Educators Health Alliance 2026-27 Benefit Summary for PPO Health Coverage

Benefit Plan	Preferred	Non-Preferred	
Each PPO Subgroup may choose 1 of 6 Deductible Options:			
Individual Deductible			
Deductible Option 1	\$650	\$1,300	
Deductible Option 2	\$850	\$1,700	
Deductible Option 3	\$1,050	\$2,100	
Deductible Option 4	\$1,200	\$2,400	
Deductible Option 5	\$1,450	\$2,900	
Deductible Option 6	\$1,900	\$3,800	
Family Deductible Maximum	2x Individual	2x Individual	
Coinsurance - All Options	20%	40%	
Individual Out-of-Pocket Maximum by Deductible Option			
Deductible Option 1	\$5,600	\$11,200	
Deductible Option 2	\$5,750	\$11,500	
Deductible Option 3	\$5,900	\$11,800	
Deductible Option 4	\$6,000	\$12,000	
Deductible Option 5	\$6,150	\$12,300	
Deductible Option 6	\$6,500	\$13,000	
Family Out-of-Pocket Maximum	2x Individual	2x Individual	
Combined Maximum includes Deductible, Coinsurance, and Copays	for all services including Prescription D	rugs	
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		
Preauthorization Programs Included	Gastroprotective NSAIDs ar	Gastroprotective NSAIDs and Proton Pump Inhibito	
Preventive Services	Covered at 100%	Ded & Coins	
Mental Health and Substance Abuse			
Inpatient	Ded & Coins		
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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.

Ded & Coins

Ded & Coins

Covered at 100%

Outpatient

Office Visit