

SCHEDULE OF BENEFITS – PLATINUM PLAN

Effective September 1, 2011

All benefits, unless otherwise specified, are based on Usual, Customary and Reasonable (UCR) charges, or the network contracted amounts, and are subject to the deductibles, benefit percentages and maximum amounts shown below. Please read the more detailed description of benefits, the description of covered expenses, and the Plan limitations and exclusions provided in your Plan booklet. If you have questions, please call the Claim Services Administrator, **Meritain Health, at (800) 844-7979.**

Benefit Maximums				
Lifetime Maximum Benefits	Inpatient Mental/Nervous Treatment and Alcohol and Substance Abuse - 50 days Assisted Reproduction Techniques - \$20,000			
Calendar Year Maximum Benefits	Outpatient Mental/Nervous Treatment and Alcohol and Substance Abuse - 52 visits Skeletal Adjustment - \$750 Autism and Autism Spectrum Disorders - \$36,000			
Deductible and Out-of-Pocket Maximum	Tier 1 HealthLink	Tier 2 HealthLink	Tier 3 Non-Network	Tier 4 Non-Network in Metro St. Louis*
Calendar Year Deductible				
<ul style="list-style-type: none"> • Individual • Family 	\$400 \$1,200	\$600 \$1,800	\$600 \$1,800	\$600 \$1,800
Calendar Year Out-of-Pocket**				
<ul style="list-style-type: none"> • Individual • Family 	\$1,200 \$2,400	\$1,800 \$3,600	\$3,300 \$6,600	Unlimited Unlimited
<p>* The Metro St. Louis area includes St. Charles County, St. Louis County and St. Louis City in Missouri and Madison County, St. Clair County and Monroe County in Illinois.</p> <p>**The Calendar Year Out-of-Pocket Maximum does not apply when you travel outside the Designated Area for the purpose of receiving treatment.</p>				
<p>** The following expenses do not apply toward satisfaction of the Calendar Year Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> • Coinsurance for all mental/nervous, alcohol and/or substance abuse treatment charges; • Coinsurance for treatment outside the Designated Area; • Charges for transplants outside the network; • Charges for surgical procedures for morbid obesity outside the network; • All copayment amounts; • Spinal adjustment charges; • Penalties for failure to pre-certify when required by the Plan; • Any ineligible expenses; • Any expenses in excess of the Lifetime or Calendar Year Maximums. • Charges for services by Tier 4 providers 				

Description of Service	Tier 1 HealthLink	Tier 2 HealthLink	Tier 3 Non-Network	Tier 4 Non-Network in Metro St. Louis*
A Copayment applies for each Inpatient Hospital Admission and Outpatient Surgical Procedure performed at an Outpatient Hospital Facility or Ambulatory Surgical Facility. (maximum of 3 such Copayments per person per calendar year) All charges are subject to the Calendar Year Deductible unless otherwise noted.				
Inpatient Hospital Services for treatment of illness or injury (including Mental/Nervous, Alcohol and/or Substance Abuse)	\$250 then 90%	\$250 then 85%	\$550 then 70%	\$550 then 60%
Outpatient Surgery at a Hospital or Ambulatory Surgical Facility (except Emergency Room treatment)	\$250 then 90%	\$250 then 85%	\$550 then 70%	\$550 then 60%
Emergency Room Treatment (hospital and emergency room physician fee only). This does not include ambulance transportation.	\$300 then 85%, no deductible	\$300 then 85%, no deductible	\$300 then 85%, no deductible	\$300 then 85%, no deductible
Urgent Care Center/Facility	\$40 then 90%, no deductible	\$40 then 90%, no deductible	\$40 then 90%, no deductible	\$40 then 90%, no deductible
Medically Necessary Ambulance Transportation	80%	80%	80%	80%
Medically Necessary Ambulance Transportation - Out of Network Medically Necessary Ambulance Expenses will be subject to the Tier 2 Out-of-Pocket Maximum.				
Pre-admission Testing	100%, no deductible	100%, no deductible	100%, no deductible	100%, no deductible
Physician's Inpatient Visits (includes Medical, Surgical, Mental/Nervous, Alcohol and/or Substance Abuse visits)	90%	85%	70%	60%
Second Surgical Opinion	100%, no deductible	100%, no deductible	100%, no deductible	100%, no deductible
Diagnostic Laboratory Expenses	90%	85%	70%	60%
Diagnostic Laboratory Expenses (When using a LabCard provider)	100%, no deductible	100%, no deductible	100%, no deductible	100%, no deductible
Diagnostic Laboratory Expenses - When a covered member uses the services of a LabCard provider, there will be no out-of-pocket expense to the member and covered services will be covered at 100%.				
Diagnostic X-ray Expenses	90%	85%	70%	60%
Organ and Tissue Transplants	95%, no deductible	85%, no deductible	50% up to \$50,000	50% up to \$50,000
Surgical Treatment of Morbid Obesity	90%	85%	50% up to \$50,000	50% up to \$50,000
* The Metro St. Louis area includes St. Charles County, St. Louis County and St. Louis City in Missouri and Madison County, St. Clair County and Monroe County in Illinois.				

