

SCHOOL ADMINISTRATORS' WELFARE TRUST MEDICAL PLAN OPTIONS - RETIRED ADMINISTRATORS

BENEFIT HIGHLIGHTS

| PLAN BENEFITS | POS Plan - Retired Administrators | | | HMO Plan - Retired Administrators | Medicare Advantage PPO Plan - Low | |
|---|--|--|---|---|---|----------------------------|
| | Tier I HMO Plan Provider Benefit | Tier II Plan Provider Benefit | Tier III Non-Plan Provider Benefit | | In-Network | Out-of-Network |
| Deductible Per Member | \$0 | \$1,000 | \$2,000 | None | None | None |
| Deductible Per Family | \$0 | \$2,000 | \$4,000 | None | None | 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 | \$2,500 Combined | |
| Doctor Office Visit Copayment | \$20/Visit | \$25/Visit | After CYD, Member pays 50% of EME ¹ | \$20/Visit | \$5/Visit | \$5/Visit |
| Specialist Office Visit Copayment | \$35/Visit | \$40/Visit | After CYD, Member pays 50% of EME ¹ | \$35/Visit | \$10/Visit | \$10/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 | \$100/Admission | \$100/Admission |
| Ambulatory Surgical Facility | \$100/Surgery | After CYD, Member pays 20% of EME ¹ | After CYD, Member pays 50% of EME ¹ | \$100/Surgery | \$50/Surgery | \$50/Surgery |
| Inpatient Hospital Facility Physician Surgical Services | \$100/Surgery | After CYD, Member pays 20% of EME ¹ | After CYD, Member pays 50% of EME ¹ | \$100/Surgery | \$100/Stay | \$100/Stay |
| Outpatient Hospital Facility Physician Surgical Services | \$100/Surgery | After CYD, Member pays 20% of EME ¹ | After CYD, Member pays 50% of EME ¹ | \$100/Surgery | \$50/Surgery | \$50/Surgery |
| Physician's Office Surgical Services | \$20/Visit | \$25/Visit | After CYD, Member pays 50% of EME ¹ | \$20/Visit | \$5/Visit | \$5/Visit |
| Specialist's Office Surgical Services | \$35/Visit | \$40/Visit | After CYD, Member pays 50% of EME ¹ | \$35/Visit | \$10/Visit | \$10/Visit |
| Anesthesia | \$150/Surgery | After CYD, Member pays 20% of EME ¹ | After CYD, Member pays 50% of EME ¹ | \$150/Surgery | Included in Hospital Copay | Included in Hospital Copay |
| Urgent Care Within Service Area | \$35/Visit | \$35/Visit | \$35/Visit ¹ | \$35/Visit | \$20/Visit (worldwide) | \$20/Visit (worldwide) |
| Urgent Care Outside Service Area | \$35/Visit | \$35/Visit | \$35/Visit ¹ | \$35/Visit ¹ | \$20/Visit (worldwide) | \$20/Visit (worldwide) |
| Ambulance Services | \$500/Trip | \$400/Trip | \$400/Trip | \$500/Trip | \$50/Trip | \$50/Trip |
| Emergency Room | \$750/Visit, Waived if Admitted | | | \$750/Visit, Waived if Admitted | \$100/Visit worldwide | |
| Laboratory Services | \$10/Visit | \$15/Visit | After CYD, Member pays 50% of EME ¹ | \$10/Visit | \$0 | \$0 |
| Routine Radiological Services | \$20/Visit | \$35/Visit | After CYD, Member pays 50% of EME ¹ | \$20/Visit | \$0 | \$0 |
| Hearing Aids | \$0 ² | HearingAids are covered under the Tier I HMO benefit | HearingAids are covered under the Tier I HMO benefit | \$0 ² | \$5,000 allowance every 3 years | None |
| Prescriptions 30-Day Therapeutic Supply | <ul style="list-style-type: none">• Tier I - \$20 Copay• Tier II - \$55 Copay• Tier III - \$80 Copay <p>* Generic Mandate (if Generic is Available)</p> <p>* Step Therapy Requirement</p> <p>* Includes Formulary Exclusions</p> <p>* Mail Order = 2 Copay for a 90-Day Supply (All Tiers)</p> | | | <ul style="list-style-type: none">• Tier I - \$20 Copay• Tier II - \$55 Copay• Tier III - \$80 Copay <p>* Generic Mandate (if Generic is Available)</p> <p>* Step Therapy Requirement</p> <p>* Includes Formulary Exclusions</p> <p>* Mail Order = 2 Copays for a 90-Day Supply (All Tiers)</p> | <ul style="list-style-type: none">• Tier I - \$5 Copay• Tier II - \$10 Copay• Tier III - \$47 Copay• Tier IV - \$100 Copay• Tier V - 33% Coinsurance <p>Maile Order = 2 copays for a 100 day supply (Tiers 1-4)</p> | |

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)

1/1/2023