

# EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST

## SUMMARY PLAN DESCRIPTIONS AS OF SEPTEMBER 1, 2011

DESCRIPTION OF SERVICES	PLATINUM			
	TIER 1 HMO	TIER 2 PPO	TIER 3 NON NETWORK	TIER 4 NON NETWORK METRO ST LOUIS
<b>DEDUCTIBLE</b>				
INDIVIDUAL	\$400	\$600	\$600	\$600
FAMILY	\$1,200	\$1,800	\$1,800	\$1,800
<b>OUT OF POCKET MAXIMUM</b>				
INDIVIDUAL	\$1,200	\$1,800	\$3,300	None
FAMILY	\$2,400	\$3,600	\$6,600	None
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>WELLNESS BENEFIT*</b>	\$100	\$100	\$100	\$100
<b>INPATIENT HOSPITAL (ILLNESS OR INJURY)</b>	\$250 Copay Then 90%	\$250 Copay Then 85%	\$550 Copay Then 70%	\$550 Copay Then 60%
<b>OUTPATIENT SURGERY</b>	\$250 Copay Then 90%	\$250 Copay Then 85%	\$550 Copay Then 70%	\$550 Copay Then 60%
<b>DR OFFICE VISIT BY PRIMARY CARE PHYSICIAN</b>	\$25 Copay Then 100%	\$25 Copay Then 100%	70%	60%
<b>DR OFFICE VISIT BY SPECIALIST</b>	\$40 Copay Then 100%	\$40 Copay Then 100%	70%	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
<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
<b>DRUG CARD</b> Effective January 1, 2011	<b>Retail 30 days</b>	<b>MDN Retail 90 day Maintenance Drug after first 2 fills</b>		<b>Home Delivery up to 90 days</b>
GENERIC	\$12	\$36		\$30
FORMULARY	\$25	\$85		\$55
NON-FORMULARY	\$40	\$130		\$100
<b>RATES</b> (Includes \$10,000 Basic Life)				
Employee Only	<b>\$632</b>			
Employee + Spouse	<b>\$1,305</b>			
Employee+child or children	<b>\$1,260</b>			
Family	<b>\$1,405</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 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.