

**SCHOOL ADMINISTRATORS' WELFARE TRUST MEDICAL PLAN OPTIONS  
BENEFIT HIGHLIGHTS**

PLAN BENEFITS	Welfare Trust Point of Service - PLAN 1			Welfare Trust Point of Service - VALUE PLAN 1			Welfare Trust Point of Service - PLAN 2			Welfare Trust HMO - PLAN 3
	HMO	PPO	Non PPO	HMO	PPO	Non PPO	HMO	PPO	Non PPO	HMO
Maximum Benefit	Unlimited	\$2,000,000	\$2,000,000	Unlimited	\$2,000,000	\$2,000,000	Unlimited	\$2,000,000	\$2,000,000	Unlimited
Deductible Per Member	None	\$250	\$250	None	\$250	\$250	None	\$250	\$250	None
Deductible Per Family	None	\$500	\$500	None	\$500	\$500	None	\$750	\$750	None
Coinsurance	None	20% of EME	30% of EME <sup>1</sup>	None	20% of EME	30% of EME <sup>1</sup>	None	10% of EME	30% of EME <sup>1</sup>	None
Coinsurance Maximum	200% of Annual Premium	\$1,500/Member \$4,500/Family	\$3,000/Member <sup>1</sup> \$9,000/Family <sup>1</sup>	200% of Annual Premium	\$1,500/Member \$4,500/Family	\$3,000/Member <sup>1</sup> \$9,000/Family <sup>1</sup>	200% of Annual Premium	\$1,000/Member \$3,000/Family	\$2,000/Member <sup>1</sup> \$6,000/Family <sup>1</sup>	200% of Annual Premium
Doctor Office Visit Copayment	\$5/Visit	\$10/Visit	30% of EME <sup>1</sup>	\$5/Visit	\$10/Visit	30% of EME <sup>1</sup>	\$10/Visit	\$20/Visit	After CYD, Member pays 30% of EME <sup>1</sup>	\$10/Visit
Specialist Office Visit Copayment	\$10/Visit	\$20/Visit	30% of EME <sup>1</sup>	\$10/Visit	\$20/Visit	30% of EME <sup>1</sup>	\$10/Visit	\$20/Visit	After CYD, Member pays 30% of EME <sup>1</sup>	\$20/Visit
Inpatient Hospital Facility	\$100 Per Admission	After CYD, Member pays 20% of EME	After CYD, Member pays 30% of EME <sup>1</sup>	\$100 Per Admission	After CYD, Member pays 20% of EME	After CYD, Member pays 30% of EME <sup>1</sup>	\$100 Per Day Not To Exceed \$400 Per Admission	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME <sup>1</sup>	\$150 Per Admission
Outpatient Hospital and Surgical Facility	\$50 Per Admission	After CYD, Member pays 20% of EME	After CYD, Member pays 30% of EME <sup>1</sup>	\$50 Per Admission	After CYD, Member pays 20% of EME	After CYD, Member pays 30% of EME <sup>1</sup>	\$100 Per Admission	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME <sup>1</sup>	\$50 Per Admission
Inpatient Hospital Facility Surgical Services	No Charge	\$100/Surgery	After CYD, Member pays 30% of EME <sup>1</sup>	No Charge	\$100/Surgery	After CYD, Member pays 30% of EME <sup>1</sup>	\$100/Surgery	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME <sup>1</sup>	\$25/Surgery
Outpatient Hospital Facility Surgical Services	No Charge	\$50/Surgery	After CYD, Member pays 30% of EME <sup>1</sup>	No Charge	\$50/Surgery	After CYD, Member pays 30% of EME <sup>1</sup>	\$50/Surgery	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME <sup>1</sup>	\$10/Surgery
Physician's Office Surgical Services	\$5/Visit	\$10/Visit	After CYD, Member pays 30% of EME <sup>1</sup>	\$5/Visit	\$10/Visit	After CYD, Member pays 30% of EME <sup>1</sup>	\$10/Visit	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME <sup>1</sup>	\$10/Visit
Specialist's Office Surgical Services	\$5/Visit	\$10/Visit	After CYD, Member pays 30% of EME <sup>1</sup>	\$5/Visit	\$10/Visit	After CYD, Member pays 30% of EME <sup>1</sup>	\$10/Visit	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME <sup>1</sup>	\$20/Visit
Anesthesia	\$50/Surgery	After CYD, Member pays 20% of EME	After CYD, Member pays 30% of EME <sup>1</sup>	\$50/Surgery	After CYD, Member pays 20% of EME	After CYD, Member pays 30% of EME <sup>1</sup>	\$100/Surgery	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME <sup>1</sup>	\$50/Surgery
Urgent Care Within Service Area	\$20/Visit	\$20/Visit	\$20/Visit	\$20/Visit	\$20/Visit	\$20/Visit	\$15/Visit	\$15/Visit	\$15/Visit	\$20/Visit
Urgent Care Outside Service Area	\$25/Visit <sup>1</sup>	\$25/Visit <sup>1</sup>	\$25/Visit <sup>1</sup>	\$25/Visit <sup>1</sup>	\$25/Visit <sup>1</sup>	\$25/Visit <sup>1</sup>	\$15/Visit <sup>1</sup>	\$15/Visit <sup>1</sup>	\$15/Visit <sup>1</sup>	\$40/Visit <sup>1</sup>
Ambulance Within Service Area	No Charge (Ground or Air)			No Charge (Ground or Air)			\$75/Trip (Ground), 50% of EME (Air)			\$50/Trip (Ground), 50% of EME (Air)
