

**Educators Health Alliance
2016-17 Benefit Summary for PPO Health Coverage**

Benefit Item	Preferred	Non-Preferred
Each PPO Subgroup May Choose 1 of 4 Deductible Options:		
Individual Deductible		
Deductible Option 1	\$600	\$1,200
Deductible Option 2	\$900	\$1,800
Deductible Option 3	\$1,150	\$2,300
Deductible Option 4	\$1,500	\$3,000
Family Deductible Maximum	Twice Deductible	Twice Deductible
Coinsurance - All Options	20%	40%
Individual Out-of-Pocket Maximum by Deductible Option		
Deductible Option 1	\$4,350	\$8,700
Deductible Option 2	\$4,650	\$9,300
Deductible Option 3	\$4,900	\$9,800
Deductible Option 4	\$5,250	\$10,500
Family Out-of-Pocket Maximum	2x Individual	2x Individual
<i>Combined Maximum Includes Deductible, Coinsurance, and Copays for all Services Including Prescription Drugs</i>		
Lifetime Maximum	Unlimited	
Office Visit Copay		
Primary Copay	\$30	Ded & Coins
Specialist Copay	\$50	Ded & Coins
Inpatient Hospital	Ded & Coins	
Outpatient Hospital	Ded & Coins	
Emergency Services		
Urgent Care	\$50 Copay, Ded & Coins	
Emergency Room	\$75 Copay, Ded & Coins	
Prescription Drugs		
Generic Copay	25% Coins (\$5 minimum, \$25 maximum)	
Formulary Brand Copay	25% Coins (\$40 minimum, \$80 maximum)	
Non-Formulary Brand Copay	50% Coins (\$70 minimum, \$110 maximum)	
In Network Specialty Copay (30 Day Supply)	25% Coins (\$60 minimum, \$120 maximum)	
Out of Network Specialty Copay (30 Day Supply)	50% Coins (\$170 minimum, \$340 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 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	