

CEBT MEDICAL BENEFITS COMPARISON

CENTENNIAL BOCES

MEDICAL BASE PLAN	PPO4	PPO5	PPO6
Office Visit (Primary Specialty)	\$40 Copay \$40 Copay	\$45 Copay \$45 Copay	\$50 Copay \$50 Copay
Deductible (Single Family)	\$1,500 \$3,000 Embedded	\$2,500 \$5,000 Embedded	\$3,000 \$6,000 Embedded
Coinsurance (In Out)	20% In *40% Out	20% In *40% Out	20% In *40% Out
Out of Pocket Single (In Out)	\$4,000 \$8,000	\$4,500 \$9,000	\$5,000 \$10,000
Out of Pocket Family (In Out)	\$8,000 \$16,000	\$9,000 \$18,000	\$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	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	*\$40 Copay 20 Visits per year	*\$45 Copay 20 Visits per year	*\$50 Copay 20 Visits per year
Teladoc	Covered 100%	Covered 100%	Covered 100%
Telehealth	\$40 Copay	\$45 Copay	\$50 Copay
Advanced Imaging	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
X-ray	\$40 Copay office setting Outpatient setting Deductible + 20% to OOP Max	\$45 Copay office setting Outpatient setting Deductible + 20% to OOP Max	\$50 Copay office setting Outpatient setting Deductible + 20% to OOP Max
Lab	\$40 Copay	\$45 Copay	\$50 Copay
Urgent Care	\$75 Copay	\$75 Copay	\$75 Copay
Emergency Care	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max

This comparison of coverage is intended only as a general description for the principle in network features of the benefit plans. If there are questions about a particular benefit or the coverage tier, please refer to the full plan document that is posted on the www.cebt.org website for specific coverage details.

*Charges are subject to Usual & Customary (U&C). These charges are considered in excess of the Reasonable Reimbursement, the Recognized Amount, the Usual and Customary charge, the Negotiated Rate, or the fee schedule. Exclusions under this category do not apply to payments that may be required under the No Surprises Act.

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>.

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

PPO Plan deductibles fall under the definition of an Embedded deductible where 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.