

**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST**  
**SUMMARY BENEFIT SCHEDULES AS OF SEPTEMBER 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		Retail 90 day Maintenance Drug		Retail 90 day Maintenance		Retail 90 day Maintenance		
	Retail 30 days	Drug after first 2 fills	Home Delivery up to 90 days	Retail 30 days	Drug after first 2 fills	Home Delivery up to 90 days	Retail 30 days	Drug after first 2 fills	Home Delivery up to 90 days
Generic	\$12	\$36	\$30	\$12	\$36	\$30	\$12	\$36	\$30
Formulary	\$25	\$85	\$55	\$25	\$85	\$55	\$25	\$85	\$55
Non-Formulary	\$40	\$130	\$100	\$40	\$130	\$100	\$40	\$130	\$100

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