

## CEBT MEDICAL BENEFITS COMPARISON

MORGAN COUNTY SCHOOL DISTRICT RE-3

**CEBT**  
Benefit by Trust

MEDICAL BASE PLAN	PPO3	PPO6	HDHP3
Office Visit (Primary   Specialty)	\$35 Copay   \$35 Copay	\$50 Copay   \$50 Copay	Deductible + 20% to OOP Max
Deductible (Single   Family)	\$1,000   \$2,000	\$3,000   \$6,000	\$3,000 * Embedded   \$6,000 *Embedded
Coinsurance (In   Out)	20% In   40% Out	20% In   40% Out	20% In   40% Out
Out of Pocket Single (In   Out)	\$3,750   \$7,500	\$5,000   \$10,000	\$5,000   \$10,000
Out of Pocket Family (In   Out)	\$7,500   \$15,000	\$10,000   \$20,000	\$10,000   \$20,000
Inpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Outpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Rx Retail	Generic \$20   Preferred \$40   Non-Preferred \$60	Generic \$20   Preferred \$40   Non-Preferred \$60	Deductible then: Generic \$20   Preferred \$40   Non-Preferred \$60
Rx Mail Order	2 X Copay	2 X Copay	2 X Copay
Preventative Visit	Covered 100%	Covered 100%	Covered 100%
Chiropractic	\$35 Copay   20 Visits per year	\$50 Copay   20 Visits per year	Deductible+ 20% to OOP Max   20 Visits per year
Teladoc	Covered 100%	Covered 100%	\$45 Copay
Telehealth	\$35 Copay	\$50 Copay	Deductible + 20% to OOP Max
Advanced Imaging	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible+ 20% to OOP Max
X-ray	\$35 Copay office setting   Outpatient setting Deductible + 20% to OOP Max	\$50 Copay office setting   Outpatient setting Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Lab	\$35 Copay	\$50 Copay	Deductible+ 20% to OOP Max
Urgent Care	\$75 Copay	\$75 Copay	Deductible + 20% to OOP Max
Emergency Care	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max

This comparison of coverages is intended only as a general description for the principle in network features of the benefit plans. Please refer to the plan document that is posted on the [www.cebt.org](http://www.cebt.org) website for details.

Preventative Services - will be processed following the Federal Patient Protection and Affordable Care Act. For more information on these services go to <https://cebt.org/resources/benefit-booklets>.

\*Embedded - Under this deductible definition, any single member of a family doesn't have to meet the full family deductible for the after-deductible benefits to kick in. Once they meet the individual deductible, plan benefits will start to pay.

PPO Note: Combination of PPO and Non PPO out of pocket limit will never exceed the Non PPO out of pocket limit.

Family Deductible: Combines individual and family deductible. When a family member has a health care expense, the money paid toward the individual deductible is also credited toward the family deductible. *Ex-An individual satisfies a \$3,500 deductible which is then credited toward the \$7,000 family deductible and leaves a balance of \$3,500 to be satisfied by another family member or members.*