



**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST**

**Summary Plan Descriptions as of September 1, 2018**

**All charges are subject to the deductible unless otherwise specified.**

	Plan A	Plan B	Plan C	Plan D - HDHP*	Plan E1	Plan AB1
<b>Deductible</b>						
Individual	\$400	\$600	\$1,100	\$1,350	\$1,100	\$400
Family	\$1,200	\$1,800	\$3,300	\$2,700	\$3,300	\$1,200
<b>Out of Pocket Maximum</b>						
Individual	\$1,200	\$1,300	\$2,300	\$4,050	\$1,800	\$1,300
Family	\$2,400	\$3,900	\$6,900	\$8,100	\$5,400	\$3,900
<b>Cost Share Maximum</b>						
Individual	\$6,600	\$6,600	\$6,600	\$6,600	\$6,600	\$6,600
Family	\$13,200	\$13,200	\$13,200	\$13,200	\$13,200	\$13,200
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Reimbursement</b>	90%	85%	80%	80%	85%	85%
<b>Inpatient Hospital (Illness or Injury)</b>	\$250 Copay Then 90%	\$250 Copay Then 85%	\$250 Copay Then 80%	\$250 Copay Then 80%	\$250 Copay Then 85%	\$250 Copay Then 85%
<b>Outpatient Surgery</b>	\$250 Copay Then 90%	\$250 Copay Then 85%	\$250 Copay Then 80%	\$250 Copay Then 80%	\$250 Copay Then 85%	\$250 Copay Then 85%
<b>Primary Doctor (PCP) Office Visit</b>	\$25 Copay Then 100% No deductible	\$25 Copay Then 100% No deductible	\$25 Copay Then 100% No deductible	\$25 Copay Then 80%	\$25 Copay Then 100% No deductible	\$25 Copay Then 100% No deductible
<b>Specialist Office Visit</b>	\$30 Copay Then 100% No deductible	\$30 Copay Then 100% No deductible	\$30 Copay Then 100% No deductible	\$30 Copay Then 80%	\$30 Copay Then 100% No deductible	\$30 Copay Then 100% No deductible
<b>Diagnostic Labs</b> Independent Lab or LabCard	100% No deductible	100% No deductible	100% No deductible	100%	100% No deductible	100% No deductible
<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 80%	\$300 Copay Then 85% No deductible	\$300 Copay Then 85% No deductible
<b>Urgent Care Facility</b> Facility Charges	\$40 Copay then 90% No deductible	\$40 Copay then 90% No deductible	\$40 Copay then 90% No deductible	\$40 Copay	\$40 Copay then 90% No deductible	\$40 Copay then 90% No deductible
Physician Charges	90%	90%	90%	80%	90%	90%

Drug Card	Maintenance Drugs		
	Retail 30 days	After first 2 fills Retail 90 days	Home Delivery up to 90 days
Generic	\$12	\$36	\$30
Formulary	\$25	\$85	\$55
Non-Formulary	\$40	\$130	\$100

**\*High Deductible Health Plan (HDHP):**

Plan D is a High Deductible Health Plan designed to qualify for use with a Health Savings Account. 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. This includes prescription drugs. The Plan will then pay 100% of the cost of your covered charges for the remainder of the year.