

**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST**  
**SUMMARY PLAN DESCRIPTIONS AS OF SEPTEMBER 1, 2014**

| Description of Services   | Plan A<br>(formerly Platinum)   |  |  |  | Plan B<br>(formerly Gold)                |  |  |  | Plan C<br>(formerly Silver)              |  |  |  | HDHP (formerly Bronze)<br>Effective 1/1/14<br>See notes below. |  |                                |                                |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------|--------------------------------|
|   | TIER 1  | TIER 2   | TIER 3                                   | TIER 4                                   | TIER 1                                   | TIER 2   | TIER 3                                   | TIER 4                                   | TIER 1                                   | TIER 2   | TIER 3                                   | TIER 4                                   | TIER 1   | TIER 2   | TIER 3                         | TIER 4                         |
| <b>Deductible</b>   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |                                |
| INDIVIDUAL  | \$400   | \$600  | \$600                                    | \$600                                    | \$600                                    | \$900  | \$900                                    | \$900                                    | \$1,100                                  | \$1,600  | \$1,600                                  | \$1,600                                  | \$1,250  | \$1,650  | \$1,650                        | \$1,650                        |
| FAMILY  | \$1,200   | \$1,800  | \$1,800                                  | \$1,800                                  | \$1,800                                  | \$2,700  | \$2,700                                  | \$2,700                                  | \$3,300                                  | \$4,800  | \$4,800                                  | \$4,800                                  | \$2,500  | \$3,300  | \$3,300                        | \$3,300                        |
| <b>Out of Pocket Maximum</b>  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |                                |
| INDIVIDUAL  | \$1,200   | \$1,800  | \$3,300                                  | Unlimited                                | \$1,300                                  | \$1,900  | \$3,500                                  | Unlimited                                | \$2,300                                  | \$3,300  | \$5,800                                  | Unlimited                                | \$3,750  | \$4,950  | \$6,350                        | Unlimited                      |
| FAMILY  | \$2,400   | \$3,600  | \$6,600                                  | Unlimited                                | \$3,900                                  | \$5,700  | \$10,500                                 | Unlimited                                | \$6,900                                  | \$9,900  | \$17,400                                 | Unlimited                                | \$7,500  | \$9,900  | \$12,700                       | Unlimited                      |
| <b>Effective 9/1/14</b>   | All in-network deductibles, medical copays (hospital, office, etc.) and coinsurance for in-network medical benefits under the medical plan will apply to the cost-sharing maximums.                           |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |                                |
| <b>Cost Share Maximum</b>   | Tier 1  | Tier 2   | Tier 3                                   | Tier 4                                   | Tier 1                                   | Tier 2   | Tier 3                                   | Tier 4                                   | Tier 1                                   | Tier 2   | Tier 3                                   | Tier 4                                   | Tier 1   | Tier 2   | Tier 3                         | Tier 4                         |
| INDIVIDUAL  | \$6,350   | \$6,350  | N/A                                      | N/A                                      | \$6,350                                  | \$6,350  | N/A                                      | N/A                                      | \$6,350                                  | \$6,350  | N/A                                      | N/A                                      | N/A  | N/A  | N/A                            | N/A                            |
| FAMILY  | \$12,700  | \$12,700   | N/A                                      | N/A                                      | \$12,700                                 | \$12,700   | N/A                                      | N/A                                      | \$12,700                                 | \$12,700   | N/A                                      | N/A                                      | N/A  | N/A  | N/A                            | N/A                            |
| <b>Effective 1/1/15</b>   | All in-network deductibles, medical copays (hospital, office, etc.), prescription drug copays and coinsurance for in-network medical benefits under the medical plan will apply to the cost-sharing maximums. |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |                                |
| <b>Cost Share Maximum</b>   | Tier 1  | Tier 2   | Tier 3                                   | Tier 4                                   | Tier 1                                   | Tier 2   | Tier 3                                   | Tier 4                                   | Tier 1                                   | Tier 2   | Tier 3                                   | Tier 4                                   | Tier 1   | Tier 2   | Tier 3                         | Tier 4                         |