Description of Service	Tier 1 HealthLink	Tier 2 HealthLink	Tier 3 Non-Network	Tier 4 Non-Network in Metro St. Louis*
All charges are subject to the Calendar Year Deductible unless otherwise noted.				
Primary Care Physician Office Visit or Retail Clinic Visit (Includes general or family practice, internists, pediatricians and OB/GYN physicians)	\$25 then 100%, no deductible	\$25 then 100%, no deductible	70%	60%
Specialist Physician Office Visit	\$40 then 100%, no deductible	\$40 then 100%, no deductible	70%	60%
Adjunctive Services in Physician's Office, Retail Clinic or Urgent Care Center/Facility	90%	85%	70%	60%
Physician's Outpatient Mental/Nervous, Alcohol and/or Substance Abuse Visits	90%	85%	70%	60%
Skeletal Adjustment	50%	50%	50%	50%
Durable Medical Equipment	90%	85%	70%	60%
Physical, Speech or Occupational Therapy	90%	85%	70%	60%
Home Health Care Home Infusion Skilled Nursing Facility Hospice Care	90%	85%	70%	60%
Covered Prescription Drugs not covered under the Drug Card Benefit	80%	80%	80%	80%
All Other Covered Expenses	90%	85%	70%	60%
* The Metro St. Louis area includes St. Charles County, St. Louis County and St. Louis City in Missouri and Madison County, St. Clair County and Monroe County in Illinois.				

PRESCRIPTION DRUG CARD BENEFIT

Mail Order and Participating Retail Pharmacies

You have the option to fill the first two months of a newly prescribed maintenance medication at any local retail pharmacy for the normal 30 day co-pay. After the first two fills of a maintenance medication each fill afterward will be required to be a 90 day fill at either an Express Scripts Maintenance Drug Network (MDN) pharmacy or through Home Delivery. You can buy up to a 30 day supply of any covered medication that is not a maintenance medication and is not a specialty medication at any retail pharmacy.

You are required to purchase specialty drugs through CuraScript Specialty Pharmacy and are limited to a 30 day supply. Specialty drugs are very high cost biologic and injectable drugs that are not typically stocked by retail pharmacies. **If a member tries to fill a specialty script at retail, the pharmacy will notify the member that the drug must be ordered from Curascript.** You may begin using CuraScript for those specialty medications at any time by calling **866-848-9870**.

