

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

2016 Medical Plans M1 - M8																		
Description of Services	Plan M1		Plan M2		Plan M3		Plan M4		Plan M5		Plan M6		Plan M7		Plan M8			
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK		
<b>Deductible**</b>																		
Individual	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$3,000	\$6,000	\$3,500	\$7,000	\$400	\$800	\$600	\$1,200	\$1,100	\$2,200		
Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$7,000	\$14,000	\$1,200	\$2,400	\$1,800	\$3,600	\$3,300	\$6,600		
<b>Out of Pocket Maximum*</b>																		
Individual	\$2,500	\$7,500	\$3,000	\$9,000	\$3,500	\$10,500	\$4,000	\$12,000	\$4,500	\$13,500	\$1,200	\$4,500	\$1,300	\$4,100	\$2,300	\$6,900		
Family	\$5,000	\$15,000	\$6,000	\$18,000	\$7,000	\$21,000	\$8,000	\$24,000	\$9,000	\$27,000	\$2,400	\$9,000	\$3,900	\$12,300	\$6,900	\$20,700		
<b>Cost Share Maximum</b>																		
Individual	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$2,500	N/A	N/A	N/A	N/A	N/A		
Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$5,000	N/A	N/A	N/A	N/A	N/A		
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited		
<b>Reimbursement</b>	85%	65%	85%	65%	85%	65%	85%	65%	85%	65%	90%	70%	85%	65%	80%	60%		
<b>Inpatient Hospital (Illness or Injury)</b>	85%	65%	85%	65%	85%	65%	85%	65%	85%	65%	\$250 then 90%	\$550 then 70%	\$250 then 85%	\$550 then 65%	\$250 then 80%	\$550 then 60%		
<b>Outpatient Surgery</b>	85%	65%	85%	65%	85%	65%	85%	65%	85%	65%	\$250 then 90%	\$550 then 70%	\$250 then 85%	\$550 then 65%	\$250 then 80%	\$550 then 60%		
<b>Primary Doctor (PCP) Office Visit</b>	\$25 copay then 100% no deductible	65%	\$25 copay then 100% no deductible	65%	\$25 copay then 100% no deductible	65%	\$25 copay then 100% no deductible	65%	\$25 copay then 100% no deductible	65%	\$25 copay then 100% no deductible	70%	\$25 copay then 100% no deductible	65%	\$25 copay then 100% no deductible	60%		
<b>Specialist Office Visit with PCP Referral</b>	\$30 copay then 100% no deductible	65%	\$30 copay then 100% no deductible	65%	\$30 copay then 100% no deductible	65%	\$30 copay then 100% no deductible	65%	\$30 copay then 100% no deductible	65%	\$30 copay then 100% no deductible	70%	\$30 copay then 100% no deductible	65%	\$30 copay then 100% no deductible	60%		
<b>Specialist Office Visit without PCP Referral</b>	\$40 copay then 100% no deductible	65%	\$40 copay then 100% no deductible	65%	\$40 copay then 100% no deductible	65%	\$40 copay then 100% no deductible	65%	\$40 copay then 100% no deductible	65%	\$40 copay then 100% no deductible	70%	\$40 copay then 100% no deductible	65%	\$40 copay then 100% no deductible	60%		
<b>Emergency Room</b>	\$300 Copay then 85%, no deductible	\$300 Copay then 85% no deductible	\$300 Copay then 85%, no deductible	\$300 Copay then 85% no deductible	\$300 Copay then 85%, no deductible	\$300 Copay then 85% no deductible	\$300 Copay then 85%, no deductible	\$300 Copay then 85% no deductible	\$300 Copay then 85%, no deductible	\$300 Copay then 85% no deductible	\$300 Copay then 85%, no deductible	\$300 Copay then 85% no deductible	\$300 Copay then 85%, no deductible	\$300 Copay then 85% no deductible	\$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 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible		
<b>Drug Card</b>	Retail 90 day Maintenance Retail 30 days    Drug after first 2 fills    Home Delivery up to 90 days		Retail 90 day Maintenance Retail 30 days    Drug after first 2 fills    Home Delivery up to 90 days		Retail 90 day Maintenance Retail 30 days    Drug after first 2 fills    Home Delivery up to 90 days		Retail 90 day Maintenance Retail 30 days    Drug after first 2 fills    Home Delivery up to 90 days		Retail 90 day Maintenance Retail 30 days    Drug after first 2 fills    Home Delivery up to 90 days		Retail 90 day Maintenance Retail 30 days    Drug after first 2 fills    Home Delivery up to 90 days		Retail 90 day Maintenance Retail 30 days    Drug after first 2 fills    Home Delivery up to 90 days		Retail 90 day Maintenance Retail 30 days    Drug after first 2 fills    Home Delivery up to 90 days		Retail 90 day Maintenance Retail 30 days    Drug after first 2 fills    Home Delivery up to 90 days	
Generic	\$12	\$36	\$30	\$12	\$36	\$30	\$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	\$25	\$85	\$55	\$25	\$85	\$55
Non-Formulary	\$40	\$130	\$100	\$40	\$130	\$100	\$40	\$130	\$100	\$40	\$130	\$100	\$40	\$130	\$100	\$40	\$130	\$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.

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.