

SCHOOL ADMINISTRATORS' WELFARE TRUST MEDICAL PLAN OPTIONS
BENEFIT HIGHLIGHTS

PLAN BENEFITS	Out of Area PPO Plan 1		Out of Area PPO Plan 2	
	PPO	Non PPO	PPO	Non PPO
Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Deductible Per Member	\$250	\$250	\$250	\$250
Deductible Per Family	\$500	\$500	\$750	\$750
Coinsurance	20% of EME	30% of EME ¹	10% of EME	30% of EME ¹
Coinsurance Maximum	\$1,500/Member \$4,500/Family	\$3,000/Member ¹ \$9,000/Family ¹	\$1,000/Member \$3,000/Family	\$2,000/Member ¹ \$6,000/Family ¹
Doctor Office Visit Copayment	\$10/Visit	30% of EME ¹	\$20/Visit	After CYD, Member pays 30% of EME ¹
Specialist Office Visit Copayment	\$20/Visit	30% of EME ¹	\$20/Visit	After CYD, Member pays 30% of EME ¹
Inpatient Hospital Facility	After CYD, Member pays 20% of EME	After CYD, Member pays 30% of EME ¹	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME ¹
Outpatient Hospital and Surgical Facility	After CYD, Member pays 20% of EME	After CYD, Member pays 30% of EME ¹	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME ¹
Inpatient Hospital Facility Surgical Services	\$100/Surgery	After CYD, Member pays 30% of EME ¹	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME ¹
Outpatient Hospital Facility Surgical Services	\$50/Surgery	After CYD, Member pays 30% of EME ¹	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME ¹
Physician's Office Surgical Services	\$10/Visit	After CYD, Member pays 30% of EME ¹	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME ¹
Specialist's Office Surgical Services	\$10/Visit	After CYD, Member pays 30% of EME ¹	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME ¹
Anesthesia	After CYD, Member pays 20% of EME	After CYD, Member pays 30% of EME ¹	After CYD, Member pays 10% of EME	After CYD, Member pays 30% of EME ¹
Urgent Care Within Service Area	\$20/Visit	\$20/Visit	\$15/Visit	\$15/Visit
Urgent Care Outside Service Area	\$25/Visit ¹	\$25/Visit ¹	\$15/Visit ¹	\$15/Visit ¹
Ambulance Within Service Area	No Charge (Ground or Air)		\$75/Trip (Ground), 50% of EME (Air)	
Ambulance Outside Service Area	No Charge (Ground or Air) ¹		\$75/Trip (Ground), 50% of EME (Air) ¹	
ER Within Service Area	\$50/Visit, Waived if Admitted	\$50/Visit, Waived if Admitted ¹	\$50/Visit, Waived if Admitted	\$50/Visit, Waived if Admitted ¹
ER Outside Service Area	\$75/Visit ¹ , Waived if Admitted	\$75/Visit ¹ , Waived if Admitted	\$75/Visit ¹ , Waived if Admitted	\$75/Visit ¹ , Waived if Admitted
Laboratory Services	\$10/Visit	After CYD, Member pays 30% of EME ¹	\$5/Visit	After CYD, Member pays 30% of EME ¹
Routine Radiological Services	\$10/Visit	After CYD, Member pays 30% of EME ¹	\$15/Visit	After CYD, Member pays 30% of EME ¹
Hearing Aids	No Charge ²	After CYD, Member pays 30% of EME ^{1 & 2}	After CYD, Member pays 10% of EME ²	After CYD, Member pays 30% of EME ^{1 & 2}
Prescriptions 30 Day Therapeutic Supply	<ul style="list-style-type: none"> • Generic - \$5 Copay • Preferred Brand Name - \$10 Copay • Non Preferred Brand Name - \$20 Copay 		<ul style="list-style-type: none"> • Generic - \$5 Copay • Preferred Brand Name - \$15 Copay • Non Preferred Brand Name - \$25 Copay * 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 	
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)	

¹Note: 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.

²Benefits 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 PPO benefit in other plans of the comparison.