Ambulance Outside Service Area	No Charge (Ground or Air) <sup>1</sup>			No Charge (Ground or Air) <sup>1</sup>			\$75/Trip (Ground), 50% of EME (Air) <sup>1</sup>			\$50/Trip (Ground) <sup>1</sup> , 50% of EME (Air) <sup>1</sup>
ER Within Service Area	\$50/Visit, Waived if Admitted	\$50/Visit, Waived if Admitted	\$50/Visit, Waived if Admitted <sup>1</sup>	\$50/Visit, Waived if Admitted	\$50/Visit, Waived if Admitted	\$50/Visit, Waived if Admitted <sup>1</sup>	\$50/Visit, Waived if Admitted	\$50/Visit, Waived if Admitted	\$50/Visit, Waived if Admitted <sup>1</sup>	\$50/Visit, Waived if Admitted
ER Outside Service Area	\$75/Visit <sup>1</sup> , Waived if Admitted	\$75/Visit <sup>1</sup> , Waived if Admitted	\$75/Visit <sup>1</sup> , Waived if Admitted	\$75/Visit <sup>1</sup> , Waived if Admitted	\$75/Visit <sup>1</sup> , Waived if Admitted	\$75/Visit <sup>1</sup> , Waived if Admitted	\$75/Visit <sup>1</sup> , Waived if Admitted	\$75/Visit <sup>1</sup> , Waived if Admitted	\$75/Visit <sup>1</sup> , Waived if Admitted	\$75/Visit <sup>1</sup> , Waived if Admitted
Laboratory Services	\$5/Visit	\$10/Visit	After CYD, Member pays 30% of EME <sup>1</sup>	\$5/Visit	\$10/Visit	After CYD, Member pays 30% of EME <sup>1</sup>	No Charge	\$5/Visit	After CYD, Member pays 30% of EME <sup>1</sup>	\$10/Visit
Routine Radiological Services	\$5/Visit	\$10/Visit	After CYD, Member pays 30% of EME <sup>1</sup>	\$5/Visit	\$10/Visit	After CYD, Member pays 30% of EME <sup>1</sup>	\$10/Visit	\$15/Visit	After CYD, Member pays 30% of EME <sup>1</sup>	\$10/Visit
Hearing Aids	No Charge <sup>2</sup>	No Charge <sup>2</sup>	After CYD, Member pays 30% of EME <sup>1 &amp; 2</sup>	No Charge <sup>2</sup>	No Charge <sup>2</sup>	After CYD, Member pays 30% of EME <sup>1 &amp; 2</sup>	No Charge <sup>2</sup>	After CYD, Member pays 10% of EME <sup>2</sup>	After CYD, Member pays 30% of EME <sup>1 &amp; 2</sup>	No Charge <sup>2</sup>
Prescriptions 30 Day Therapeutic Supply	<ul style="list-style-type: none"> <li>Generic - \$5 Copay</li> <li>Preferred Brand Name - \$10 Copay</li> <li>Non Preferred Brand Name - \$20 Copay</li> </ul>			<ul style="list-style-type: none"> <li>Generic - \$5 Copay</li> <li>Preferred Brand Name - \$15 Copay</li> <li>Non Preferred Brand Name - \$25 Copay</li> <li>* Preferred Brand Name or Non-Preferred Brand Name with a Generic Equivalent - \$5 Co-Pay Plus the Difference Between EME of the Generic Drug and the EME of the Brand Name Drug</li> </ul>			<ul style="list-style-type: none"> <li>Generic - \$5 Copay</li> <li>Preferred Brand Name - \$15 Copay</li> <li>Non Preferred Brand Name - \$25 Copay</li> <li>* Preferred Brand Name or Non-Preferred Brand Name with a Generic Equivalent - \$5 Co-Pay Plus the Difference Between EME of the Generic Drug and the EME of the Brand Name Drug</li> </ul>			<ul style="list-style-type: none"> <li>Generic - \$7 Copay</li> <li>Preferred Brand Name - \$15 Copay</li> <li>Non Preferred Brand Name - \$40 Copay</li> <li>* Preferred Brand Name or Non-Preferred Brand Name with a Generic Equivalent - \$7 Co-Pay Plus the Difference Between EME of the Generic Drug and the EME of the Brand Name Drug</li> </ul>
Mail Order Pharmacy - Maintenance Medication	1 Copay for a 90 Day Supply (Generic, Preferred Brand Name, and Non Preferred Brand Name)			2 Copays for a 90 Day Supply (Generic and Preferred Brand Name)			2 Copays for a 90 Day Supply (Generic and Preferred Brand Name)			2 Copays for a 90 Day Supply (Generic and Preferred Brand Name)

<sup>1</sup>Note: You are responsible for all amounts exceeding the applicable EME payments to Non-PPO Providers. Further, such amounts do not accumulate to your Coinsurance Maximum.

<sup>2</sup>Benefits are limited to a maximum of \$5,000 per member per calendar year, and are further limited to a single purchase. Repairs and replacement are limited to once every three (3) years.

CYD = Calendar Year Deductible EME = Eligible Medical Expense (the maximum amount that the insurance carrier will pay for a particular covered service)

\* Yellow highlight indicates the benefit equals or exceeds the benefit in other plans of the comparison.