

**SCHOOL ADMINISTRATORS' WELFARE TRUST MEDICAL PLAN OPTIONS
BENEFIT HIGHLIGHTS**

PLAN BENEFITS	PPO Plan		HMO Plan
	In-Network	Out-of-Network	
Deductible Per Member	\$750	\$1,500	None
Deductible Per Family	\$1,500	\$3,000	None
Out of Pocket Maximum	\$4,000/Member \$8,000/Family	\$8,000/Member ¹ \$16,000/Family ¹	\$6,850/Member, \$13,700/Family
Doctor Office Visit Copayment	\$25/Visit	After CYD, Member pays 50% of EME ¹	\$20/Visit
Specialist Office Visit Copayment	\$40/Visit	After CYD, Member pays 50% of EME ¹	\$40/Visit
Inpatient/Outpatient Hospital Facility	After CYD, Member pays 20% of EME	After CYD, Member pays 50% of EME ¹	\$500/Admission
Ambulatory Surgical Facility	After CYD, Member pays 20% of EME	After CYD, Member pays 50% of EME ¹	\$100/Surgery
Inpatient Hospital Facility Surgical Services	After CYD, Member pays 20% of EME	After CYD, Member pays 50% of EME ¹	\$100/Surgery
Outpatient Hospital Facility Surgical Services	After CYD, Member pays 20% of EME	After CYD, Member pays 50% of EME ¹	\$100/Surgery
Physician's Office Surgical Services	After CYD, Member pays 20% of EME	After CYD, Member pays 50% of EME ¹	\$20/Visit
Specialist's Office Surgical Services	After CYD, Member pays 20% of EME	After CYD, Member pays 50% of EME ¹	\$40/Visit
Anesthesia	After CYD, Member pays 20% of EME	After CYD, Member pays 50% of EME ¹	\$150/Surgery
Urgent Care Within Service Area	\$25/Visit	\$25/Visit ¹	\$35/Visit
Urgent Care Outside Service Area	\$25/Visit	\$25/Visit ¹	\$35/Visit ¹
Ambulance Services	\$300/Trip	After CYD, Member pays 50% of EME ¹	\$500/Trip
Emergency Room	\$500/Visit, Waived if Admitted		\$500/Visit, Waived if Admitted
Laboratory Services	\$15/Visit	After CYD, Member pays 50% of EME ¹	\$10/Visit
Routine Radiological Services	\$35/Visit	After CYD, Member pays 50% of EME ¹	\$20/Visit
Hearing Aids	After CYD, Member pays 20% of EME ²	After CYD, Member pays 50% of EME ^{1&2}	\$0 ²
Prescriptions 30 Day Therapeutic Supply	<ul style="list-style-type: none"> • Tier I - \$10 Copay • Tier II - \$35 Copay • Tier III - \$60 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 - \$40 Copay • Tier III - \$60 Copay * Generic Mandate (if Generic is Available) * Step Therapy Requirement * Includes Formulary Exclusions * Mail Order = 2 Copay for a 90 Day Supply (All Tiers)

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.

²Purchases 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)