



**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST**  
**SUMMARY BENEFIT SCHEDULES AS OF SEPTEMBER 1, 2023**

2023-2024 Medical Plans M3, M6, M7, M8								
	Plan M3 BCS Group No. 0MD752 BCBS Group No. M240880		Plan M6 BCS Group No. 0MD753 BCBS Group No. M240881		Plan M7 BCS Group No. 0MD754 BCBS Group No. M240882		Plan M8 BCS Group No. 0MD755 BCBS Group No. M240883	
Description of Services	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
<b>Deductible*</b>								
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
<b>Out of Pocket Maximum*</b>								
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
<b>Cost Share Maximum</b>								
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
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Reimbursement</b>	85%	65%	90%	70%	85%	65%	80%	60%
<b>Inpatient Hospital (Illness or Injury)</b>	85%	65%	\$250 then 90%	\$550 then 70%	\$250 then 85%	\$550 then 65%	\$250 then 80%	\$550 then 60%
<b>Outpatient Surgery</b>	85%	65%	\$250 then 90%	\$550 then 70%	\$250 then 85%	\$550 then 65%	\$250 then 80%	\$550 then 60%
<b>Primary Doctor (PCP) Office Visit</b>	\$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%
<b>Specialist Office Visit</b>	\$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%
<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	\$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	\$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>Facility Charges</b>								
<b>Physician Charges</b>	90%	90%	90%	90%	90%	90%	90%	90%
<b>Drug Type</b>	<b>Retail 30 days</b>	<b>Home Delivery 90 days**</b>	<b>Retail 30 days</b>	<b>Home Delivery 90 days**</b>	<b>Retail 30 days</b>	<b>Home Delivery 90 days**</b>	<b>Retail 30 days</b>	<b>Home Delivery 90 days**</b>
Generic	\$12	\$30	\$12	\$30	\$12	\$30	\$12	\$30
Formulary	\$25	\$55	\$25	\$55	\$25	\$55	\$25	\$55
Non-Formulary	\$40	\$100	\$40	\$100	\$40	\$100	\$40	\$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 **Brand Name** maintenance medication at a Prime network retail pharmacy. Subsequent fills must be obtained through Home Delivery (90-day supply). Other prescriptions can remain at retail with 30-day supplies.