANIZATION (PPO)* OPTION 6	PREFERRED PROVIDER ORGANIZATION (PPO)* OPTION 7	PREFERRED PROVIDER ORGANIZATION (PPO)* OPTION 8
Primary Care	PPO \$50 co-pay; Non PPO subject to deductible then 60/40	PPO \$55 co-pay; Non PPO subject to deductible then 60/40	PPO \$55 co-pay; Non PPO subject to deductible then 60/40
Specialty Care	PPO \$50 co-pay; Non PPO subject to deductible then 60/40	PPO \$55 co-pay; Non PPO subject to deductible then 60/40	PPO \$55 co-pay; Non PPO subject to deductible then 60/40
Lab Charges	PPO \$50 co-pay; Non PPO subject to deductible then 60/40	PPO \$55 co-pay; Non PPO subject to deductible then 60/40	PPO \$55 co-pay; Non PPO subject to deductible then 60/40
X-Ray Charges	PPO \$50 co-pay then 100% in office setting, outpatient subject to deductible 80/20, Non PPO subject to deductible 60/40	PPO \$55 co-pay then 100% in office setting, outpatient subject to deductible 80/20, Non PPO subject to deductible 60/40	PPO \$55 co-pay then 100% in office setting, outpatient subject to deductible 80/20, Non PPO subject to deductible 60/40
Prescription Drugs Retail - for 30 day supply:	Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60	Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60	Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60
Mail Order - for 90 day supply:	Generic \$40 Preferred Brand \$80 Non-Preferred Brand \$120	Generic \$40 Preferred Brand \$80 Non-Preferred Brand \$120	Generic \$40 Preferred Brand \$80 Non-Preferred Brand \$120
Deductible	\$3,000 single \$9,000 family	\$4,000 single \$12,000 family	\$5,000 single \$14,000 family
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 \$5,000 (\$10,000 family) Non PPO \$10,000 (\$20,000 family)	PPO \$6,000 (\$12,000 family) Non PPO \$12,000 (\$24,000 family)	PPO \$7,000 (\$14,000 family) Non PPO \$14,000 (\$28,000 family)
Inpatient Hospital	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
Out-Patient Hospital/Surgery	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

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Ambulatory Surgical Center	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
Emergency Care	Subject to deductible then PPO 80/20	Subject to deductible then PPO 80/20	Subject to deductible then PPO 80/20
Urgent Care	PPO \$50 co-pay; Non PPO subject to deductible then 60/40	PPO \$50 co-pay; Non PPO subject to deductible then 60/40	PPO \$50 co-pay; Non PPO subject to deductible then 60/40
Ambulance	Subject to deductible then PPO 80/20 of "reasonable & customary"	Subject to deductible then PPO 80/20 of "reasonable & customary"	Subject to deductible then PPO 80/20 of "reasonable & customary"
Maternity / Prenatal Care	PPO \$50 co-pay (applies to the first prenatal care visit) Non PPO subject to deductible then 60/40	PPO \$55 co-pay (applies to the first prenatal care visit) Non PPO subject to deductible then 60/40	PPO \$55 co-pay (applies to the first prenatal care visit) Non PPO subject to deductible then 60/40
MRI or CT Scan Outpatient Hospital	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 or CT Scan Free Standing Facility	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
Physical, Occupational and Speech Therapy	PPO \$50 co-pay; Non PPO subject to deductible then 60/40; pre-authorization required, 20 visit limit per injury or sickness	PPO \$55 co-pay, Non PPO subject to deductible then 60/40; pre-authorization required, 20 visit limit per injury or sickness	PPO \$55 co-pay; Non PPO subject to deductible then 60/40; pre-authorization required, 20 visit limit per injury or sickness
Chiropractor	PPO/Non PPO \$50 co-pay; 20 visits limit per year, benefits subject to "reasonable & customary" guidelines	PPO/Non PPO \$55 co-pay, 20 visits limit per year, benefits subject to "reasonable & customary" guidelines	PPO/Non PPO \$55 co-pay, 20 visits limit per year, benefits subject to "reasonable & customary" guidelines

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

Routine Services - will be processed following the Federal Patient Protection and Affordable Care Act.

*Ambulance, chiropractic and out of network charges are all subject to reasonable and customary guidelines (R&C)

PPO NOTE: 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 plan document for details.

02/01/2021