



**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST
SUMMARY BENEFIT SCHEDULES AS OF SEPTEMBER 1, 2021**

2021 Medical Plans M3, M6, M7, M8

Description of Services	Plan M3 BCBS Group No. M240880		Plan M6 BCBS Group No. M240881		Plan M7 BCBS Group No. M240882		Plan M8 BCBS Group No. M240883		
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	
Deductible*									
Individual	\$2,500	\$5,000	\$400	\$800	\$600	\$1,200	\$1,100	\$2,200	
Family	\$5,000	\$10,000	\$1,200	\$2,400	\$1,800	\$3,600	\$3,300	\$6,600	
Out of Pocket Maximum*									
Individual	\$3,500	\$10,500	\$1,200	\$4,500	\$1,300	\$4,100	\$2,300	\$6,900	
Family	\$7,000	\$21,000	\$2,400	\$9,000	\$3,900	\$12,300	\$6,900	\$20,700	
Cost Share Maximum									
Individual	N/A	N/A	\$2,500	N/A	N/A	N/A	N/A	N/A	
Family	N/A	N/A	\$5,000	N/A	N/A	N/A	N/A	N/A	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Reimbursement	85%	65%	90%	70%	85%	65%	80%	60%	
Inpatient Hospital (Illness or Injury)	85%	65%	\$250 then 90%	\$550 then 70%	\$250 then 85%	\$550 then 65%	\$250 then 80%	\$550 then 60%	
Outpatient Surgery	85%	65%	\$250 then 90%	\$550 then 70%	\$250 then 85%	\$550 then 65%	\$250 then 80%	\$550 then 60%	
Primary Doctor (PCP) Office Visit	\$25 copay then 100% no deductible	65%	\$25 copay then 100% no deductible	70%	\$25 copay then 100% no deductible	65%	\$25 copay then 100% no deductible	60%	
Specialist Office Visit	\$30 copay then 100% no deductible	65%	\$30 copay then 100% no deductible	70%	\$30 copay then 100% no deductible	65%	\$30 copay then 100% no deductible	60%	
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	
Facility Charges									
Physician Charges	90%	90%	90%	90%	90%	90%	90%	90%	
Drug Card									
	Retail 30 days	ESN Retail 90 days**	Home Delivery 90 days**	Retail 30 days	ESN Retail 90 days**	Home Delivery 90 days**	Retail 30 days	ESN Retail 90 days**	Home Delivery 90 days**
Generic	\$12	\$36	\$30	\$12	\$36	\$30	\$12	\$36	\$30
Formulary	\$25	\$85	\$55	\$25	\$85	\$55	\$25	\$85	\$55
Non-Formulary	\$40	\$130	\$100	\$40	\$130	\$100	\$40	\$130	\$100

Notes:
* Network and Non-Network deductibles and out of pockets will accumulate separately

** You may fill the first two months of a newly prescribed maintenance medication at a Prime network retail pharmacy. Subsequent fills must be for 90 days at either an Extended Supply Network (ESN) pharmacy or through Home Delivery.