

**Educators Health Alliance**  
**2018-19 Benefit Summary for HSA-Eligible \$3,500 Deductible Dual Choice Plan**

Benefit Plan	Preferred	Non-Preferred
<b>Subgroups with the \$600, \$750, \$900, \$1,000, \$1,150, or \$1,500 may choose this plan as a Dual Option</b>		
Individual Deductible	\$3,500	\$7,000
Family Deductible	\$6,850	\$13,700
Family Deductible Basis	Aggregate Only	Aggregate Only
<b>Coinsurance</b>	0%	20%
Individual Out-of-Pocket Maximum	\$3,500	\$12,000
Family Out-of-Pocket Maximum	\$6,850	\$23,700
<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 Only	
Formulary Brand Copay	Ded Only	
Non-Formulary Brand Copay	Ded Only	
In Network Specialty Copay (30 Day Supply)	Ded Only	
Out of Network Specialty Copay (30 Day Supply)	Ded Only	
Formulary Diabetic Supplies	Ded Only	
Non-Formulary Diabetic Supplies	Ded Only	
Ostomy Supplies	Ded Only	
Mail Order Maximum	180 Days Supply	
Mail Order Copay	Ded Only	
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	