

Educators Health Alliance
2011-12 Benefit Summary for PPO Health Coverage

Benefit Item	Preferred	Non-Preferred
Each PPO Subgroup May Choose 1 of 4 Deductible Options:		
Employee Only Deductible		
Deductible Option 1	\$350	\$700
Deductible Option 2	\$600	\$1,200
Deductible Option 3	\$800	\$1,600
Deductible Option 4	\$1,100	\$2,200
Family Deductible Maximum	Twice Deductible	Twice Deductible
Coinsurance - Options 1 & 2		
	20%	40%
Individual Coinsurance Out-of-Pocket Maximum	\$2,000	\$4,000
Family Coinsurance Out-of-Pocket Maximum	\$4,000	\$8,000
<i>Excludes Deductible</i>		
Coinsurance - Options 3 & 4		
	20%	40%
Individual Coinsurance Out-of-Pocket Maximum	\$2,250	\$4,500
Family Coinsurance Out-of-Pocket Maximum	\$4,500	\$9,000
<i>Excludes Deductible</i>		
Lifetime Maximum	Unlimited	
Office Visit Copay	\$35	Ded & Coins
Inpatient Hospital	Ded & Coins	
Outpatient Hospital	Ded & Coins	
Emergency Services	Ded & Coins	
Prescription Drugs		
Generic Copay	25% Coins (\$5 minimum, \$25 maximum)	
Formulary Brand Copay	25% Coins (\$30 minimum, \$60 maximum)	
Non-Formulary Brand Copay	50% Coins (\$60 minimum, \$90 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	
Preventive Services	Covered at 100%	
Mental Health and Substance Abuse		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	

Educators Health Alliance
2011-12 Benefit Summary for Reduced Benefit \$5,000 Deductible Health Plan

Benefit Item	Preferred	Non-Preferred
This Plan is Available on a Subgroup-wide Basis Only		
Employee Only Deductible	\$5,000	\$10,000
Family Deductible Maximum	\$10,000	\$20,000
Coinsurance		
	50%	50%
Individual Coinsurance Out-of-Pocket Maximum	\$7,900	\$15,800
Family Coinsurance Out-of-Pocket Maximum	\$15,800	\$31,600
<i>Excludes Deductible</i>		
Lifetime Maximum		Unlimited
Office Visit Copay	\$75	Ded & Coins
Inpatient Hospital		Ded & Coins
Outpatient Hospital		Ded & Coins
Emergency Services		Ded & Coins
Prescription Drugs		
	Generics Plus Formulary	
Generic Copay	25% Coins (\$10 minimum, \$25 maximum)	
Formulary Brand Copay	25% Coins (\$30 minimum, \$60 maximum)	
Non-Formulary Brand Copay	75% Coins (\$85 minimum, \$170 maximum)	
Specialty Drugs:		
Formulary Generics Plus	25% Coins (\$50 minimum, \$100 maximum)	
Non-Formulary Generics Plus	50% Coins (\$75 minimum, \$150 maximum)	
Formulary Diabetic Supplies	25% Coins (\$10 minimum, \$25 maximum)	
Non-Formulary Diabetic Supplies	50% Coins (\$85 minimum, \$170 maximum)	
Ostomy Supplies	25% Coins (\$10 minimum, \$25 maximum)	
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	
Preventive Services		Covered at 100%
Mental Health and Substance Abuse		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	

Educators Health Alliance
2011-12 Benefit Summary for HSA-Eligible \$2,850 Deductible Dual Choice Plan

Benefit Item	Preferred	Non-Preferred
Subgroups with the \$350 or \$600 May Choose This Plan as a Dual Option		
Employee Only Deductible	\$2,850	\$5,700
Family Deductible	\$5,700	\$11,400
Family Deductible Basis	Aggregate Only	Aggregate Only
Coinsurance		
	0%	20%
Individual Coinsurance Out-of-Pocket Maximum	\$0	\$4,500
Family Coinsurance Out-of-Pocket Maximum	\$0	\$9,000
<i>Excludes Deductible</i>		
Lifetime Maximum	Unlimited	
Office Visit Copay	Ded & Coins	
Inpatient Hospital	Ded & Coins	
Outpatient Hospital	Ded & Coins	
Emergency Services	Ded & Coins	
Prescription Drugs		
Generic Copay	Ded & Coins	
Formulary Brand Copay	Ded & Coins	
Non-Formulary Brand Copay	Ded & Coins	
In Network Specialty Copay (30 Day Supply)	Ded & Coins	
Out of Network Specialty Copay (30 Day Supply)	Ded & Coins	
Formulary Diabetic Supplies	Ded & Coins	
Non-Formulary Diabetic Supplies	Ded & Coins	
Ostomy Supplies	Ded & Coins	
Maximum Copay - Single	n/a	
Maximum Copay - Family	n/a	
Mail Order Maximum	180 Days Supply	
Mail Order Copay	Ded & Coins	
Preauthorization Programs Included	Cox-2 (Including Mobic), Proton Pump Inhibitors, and Leukotriene Modifiers	
Preventive Services	Covered at 100%	
Mental Health and Substance Abuse		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	

Educators Health Alliance
2011-12 Benefit Summary for \$1,500 Deductible Dual Choice Plan

Benefit Item	Preferred	Non-Preferred
Subgroups with the \$350 or \$600 May Choose This Plan as a Dual Option		
Employee Only Deductible	\$1,500	\$1,500
Family Deductible Maximum	Twice Deductible	Twice Deductible
Coinsurance		
	30%	40%
Individual Coinsurance Out-of-Pocket Maximum	\$3,000	\$6,000
Family Coinsurance Out-of-Pocket Maximum	\$6,000	\$12,000
<i>Excludes Deductible</i>		
Lifetime Maximum	Unlimited	
Office Visit Copay	\$50	Ded & Coins
Inpatient Hospital	Ded & Coins	
Outpatient Hospital	Ded & Coins	
Emergency Services	Ded & Coins	
Prescription Drugs		
Generic Copay	30% Coins (\$7 minimum, \$30 maximum)	
Formulary Brand Copay	30% Coins (\$35 minimum, \$70 maximum)	
Non-Formulary Brand Copay	50% Coins (\$60 minimum, \$90 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	
Preventive Services	Covered at 100%	
Mental Health and Substance Abuse		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	