Educators Health Alliance 2021-22 Benefit Summary for PPO Health Coverage

Benefit Plan	Preferred	Non-Preferred	
Each PPO Subgroup may choose 1 of 6 Deductible Options:			
Individual Deductible			
Deductible Option 1	\$650	\$1,300	
Deductible Option 2	\$850	\$1,700	
Deductible Option 3	\$1,050	\$2,100	
Deductible Option 4	\$1,200	\$2,400	
Deductible Option 5	\$1,450	\$2,900	
Deductible Option 6	\$1,900	\$3,800	
Family Deductible Maximum	Twice Deductible	Twice Deductible	
Coinsurance - All Options	20%	40%	
Individual Out-of-Pocket Maximum by Deductible Option			
Deductible Option 1	\$4,600	\$9,200	
Deductible Option 2	\$4,750	\$9,500	
Deductible Option 3	\$4,900	\$9,800	
Deductible Option 4	\$5,000	\$10,000	
Deductible Option 5	\$5,150	\$10,300	
Deductible Option 6	\$5,500	\$11,000	
Family Out-of-Pocket Maximum	2x Individual	2x Individual	
Combined Maximum includes Deductible, Coinsurance, and Copays fo	r all services including Prescription l	Drugs	
Lifetime Maximum	Unlimited		
Office Visit Copay			
Primary Copay	\$35	Ded & Coins	
Specialist Copay	\$55	Ded & Coins	
Inpatient Hospital	Ded &	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 3		
Preauthorization Programs Included	with 5 Copa Gastroprotective NSAIDs a		
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Preventive Services	Covered at 100%	Ded & Coins	

Ī	Mental Health and Substance Abuse	
	Inpatient	Ded & Coins
	Outpatient	Ded & Coins
	Office Visit	Covered at 100%