Prescription Drug Copayments	Retail 30 day supply	MDN Retail 90 day supply Maintenance drugs after first 2 fills	Home Delivery up to 90 day supply
Generic	\$12	\$36	\$30
Preferred Brand	\$25	\$85	\$55
Non-Preferred	\$40	\$130	\$100
Injectables	Copay plus 3%	Copay plus 3%	Copay plus 3%

WELLNESS BENEFIT

The Plan covers certain routine health care services and recommended preventive services based on guidelines published by the USPSTF, CDC, and HRS (the Guidelines), as described under Wellness / Preventive Services in the Covered Major Medical Expenses section of the Plan Document and Summary Plan Description and as outlined on the following page.

Description of Wellness Service	Tier 1 HealthLink	Tier 2 HealthLink	Tier 3 Non-Network	Tier 4 Non-Network in Metro St. Louis*
<i>Charges are <u>not</u> subject to the Calendar Year Deductible except as noted.</i>				
Wellness Office Visit for Infants from birth to 1 year (limited to 6 visits per calendar year)	\$25 then 100%	\$25 then 100%	70%, after Deductible	Not Covered
Wellness Office Visit for Children ages 1 to 2 years (limited to 2 visits per calendar year)	\$25 then 100%	\$25 then 100%	70%, after deductible	Not Covered
Wellness Office Visit for Covered Persons over age 2 (limited to 1 visit per calendar year)	\$25 then 100%	\$25 then 100%	70%, after deductible	Not Covered
Wellness Office Visit for Routine Gynecological Examination (limited to 1 visit per calendar year)	\$25 then 100%	\$25 then 100%	70%, after deductible	Not Covered
Childhood Immunizations and Vaccinations per Guidelines	100%	100%	100%	Not Covered
Adult Immunizations and Vaccinations per Guidelines; Includes Flu vaccine, HPV vaccine, Shingles vaccine (age 60)	100%	100%	70%, after deductible	Not Covered
Mammogram (limited to 1 per calendar year)	100%	100%	100%	Not Covered
Routine Pap Smear (limited to 1 test per calendar year)	100%	100%	100%	Not Covered
Routine PSA Test (limited to 1 test per calendar year)	100%	100%	100%	Not Covered
Routine Laboratory, X-ray and Screening Tests recommended by Guidelines: No dollar limit.	100%	100%	70%, after deductible	Not Covered
All other routine tests limited to \$100 calendar year maximum benefit.				
Routine Screening for Colorectal Cancer using fecal occult blood testing, sigmoidoscopy or colonoscopy (age 50 and over). Frequency as provided by Guidelines. Copayment applies only when a facility fee is billed.	\$250 then 100%	\$250 then 100%	\$550 then 70%, no deductible	Not Covered
Other recommended preventive services (when recommended by Guidelines based on patient's age, gender or health risk factors)	100%	100%	70%, after deductible	Not Covered

Recommended Preventive Services

The following services are covered by the Plan when specifically listed under the Wellness Benefit or when recommended for individuals of the patient's age, gender or health risk factors, in accordance with Guidelines published by the USPSTF, CDC or HRSA. An up-to-date list of the current Guidelines can be found at: <http://www.healthcare.gov/center/regulations/prevention/recommendations.html>.

For Children:

- Well child exams
- Standard routine immunizations recommended by the Guidelines
- Screening newborns for hearing, thyroid disease, phenylketonuria, sickle cell anemia
- Gonorrhea preventive medication for eyes in at risk newborns
- Standard metabolic screening panel for inherited enzyme deficiency diseases
- Evaluation for fluoride treatment and fluoride supplements
- Screening for major depressive disorder
- Vision screening
- Oral health assessment
- Developmental screening, autism screening and behavioral assessment
- Screening for lead and tuberculosis
- Screening and counseling for obesity

For Women:

- Annual physical exam
- Annual screening mammogram
- Annual pap smears, screening for cervical cancer
- Evaluation and counseling for genetic testing for BRCA breast cancer gene and/or for chemoprevention for women at high risk for breast cancer due to family history or other factors
- Screening for gonorrhea, chlamydia, syphilis
- Screening pregnant women for anemia, iron deficiency, bacteriuria, hepatitis B virus, Rh incompatibility
- Instructions to promote and aid with breast feeding
- Folic acid supplements for pregnant women
- Osteoporosis screening (age 60 or older)

