Educators Health Alliance 2017-18 Benefit Summary for PPO Health Coverage

Benefit Item	Preferred	Non-Preferred
Each PPO Subgroup May Choose 1 of 6 Deductible Options:		
Individual Deductible		
Deductible Option 1	\$600	\$1,200
Deductible Option 2	\$750	\$1,500
Deductible Option 3	\$900	\$1,800
Deductible Option 4	\$1,000	\$2,000
Deductible Option 5	\$1,150	\$2,300
Deductible Option 6	\$1,500	\$3,000
Family Deductible Maximum	Twice Deductible	Twice Deductible
Coinsurance - All Options	20%	40%
Individual Out-of-Pocket Maximum by Deductible Option		
Deductible Option 1	\$4,350	\$8,700
Deductible Option 2	\$4,500	\$9,000
Deductible Option 3	\$4,650	\$9,300
Deductible Option 4	\$4,750	\$9,500
Deductible Option 5	\$4,900	\$9,800
Deductible Option 6	\$5,250	\$10,500
Family Out-of-Pocket Maximum	2x Individual	2x Individual
Combined Maximum Includes Deductible, Coinsurance, and Copays for	all Services Including Prescription	Drugs
Lifetime Maximum	Unlimited	
Office Visit Copay		
Primary Copay	\$30	Ded & Coins
Specialist Copay	\$50	Ded & Coins
Inpatient Hospital	Ded 8	& Coins
Outpatient Hospital	Ded & Coins	
Emergency Services		
Urgent Care	\$50 Copay, Ded & Coins	
Emergency Room	\$75 Copay, Ded & Coins	
Prescription Drugs		
Generic Copay	25% Coins (\$5 minimum, \$25 maximum)	
Formulary Brand Copay	25% Coins (\$40 minimum, \$80 maximum)	
Non-Formulary Brand Copay	50% Coins (\$70 minimum, \$110 maximum)	
In Network Specialty Copay (30 Day Supply)	25% Coins (\$60 minimum, \$120 maximum)	
Out of Network Specialty Copay (30 Day Supply)	50% Coins (\$170 minimum, \$340 maximum)	
Formulary Diabetic Supplies	20%	
Non-Formulary Diabetic Supplies	30%	
Ostomy Supplies	20%	
Mail Order Maximum	180 Days Supply	
Mail Order Copay	1 Copay per 30 Days Supply	
	·	ay Maximum
Dura cutha cita tia a Dura con con la classica I		
Preauthorization Programs Included	Gastroprotective NSAIDs a	and Proton Pump Innibitor

Mental Health and Substance Abuse		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	