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

Each PPO Subgroup May Choose 1 of 4 Deductible Option 1 \$600 \$1,200 Deductible Option 1 \$600 \$1,200 Deductible Option 2 \$9900 \$1,800 Deductible Option 3 \$1,150 \$2,300 Earnily 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 \$4,350 \$8,700 Deductible Option 1 \$4,350 \$8,700 \$9,300 Deductible Option 3 \$4,900 \$9,800 \$9,800 Deductible Option 4 \$5,250 \$10,500 \$1,500 \$2,500 \$2,500 \$2,100 \$2,50	Benefit Item	Preferred	Non-Preferred
Deductible Option 1 \$6000 \$1,200 Deductible Option 2 \$900 \$1,800 Deductible Option 3 \$1,1500 \$2,300 Deductible Option 4 \$1,500 \$3,000 Family Deductible Option 4 \$1,500 \$3,000 Family Deductible Option 5 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 Combined Maximum Includes Deductible, Coinsurance, and Copays for all Services Including Prescription Drugs \$30 Ded & Coins Office Visit Copay \$30 Ded & Coins Ded & Coins Specialist Copay \$50 Ded & Coins Specialist Copay \$50 Ded & Coins Inpatient Hospital Ded & Coins Prescription Drugs Generic Copay \$50 Copay, Ded & Coins (\$40 minimum, \$25 maximum)	Each PPO Subgroup May Choose 1 of 4 Deductible Options:		
Deductible Option 3 \$1,1500 \$2,200 Deductible Option 3 \$1,1500 \$2,200 Eductible Option 4 \$1,500 \$3,000 Family Deductible Maximum Twice Deductible Coinsurance - All Options 20% 40% Individual Out-of-Pocket Maximum by Deductible Option \$4,950 \$8,700 Deductible Option 1 \$4,850 \$9,800 Deductible Option 2 \$4,650 \$9,800 Deductible Option 3 \$4,900 \$9,800 Deductible Option 4 \$5,250 \$10,500 Family Out-of-Pocket Maximum \$1,000 \$2,100 Combined Maximum Includes Deductible, Coinsurance, and Copoys for all Services Including Prescription Drugs \$2,000	Individual Deductible		
Deductible Option 3 \$1,150 \$2,300 Deductible Option 4 \$1,500 \$3,000 Family Deductible Maximum 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 Emily Out-of-Pocket Maximum 2x Individual 2x Individual Combined Maximum Includes Deductible, Coinsurance, and Copays for all Services Including Prescription Drugs Ingatient Hospital Ded & Coins Ded & Coins Primary Copay \$30 Ded & Coins Specialist Copay \$50 Ded & Coins Emergency Services Prescription Drugs \$50 Copay, Ded & Coins Generic Copay \$25 Coins (\$55 minimum, \$25 maximum) Portecription Drugs \$55 Coins (\$50 minimum, \$25 maximum) Formulary Brand Copay \$25 Coins (\$57 minimum, \$110 maximum) In Network Specialty Copay (30 Day Supply) <td>Deductible Option 1</td> <td>\$600</td> <td>\$1,200</td>	Deductible Option 1	\$600	\$1,200
Deductible Option 4 \$1,500 \$3,000 Family Deductible Maximum Twice Deductible Coinsurance - All Options 20% 40% Individual Out-of-Pocket Maximum by Deductible Option Beductible 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 Combined Maximum Includes Deductible, Coinsurance, and Copays for all Services Including Prescription Drugs Unlimited Office Visit Copay \$30 Ded & Coins Primary Copay \$30 Ded & Coins Specialist Copay \$30 Ded & Coins Impatient Hospital Ded & Coins Emergency Services \$50 Copay, Ded & Coins Urgent Care \$50 Copay, Ded & Coins Emergency Room \$57 Copay, Ded & Coins Perscription Drugs \$50 Coins (\$50 minimum, \$10 maximum) Formulary Brand Copay \$50 Coins (\$640 minimum, \$80 maximum) 10 Network Specialty Copay (30 Day Supply) \$50	Deductible Option 2	\$900	\$1,800
Family Deductible Maximum Twice Deductible Twice Deductible Coinsurance - All Options 20% 40% Individual Out-of-Pocket Maximum by Deductible Option \$4,350 \$8,700 Deductible Option 1 \$4,350 \$8,700 Deductible Option 2 \$4,650 \$9,300 Deductible Option 3 \$4,900 \$9,800 Family Out-of-Pocket Maximum 2x Individual 2x Individual Combined Maximum Includes Deductible, Coinsurance, and Copays for all Services Including Prescription Drugs Unlimited Office Visit Copay \$30 Ded & Coins Primary Copay \$30 Ded & Coins Specialist Copay \$50 Ded & Coins Inpatient Hospital Ded & Coins Emergency Services Urgent Care \$50 Copay, Ded & Coins Emergency Room \$75 Copay, Ded & Coins Prescription Drugs Generic Copay 25% Coins (\$57 minimum, \$25 maximum) Formulary Brand Copay 50% Coins (\$57 minimum, \$10 maximum) Non-Formulary Brand Copay 50% Coins (\$70 minimum, \$10 maximum) In	Deductible Option 3	\$1,150	\$2,300
