

# EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST

## SUMMARY PLAN DESCRIPTIONS EFFECTIVE SEPTEMBER 1, 2009

DESCRIPTION OF SERVICES	PLATINUM				GOLD				SILVER				BRONZE			
	TIER 1 HMO	TIER 2 PPO	TIER 3 NON NETWORK	NON NETWORK METRO ST LOUIS	TIER 1 HMO	TIER 2 PPO	TIER 3 NON NETWORK	NON NETWORK METRO ST LOUIS	TIER 1 HMO	TIER 2 PPO	TIER 3 NON NETWORK	NON NETWORK METRO ST LOUIS	TIER 1 HMO	TIER 2 PPO	TIER 3 NON NETWORK	NON NETWORK METRO ST LOUIS
<b>DEDUCTIBLE</b>																
INDIVIDUAL	\$300	\$500	\$500	\$500	\$500	\$800	\$800	\$800	\$1,000	\$1,500	\$1,500	\$1,500	\$1,150	\$1,550	\$1,550	\$1,550
FAMILY	\$900	\$1,500	\$1,500	\$1,500	\$1,500	\$2,400	\$2,400	\$2,400	\$3,000	\$4,500	\$4,500	\$4,500	\$2,300	\$3,100	\$3,100	\$3,100
<b>OUT OF POCKET MAXIMUM</b>																
INDIVIDUAL	\$900	\$1,500	\$3,000	\$4,700	\$1,000	\$1,600	\$3,200	\$5,000	\$2,000	\$3,000	\$5,500	\$7,500	\$3,450	\$4,650	\$5,800	\$5,800
FAMILY	\$1,800	\$3,000	\$6,000	\$9,400	\$3,000	\$4,800	\$9,600	\$15,000	\$6,000	\$9,000	\$16,500	\$22,500	\$6,900	\$9,300	\$11,600	\$11,600
<b>LIFETIME MAXIMUM</b>	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
<b>WELLNESS BENEFIT*</b>	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
<b>INPATIENT HOSPITAL (ILLNESS OR INJURY)</b>	\$50 Copay Then 95%	\$50 Copay Then 90%	\$150 Copay Then 75%	\$150 Copay Then 65%	\$50 Copay Then 90%	\$50 Copay Then 85%	\$150 Copay Then 70%	\$150 Copay Then 60%	\$50 Copay Then 80%	\$50 Copay Then 75%	\$150 Copay Then 60%	\$150 Copay Then 50%	\$50 Copay, then 80%	\$50 Copay, then 75%	\$150 Copay, then 60%	\$150 copay, then 50%
<b>OUTPATIENT SURGERY</b>	\$50 Copay Then 95%	\$50 Copay Then 90%	\$150 Copay Then 75%	\$150 Copay Then 65%	\$50 Copay Then 90%	\$50 Copay Then 85%	\$150 Copay Then 70%	\$150 Copay Then 60%	\$50 Copay Then 80%	\$50 Copay Then 75%	\$150 Copay Then 60%	\$150 Copay Then 50%	\$50 Copay, then 80%	\$50 Copay, then 75%	\$150 Copay, then 60%	\$150 copay, then 50%
<b>DR OFFICE VISIT</b>	\$25 Copay Then 100%	\$25 Copay Then 100%	75%	65%	\$25 Copay Then 100%	\$25 Copay Then 100%	70%	60%	\$25 Copay Then 100%	\$25 Copay Then 100%	60%	50%	\$25 Copay, then 80%	\$25 Copay, then 75%	60%	50%
<b>FORCED PROVIDER</b>	YES				YES				YES				YES			
<b>EMERGENCY ROOM</b>	\$100 Copay Then 95% No deductible	\$100 Copay Then 95% No deductible	\$100 Copay Then 95% No deductible	\$100 Copay Then 95% No deductible	\$100 Copay Then 95% No deductible	\$100 Copay Then 95% No deductible	\$100 Copay Then 95% No deductible	\$100 Copay Then 95% No deductible	\$100 Copay Then 95% No deductible	\$100 Copay Then 95% No deductible	\$100 Copay Then 95% No deductible	\$100 Copay Then 95% No deductible	\$100 Copay Then 80%	\$100 Copay Then 80%	\$100 Copay Then 80%	\$100 Copay Then 80%
<b>URGENT CARE FACILITY</b>	\$40 Copay Then 95% No deductible	\$40 Copay Then 95% No deductible	\$40 Copay Then 95% No deductible	\$40 Copay Then 95% No deductible	\$40 Copay Then 95% No deductible	\$40 Copay Then 95% No deductible	\$40 Copay Then 95% No deductible	\$40 Copay Then 95% No deductible	\$40 Copay Then 95% No deductible	\$40 Copay Then 95% No deductible	\$40 Copay Then 95% No deductible	\$40 Copay Then 95% No deductible	\$40 Copay Then 80%	\$40 Copay Then 80%	\$40 Copay Then 80%	\$40 Copay Then 80%
<b>DRUG CARD</b>	30/60/90				30/60/90				30/60/90				30/60/90			
GENERIC	\$12/\$22/\$30				\$12/\$22/\$30				\$20/\$35/\$45				\$20/\$35/\$45			
FORMULARY	\$25/\$40/\$55				\$25/\$40/\$55				\$30/\$50/\$70				\$30/\$50/\$70			
NON-FORMULARY	\$40/\$70/\$100				\$40/\$70/\$100				\$45/\$75/\$110				\$45/\$75/\$110			
<b>DENTAL</b>	ONE CLEANING AND CHECKUP - 100%				ONE CLEANING AND CHECKUP - 100%				ONE CLEANING AND CHECKUP - 100%				NONE			
<b>RATES (Includes Life)</b>																
Employee Only	<b>\$488</b>				<b>\$440</b>				<b>\$380</b>				<b>\$324</b>			
Employee + Spouse	<b>\$1,006</b>				<b>\$908</b>				<b>\$788</b>				<b>\$666</b>			
Employee+child or children	<b>\$972</b>				<b>\$876</b>				<b>\$760</b>				<b>\$654</b>			
Family	<b>\$1,084</b>				<b>\$976</b>				<b>\$848</b>				<b>\$720</b>			

