

Educators Health Alliance
2007-08 Benefit Summary for PPO Health Coverage

Benefit Item	Preferred	Non-Preferred
Individual Deductible		
Each Group May Choose 1 of 4 Deductible Options:		
Deductible Option 1	\$150	\$300
Deductible Option 2	\$300	\$600
Deductible Option 3	\$550	\$550
Deductible Option 4	\$1,050	\$1,050
Family Deductible Maximum	Twice Deductible	Twice Deductible
Coinsurance		
	20%	30%
Individual Coinsurance Out-of-Pocket Maximum	\$1,750	\$3,500
Family Coinsurance Out-of-Pocket Maximum <i>Excludes Deductible</i>	\$3,500	\$7,000
Lifetime Maximum		
	\$5,000,000	
Office Visit Copay		
	\$25	Ded & Coin
Inpatient Hospital		
	Ded & Coin	
Outpatient Hospital		
	Ded & Coin	
Emergency Services		
	Ded & Coin	
Prescription Drugs		
Generic Copay	25% Coins (\$5 minimum, \$25 maximum)	
Formulary Brand Copay	25% Coins (\$25 minimum, \$50 maximum)	
Non-Formulary Brand Copay	50% Coins (\$50 minimum, \$75 maximum)	
In Network Specialty Copay (30 Day Supply)	25% Coins (\$50 minimum, \$100 maximum)	
Out of Network Specialty Copay (30 Day Supply)	50% Coins (\$150 minimum, \$300 maximum)	
Formulary Diabetic Supplies	20%	
Non-Formulary Diabetic Supplies	30%	
Ostomy Supplies	20%	
Maximum Copay - Single	\$2,500	
Maximum Copay - Family	\$5,000	
Mail Order Maximum	180 Days Supply	
Mail Order Copay	1 Copay per 30 Days Supply with 5 Copay Maximum	
Preauthorization Programs Included	Cox-2 (Including Mobic), Proton Pump Inhibitors, and Leukotriene Modifiers	
Routine Care		
Adults	\$300 per Calendar Year	
Children	Subject to Deductible and Coinsurance	
Well Baby Care	(Ded Waived for Well Baby)	
Mental Health and Substance Abuse		
Inpatient Coinsurance	20%	50%
Outpatient Coinsurance	\$30 / 25%	\$50 / 50%