Coinsurance - All Options 20% 40%	Deductible Option 4	\$1,500	\$3,000
Individual Out-of-Pocket Maximum by Deductible Option S4,350 S8,700 Deductible Option 1 S4,350 S9,300 S9,300 S9,800 Seductible Option 3 S4,900 S9,800	Family Deductible Maximum	Twice Deductible	Twice Deductible
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 Combined Maximum Includes Deductible, Coinsurance, and Copays for all Services Including Prescription Drugs Lifetime Maximum Unlimited Uffice Visit Copay Primary Copay \$30 Ded & Coins Specialist Copay Prescription Drugs \$50 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 (\$5 minimum, \$25 maximum) Non-Formulary Brand Copay 25% Coins (\$70 minimum, \$110 maximum) In Network Specialty Copay (30 Day Supply) 25% Coins (\$60 minimum, \$340 maximum) Formulary Diabetic Supplies 20% Non-Formulary Diabetic Supplies 30% Ostomy Supplies	Coinsurance - All Options	20%	40%
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 Combined Maximum Includes Deductible, Coinsurance, and Copays for all Services Including Prescription Druss Lifetime Maximum Unlimited Office Visit Copay Primary Copay \$30 Ded & Coins Specialist Copay \$50 Ded & Coins Emergency Services Urgent Care \$50 Copay, Ded & Coins Coins Emergency Room \$75 Copay, Ded & Coins Coins Prescription Drugs Generic Copay 25% Coins (\$5 minimum, \$25 maximum) Promulary Brand Copay 25% Coins (\$5 minimum, \$25 maximum) Non-Formulary Brand Copay 50% Coins (\$70 minimum, \$100 maximum) Non Eximple Copay (30 Day Supply) 25% Coins (\$60 minimum, \$120 maximum) In Network Specialty Copay (30 Day Supply) 25% Coins (\$60 minimum, \$120 maximum) Promulary Diabetic Supplies 20% Non-Formulary Diabetic Supplies 20% A0% A0% A0% A0%<	Individual Out-of-Pocket Maximum by Deductible Option		
Deductible Option 3 \$4,900 \$9,800 Deductible Option 4 \$5,250 \$10,500 Family Out-of-Pocket Maximum 2x Individual 2x Individual Combined Maximum Includes Deductible, Coinsurance, and Copays for all Services Including Prescription Drus* Utiletime Maximum Unlimited Office Visit Copay Primary Copay \$30 Ded & Coins Specialist Copay \$50 Ded & Coins Emergency Services Urgent Care \$50 Copay, Ded & Coins Emergency Room \$75 Copay, Ded & Coins Prescription Drugs Generic Copay 25% Coins (\$50 minimum, \$25 maximum) Formulary Brand Copay 25% Coins (\$40 minimum, \$25 maximum) In Network Specialty Copay (30 Day Supply) 25% Coins (\$60 minimum, \$10 maximum) Out of Network Specialty Copay (30 Day Supply) 50% Coins (\$170 minimum, \$120 maximum) Formulary Diabetic Supplies 20% Non-Formulary Diabetic Supplies 20% Non-Formulary Diabetic Supplies 30% Ostomy Supplies 20% Mail Order Maximum	Deductible Option 1	\$4,350	\$8,700
Deductible Option 4 \$5,250 \$10,500 Family Out-of-Pocket Maximum 2x Individual 2x Individual Combined Maximum Includes Deductible, Coinsurance, and Copays for all Services Including Prescription Druss Lifetime Maximum Unlimited Office Visit Copay \$30 Ded & Coins Primary Copay \$30 Ded & Coins Specialist Copay \$50 Ded & Coins Inpatient Hospital Ded & Coins Emergency Services Urgent Care \$50 Copay, Ded & Coins Emergency Room \$75 Copay, Ded & Coins Prescription Drugs \$50 Copay, Ded & Coins Generic Copay \$5% Coins (\$5 minimum, \$25 maximum) Formulary Brand Copay \$5% Coins (\$40 minimum, \$50 maximum) Non-Formulary Brand Copay \$5% Coins (\$60 minimum, \$110 maximum) In Network Specialty Copay (30 Day Supply) \$5% Coins (\$60 minimum, \$120 maximum) Out of Network Specialty Copay (30 Day Supply) \$5% Coins (\$170 minimum, \$340 maximum) Formulary Diabetic Supplies \$0% Coins (\$170 minimum, \$340 maximum) Ostomy Supplies \$0% Mail Order Maximum \$10 Copay per 30 Days Sup	Deductible Option 2	\$4,650	\$9,300
