

**Educators Health Alliance**  
**2010-11 Benefit Summary for \$1,500 Deductible Dual Choice Plan**

Benefit Item	Preferred	Non-Preferred
<b>Subgroups with the \$350 or \$600 May Choose This Plan as a Dual Option</b>		
Employee Only Deductible	\$1,500	\$1,500
Family Deductible Maximum	Twice Deductible	Twice Deductible
<b>Coinsurance</b>	30%	40%
Individual Coinsurance Out-of-Pocket Maximum	\$3,000	\$6,000
Family Coinsurance Out-of-Pocket Maximum	\$6,000	\$12,000
<i>Excludes Deductible</i>		
<b>Lifetime Maximum</b>	\$5,000,000	
<b>Office Visit Copay</b>	\$50	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	30% Coins (\$7 minimum, \$30 maximum)	
Formulary Brand Copay	30% Coins (\$35 minimum, \$70 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	
<b>Routine Care</b>		
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)	
<b>Mental Health and Substance Abuse</b>		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	