



**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST
SUMMARY BENEFIT SCHEDULES AS OF SEPTEMBER 1, 2024**

2024-2025 Medical Plans H1, H4, and H5

Description of Services	Plan H1 BCS Group No. 0MD756 BCBS Group No. PI3198 (HSA Qualified Plan) **		Plan H4 BCS Group No. 0MD757 BCBS Group No. PI3199 (HSA Qualified Plan) ***		Plan H5 BCS Group No. 0MD758 BCBS Group PI3200 (HSA Qualified Plan) ***	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Deductible*						
Individual	\$2,100	\$4,200	\$3,600	\$7,200	\$6,550	\$13,100
Family	\$4,200	\$8,400	\$7,200	\$14,400	\$13,100	\$26,200
Out of Pocket Maximum*						
Individual	\$2,100	\$6,300	\$3,600	\$10,800	\$6,550	\$19,500
Family	\$4,200	\$12,600	\$7,200	\$21,600	\$13,100	\$39,000
Lifetime Maximum	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%
Inpatient Hospital (Illness or Injury)	100%	70%	100%	70%	100%	70%
Outpatient Surgery	100%	70%	100%	70%	100%	70%
Primary Doctor (PCP) Office Visit	100%	70%	100%	70%	100%	70%
Specialist Office Visit	100%	70%	100%	70%	100%	70%
Emergency Room	100%	100%	100%	100%	100%	100%
Urgent Care Facility	100%	70%	100%	70%	100%	70%
Drug Type¹	Participating	Non-Participating (Non-Network)	Participating	Non-Participating (Non-Network)	Participating	Non-Participating (Non-Network)
Generic	100%	70%	100%	70%	100%	70%
Formulary	100%	70%	100%	70%	100%	70%
Non-Formulary	100%	70%	100%	70%	100%	70%
Preventive Drugs (HHS classification)	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

** 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.

*** H4 and 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.

¹ You may fill the first two months of a newly prescribed **Brand Name** maintenance medication at a Prime network retail pharmacy. Subsequent fills must be obtained through Home Delivery (90-day supply). Other prescriptions can remain at retail for 30-day supplies.