

**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST  
APPROVED BENEFIT SCHEDULES AS OF SEPTEMBER 1, 2015**

Description of Services	Plan A		Plan B		Plan C		HDHP (HSA Qualified Plan) ***		Plan E - Option 1			
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK		
<b>Deductible</b>												
Individual	\$300/\$400**	\$800	\$500/\$600**	\$1,200	\$1,000/\$1,100**	\$2,200	\$1,300	\$2,600	\$1,000/\$1,100**	\$2,200		
Family	\$900/\$1,200**	\$2,400	\$1,500/\$1,800**	\$3,600	\$3,000/\$3,300**	\$6,600	\$2,600	\$5,200	\$3,000/\$3,300**	\$6,600		
<b>Out of Pocket Maximum</b>												
Individual	\$1,100/\$1,200**	\$3,700	\$1,200/\$1,300**	\$4,100	\$2,200/\$2,300**	\$6,900	\$3,900	\$7,750	\$1,700/\$1,800**	\$5,100		
Family	\$2,200/\$2,400**	\$11,100	\$3,600/\$3,900**	\$12,300	\$6,600/\$6,900**	\$20,700	\$7,800	\$15,500	\$5,100/\$5,400**	\$15,300		
<b>Cost Share Maximum</b>												
Individual	\$6,600	N/A	\$6,600	N/A	\$6,600	N/A	\$6,600	N/A	\$6,600	N/A		
Family	\$13,200	N/A	\$13,200	N/A	\$13,200	N/A	\$13,200	N/A	\$13,200	N/A		
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited		
<b>Reimbursement</b>	90%	70%	85%	65%	80%	60%	90% / 80%**	60%	85%	65%		
<b>Inpatient Hospital (Illness or Injury)</b>	\$250 Copay Then 90%	\$550 Copay Then 70%	\$250 Copay Then 85%	\$550 Copay Then 65%	\$250 Copay Then 80%	\$550 Copay Then 60%	\$250 Copay, Then 80%	\$550 Copay Then 60%	\$250 Copay Then 85%	\$550 Copay Then 65%		
<b>Outpatient Surgery</b>	\$250 Copay Then 90%	\$550 Copay Then 70%	\$250 Copay Then 85%	\$550 Copay Then 65%	\$250 Copay Then 80%	\$550 Copay Then 60%	\$250 Copay, Then 80%	\$550 Copay, Then 60%	\$250 Copay Then 85%	\$550 Copay Then 65%		
<b>Primary Doctor (PCP) Office Visit</b>	\$25 Copay Then 100% No deductible	70%	\$25 Copay Then 100% No deductible	65%	\$25 Copay Then 100% No deductible	60%	\$25 Copay, Then 80%	60%	\$25 Copay Then 100%	65%		
<b>Specialist Office Visit with Primary Doctor (PCP) Referral/Notification</b>	\$30 Copay Then 100% No deductible	70%	\$30 Copay Then 100% No deductible	65%	\$30 Copay Then 100% No deductible	60%	\$30 Copay Then 80%	60%	\$30 Copay Then 100%	65%		
<b>Specialist Office Visit without Primary Doctor (PCP) Referral/Notification</b>	\$40 Copay Then 100% No deductible	70%	\$40 Copay Then 100% No deductible	65%	\$40 Copay Then 100% No deductible	60%	\$40 Copay Then 80%	60%	\$40 Copay Then 100%	65%		
<b>Emergency Room</b>	\$300 Copay Then 85% No deductible	\$300 Copay Then 80%	\$300 Copay Then 80%	\$300 Copay Then 85% No deductible	\$300 Copay Then 85% No deductible							
<b>Urgent Care Facility</b>	\$40 Copay Then 90% No deductible	\$40 Copay Then 80%	\$40 Copay Then 80%	\$40 Copay Then 90% No deductible	\$40 Copay Then 90% No deductible							
<b>Drug Card</b>	Retail 90 day Maintenance Drug		Retail 90 day Maintenance Drug		Retail 90 day Maintenance Drug		Retail 90 day Maintenance Drug		Retail 90 day Maintenance Drug			
	Retail 30 days	after first 2 fills	Home Delivery up to 90 days	Retail 30 days	after first 2 fills	Home Delivery up to 90 days	Retail 30 days	after first 2 fills	Home Delivery up to 90 days	Retail 30 days	after first 2 fills	Home Delivery up to 90 days
Generic	\$12	\$36	\$30	\$12	\$36	\$30	\$12	\$36	\$30	\$12	\$36	\$30
Formulary	\$25	\$85	\$55	\$25	\$85	\$55	\$25	\$85	\$55	\$25	\$85	\$55
Non-Formulary	\$40	\$130	\$100	\$40	\$130	\$100	\$40	\$130	\$100	\$40	\$130	\$100
<b>RATES (Includes \$10,000 Basic Life)</b>												
Employee Only	\$764		\$692		\$596		\$508		\$640			
Employee + Spouse	\$1,576		\$1,424		\$1,234		\$1,044		\$1,320			
Employee+Child or Children	\$1,524		\$1,372		\$1,191		\$1,026		\$1,272			
Family	\$1,696		\$1,530		\$1,328		\$1,126		\$1,418			

**Notes:**

Network and Non-Network deductibles and out of pockets will accumulate separately

Ambulance charges will count toward the Network deductible, out of pocket maximum and ACA cost share maximum.

Emergency Room (ER) coinsurance will count toward the Network out of pocket maximum and ACA cost share maximum, and ER copays will count toward the ACA cost share maximum. The deductible does not apply to ER charges.

All Prescription Drug charges will apply toward the Network ACA Cost Share Maximum.

\*\* Members may achieve a reduced individual and family deductible and out of pocket when completing the wellness requirements. Members who are enrolled in Plan HDHP may achieve a 10% increased benefit level when completing the wellness requirements.

\*\*\* The HDHP is a High Deductible Health Plan, designed to qualify for use with a Health Savings Account (HSA). All benefits except benefits for preventive care (as defined under IRS rules) are subject to the Calendar Year Deductible. If you enrolled for Employee Only health coverage, you must pay 100% of the discounted charge for each covered service until you satisfy the Individual Calendar Year Deductible. If you are enrolled for Employee + Spouse, Employee + Child(ren) or Family health coverage you must pay 100% of the discounted charge until your covered family members satisfy the Family Calendar Year Deductible. After you satisfy the applicable Calendar Year Deductible, you will pay the copayments/coinsurance shown in the above table until your out of pocket expenses satisfy the appropriate Calendar Year Out of Pocket Maximum. The Plan will then pay 100% of the cost of your covered charges for the remainder of the year.