## CEBT Medical Benefits Comparison

**CEBT Select 4**
- **Office Visit (Primary|Specialty)**
  - Tier 1: $0 Copay
  - Tier 2: Ded + 50% to OOP Max
  - Specialist: Tier 1: $100 Copay
  - Tier 2: Ded + 50% to OOP Max

**PPO5**
- $45 Copay | $45 Copay

**KP-DHMO 1500**
- $40 Copay | $40 Copay

### Deductible (Single|Family)
- **Single Tier 1**: $1,500, Tier 2: $3,000
- **Family Tier 1**: $3,000, Tier 2: $6,000

**Inpatient Hospital**
- **Tier 1 Deductible + 20% to OOP Max**
- **Tier 2 Deductible + 50% to OOP Max**

**Outpatient Hospital**
- **Tier 1 Deductible + 20% to OOP Max**
- **Tier 2 Deductible + 50% to OOP Max**

**Rx Retail**
- Generic $20 | Preferred $40 | Non-Preferred $60

**Rx Mail Order**
- 2 X Copay

**Preventative Visit**
- Covered 100%

**Chiropractic**
- $45 Copay | 20 Visits per year

**Teladoc**
- Covered 100%

**Telehealth**
- $45 Copay

**Advanced Imaging**
- Tier 1: $500 Copay | Tier 2: Deductible + 50% to OOP Max

**X-ray**
- $25 Copay

**Lab**
- $25 Copay

**Urgent Care**
- Covered 100%

**Emergency Care**
- Tier 1: Deductible + 20% to OOP Max
- Tier 2: Deductible + 50% to OOP Max

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**Out of Pocket Single (In|Out)**
- **Tier 1**: $4,000 | Tier 2: $8,000

**Out of Pocket Family (In|Out)**
- **Tier 1**: $8,000 | Tier 2: $16,000

**Coinsurance (In|Out)**
- **Tier 1**: 20%
- **Tier 2**: 50%

**Inpatient Hospital**
- **Deductible + 20% to OOP Max**

**Outpatient Hospital**
- **Deductible + 20% to OOP Max**

**Rx Retail**
- Generic $20 | Preferred $40 | Non-Preferred $60

**Rx Mail Order**
- 2 X Copay

**Preventative Visit**
- Covered 100%

**Chiropractic**
- $45 Copay | 20 Visits per year

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**Advanced Imaging**
- Tier 1: $500 Copay | Tier 2: Deductible + 50% to OOP Max

**X-ray**
- $25 Copay

**Lab**
- $25 Copay

**Urgent Care**
- Covered 100%

**Emergency Care**
- Tier 1: Deductible + 20% to OOP Max
- Tier 2: Deductible + 50% to OOP Max

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**March 11, 2022**

**Thompson School District R-2J**
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](https://cebt.org/resources/benefit-booklets).

CEBT Select 4: If there is no tier 1 or tier 2 designation noted, the benefit will revert to the PPO5 benefit.

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 healthcare expense, the money paid toward the individual deductible is also credited toward the family deductible. *Ex: An individual satisfies a $3,500 individual 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.*

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)