

**Educators Health Alliance
2019-20 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	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	