Educators Health Alliance 2021-22 Benefit Summary for PPO Health Coverage - Alternate Networks Option 1

Benefit Plan	Preferred	Non-Preferred
Each Subscriber may choose 1 of 3 Network Options:		
Individual Deductible		
Blueprint Health Deductible (Paired with \$2,500 HSA-Eligible Plan)	\$0	\$1,000
Premier Select BlueChoice Deductible (Paired with \$2,500 HSA-Eligible Plan)	\$0	\$1,000
NEtwork Blue Deductible (Paired with \$3,600 HSA-Eligible Plan)	\$1,200	\$2,400
Family Deductible Maximum	Twice Deductible	Twice Deductible
Blueprint Health Coinsurance	20%	50%
Premier Select BlueChoice Coinsurance	20%	50%
NEtwork Blue Coinsurance	20%	40%
Individual Out-of-Pocket Maximum by Deductible Option		
Blueprint Health Out-of-Pocket Maximum	\$4,600	\$9,500
Premier Select BlueChoice Out-of-Pocket Maximum	\$4,600	\$9,500
NEtwork Blue Out-of-Pocket Maximum	\$5,000	\$10,000
Family Out-of-Pocket Maximum	2x Individual	2x Individual
Combined Maximum includes Deductible, Coinsurance, and Copays for all serv	ices including Prescription Dru	ıgs
Lifetime Maximum	Unlimited	
Office Visit Copay		
Primary Copay	\$35	Ded & Coins
Specialist Copay	\$55	Ded & Coins
Inpatient Hospital	Ded 8	ι Coins
Outpatient Hospital	Ded & Coins	
Emergency Services		
Urgent Care	\$55 Copay, Ded & Coins	
Emergency Room	\$85 Copay, Ded & Coins	
Prescription Drugs		
Generic Copay	25% Coins (\$10 minimum, \$40 maximum)	
Formulary Brand Copay	25% Coins (\$50 minimum, \$100 maximum)	
Non-Formulary Brand Copay	50% Coins (\$75 minimum, \$150 maximum)	
In Network Specialty Copay (30 Day Supply)	25% Coins (\$125 minimum, \$250 maximum)	
Out of Network Specialty Copay (30 Day Supply)	50% Coins (\$250 minimum, \$500 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 with 5 Copay Maximum	
Preauthorization Programs Included	Gastroprotective NSAIDs and Proton Pump Inhibitor	
Preventive Services	Covered at 100%	Ded & Coins
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Mental Health and Substance Abuse	
Inpatient	Ded & Coins
Outpatient	Ded & Coins
Office Visit	Covered at 100%