

**SCHOOL ADMINISTRATORS' WELFARE TRUST MEDICAL PLAN OPTIONS
GENERAL SUMMARY**

PLAN BENEFITS	Welfare Trust Point of Service – PLAN 1	Welfare Trust Point of Service – PLAN 2	Welfare Trust HMO – PLAN 3
	HMO / PPO / Non PPO	HMO / PPO / Non PPO	HMO
Maximum Benefit	HMO Unlimited / PPO & Non PPO \$2,000,000	HMO Unlimited / PPO & Non PPO \$2,000,000	Unlimited
Deductible	HMO None / PPO & Non PPO \$250	HMO None / PPO & Non PPO \$250	None
Maximum Per Family	HMO N/A / PPO & Non PPO \$500	HMO N/A / PPO & Non PPO \$750	N/A
Co-Insurance	HMO None / PPO 80% / Non PPO 70%	HMO None / PPO 90% / Non PPO 70%	None
Doctor Office Visit Co-Pay	HMO \$5 Office Visit / PPO \$10 Office Visit / Non PPO 70%	HMO \$10 Office Visit / PPO \$20 Office Visit / Non PPO 70%	\$10 Office Visit
Specialist Office Visit Co-Pay	HMO \$10 Office Visit / PPO \$20 Office Visit / Non PPO 70%	HMO \$10 Office Visit / PPO \$20 Office Visit / Non PPO 70%	\$20 Office Visit
Inpatient Hospital	HMO \$100 Per Admission / PPO 80% / Non PPO 70%	HMO \$100 Per Day \$400 Max / PPO 90% / Non PPO 70%	\$150 Per Admission
Outpatient Hospital	HMO \$50 Per Admission / PPO 80% / Non PPO 70%	HMO \$100 Per Admission / PPO 90% / Non PPO 70%	\$50 Per Admission
Inpatient Hospital / Surgical Services	HMO No Charge / PPO \$100 Per Surgery / Non PPO 70%	HMO \$100 Per Surgery / PPO 90% / Non PPO 70%	\$25 Per Surgery
Outpatient Facility / Surgical Services	HMO \$50 Per Surgery / PPO \$50 Per Surgery / Non PPO 70%	HMO \$50 Per Surgery / PPO 90% / Non PPO 70%	\$10 Per Surgery
Physician Office / Surgical Services	HMO \$5 Per Visit / PPO \$10 Per Visit / Non PPO 70%	HMO \$10 Per Visit / PPO 90% / Non PPO 70%	\$10 Per Visit
Anesthesia	HMO \$50 Per Surgery / PPO 80% / Non PPO 70%	HMO \$100 Per Surgery / PPO 90% / Non PPO 70%	\$50 Per Surgery
Physician Services / ER Within Service Area	\$25 Per Visit	\$15 Per Visit	\$25 Per Visit
ER / Within Service Area	\$50 Per Visit Waived If Admitted	\$50 Per Visit Waived If Admitted	\$50 Per Visit Waived If Admitted
Ambulance / Within Service Area	No Charge	\$75 Per Trip	\$50 Per Trip
Urgent Care / Within Service Area	\$20 Per Visit	\$15 Per Visit	\$20 Per Visit
Physician Services / ER Outside Service Area	\$50 Per Visit	\$30 Per Visit	\$50 Per Visit
ER Outside Service Area Admit Fee	\$75 Per Visit Waived If Admitted	\$75 Per Visit Waived If Admitted	\$75 Per Visit Waived If Admitted
Ambulance / Outside Service Area	No Charge	\$75 Per Trip	\$50 Per Trip
Urgent Care / Outside Service Area	\$25 Per Visit	\$15 Per Visit	\$40 Per Visit
Routine Lab	HMO \$5 Per Visit / PPO \$10 Per Visit / Non PPO 70%	HMO No Charge / PPO \$5 Per Visit / Non PPO 70%	\$10 Per Visit
Routine X-Ray	HMO \$5 Per Visit / PPO \$10 Per Visit / Non PPO 70%	HMO \$10 Per Visit / PPO \$15 Per Visit / Non PPO 70%	\$10 Per Visit
Maximum Individual Out of Pocket	HMO N/A / PPO \$1,500 / Non PPO \$3,000	HMO N/A / PPO \$1,000 / Non PPO \$2,000	N/A
Maximum Family Out of Pocket	HMO N/A / PPO \$4,500 / Non PPO \$9,000	HMO N/A / PPO \$3,000 / Non PPO \$6,000	N/A
Prescriptions - 30 Day Therapeutic Supply	<ul style="list-style-type: none"> • Generic - \$5 Co-pay • Preferred Brand Name - \$10 Co-pay • Non Preferred Brand Name - \$20 Co-pay 	<ul style="list-style-type: none"> • Preferred Generic - \$5 Co-pay • Preferred Brand Name / Without a Generic Equivalent - \$15 Co-pay • 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 • Non Preferred Generic or Brand Name - \$25 Co-pay (Not available through mail order) 	<ul style="list-style-type: none"> • Preferred Generic - \$7 Co-pay • Preferred Brand Name / Without a Generic Equivalent - \$15 Co-pay • 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 • Non Preferred Generic or Brand Name - \$40 Co-pay (Not available through mail order)
Mail Order Pharmacy - Maintenance Supply	1 Co-pay for a 90 days supply	2 Co-pays for a 90 days supply	2 Co-pays for a 90 day supply

- NOTE:
- Yellow Highlight Indicates the Benefit Equals or Exceeds the Benefit in Other Plans in the Comparison
 - Calendar Year Deductible Applies to Some of the Services Provided in the PPO and NON PPO Tiers