**Note:**

All charges are subject to the calendar year deductible unless otherwise specified.  
 Inpatient Hospital and Outpatient Surgery copays are limited to 3 copays in any calendar year and do not count toward deductible or out of pocket maximum.  
 \*WELLNESS BENEFIT refers to routine diagnostic lab & x-ray wellness charges. For a complete list of Wellness Benefits, refer to the Schedule of Benefits.

**BRONZE PLAN:**

The Bronze Plan is a High Deductible Health Plan (HDHP), 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. Under the HDHP, all eligible charges are subject to the Calendar Year Deductible. If you are enrolled for Individual 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 Employee + 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 shown in the following 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.

**ABOUT HEALTH SAVINGS ACCOUNTS:**

- a) Rules require first dollar payment by the covered individual except for wellness benefit.
- b) Those with individual coverage must pay the full discounted cost of prescriptions (except those considered preventive) and health care services (except wellness benefits) until the individual deductible is met, then the copays and coinsurance will apply.
- c) Those with more than individual coverage must pay the full discounted cost of prescriptions (except those prescriptions considered preventive) and health care services (other than wellness benefits) until the family deductible is met, then the copays will apply. All covered costs by the family members covered will count collectively towards the family deductible and the family maximum out of pocket. If one family member reaches the individual maximum out of pocket costs the plan will pay 100% of the health care costs for that individual.
- d) Individual Deductible in Tier 1 and Maximum Out of Pocket for Tiers 1-4 will be adjusted January 1 each year as per the IRS rules.
- e) Individual Deductible in Tiers 2-4 will always be \$400 more than Tier 1.
- f) Family Deductible will be 2 times the Individual Deductible in Tiers 1-4.