

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

DESCRIPTION OF SERVICES	PLATINUM				GOLD			
	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	\$400	\$600	\$600	\$600	\$600	\$900	\$900	\$900
FAMILY	\$1,200	\$1,800	\$1,800	\$1,800	\$1,800	\$2,700	\$2,700	\$2,700
OUT OF POCKET MAXIMUM								
INDIVIDUAL	\$1,200	\$1,800	\$3,300	None	\$1,300	\$1,900	\$3,500	None
FAMILY	\$2,400	\$3,600	\$6,600	None	\$3,900	\$5,700	\$10,500	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 90%	\$250 Copay Then 85%	\$550 Copay Then 70%	\$550 Copay Then 60%	\$250 Copay Then 85%	\$250 Copay Then 80%	\$550 Copay Then 65%	\$550 Copay Then 55%
OUTPATIENT SURGERY	\$250 Copay Then 90%	\$250 Copay Then 85%	\$550 Copay Then 70%	\$550 Copay Then 60%	\$250 Copay Then 85%	\$250 Copay Then 80%	\$550 Copay Then 65%	\$550 Copay Then 55%
DR OFFICE VISIT BY PRIMARY CARE PHYSICIAN	\$25 Copay Then 100%	\$25 Copay Then 100%	70%	60%	\$25 Copay Then 100%	\$25 Copay Then 100%	65%	55%
DR OFFICE VISIT BY SPECIALIST	\$40 Copay Then 100%	\$40 Copay Then 100%	70%	60%	\$40 Copay Then 100%	\$40 Copay Then 100%	65%	55%
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	\$25	\$85		\$55
NON-FORMULARY	\$40	\$130		\$100	\$40	\$130		\$100
RATES (Includes \$10,000 Basic Life)								
Employee Only	\$632				\$571			
Employee + Spouse	\$1,305				\$1,178			
Employee+child or children	\$1,260				\$1,136			
Family	\$1,405				\$1,266			

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.