



EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST
Summary Plan Description as of September 1, 2018
 (All charges are subject to the calendar year deductible unless otherwise noted.)

	Plan M3	Plan M6	Plan M7	Plan M8
Deductible				
Individual	\$2,500	\$400	\$600	\$1,100
Family	\$5,000	\$1,200	\$1,800	\$3,300
Out of Pocket Maximum				
Individual	\$3,500	\$1,200	\$1,300	\$2,300
Family	\$7,000	\$2,400	\$3,900	\$6,900
Cost Share Maximum				
Individual	N/A	\$2,500	N/A	N/A
Family		\$5,000		
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Reimbursement	85%	90%	85%	80%
Inpatient Hospital (Illness or Injury)	85%	\$250 Then 90%	\$250 Then 85%	\$250 Then 80%
Outpatient Surgery	85%	\$250 Then 90%	\$250 Then 85%	\$250 Then 80%
Primary Doctor (PCP) Office Visit	\$25 copay Then 100% No deductible	\$25 copay Then 100% No deductible	\$25 copay Then 100% No deductible	\$25 copay Then 100% No deductible
Specialist Office Visit	\$30 copay Then 100% No deductible	\$30 copay Then 100% No deductible	\$30 copay Then 100% No deductible	\$30 copay Then 100% No deductible
Diagnostic Labs Independent Lab or LabCard	100% No deductible	100% No deductible	100% No deductible	100% No deductible
Emergency Room	\$300 Copay Then 85%, No deductible	\$300 Copay Then 85%, No deductible	\$300 Copay Then 85%, No deductible	\$300 Copay Then 85%, No deductible
Urgent Care Facility Facility Charges	\$40 Copay, then 90% No deductible	\$40 Copay, then 90% No deductible	\$40 Copay, then 90% No deductible	\$40 Copay, then 90% No deductible
Physician Charges	90%	90%	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