Educators Health Alliance
2026-27 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 $3,800 HSA-Eligible Plan)	$1,200	$2,400
Family Deductible Maximum	2x Individual	2x Individual
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	$5,600	$11,500
Premier Select BlueChoice Out-of-Pocket Maximum	$5,600	$11,500
NEtwork Blue Out-of-Pocket Maximum	$6,000	$12,000
Family Out-of-Pocket Maximum	2x Individual	2x Individual
Combined Maximum includes Deductible, Coinsurance, and Copays for all services including Prescription Drugs		
Lifetime Maximum	Unlimited	
Office Visit Copay		
Primary Copay	$35	Ded & Coins
Specialist Copay	$70	Ded & Coins
Inpatient Hospital	Ded & Coins	
Outpatient Hospital	Ded & Coins	
Emergency Services		
Urgent Care	$70 Copay, Ded & Coins	
Emergency Room	$150 Copay, Ded & Coins	
Prescription Drugs		
Generic Copay	25% Coins ($12 minimum, $45 maximum)	
Formulary Brand Copay	25% Coins ($60 minimum, $120 maximum)	
Non-Formulary Brand Copay	50% Coins ($90 minimum, $180 maximum)	
In Network Specialty Copay (30 Day Supply)	25% Coins ($150 minimum, $300 maximum)	
Out of Network Specialty Copay (30 Day Supply)	N/C	
Formulary Diabetic Supplies	20%	
Non-Formulary Diabetic Supplies	30%	
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 Inhibitors	
Preventive Services	Covered at 100%	Ded & Coins
Mental Health and Substance Abuse		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	
Office Visit	Covered at 100%	Ded & Coins

Please note: This Schedule of Benefits Summary is intended to provide you with a brief overview of your benefits. It is not a contract and should not be regarded as one. For more complete information about your plan, including benefits, exclusions and contract limitations, please refer to the master group contract. In the event there are discrepancies between this document and the contract, the terms and conditions of the contract will govern.