

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

Benefit Item	Preferred	Non-Preferred
<b>Individual Deductible</b>		
<b>Each Group May Choose 1 of 4 Deductible Options:</b>		
Deductible Option 1	\$150	\$300
Deductible Option 2	\$300	\$600
Deductible Option 3	\$550	\$550
Deductible Option 4	\$1,050	\$1,050
<b>Family Deductible Maximum</b>	Twice Deductible	Twice Deductible
<b>Coinsurance</b>		
	20%	30%
<b>Individual Coinsurance Out-of-Pocket Maximum</b>	\$1,750	\$3,500
<b>Family Coinsurance Out-of-Pocket Maximum</b> <i>Excludes Deductible</i>	\$3,500	\$7,000
<b>Lifetime Maximum</b>		
	\$5,000,000	
<b>Office Visit Copay</b>		
	\$25	Ded & Coin
<b>Inpatient Hospital</b>		
	Ded & Coin	
<b>Outpatient Hospital</b>		
	Ded & Coin	
<b>Emergency Services</b>		
	Ded & Coin	
<b>Prescription Drugs</b>		
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	
<b>Routine Care</b>		
Adults	\$300 per Calendar Year	
Children	Subject to Deductible and Coinsurance	
Well Baby Care	(Ded Waived for Well Baby)	
<b>Mental Health and Substance Abuse</b>		
Inpatient Coinsurance	20%	50%
Outpatient Coinsurance	\$30 / 25%	\$50 / 50%