For Men:

- Annual physical exam
- Annual PSA test/screening for prostate cancer
- Screening for abdominal aortic aneurysm (ages 65 – 75 with history of smoking)

For Adolescents and Adults at Appropriate Ages or With Risk Factors:

- Screening for elevated cholesterol and lipids, high blood pressure, diabetes
- Screening for certain sexually transmitted diseases and HIV
- Screening and counseling for alcohol abuse in a primary care setting
- Screening and counseling for tobacco use
- Screening and counseling for obesity, diet and nutrition
- Screening for depression in a primary care setting
- Screening for colorectal cancer (ages 50 – 75)
- Standard routine immunizations recommended by the Guidelines

In some cases the Guidelines specify how often the Plan must cover a service as a recommended preventive service when provided by a Network provider. In other cases, the Plan may impose reasonable frequency limits or may use reasonable medical management techniques to ensure that care is provided in an appropriate setting.

Questions about whether a service will be covered by the Plan as a recommended preventive service for an individual should be directed to Meritain Health at (800) 844-7979.

HealthLink Standard Medical Necessity Review Check List for Egyptian Trust

Effective September 1, 2011



HealthLink Utilization Management

Toll-free: 877-284-0102 • Fax Number: 800-510-2162 • Hours: 8:00 a.m. to 5:00 p.m. CST • Recorded messages after 5:00 p.m. CST

Services Requiring Pre-Certification

Inpatient Services (Medical, Surgical, Behavioral)

- Bariatric Surgery
- Elective Admissions
- Emergency Admissions
- Hospice
- LTAC Admissions
- Lumbar Spine Surgery
- Rehabilitation Facility Admissions
- Skilled Nursing Facility Admissions
- Transplants

Surgical Procedures - Ambulatory

- Bariatric Surgery
- Cartilage Transplant Knee
- Lumbar Spine Surgery
- Nasal Septoplasty
- Rhinoplasty
- Sinus Endoscopy
- Sleep Apnea Surgery - LAUP/UPPP, Nasal, and Uvulopalatoplasty

Ancillary Services

- Home Infusion Services
- Home Health Services
- Home Hospice
- Occupational Therapy
- Services/Treatments for Autism Spectrum Disorders
- Physical Therapy
- Speech Therapy

Durable Medical Equipment

- Bone Stimulator
- Cardio/External Defibrillator
- Cochlear Implant
- Cooling Devices (i.e. Polar Care)
- CPAP/BIPAP
- Electric Scooters
- Functional Electrical Stimulator Bikes
- Limb Prosthetics
- Myoelectric prosthetics
- Neuromuscular Stimulators
- TENS Unit
- Wheelchairs (Custom)
- Wheelchairs (Power)
- Wound Vacs

Diagnostic Imaging - Ambulatory

- MRA of the Head and/or Neck
- MRI of the Brain
- MRI of Spine – Cervical, Thoracic, Lumbar, Sacral
- PET Scans

Specialty Infusion Drugs*

- Alemtuzumab (Campath)
- Azatidine (Vidaza)
- Bevacizumab (Avastin)
- Bortezomib (Velcade)
- Fulvestrant (Faslodex)
- Mitaxantrone (Novantrone)
- Oxaliplatin (Eloxatin)
- Paclitaxel (Taxol and Abraxane)
- Panitumubab (Vectibix)
- Pemetrexed (Alimta)
- Rituximab (RituXan)
- Trastuzumab (Herceptin)
- Zoledronic Acid (Zometa)

* Covered under the medical plan.

HealthLink's Utilization Management program is designed to provide clinical review of medical care to convey information and recommendations to plan administrators and carriers in connection with their determination of benefit eligibility. Medical necessity certification does not guarantee that services are covered. Benefits are subject to the patient's eligibility at the time charges are actually incurred, and to all other terms, conditions and exclusions of the applicable health plan.

