

EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST
SUMMARY PLAN DESCRIPTIONS AS OF SEPTEMBER 1, 2011

DESCRIPTION OF SERVICES	GOLD				SILVER			
	TIER 1 HMO	TIER 2 PPO	TIER 3 NON NETWORK	TIER 4 NON NETWORK METRO ST LOUIS	TIER 1 HMO	TIER 2 PPO	TIER 3 NON NETWORK	TIER 4 NON NETWORK METRO ST LOUIS
DEDUCTIBLE								
INDIVIDUAL	\$600	\$900	\$900	\$900	\$1,100	\$1,600	\$1,600	\$1,600
FAMILY	\$1,800	\$2,700	\$2,700	\$2,700	\$3,300	\$4,800	\$4,800	\$4,800
OUT OF POCKET MAXIMUM								
INDIVIDUAL	\$1,300	\$1,900	\$3,500	None	\$2,300	\$3,300	\$5,800	None
FAMILY	\$3,900	\$5,700	\$10,500	None	\$6,900	\$9,900	\$17,400	None
LIFETIME MAXIMUM	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
WELLNESS BENEFIT*	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
INPATIENT HOSPITAL (ILLNESS OR INJURY)	\$250 Copay Then 85%	\$250 Copay Then 80%	\$550 Copay Then 65%	\$550 Copay Then 55%	\$250 Copay Then 80%	\$250 Copay Then 75%	\$550 Copay Then 60%	\$550 Copay Then 50%
OUTPATIENT SURGERY	\$250 Copay Then 85%	\$250 Copay Then 80%	\$550 Copay Then 65%	\$550 Copay Then 55%	\$250 Copay Then 80%	\$250 Copay Then 75%	\$550 Copay Then 60%	\$550 Copay Then 50%
DR OFFICE VISIT BY PRIMARY CARE PHYSICIAN	\$25 Copay Then 100%	\$25 Copay Then 100%	65%	55%	\$25 Copay Then 100%	\$25 Copay Then 100%	60%	50%
DR OFFICE VISIT BY SPECIALIST	\$40 Copay Then 100%	\$40 Copay Then 100%	65%	55%	\$40 Copay Then 100%	\$40 Copay Then 100%	60%	50%
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	\$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% 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
DRUG CARD Effective January 1, 2011	Retail 30 days	MDN Retail 90 day Maintenance Drug after first 2 fills		Home Delivery up to 90 days	Retail 30 days	MDN Retail 90 day Maintenance Drug after first 2 fills		Home Delivery up to 90 days
GENERIC	\$12	\$36		\$30	\$12	\$36		\$30
FORMULARY	\$25	\$85		\$55	\$30	\$85		\$70
NON-FORMULARY	\$40	\$130		\$100	\$45	\$130		\$110
RATES (Includes \$10,000 Basic Life)								
Employee Only	\$571				\$493			
Employee + Spouse	\$1,178				\$1,022			
Employee+child or children	\$1,136				\$985			
Family	\$1,266				\$1,100			

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 and do not count toward deductible or out of pocket maximum.

*WELLNESS BENEFIT refers to routine diagnostic lab & x-ray wellness charges. For a complete list of Wellness Benefits, refer to the Schedule of Benefits.