

**SCHOOL ADMINISTRATORS' WELFARE TRUST MEDICAL PLAN OPTIONS - OUT OF AREA RETIRED ADMINISTRATORS  
BENEFIT HIGHLIGHTS**

PLAN BENEFITS	OOA PPO Plan - Retired Administrators	
	In-Network	Out-of-Network
Deductible Per Member	\$1,000	\$2,000
Deductible Per Family	\$2,000	\$4,000
Out-of-Pocket Maximum	\$8,550/Member, \$17,100/Family	\$17,100/Member <sup>1</sup> , \$34,200/Family <sup>1</sup>
Doctor Office Visit Copayment	\$20/Visit	After CYD, Member pays 50% of EME <sup>1</sup>
Specialist Office Visit Copayment	\$40/Visit	After CYD, Member pays 50% of EME <sup>1</sup>
Inpatient/Outpatient Hospital Facility	After CYD, Member pays 20% of EME	After CYD, Member pays 50% of EME <sup>1</sup>
Ambulatory Surgical Facility	After CYD, Member pays 20% of EME	After CYD, Member pays 50% of EME <sup>1</sup>
Inpatient Hospital Facility Surgical Services	After CYD, Member pays 20% of EME	After CYD, Member pays 50% of EME <sup>1</sup>
Outpatient Hospital Facility Surgical Services	After CYD, Member pays 20% of EME	After CYD, Member pays 50% of EME <sup>1</sup>
Physician's Office Surgical Services	After CYD, Member pays 20% of EME	After CYD, Member pays 50% of EME <sup>1</sup>
Specialist's Office Surgical Services	After CYD, Member pays 20% of EME	After CYD, Member pays 50% of EME <sup>1</sup>
Anesthesia	After CYD, Member pays 20% of EME	After CYD, Member pays 50% of EME <sup>1</sup>
Urgent Care Within Service Area	\$25/Visit	\$25/Visit <sup>1</sup>
Urgent Care Outside Service Area	\$25/Visit	\$25/Visit <sup>1</sup>
Ambulance Services	\$300/Trip	After CYD, Member pays 50% of EME <sup>1</sup>
Emergency Room	\$750/Visit, Waived if Admitted	
Laboratory Services	\$15/Visit	After CYD, Member pays 50% of EME <sup>1</sup>
Routine Radiological Services	\$35/Visit	After CYD, Member pays 50% of EME <sup>1</sup>
Hearing Aids	After CYD, Member pays 20% of EME <sup>2</sup>	After CYD, Member pays 50% of EME <sup>1 &amp; 2</sup>
Prescriptions 30-Day Therapeutic Supply	<ul style="list-style-type: none"> <li>• Tier I - \$10 Copay</li> <li>• Tier II - \$55 Copay</li> <li>• Tier III - \$80 Copay</li> <li>* Generic Mandate (if Generic is Available)</li> <li>* Step Therapy Requirement</li> <li>* Includes Formulary Exclusions</li> <li>* Mail Order = 2 Copay for a 90-Day Supply (All Tiers)</li> </ul>	

**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)