

SCHOOL ADMINISTRATORS' WELFARE TRUST MEDICAL PLAN OPTIONS - ACTIVE ADMINISTRATORS
BENEFIT HIGHLIGHTS

PLAN BENEFITS	POS Plan - Active Administrators			HMO Plan - Active Administrators
	Tier I HMO Plan Provider Benefit	Tier II Plan Provider Benefit	Tier III Non-Plan Provider Benefit	
Deductible Per Member	\$0	\$1,000	\$2,000	None
Deductible Per Family	\$0	\$2,000	\$4,000	None
Out-of-Pocket Maximum	\$8,550/Member, \$17,100/Family	\$8,550/Member, \$17,100/Family	\$17,100/Member ¹ , \$34,200/Family ¹	\$8,550/Member, \$17,100/Family
Doctor Office Visit Copayment	\$20/Visit	\$25/Visit	After CYD, Member pays 50% of EME ¹	\$20/Visit
Specialist Office Visit Copayment	\$35/Visit	\$40/Visit	After CYD, Member pays 50% of EME ¹	\$35/Visit
Inpatient/Outpatient Hospital Facility	\$750/Admission	After CYD, Member pays 20% of EME ¹	After CYD, Member pays 50% of EME ¹	\$750/Admission
Ambulatory Surgical Facility	\$100/Surgery	After CYD, Member pays 20% of EME ¹	After CYD, Member pays 50% of EME ¹	\$100/Surgery
Inpatient Hospital Facility	\$100/Surgery	After CYD, Member pays 20% of EME ¹	After CYD, Member pays 50% of EME ¹	\$100/Surgery
Physician Surgical Services	\$100/Surgery	After CYD, Member pays 20% of EME ¹	After CYD, Member pays 50% of EME ¹	\$100/Surgery
Outpatient Hospital Facility	\$100/Surgery	After CYD, Member pays 20% of EME ¹	After CYD, Member pays 50% of EME ¹	\$100/Surgery
Physician Surgical Services	\$100/Surgery	After CYD, Member pays 20% of EME ¹	After CYD, Member pays 50% of EME ¹	\$100/Surgery
Physician's Office	\$20/Visit	\$25/Visit	After CYD, Member pays 50% of EME ¹	\$20/Visit
Surgical Services	\$35/Visit	\$40/Visit	After CYD, Member pays 50% of EME ¹	\$35/Visit
Specialist's Office	\$150/Surgery	After CYD, Member pays 20% of EME ¹	After CYD, Member pays 50% of EME ¹	\$150/Surgery
Surgical Services	\$35/Visit	\$40/Visit	After CYD, Member pays 50% of EME ¹	\$35/Visit
Anesthesia	\$150/Surgery	After CYD, Member pays 20% of EME ¹	After CYD, Member pays 50% of EME ¹	\$150/Surgery
Urgent Care Within Service Area	\$35/Visit	\$35/Visit	\$35/Visit ¹	\$35/Visit
Urgent Care Outside Service Area	\$35/Visit	\$35/Visit	\$35/Visit ¹	\$35/Visit ¹
Ambulance Services	\$500/Trip	\$400/Trip	\$400/Trip	\$500/Trip
Emergency Room	\$750/Visit, Waived if Admitted			\$750/Visit, Waived if Admitted
Laboratory Services	\$10/Visit	\$15/Visit	After CYD, Member pays 50% of EME ¹	\$10/Visit
Routine Radiological Services	\$20/Visit	\$35/Visit	After CYD, Member pays 50% of EME ¹	\$20/Visit
Hearing Aids	\$0 ²	HearingAids are covered under the Tier I HMO benefit	HearingAids are covered under the Tier I HMO benefit	\$0 ²
Prescriptions 30-Day Therapeutic Supply	<ul style="list-style-type: none"> • Tier I - \$15 Copay • Tier II - \$40 Copay • Tier III - \$70 Copay * Generic Mandate (if Generic is Available) * Step Therapy Requirement * Includes Formulary Exclusions * Mail Order = 2 Copay for a 90-Day Supply (All Tiers) 			<ul style="list-style-type: none"> • Tier I - \$15 Copay • Tier II - \$50 Copay • Tier III - \$70 Copay * Generic Mandate (if Generic is Available) * Step Therapy Requirement * Includes Formulary Exclusions * Mail Order = 2 Copays for a 90-Day Supply (All Tiers)

Notes:

¹ 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.

² Purchases are limited to a single purchase of a type of hearing aid, including repair and replacement, once every three (3) years.

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