

**Educators Health Alliance
2010-11 Benefit Summary for PPO Health Coverage**

Benefit Item	Preferred	Non-Preferred
Each PPO Subgroup May Choose 1 of 4 Deductible Options:		
Employee Only Deductible		
Deductible Option 1	\$350	\$700
Deductible Option 2	\$600	\$1,200
Deductible Option 3	\$800	\$1,600
Deductible Option 4	\$1,100	\$2,200
Family Deductible Maximum	Twice Deductible	Twice Deductible
Coinsurance - Options 1 & 2		
	20%	40%
Individual Coinsurance Out-of-Pocket Maximum	\$2,000	\$4,000
Family Coinsurance Out-of-Pocket Maximum	\$4,000	\$8,000
<i>Excludes Deductible</i>		
Coinsurance - Options 3 & 4		
	20%	40%
Individual Coinsurance Out-of-Pocket Maximum	\$2,250	\$4,500
Family Coinsurance Out-of-Pocket Maximum	\$4,500	\$9,000
<i>Excludes Deductible</i>		
Lifetime Maximum	\$5,000,000	
Office Visit Copay	\$35	Ded & Coins
Inpatient Hospital	Ded & Coins	
Outpatient Hospital	Ded & Coins	
Emergency Services	Ded & Coins	
Prescription Drugs		
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	
Routine Care		
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)	
Mental Health and Substance Abuse		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	