Carolinas Electrical Contractors Association (CECA)

ENHANCED PLAN

Medical Plan Outline

Type of Coverage	In- Network PPO Benefit	Out of Network Benefit
Lifetime Maximum	\$1,000,000	
Deductible	\$1,000 Individual	\$2,000 Individual
	\$3,000 Family	\$6,000 Family
Out of Pocket	\$1,500 Individual	\$3,000 Individual
	\$4,500 Family	\$9,000 Family
Physician Office Visits	Co-pay then 100%	Deductible then 60%
(Services done in and billed	Primary Care - \$25	
by the physician's office)	Specialist - \$50	
Preventive Care / Wellness	Co-pay then 100% - Subject to	N/A
	a \$250 year maximum	
	Primary Care - \$25	
	Specialist - \$50	
Inpatient and Outpatient	Deductible then 80%	Deductible then 60%
Surgery		
Inpatient Physician Services	Deductible then 80%	Deductible then 60%
Inpatient and Outpatient	Deductible then 80%	Deductible then 60%
Hospital Care		
Emergency Room Treatment	Deductible then 80%	Deductible then 60%
Pre-Admission Testing	100%	100%
Home Health Care	100% - Subject to plan	100% - Subject to plan
	maximums	maximums
Skilled Nursing Facility	100% - Subject to plan	100% - Subject to plan
	maximums	maximums
Mental and Nervous and	Deductible then 80%	Deductible then 60%
Substance Abuse Treatment	Subject to plan maximums	Subject to plan maximums
Alternative Health Care	Deductible then 80%	N/A
Specialized Services	Maximum of \$2,000 per year	
Other eligible expenses	Deductible then 80%	Deductible then 60%
Prescription Drugs	\$10 Generic	\$10 Generic
At the Retail Pharmacy	\$35 Preferred Brand	\$35 Preferred Brand
34 day supply maximum	\$50 Non-preferred Brand	\$50 Non-preferred Brand
Prescription Drugs	\$20 Generic	\$20 Generic
Mail Order	\$70 Brand	\$70 Preferred Brand
90 day supply maximum	\$100 Non-preferred Brand	\$100 Non-preferred Brand