

# Medical Plan Comparison

Carrier: Anthem In-Network Services	CEBCO 500 PPO	CEBCO 3000 PPO
<b>Deductible</b>	\$500 Ind. / \$1,000 Family	\$3,000 Ind. / \$6,000 Family
<b>Out-of-pocket Maximum</b>	\$2,500 Ind. / \$5,000	\$6,000 Ind. / \$12,000 Family
<b>PCP Office Visit</b>	\$25 Copay <i>*Deductible does not apply</i>	\$30 Copay <i>*Deductible does not apply</i>
<b>Specialist Office Visit</b>	\$25 Copay <i>*Deductible does not apply</i>	\$60 Copay <i>*Deductible does not apply</i>
<b>Preventive Care</b>	Covered at 100%	Covered at 100%
<b>Inpatient Hospital</b>	20% Coinsurance	20% Coinsurance
<b>Outpatient Facility</b>	20% Coinsurance	20% Coinsurance
<b>Emergency Room</b>	\$200 Copay <i>*Deductible does not apply</i>	\$300 Copay <i>*Deductible does not apply</i>
<b>Urgent Care</b>	\$45 Copay <i>*Deductible does not apply</i>	\$75 Copay <i>*Deductible does not apply</i>
<b>Prescription Drug (Retail)</b>	Tier 1: \$10 min. /\$25 max. copay Tier 2: \$25 min. /\$50 max. copay Tier 3: \$30 min. /\$85 max. copay Specialty: \$85 max. copay  <i>*Deductible does not apply</i>	Tier 1: \$10 min. /\$25 max. copay Tier 2: \$25 min. /\$50 max. copay Tier 3: \$30 min. /\$85 max. copay Specialty: \$85 copay  <i>*Deductible does not apply</i>
<b>Prescription Drug (Mail Order)</b>	Tier 1: \$20 copay Tier 2: \$40 copay Tier 3: \$70 copay Specialty: \$85 max. copay  <i>*Deductible does not apply</i>	Tier 1: \$20 copay Tier 2: \$40 copay Tier 3: \$70 copay Specialty: \$85 copay  <i>*Deductible does not apply</i>

