Educators Health Alliance
2018-19 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	$600	$1,200
Deductible Option 2	$750	$1,500
Deductible Option 3	$900	$1,800
Deductible Option 4	$1,000	$2,000
Deductible Option 5	$1,150	$2,300
Deductible Option 6	$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	$4,500	$9,000
Deductible Option 3	$4,650	$9,300
Deductible Option 4	$4,750	$9,500
Deductible Option 5	$4,900	$9,800
Deductible Option 6	$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	
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	