EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST

SUMMARY BENEFIT SCHEDULES AS OF JANUARY 1, 2027

Check with your employer for monthly premiums.

HDHP (HSA) Plans[1,3]

Description of Services	Plan H1[1] BCS Group No. 0MD756 BCBS Group No. PI3198 (HSA Qualified Plan)		Plan H2[1] BCS Group # _____ BCBS Group # _____ (HSA Qualified Plan)		Plan H4[3] BCS Group No. 0MD757 BCBS Group No. PI3199 (HSA Qualified Plan)		Plan H5[3] BCS Group No. 0MD758 BCBS Group PI3200 (HSA Qualified Plan)	
	NETWORK	**NON-NETWORK**	**NETWORK**	**NON-NETWORK**	**NETWORK**	**NON-NETWORK**	**NETWORK**	**NON-NETWORK**
Deductible*								
Individual	$2,600	$5,200	$2,150	$4,300	$4,100	$8,200	$6,000	$12,000
Family	$5,200	$10,400	$4,300	$8,600	$8,200	$16,400	$12,000	$24,000
Out of Pocket Maximum*								
Individual	$2,600	$7,800	$5,550	$11,100	$4,100	$12,300	$6,000	$18,000
Family	$5,200	$15,600	$11,100	$22,200	$8,200	$24,600	$12,000	$36,000
Cost Share Maximum								
Individual	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Plan Benefit	100%	70%	75%	55%	100%	70%	100%	70%
Inpatient Hospital (Illness or Injury)	100%	70%	75%	55%	100%	70%	100%	70%
Outpatient Surgery	100%	70%	75%	55%	100%	70%	100%	70%
Primary Doctor (PCP) Office Visit	100%	70%	75%	55%	100%	70%	100%	70%
Specialist Office Visit	100%	70%	75%	55%	100%	70%	100%	70%
Services other than Office Visit at time of visit	100%	70%	75%	55%	100%	70%	100%	70%
Emergency Room	100%	70%	75%		100%	70%	100%	70%
Urgent Care Facility	100%	70%	75%		100%	70%	100%	70%
Drug Type**	**Participating**	**Non-Part. (Non-Network)**	**Participating**	**Non-Part. (Non-Network)**	**Participating**	**Non-Part. (Non-Network)**	**Participating**	**Non-Part. (Non-Network)**
Generic	100%	70%	75%	55%	100%	70%	100%	70%
Formulary Brand	100%	70%	75%	55%	100%	70%	100%	70%
Non-Formulary Brand	100%	70%	75%	55%	100%	70%	100%	70%
Specialty Drugs	100%	70%	Copay plus 3% to maximum of $400		100%	70%	100%	70%
	HSA Qualified		**HSA Qualified**		**HSA Qualified**		**HSA Qualified**	

Notes:

* Network and Non-Network deductibles and out of pocket maximums 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.

[1] **Plans H1 and H2** are High Deductible Health Plans designed to qualify for use with a Health Savings Account (HSA). All benefits except benefits for preventive care (as defined under IRS rules) are subject to the Calendar Year Deductible. These plans have an **"Aggregate" deductible**. If you enrolled for Employee Only health coverage, you must pay 100% of the discounted charge for each covered service until you satisfy the Individual Calendar Year Deductible. If you are enrolled for Employee + Spouse, Employee + Child(ren) or Family health coverage you must pay 100% of the discounted charge until your covered family members satisfy the Family Calendar Year Deductible. After you satisfy the applicable Calendar Year Deductible, you will pay the copayments/coinsurance shown in the above table until your out of pocket expenses satisfy the appropriate Calendar Year Out of Pocket Maximum. The Plan will then pay 100% of the cost of your covered charges for the remainder of the year.

[3] **Plans H4 and H5** are High Deductible Health Plans, designed to qualify for use with a Health Savings Account (HSA). All benefits except benefits for preventive care (as defined under IRS rules)are subject to the Calendar Year Deductible. These plans have an **"Embedded" deductible**. If you enrolled for Employee Only health coverage, you must pay 100% of the discounted charge for each covered service until you satisfy the Individual Calendar Year Deductible. If you are enrolled for Employee + Spouse, Employee + Child(ren) or Family health coverage each individual in a family is not required to contribute more than the single Deductible/Out of Pocket Maximum before the Plan will pay 100% of covered expenses for that individual.