

**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST
BENEFIT SCHEDULES AS SEPTEMBER 1, 2016**

2016 Medical Plans H1 - H5										
Description of Services	Plan H1 (HSA Qualified Plan) ***		Plan H2 (HSA Qualified Plan) ****		Plan H3 (HSA Qualified Plan) ****		Plan H4 (HSA Qualified Plan) ****		Plan H5 (HSA Qualified Plan) ****	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Deductible**										
Individual	\$2,100	\$4,200	\$2,700	\$5,400	\$3,100	\$6,200	\$3,600	\$7,200	\$6,550	\$13,100
Family	\$4,200	\$8,400	\$5,400	\$10,800	\$6,200	\$12,400	\$7,200	\$14,400	\$13,100	\$26,200
Out of Pocket Maximum*										
Individual	\$2,100	\$6,300	\$2,700	\$8,100	\$3,100	\$9,300	\$3,600	\$10,800	\$6,550	\$19,500
Family	\$4,200	\$12,600	\$5,400	\$16,200	\$6,200	\$18,600	\$7,200	\$21,600	\$13,100	\$39,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
All charges are subject to the Calendar Year Deductible unless otherwise specified.										
Reimbursement	100%	70%	100%	70%	100%	70%	100%	70%	100%	70%
Inpatient Hospital (Illness or Injury)	100%	70%	100%	70%	100%	70%	100%	70%	100%	70%
Outpatient Surgery	100%	70%	100%	70%	100%	70%	100%	70%	100%	70%
Primary Doctor (PCP) Office Visit	100%	70%	100%	70%	100%	70%	100%	70%	100%	70%
Specialist Office Visit with PCP Referral	100%	70%	100%	70%	100%	70%	100%	70%	100%	70%
Specialist Office Visit without PCP Referral	100%	70%	100%	70%	100%	70%	100%	70%	100%	70%
Emergency Room	100%	70%	100%	70%	100%	70%	100%	70%	100%	70%
Urgent Care Facility	100%	70%	100%	70%	100%	70%	100%	70%	100%	70%
Drug Card										
	Participating	Non-Participating (Non-Network)	Participating	Non-Participating (Non-Network)	Participating	Non-Participating (Non-Network)	Participating	Non-Participating (Non-Network)	Participating	Non-Participating (Non-Network)
Generic	100%	70%	100%	70%	100%	70%	100%	70%	100%	70%
Formulary	100%	70%	100%	70%	100%	70%	100%	70%	100%	70%
Non-Formulary	100%	70%	100%	70%	100%	70%	100%	70%	100%	70%
Preventive Drugs (HHS classification)	100%, No Deductible	100%	100%, No Deductible	100%	100%, No Deductible	100%	100%, No Deductible	100%	100%, No Deductible	100%

Notes:

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

** Members may achieve a reduced individual and family deductible and out of pocket when completing the wellness requirements.

*** H1 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.

**** H2 - H5 are High Deductible Health Plans, 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 each individual in a family is not required to contribute more than the single Deductible/Out of Pocket Maximum before the Plan will pay 100% of covered expenses for that individual.

H1 - H4 (Excludes H5) The benefits described in this Schedule of Benefits are funded by a combination of an insurance policy owned by your employer and assets of the Egyptian Trust. The insurance carrier is American Public Life Insurance Company, a member of the American Fidelity Group (APL).

Claims will be processed by Meritain Health in the normal manner. However, Meritain will pull some funds from the APL account and some funds from the Egyptian Trust account to pay benefits when due. This process should be seamless to members, except your Explanation of Benefits (EOB) will show the amounts paid by APL and by the Egyptian Trust, respectively.

You will pay the calendar year deductible and all copayments and member coinsurance, as described in the Schedule of Benefits. APL will cover the plan coinsurance for most eligible Network medical expenses, up to paying a maximum of \$6,500 per covered person, and up to \$19,500 per family, each calendar year. The Egyptian Trust will pay the balance of covered benefits, including eligible Non-Network expenses, wellness benefits paid at 100%, and outpatient prescription drug benefits.