

**Educators Health Alliance**  
**2009-10 Benefit Summary for PPO Health Coverage**

Benefit Item	Preferred	Non-Preferred
<b>Each PPO Subgroup May Choose 1 of 4 Deductible Options:</b>		
<b>Employee Only Deductible</b>		
<b>Deductible Option 1</b>	\$350	\$700
<b>Deductible Option 2</b>	\$600	\$1,200
<b>Deductible Option 3</b>	\$800	\$1,600
<b>Deductible Option 4</b>	\$1,100	\$2,200
<b>Family Deductible Maximum</b>	Twice Deductible	Twice Deductible
<b>Coinsurance - Options 1 &amp; 2</b>		
	20%	40%
<b>Individual Coinsurance Out-of-Pocket Maximum</b>	\$2,000	\$4,000
<b>Family Coinsurance Out-of-Pocket Maximum</b>	\$4,000	\$8,000
<i>Excludes Deductible</i>		
<b>Coinsurance - Options 3 &amp; 4</b>		
	20%	40%
<b>Individual Coinsurance Out-of-Pocket Maximum</b>	\$2,250	\$4,500
<b>Family Coinsurance Out-of-Pocket Maximum</b>	\$4,500	\$9,000
<i>Excludes Deductible</i>		
<b>Lifetime Maximum</b>	\$5,000,000	
<b>Office Visit Copay</b>	\$35	Ded & Coins
<b>Inpatient Hospital</b>	Ded & Coins	
<b>Outpatient Hospital</b>	Ded & Coins	
<b>Emergency Services</b>	Ded & Coins	
<b>Prescription Drugs</b>		
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	
<b>Routine Care</b>		
Adults	\$500 per Calendar Year	
Children	Subject to Deductible & Coinsurance	
Well Baby Care	Routine Mammography, Pap Smear, PSA, & Immunizations Not Subject to Deductible or Coinsurance with No Maximum (Ded Waived for Well Baby)	
<b>Mental Health and Substance Abuse</b>		
Inpatient Coinsurance	20%	50%
Outpatient Coinsurance	\$30 / 25%	\$50 / 50%