

Educators Health Alliance
2008-09 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%