Provider tools are available to help facilitate the Pre-Certification review process. These tools include: Fax Forms, Interactive Voice Response (IVR) and online tools to determine the UM vendor. For more information visit www.healthlink.com, from the Provider home page, click on the Utilization Management link.

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Your Preventive Care Benefits

Egyptian Area Schools Employee Benefit Trust

Preventive care services covered under the Patient Protection and Affordable Care Act (PPACA).

In March 2010, President Obama signed the PPACA into law. The PPACA represents the most sweeping reform to the U.S. healthcare system since Medicare was passed in the 1960s. While many of the reforms in the PPACA are aimed at improving the Medicare and Medicaid system, there are also reforms that impact the health plans that we offer.

Beginning September 1, 2011, your plan will provide first dollar coverage for certain Preventive Services and Immunizations when using an In-Network provider (Tier 1 or Tier 2). No deductibles, copays or coinsurance will be imposed on these services when you visit an in-network physician. This includes those services that are Preventive Services recommended under the guidelines published by the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and the Health Resources and Services Administration.

Services provided by Tier 3 Non-Network providers will continue to be covered by the Plan subject to the same deductibles and coinsurance as under the current Wellness Benefit. Services provided by Tier 4 Non-Network providers will not be covered.

Beginning September 1, 2011, only the following preventive care benefits will be covered in-network at 100%:

Covered preventive services for adults.

- **Abdominal aortic aneurysm:** one-time screening for men of specified ages who have ever smoked.
- **Aspirin:** use for men and women of certain ages (must be prescribed by a physician and will be covered under the prescription drug card benefit).
- **Blood pressure:** screening for all adults.
- **Cholesterol:** screening for adults of certain ages or at higher risk.
- **Colorectal cancer:** screening for adults over 50.
- **Depression:** screening for adults.
- **Type 2 diabetes:** screening for adults with high blood pressure.
- **Diet:** counseling for adults at higher risk for chronic disease.
- **HIV:** screening for all adults at higher risk.
- **Immunization:** vaccines for adults—doses, recommended ages, and recommended populations vary:
 - Hepatitis A
 - Human Papillomavirus
 - Meningococcal
 - Varicella
 - Hepatitis B
 - Influenza
 - Pneumococcal
 - Herpes Zoster
 - Measles, Mumps, Rubella
 - Tetanus, Diphtheria, Pertussis
- **Obesity:** screening and counseling for all adults.
- **Sexually transmitted infection (STI):** prevention counseling for adults at higher risk.
- **Tobacco use:** screening for all adults and cessation interventions for tobacco users.
- **Syphilis:** screening for all adults at higher risk.



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Covered preventive services for women, including pregnant women.

- **Anemia:** screening on a routine basis for pregnant women.
- **Bacteriuria:** urinary tract or other infection screening for pregnant women.
- **BRCA:** counseling about genetic testing for women at higher risk.
- **Breast cancer chemoprevention:** counseling for women at higher risk.
- **Breast feeding:** interventions to support and promote breast feeding.
- **Cervical cancer:** screening for sexually active women.
- **Chlamydia infection:** screening for younger women and other women at higher risk.
- **Folic acid:** supplements for women who may become pregnant (must be prescribed by a physician and will be covered under the prescription drug card benefit).
- **Gonorrhea:** screening for all women at higher risk.
- **Hepatitis B:** screening for pregnant women at their first prenatal visit.
- **Osteoporosis:** screening for women over age 60 depending on risk factors.
- **Rh incompatibility:** screening for all pregnant women and follow-up testing for women at higher risk.
- **Tobacco use:** screening and interventions for all women, and expanded counseling for pregnant tobacco users.
- **Syphilis:** screening for all pregnant women or other women at increased risk.

Covered preventive services for children.

