

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

**2019 Medical Plans M3, M6, M7, M8**

Description of Services	Plan M3 BCBS Group No. M240880		Plan M6 BCBS Group No. M240881		Plan M7 BCBS Group No. M240882		Plan M8 BCBS Group No. M240883	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
<b>Deductible*</b>								
Individual	\$2,500	\$5,000	\$400	\$800	\$600	\$1,200	\$1,100	\$2,200
Family	\$5,000	\$10,000	\$1,200	\$2,400	\$1,800	\$3,600	\$3,300	\$6,600
<b>Out of Pocket Maximum*</b>								
Individual	\$3,500	\$10,500	\$1,200	\$4,500	\$1,300	\$4,100	\$2,300	\$6,900
Family	\$7,000	\$21,000	\$2,400	\$9,000	\$3,900	\$12,300	\$6,900	\$20,700
<b>Cost Share Maximum</b>								
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
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Reimbursement</b>	85%	65%	90%	70%	85%	65%	80%	60%
<b>Inpatient Hospital (Illness or Injury)</b>	85%	65%	\$250 then 90%	\$550 then 70%	\$250 then 85%	\$550 then 65%	\$250 then 80%	\$550 then 60%
<b>Outpatient Surgery</b>	85%	65%	\$250 then 90%	\$550 then 70%	\$250 then 85%	\$550 then 65%	\$250 then 80%	\$550 then 60%
<b>Primary Doctor (PCP) Office Visit</b>	\$25 copay then 100% no deductible	65%	\$25 copay then 100% no deductible	70%	\$25 copay then 100% no deductible	65%	\$25 copay then 100% no deductible	60%
<b>Specialist Office Visit</b>	\$30 copay then 100% no deductible	65%	\$30 copay then 100% no deductible	70%	\$30 copay then 100% no deductible	65%	\$30 copay then 100% no deductible	60%
<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 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
<b>Urgent Care Facility</b>	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible	\$40 Copay then 90% no deductible
<b>Facility Charges</b>								
<b>Physician Charges</b>	90%	90%	90%	90%	90%	90%	90%	90%
<b>Drug Card</b>	Retail 90 day Maintenance Drug after first 2 fills		Retail 90 day Maintenance Drug after first 2 fills		Retail 90 day Maintenance Drug after first 2 fills		Retail 90 day Maintenance Drug after first 2 fills	
	Retail 30 days	Home Delivery up to 90 days	Retail 30 days	Home Delivery up to 90 days	Retail 30 days	Home Delivery up to 90 days	Retail 30 days	Home Delivery up to 90 days
	Generic	\$12 \$36 \$30	\$12 \$36 \$30	\$12 \$36 \$30	\$12 \$36 \$30	\$12 \$36 \$30	\$12 \$36 \$30	\$12 \$36 \$30
	Formulary	\$25 \$85 \$55	\$25 \$85 \$55	\$25 \$85 \$55	\$25 \$85 \$55	\$25 \$85 \$55	\$25 \$85 \$55	\$25 \$85 \$55
	Non-Formulary	\$40 \$130 \$100	\$40 \$130 \$100	\$40 \$130 \$100	\$40 \$130 \$100	\$40 \$130 \$100	\$40 \$130 \$100	\$40 \$130 \$100

**Notes:**  
\* Network and Non-Network deductibles and out of pockets will accumulate separately