

Carolinas Electrical Contractors Association (CECA)

BASE PLAN

Medical Plan Outline

<u>Type of Coverage</u>	<u>In- Network PPO Benefit</u>	<u>Out of Network Benefit</u>
Lifetime Maximum	\$1,000,000	
Deductible	\$1,000 Individual \$3,000 Family	\$2,000 Individual \$6,000 Family
Out of Pocket	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
Physician Office Visits (Services done in and billed by the physician's office)	Deductible then 60%	Deductible then 40%
Preventive Care / Wellness	Deductible then 60%	N/A
Inpatient and Outpatient Surgery	Deductible then 60%	Deductible then 40%
Inpatient Physician Services	Deductible then 60%	Deductible then 40%
Inpatient and Outpatient Hospital Care	Deductible then 60%	Deductible then 40%
Emergency Room Treatment	Deductible then 60%	Deductible then 40%
Pre-Admission Testing	100%	100%
Home Health Care	100% - Subject to plan maximums	100% - Subject to plan maximums
Skilled Nursing Facility	100% - Subject to plan maximums	100% - Subject to plan maximums
Mental and Nervous and Substance Abuse Treatment	Deductible then 60% Subject to plan maximums	Deductible then 40% Subject to plan maximums
Alternative Health Care Specialized Services	Deductible then 60% Maximum of \$2,000 per year	N/A
Prescription Drugs	Deductible then 60%	Deductible then 40%
Other eligible expenses	Deductible then 60%	Deductible then 40%