

**CEBT MEDICAL BENEFITS COMPARISON**

ELIZABETH SCHOOL DISTRICT

MEDICAL BASE PLAN	PPO6	HDHP3	KP-HDHP 2500
<b>Office Visit (Primary Specialty)</b>	\$50 Copay   \$50 Copay	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
<b>Deductible (Single Family)</b>	\$3,000   \$6,000 Embedded	\$3,000   \$6,000 Embedded	\$2,500   \$5,000 *Non-Embedded
<b>Coinsurance (In Out)</b>	20% In   *40% Out	20% In   *40% Out	20% In network only
<b>Out of Pocket Single (In Out)</b>	\$5,000   \$10,000	\$5,000   \$10,000 Embedded	\$3,000
<b>Out of Pocket Family (In Out)</b>	\$10,000   \$20,000	\$10,000   \$20,000 Embedded	\$6,000
<b>Inpatient Hospital</b>	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
<b>Outpatient Hospital</b>	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max   Amb Surg Center Deductible + 10% to OOP Max
<b>Rx Retail</b>	Generic \$20   Preferred \$40   Non-Preferred \$60	Deductible then: Generic \$20   Preferred \$40   Non-Preferred \$60	Deductible then: Generic \$20   Preferred \$40   Non-Preferred \$60   Specialty 20% coins
<b>Rx Mail Order</b>	2 X Copay	2 X Copay	2 X Copay
<b>Preventative Visit</b>	Covered 100%	Covered 100%	Covered 100%
<b>Chiropractic</b>	*\$50 Copay   20 Visits per year	*Deductible + 20% to OOP Max   20 Visits per year	Deductible + 20% to OOP Max   20 Visits per year
<b>Teladoc</b>	Covered 100%	Covered 100%	N/A
<b>Telehealth</b>	\$50 Copay	Deductible + 20% to OOP Max	Deductible then applicable copay or coins
<b>Advanced Imaging</b>	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
<b>X-ray</b>	\$50 Copay office setting   Outpatient setting Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
<b>Lab</b>	\$50 Copay	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
<b>Urgent Care</b>	\$75 Copay	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
<b>Emergency Care</b>	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](http://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>.

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.

Non-Embedded - Also referred to as an aggregate deductible. Under this arrangement, the total family deductible must be paid out-of-pocket before health insurance starts paying for the health care services incurred by any family member. Usually applies in High Deductible Health plan. The individual deductible doesn't apply if there are multiple people covered by the plan (Employee +1, Employee + Spouse, Family Coverage, etc.)

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.

The member must use a contracted Kaiser Permanente provider for all care. Out of network providers are only covered if the charges are for emergency treatment. If this is not done, there is no guarantee that the charges will be covered.

Kaiser Preventative Services – will be processed following the Federal Patient Protection and Affordable Care Act. For a full list go to [https://healthy.kaiserpermanente.org/colorado/learn/preventive-services?kp\\_shortcut\\_referrer=kp.org/prevention#p1](https://healthy.kaiserpermanente.org/colorado/learn/preventive-services?kp_shortcut_referrer=kp.org/prevention#p1)