

**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST
SUMMARY PLAN DESCRIPTIONS - PLAN E - OPTIONS 1 - 4**

As of September 1, 2014	OPTION 1 DEDUCTIBLE \$1,100 - MAX OOP \$1,600				OPTION 2 DEDUCTIBLE \$1,600 - MAX OOP \$2,100				OPTION 3 DEDUCTIBLE \$2,100 - MAX OOP \$2,600				OPTION 4 DEDUCTIBLE \$2600 - MAX OOP \$3,100							
	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				
Deductible																				
INDIVIDUAL	\$1,100	\$1,400	\$1,400	\$1,400	\$1,600	\$1,900	\$1,900	\$1,900	\$2,100	\$2,400	\$2,400	\$2,400	\$2,600	\$2,900	\$2,900	\$2,900				
FAMILY	\$3,300	\$4,200	\$4,200	\$4,200	\$4,800	\$5,700	\$5,700	\$5,700	\$6,300	\$7,200	\$7,200	\$7,200	\$7,800	\$8,700	\$8,700	\$8,700				
Out of Pocket Maximum																				
INDIVIDUAL	\$1,600	\$2,200	\$3,800	None	\$2,100	\$2,700	\$4,300	None	\$2,600	\$3,200	\$4,800	None	\$3,100	\$3,700	\$5,300	None				
FAMILY	\$4,800	\$6,600	\$11,400	None	\$6,300	\$8,100	\$12,900	None	\$7,800	\$9,600	\$14,400	None	\$9,300	\$11,100	\$15,900	None				
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.																				
Cost Share Maximum	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	\$6,350	\$6,350	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	\$12,700	\$12,700	N/A	N/A				
As of January 1, 2015	OPTION 1 DEDUCTIBLE \$1,100 - MAX OOP \$1,800				OPTION 2 DEDUCTIBLE \$1,600 - MAX OOP \$2,300				OPTION 3 DEDUCTIBLE \$2,100 - MAX OOP \$2,800				OPTION 4 DEDUCTIBLE \$2600 - MAX OOP \$3,300							
	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				
Deductible																				
INDIVIDUAL	\$1,100	\$1,400	\$1,400	\$1,400	\$1,600	\$1,900	\$1,900	\$1,900	\$2,100	\$2,400	\$2,400	\$2,400	\$2,600	\$2,900	\$2,900	\$2,900				
FAMILY	\$3,300	\$4,200	\$4,200	\$4,200	\$4,800	\$5,700	\$5,700	\$5,700	\$6,300	\$7,200	\$7,200	\$7,200	\$7,800	\$8,700	\$8,700	\$8,700				
Out of Pocket Maximum																				
INDIVIDUAL	\$1,800	\$2,400	\$4,000	None	\$2,300	\$2,900	\$4,500	None	\$2,800	\$3,400	\$5,000	None	\$3,300	\$3,900	\$5,500	None				
FAMILY	\$5,400	\$7,200	\$12,000	None	\$6,900	\$8,700	\$13,500	None	\$8,400	\$10,200	\$15,000	None	\$9,900	\$11,700	\$15,900	None				
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.																				
Effective 1/1/15	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				
Cost Share Maximum																				
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	\$6,600	\$6,600	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	\$13,200	\$13,200	N/A	N/A				
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited				
Reimbursement	85%	80%	65%	55%	85%	80%	65%	55%	85%	80%	65%	55%	85%	80%	65%	55%				
Inpatient Hospital (Illness or Injury)	\$250 Copay Then 85%	\$250 Copay Then 80%	\$550 Copay Then 65%	\$550 Copay Then 55%	\$250 Copay Then 85%	\$250 Copay Then 80%	\$550 Copay Then 65%	\$550 Copay Then 55%	\$250 Copay Then 85%	\$250 Copay Then 80%	\$550 Copay Then 65%	\$550 Copay Then 55%	\$250 Copay Then 85%	\$250 Copay Then 80%	\$550 Copay Then 65%	\$550 Copay Then 55%				
Outpatient Surgery	\$250 Copay Then 85%	\$250 Copay Then 80%	\$550 Copay Then 65%	\$550 Copay Then 55%	\$250 Copay Then 85%	\$250 Copay Then 80%	\$550 Copay Then 65%	\$550 Copay Then 55%	\$250 Copay Then 85%	\$250 Copay Then 80%	\$550 Copay Then 65%	\$550 Copay Then 55%	\$250 Copay Then 85%	\$250 Copay Then 80%	\$550 Copay Then 65%	\$550 Copay Then 55%				
Primary Doctor (PCP) Office Visit	\$25 Copay Then 100%	\$25 Copay Then 100%	65%	55%	\$25 Copay Then 100%	\$25 Copay Then 100%	65%	55%	\$25 Copay Then 100%	\$25 Copay Then 100%	65%	55%	\$25 Copay Then 100%	\$25 Copay Then 100%	65%	55%				
Specialist Office Visit with Primary Doctor Referral/Notification	\$30 Copay Then 100%	\$30 Copay Then 100%	65%	55%	\$30 Copay Then 100%	\$30 Copay Then 100%	65%	55%	\$30 Copay Then 100%	\$30 Copay Then 100%	65%	55%	\$30 Copay Then 100%	\$30 Copay Then 100%	65%	55%				
Specialist Office Visit without Primary Doctor Referral/Notification	\$40 Copay Then 100%	\$40 Copay Then 100%	65%	55%	\$40 Copay Then 100%	\$40 Copay Then 100%	65%	55%	\$40 Copay Then 100%	\$40 Copay Then 100%	65%	55%	\$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	\$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	\$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																				
	Retail 30 days	Retail 90 Day Maintenance Drug after first 2 fills	Home Delivery up to 90 days		Retail 30 days	Retail 90 day Maintenance Drug after first 2 fills	Home Delivery up to 90 days		Retail 30 days	Retail 90 day Maintenance Drug after first 2 fills	Home Delivery up to 90 days		Retail 30 days	Retail 90 day Maintenance Drug after first 2 fills	Home Delivery up to 90 days					
GENERIC	\$12	\$36	\$30		\$12	\$36	\$30		\$12	\$36	\$30		\$12	\$36	\$30					
FORMULARY	\$25	\$85	\$55		\$25	\$85	\$55		\$25	\$85	\$55		\$25	\$85	\$55					
NON-FORMULARY	\$40	\$130	\$100		\$40	\$130	\$100		\$40	\$130	\$100		\$40	\$130	\$100					
Effective 9/1/2014																				
RATES (Includes \$10,000 Basic Life)																				
Employee Only		9/1/2014					9/1/2014					9/1/2014					9/1/2014			
		\$568					\$545					\$525					\$504			
Employee + Spouse		\$1,170					\$1,123					\$1,081					\$1,039			
Employee + Child or Children		\$1,128					\$1,079					\$1,039					\$998			
Family		\$1,258					\$1,205					\$1,238					\$1,114			

Note:
THESE PLANS ONLY AVAILABLE ON DISTRICT WIDE BASIS, NO INDIVIDUAL SELECTION ALLOWED.
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.

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)