| INDIVIDUAL  | \$6,600   | \$6,600  | N/A                                      | N/A                                      | \$6,600                                  | \$6,600  | N/A                                      | N/A                                      | \$6,600                                  | \$6,600  | N/A                                      | N/A                                      | N/A  | N/A  | N/A                            | N/A                            |
| FAMILY  | \$13,200  | \$13,200   | N/A                                      | N/A                                      | \$13,200                                 | \$13,200   | N/A                                      | N/A                                      | \$13,200                                 | \$13,200   | N/A                                      | N/A                                      | N/A  | N/A  | N/A                            | N/A                            |
| <b>Lifetime Maximum</b>   | Unlimited   | Unlimited  | Unlimited                                | Unlimited                                | Unlimited                                | Unlimited  | Unlimited                                | Unlimited                                | Unlimited                                | Unlimited  | Unlimited                                | Unlimited                                | Unlimited  | Unlimited  | Unlimited                      | Unlimited                      |
| <b>Reimbursement</b>  | 90%   | 85%  | 70%                                      | 60%                                      | 85%                                      | 80%  | 65%                                      | 55%                                      | 80%                                      | 75%  | 60%                                      | 50%                                      | 80%  | 75%  | 60%                            | 50%                            |
| <b>Inpatient Hospital (Illness or Injury)</b>                                     | \$250 Copay<br>Then 90%   | \$250 Copay<br>Then 85%                                      | \$550 Copay<br>Then 70%                  | \$550 Copay<br>Then 60%                  | \$250 Copay<br>Then 85%                  | \$250 Copay<br>Then 80%                                      | \$550 Copay<br>Then 65%                  | \$550 Copay<br>Then 55%                  | \$250 Copay<br>Then 80%                  | \$250 Copay<br>Then 75%                                      | \$550 Copay<br>Then 60%                  | \$550 Copay<br>Then 50%                  | \$250 Copay,<br>Then 80%                                       | \$250 Copay,<br>Then 75%                                     | \$550 Copay,<br>Then 60%       | \$550 copay,<br>Then 50%       |
| <b>Outpatient Surgery</b>   | \$250 Copay<br>Then 90%   | \$250 Copay<br>Then 85%                                      | \$550 Copay<br>Then 70%                  | \$550 Copay<br>Then 60%                  | \$250 Copay<br>Then 85%                  | \$250 Copay<br>Then 80%                                      | \$550 Copay<br>Then 65%                  | \$550 Copay<br>Then 55%                  | \$250 Copay<br>Then 80%                  | \$250 Copay<br>Then 75%                                      | \$550 Copay<br>Then 60%                  | \$550 Copay<br>Then 50%                  | \$250 Copay,<br>Then 80%                                       | \$250 Copay,<br>Then 75%                                     | \$550 Copay,<br>Then 60%       | \$550 copay,<br>Then 50%       |
| <b>Primary Doctor (PCP) Office Visit</b>  | \$25 Copay<br>Then 100%<br>No deductible  | \$25 Copay<br>Then 100%<br>No deductible                     | 70%                                      | 60%                                      | \$25 Copay<br>Then 100%<br>No deductible | \$25 Copay<br>Then 100%<br>No deductible                     | 65%                                      | 55%                                      | \$25 Copay<br>Then 100%<br>No deductible | \$25 Copay<br>Then 100%<br>No deductible                     | 60%                                      | 50%                                      | \$25 Copay,<br>Then 80%  | \$25 Copay,<br>Then 75%                                      | 60%                            | 50%                            |
| <b>Specialist Office Visit with Primary Doctor (PCP) Referral/Notification</b>    | \$30 Copay<br>Then 100%<br>No deductible  | \$30 Copay<br>Then 100%<br>No deductible                     | 70%                                      | 60%                                      | \$30 Copay<br>Then 100%<br>No deductible | \$30 Copay<br>Then 100%<br>No deductible                     | 65%                                      | 55%                                      | \$30 Copay<br>Then 100%<br>No deductible | \$30 Copay<br>Then 100%<br>No deductible                     | 60%                                      | 50%                                      | \$30 Copay<br>Then 80%   | \$30 Copay<br>Then 75%                                       | 60%                            | 50%                            |
| <b>Specialist Office Visit without Primary Doctor (PCP) Referral/Notification</b> | \$40 Copay<br>Then 100%<br>No deductible  | \$40 Copay<br>Then 100%<br>No deductible                     | 70%                                      | 60%                                      | \$40 Copay<br>Then 100%<br>No deductible | \$40 Copay<br>Then 100%<br>No deductible                     | 65%                                      | 55%                                      | \$40 Copay<br>Then 100%<br>No deductible | \$40 Copay<br>Then 100%<br>No deductible                     | 60%                                      | 50%                                      | \$40 Copay<br>Then 80%   | \$40 Copay<br>Then 75%                                       | 60%                            | 50%                            |