Family Out-of-Pocket Maximum Combined Maximum Includes Deductible, Coinsurance, and Copays for all Services Including Prescription Drugs Unlimited Office Visit Copay Primary Copay \$30 Ded & Coins Specialist Copay Primary Copay \$50 Ded & Coins Inpatient Hospital Ded & Coins Ded & Coins Ded & Coins Imagency 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, \$10 maximum) In Network Specialty Copay (30 Day Supply) 50% Coins (\$60 minimum, \$10 maximum) Out of Network Specialty Copay (30 Day Supply) 50% Coins (\$60 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 Mail Order Copay Preauthorization Programs Included Gastroprotective NSAIDs and Proton Pump Inhibitor Gastroprotective NSAIDs and Proton Pump Inhibitor Gastroprotective NSAIDs and Proton Pump Inhibitor Ded & Coins Formulary Diabetic Numbers The Copay Perauthorization Programs Included Castroprotective NSAIDs and Proton Pump Inhibitor The Company of The Copay Perauthorization Programs Included Castroprotective NSAIDs and Proton Pump Inhibitor The Copay Perauthorization Programs Included Castroprotective NSAIDs and Proton Pump Inhibitor The Copay Perauthorization Programs Included Castroprotective NSAIDs and Proton Pump Inhibitor The Copay Perauthorization Programs Included Castroprotective NSAIDs and Proton Pump Inhibitor The Copay Perauthorization Programs Included Castroprotective NSAIDs and Proton Pump Inhibitor The Copay Perauthorization Programs Included Castroprotective NSAIDs and Proton Pump Inhibitor The Copay Perauthorization Programs Included Castroprotective NSAIDs and Proton Pump Inhibitor The Copay Perauthorization Programs Included Castroprotective NSAIDs and Proton Pump Inhibitor The Copay Perauthorization Programs Included Castroprotective NS	Deductible Option 3	\$4,900	\$9,800
Combined Maximum Includes Deductible, Coinsurance, and Copays for all Services Including Prescription Drugs Lifetime Maximum Unlimited Office Visit Copay Primary Copay \$30 Ded & Coins Specialist Copay \$50 Ded & Coins Inpatient 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 (\$40 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 Mail Order Copay 1 Copay Maximum Preauthorization Programs Included Gastrop	Deductible Option 4	\$5,250	\$10,500
Lifetime Maximum Unlimited Office Visit Copay \$30 Ded & Coins Specialist Copay \$50 Ded & Coins Inpatient Hospital Ded & Coins Emergency Services Urgent Care \$50 Copay, Ded & Coins Emergency Room \$75 Copay, Ded & Coins Prescription Drugs Generic Copay 25% Coins (\$50 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 30% Ostomy Supplies 20% Mail Order Maximum 180 Days Supply Mail Order Copay 1 Copay per 30 Days Supply Mail Order Copay Gastroprotective NSAIDs and Proton Pump Inhibiton	Family Out-of-Pocket Maximum	2x Individual	2x Individual
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Non-Formulary Diabetic Supplies 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 Inhibitor			
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Mail Order Copay 1 Copay per 30 Days Supply with 5 Copay Maximum Preauthorization Programs Included Gastroprotective NSAIDs and Proton Pump Inhibitor			
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Preauthorization Programs Included Gastroprotective NSAIDs and Proton Pump Inhibitor	5146. 5564,		
Preventive Services Covered at 100% Ded & Coins	Preauthorization Programs Included	•	
	Preventive Services	Covered at 100%	Ded & Coins

Mental Health and Substance Abuse		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	