

CEBT
MEDICAL BENEFITS COMPARISON
(Effective July 1, 2012)

Medical Base Plan	Preferred Provider Organization (PPO) Option 4*
Office Visits	PPO \$40 co-pay Non PPO subject to deductible then 60/40
Lab Charges	PPO \$40 co-pay 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
Deductible	\$1,500 (maximum of 3 per family)
Co-insurance	Subject to deductible then PPO 80/20, Non PPO 60/40
Maximum out of Pocket	PPO \$4,000 (\$8,000 family) Non PPO \$8,000 (\$16,000 family)
Hospital Charges	Subject to deductible then PPO 80/20, Non PPO 60/40 Pre-certification is required for inpatient stays, and for surgeries, whether inpatient or outpatient
Emergency Care	Subject to deductible then PPO 80/20, Non PPO 60/40
Ambulance	Subject to deductible then 80/20 of "reasonable & customary"
Maternity / Prenatal Care	PPO \$40 co-pay (applies to the first prenatal care visit) Non PPO subject to deductible then 60/40
Physical Therapy	PPO \$40 co-pay Non PPO subject to deductible then 60/40
Durable Medical Equipment	Subject to deductible then PPO 80/20, Non PPO 60/40
Chiropractor	PPO/Non PPO \$40 co-pay, \$1,000 annual benefit; benefits subject to "reasonable & customary"

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

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

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

01/01/12