| <b>Emergency Room</b>   | \$300 Copay<br>Then 85%<br>No deductible  | \$300 Copay<br>Then 85%<br>No deductible                     | \$300 Copay<br>Then 85%<br>No deductible | \$300 Copay<br>Then 85%<br>No deductible | \$300 Copay<br>Then 85%<br>No deductible | \$300 Copay<br>Then 85%<br>No deductible                     | \$300 Copay<br>Then 85%<br>No deductible | \$300 Copay<br>Then 85%<br>No deductible | \$300 Copay<br>Then 85%<br>No deductible | \$300 Copay<br>Then 85%<br>No deductible                     | \$300 Copay<br>Then 85%<br>No deductible | \$300 Copay<br>Then 85%<br>No deductible | \$300 Copay<br>Then 80%  | \$300 Copay<br>Then 80%                                      | \$300 Copay<br>Then 80%        | \$300 Copay<br>Then 80%        |
| <b>Urgent Care Facility</b>   | \$40 Copay<br>Then 90%<br>No deductible   | \$40 Copay<br>Then 90%<br>No deductible                      | \$40 Copay<br>Then 90%<br>No deductible  | \$40 Copay<br>Then 90%<br>No deductible  | \$40 Copay<br>Then 90%<br>No deductible  | \$40 Copay<br>Then 90%<br>No deductible                      | \$40 Copay<br>Then 90%<br>No deductible  | \$40 Copay<br>Then 90%<br>No deductible  | \$40 Copay<br>Then 90%<br>No deductible  | \$40 Copay<br>Then 90%<br>No deductible                      | \$40 Copay<br>Then 90%<br>No deductible  | \$40 Copay<br>Then 90%<br>No deductible  | \$40 Copay<br>Then 80%   | \$40 Copay<br>Then 80%                                       | \$40 Copay<br>Then 80%         | \$40 Copay<br>Then 80%         |
| <b>Drug Card</b>  | Retail 30 days  | MDN Retail 90 day<br>Maintenance Drug<br>after first 2 fills | Home Delivery<br>up to 90 days           | Home Delivery<br>up to 90 days           | Retail 30 days                           | MDN Retail 90 day<br>Maintenance Drug<br>after first 2 fills | Home Delivery<br>up to 90 days           | Home Delivery<br>up to 90 days           | Retail 30 days                           | MDN Retail 90 day<br>Maintenance Drug<br>after first 2 fills | Home Delivery<br>up to 90 days           | Home Delivery<br>up to 90 days           | Retail 30 days   | MDN Retail 90 day<br>Maintenance Drug<br>after first 2 fills | Home Delivery<br>up to 90 days | Home Delivery<br>up to 90 days |
| GENERIC   | \$12  | \$36   | \$30                                     | \$30                                     | \$12                                     | \$36   | \$30                                     | \$30                                     | \$12                                     | \$36   | \$30                                     | \$30                                     | \$12   | \$36   | \$30                           | \$30                           |
| FORMULARY   | \$25  | \$85   | \$55                                     | \$55                                     | \$25                                     | \$85   | \$55                                     | \$55                                     | \$25                                     | \$85   | \$55                                     | \$55                                     | \$25   | \$85   | \$55                           | \$55                           |
| NON-FORMULARY   | \$40  | \$130  | \$100                                    | \$100                                    | \$40                                     | \$130  | \$100                                    | \$100                                    | \$40                                     | \$130  | \$100                                    | \$100                                    | \$40   | \$130  | \$100                          | \$100                          |
| <b>RATES</b> (Includes \$10,000 Basic Life)                                       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |                                |
| Employee Only   |   |  | <b>\$728</b>                             |  |  |  | <b>\$658</b>                             |  |  |  | <b>\$568</b>                             |  |  |  | <b>\$484</b>                   |                                |
| Employee + Spouse   |   |  | <b>\$1,500</b>                           |  |  |  | <b>\$1,355</b>                           |  |  |  | <b>\$1,175</b>                           |  |  |  | <b>\$994</b>                   |                                |
| Employee+Child or Children  |   |  | <b>\$1,450</b>                           |  |  |  | <b>\$1,306</b>                           |  |  |  | <b>\$1,134</b>                           |  |  |  | <b>\$976</b>                   |                                |
| Family  |   |  | <b>\$1,615</b>                           |  |  |  | <b>\$1,456</b>                           |  |  |  | <b>\$1,265</b>                           |  |  |  | <b>\$1,072</b>                 |                                |

**Note:**

All charges are subject to the calendar year deductible unless otherwise specified.  
 Inpatient Hospital and Outpatient Surgery copays are limited to 3 copays in any calendar year.

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

The HDHP is a High Deductible Health Plan, designed to qualify for use with a Health Savings Account (HSA). 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. The Plan will then pay 100% of the cost of your covered charges for the remainder of the year.

**Please Note:** Deductibles and Out-of-Pocket amounts are established by the IRS and are subject to change every January 1. This Plan will follow the rules established by the IRS.

**Cost Share Maximum:**

**Effective 9/1/14** the cost share maximum will include the following tier 1 and tier 2 amounts: deductible and coinsurance that applies to the out of pocket limit, mental/nervous and alcohol/substance abuse coinsurance, all medical copayments (excluding prescription drugs), and out of network emergency services (tier 3 and tier 4)

**Effective 1/1/15** the cost share maximum will include the following tier 1 and tier 2 amounts: deductible and coinsurance that applies to the out of pocket limit, mental/nervous and alcohol/substance abuse coinsurance, all medical copayments (including prescription drugs), and out of network emergency services (tier 3 and tier 4)