

**Educators Health Alliance**  
**2024-25 Benefit Summary for HSA-Eligible \$3,800 Deductible Dual Choice Plan**

Benefit Plan	Preferred	Non-Preferred
<b>Subscribers with the \$1,200 or \$1,900 deductible plan may choose this plan as a Dual Option</b>		
Individual Deductible	\$3,800	\$7,600
Family Deductible	\$7,600	\$15,200
Family Deductible Basis	Aggregate Only	Aggregate Only
<b>Coinsurance</b>	10%	20%
Individual Out-of-Pocket Maximum	\$4,350	\$13,000
Family Out-of-Pocket Maximum	\$8,700	\$26,000
<i>Combined Maximum includes Deductible, Coinsurance, and Copays for all services including Prescription Drugs</i>		
<b>Lifetime Maximum</b>	Unlimited	
<b>Office Visit Copay</b>	Ded & Coins	
<b>Inpatient Hospital</b>	Ded & Coins	
<b>Outpatient Hospital</b>	Ded & Coins	
<b>Emergency Services</b>	Ded & Coins	
<b>Prescription Drugs</b>		
Generic Copay	Ded & Coins	
Formulary Brand Copay	Ded & Coins	
Non-Formulary Brand Copay	Ded & Coins	
In Network Specialty Copay (30 Day Supply)	Ded & Coins	
Out of Network Specialty Copay (30 Day Supply)	Ded & Coins	
Formulary Diabetic Supplies	Ded & Coins	
Non-Formulary Diabetic Supplies	Ded & Coins	
Mail Order Maximum	180 Days Supply	
Mail Order Copay	Ded & Coins	
Preauthorization Programs Included	Gastroprotective NSAIDs and Proton Pump Inhibitors	
<b>Preventive Services</b>	Covered at 100%	Ded & Coins
<b>Mental Health and Substance Abuse</b>		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	
Office Visit	Ded & Coins	

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.