EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST SUMMARY BENEFIT SCHEDULES AS OF MARCH 1, 2019

2019 Medical Plans M3, M6, M7, M8											
	2020.0		Plan M6 BCBS Group No. M240881			Plan M7 BCBS Group No. M240882			Plan M8 BCBS Group No. M240883		
	BCBS Group No. M240880										
Description of Services	NETWORK	NON-NETWORK	NI	ETWORK	NON-NETWORK	NE	TWORK	NON-NETWORK	NET	TWORK	NON-NETWORK
Deductible*											
Individual 	\$2,500	\$5,000		\$400	\$800		\$600	\$1,200		1,100	\$2,200
Family	\$5,000	\$10,000		\$1,200	\$2,400	\$	51,800	\$3,600	\$3	3,300	\$6,600
Out of Pocket Maximum*	#0.500	040.500		*4 ***	* 4.500		4 220	04.400			
Individual Familv	\$3,500 \$7,000	\$10,500 \$21,000		\$1,200 \$2,400	\$4,500 \$9,000		31,300 33,900	\$4,100 \$12,300		2,300 6,900	\$6,900 \$20,700
Cost Share Maximum	Ψ1,000	φ∠ 1,000	 	\$2,400	φ9,000	Ψ	3,900	\$12,500	Ψ	,,900	φ20,700
Individual	N/A	N/A	\$2,500		N/A	N/A		N/A	N/A		N/A
Family	N/A	N/A	\$5,000		N/A	N/A		N/A	N/A		N/A
Lifetime Maximum	Unlimited	Unlimited	Unlimited		Unlimited	Unlimited		Unlimited	Unlimited		Unlimited
Reimbursement	85%	65%		90%	70%	85%		65%	80%		60%
Inpatient Hospital (Illness or Injury)	85%	65%	tr	\$250 nen 90%	\$550 then 70%	\$250 then 85%		\$550 then 65%	\$250 then 80%		\$550 then 60%
Outpatient Surgery	85%	65%	tł	\$250 nen 90%	\$550 then 70%	\$250 then 85%		\$550 then 65%	\$250 then 80%		\$550 then 60%
Primary Doctor (PCP) Office Visit	\$25 copay then 100% no deductible	65% e	th	25 copay en 100% deductible	70%	\$25 copay then 100% no deductible		65%	\$25 copay then 100% no deductible		60%
Specialist Office Visit	\$30 copay then 100% no deductible		th	30 copay en 100% deductible	70%	\$30 copay then 100% no deductible		65%	\$30 copay then 100% no deductible		60%
Emergency Room	\$300 Copay then 85%, no deductible	then 85%	th	00 Copay nen 85%, deductible	\$300 Copay then 85% no deductible	\$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	\$40 Copay then 90%	then 90%	th	40 Copay nen 90%	\$40 Copay then 90%	\$40 Copay then 90%		\$40 Copay then 90%	\$40 Copay then 90% no deductible		\$40 Copay then 90%
Facility Charges	no deductible	e no deductible	no deductible		no deductible	no deductible		no deductible	no deductible		no deductible
Physician Charges	90%	90%		90%	90%	90%		90%	90%		90%
Drug Card	Retail 90 day Maintenance Retail Drug after Home Delivery 30 days first 2 fills up to 90 days		Retail 30 days	Retail 90 day Maintenance Drug after first 2 fills	Home Delivery up to 90 days	Retail 90 day Maintenance Retail Drug after 30 days first 2 fills		Home Delivery up to 90 days	Retail 90 day Maintenance Retail Drug after 30 days first 2 fills		Home Delivery up to 90 days
Generic	\$12 \$3	36 \$30	\$12	\$36	\$30	\$12	\$36	\$30	\$12	\$36	\$30
Formulary	\$25 \$8	85 \$55	\$25	\$85	\$55	\$25	\$85	\$55	\$25	\$85	\$55
Non-Formulary	\$40 \$1:	130 \$100	\$40	\$130	\$100	\$40	\$130	\$100	\$40	\$130	\$100

Notes:

^{*} Network and Non-Network deductibles and out of pockets will accumulate separately