- **Alcohol and drug use:** assessments for adolescents.
- **Autism:** screening for children at 18 and 24 months.
- **Behavioral:** assessments for children of all ages.
- **Blood pressure:** screening for children.
- **Cervical dysplasia:** screening for sexually active females.
- **Congenital hypothyroidism:** screening for newborns.
- **Depression:** screening for adolescents at higher risk.
- **Developmental:** screening for children under age 3, and surveillance throughout childhood.
- **Dyslipidemia:** screening for children at higher risk of lipid disorders.
- **Fluoride chemoprevention:** supplements for children without fluoride in their water source (must be prescribed by a physician and will be covered under the prescription drug card benefit).
- **Gonorrhea:** preventive medication for the eyes of all newborns.
- **Hearing:** screening for all newborns.
- **Height, weight and body mass index (BMI):** measurements for children.
- **Hematocrit or hemoglobin:** screening for children.
- **Hemoglobinopathies:** or sickle cell screening for newborns.
- **HIV:** screening for adolescents at higher risk.
- **Immunization:** vaccines for children from birth to age 18—doses, recommended ages, and recommended populations vary:
 - Diphtheria, Tetanus, Pertussis
 - Haemophilus influenzae type b
 - Hepatitis A
 - Hepatitis B
 - Human Papillomavirus
 - Inactivated Poliovirus
 - Influenza
 - Measles, Mumps, Rubella
 - Meningococcal
 - Pneumococcal
 - Rotavirus
 - Varicella



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- **Iron:** supplements for children ages 6 to 12 months at risk for anemia (must be prescribed by a physician and will be covered under the prescription drug card benefit).
- **Lead:** screening for children at risk of exposure.
- **Medical history:** for all children throughout development.
- **Obesity:** screening and counseling.
- **Oral health:** risk assessment for young children.
- **Phenylketonuria (PKU):** screening for this genetic disorder in newborns.
- **Sexually transmitted infection (STI):** prevention counseling and screening for adolescents at higher risk.
- **Tuberculin:** testing for children at higher risk of tuberculosis.
- **Vision:** screening for all children.

For further information regarding preventive benefits covered under PPACA, visit <http://www.healthcare.gov/center/regulations/prevention/taskforce.html>.



RE: **FREE access to Medical Doctors beginning September 1, 2011**

We are pleased to announce an exciting new healthcare benefit for you and your family when participating in one of the Egyptian Trust Health Plans. We have partnered with Consult A Doctor™ to provide **24/7 phone and e-mail access to U.S.-based, licensed physicians**. This great service will be offered as part of your existing healthcare benefits package.

Beginning September 1, 2011, you will be able to instantly connect with a doctor for telephone and secure e-mail medical consultations for advice, evaluation, diagnosis, and treatment, including prescription medication when appropriate.*

Common medical concerns....

- Cold/Flu
 - Allergies
 - Sinus Infections
 - Bronchitis
 - Headaches/Migraines
 - Stomach Ache/Diarrhea
 - Respiratory Infections
 - Urinary Tract Infections
 - Prescription Refills*
-and many more

Benefit of Consult A Doctor:

- **24/7 physician access from anywhere:** Call or e-mail – any time - day or night. Save time, money, and aggravation.
- **Prescription medication:** Called into your local pharmacy**.
- **Powerful online health applications:** Use health and wellness tools, get health alerts, store and integrate your personal health records and share them with your regular physician.
- **No limitations on usage:** Have multiple questions? Want a second opinion? Talk to Consult A Doctor's physicians as often as you need.

When you enroll in one of the Egyptian Trust Health Plans you will automatically be enrolled in the Consult A Doctor program.

An ID card will be issued containing your certification number. Upon receipt, it is recommended you contact Consult a Doctor to complete a medical history and assessment online or by phone. This information will be required prior to a medical consultation.

*Consult A Doctor is not health insurance, and does not replace your primary care physician. If you have an emergency medical condition, please dial 911. All services are HIPAA-compliant.

**It is not guaranteed that the doctor will issue a script for prescription medication.