

**Educators Health Alliance**  
**2013-14 Benefit Summary for Reduced Benefit \$5,000 Deductible Health Plan**

Benefit Item	Preferred	Non-Preferred
<b>This Plan is Available on a Subgroup-wide Basis Only</b>		
<b>Employee Only Deductible</b>	\$5,000	\$10,000
<b>Family Deductible Maximum</b>	\$10,000	\$20,000
<b>Coinsurance</b>		
	50%	50%
<b>Individual Coinsurance Out-of-Pocket Maximum</b>	\$7,900	\$15,800
<b>Family Coinsurance Out-of-Pocket Maximum</b>	\$15,800	\$31,600
<i>Excludes Deductible</i>		
<b>Lifetime Maximum</b>	Unlimited	
<b>Office Visit Copay</b>	\$75	Ded & Coins
<b>Inpatient Hospital</b>	Ded & Coins	
<b>Outpatient Hospital</b>	Ded & Coins	
<b>Emergency Services</b>	Ded & Coins	
<b>Prescription Drugs</b>	<b>Generics Plus Formulary</b>	
Generic Copay	25% Coins (\$10 minimum, \$25 maximum)	
Formulary Brand Copay	25% Coins (\$30 minimum, \$60 maximum)	
Non-Formulary Brand Copay	75% Coins (\$85 minimum, \$170 maximum)	
Specialty Drugs:		
Formulary Generics Plus	25% Coins (\$50 minimum, \$100 maximum)	
Non-Formulary Generics Plus	50% Coins (\$75 minimum, \$150 maximum)	
Formulary Diabetic Supplies	25% Coins (\$10 minimum, \$25 maximum)	
Non-Formulary Diabetic Supplies	50% Coins (\$85 minimum, \$170 maximum)	
Ostomy Supplies	25% Coins (\$10 minimum, \$25 maximum)	
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	
<b>Preventive Services</b>	Covered at 100%	
<b>Mental Health and Substance Abuse</b>		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	