Educators Health Alliance 2024-25 Benefit Summary for HSA-Eligible \$2,500 Deductible Dual Choice Plan

Benefit Plan	Preferred	Non-Preferred	
Subscribers with the \$0 or \$400 deductible plan may choose this	plan as a Dual Option		
Individual Deductible	\$2,500	\$5,000	
Family Deductible	\$5,000	\$10,000	
Family Deductible Basis	Aggregate Only	Aggregate Only	
Coinsurance	10%	20%	
Individual Out-of-Pocket Maximum	\$3,500	\$10,500	
Family Out-of-Pocket Maximum	\$7,000	\$21,000	
Combined Maximum includes Deductible, Coinsurance, and Copay	s for all services including Prescription Dr	ugs	
Lifetime Maximum	Unlim	Unlimited	
Office Visit Copay	Ded & 0	Ded & Coins	
Inpatient Hospital	Ded & 0	Ded & Coins	
Outpatient Hospital	Ded & (Ded & Coins	
Emergency Services	Ded & 0	Ded & Coins	
Prescription Drugs			
Generic Copay	Ded & 0	Ded & Coins	
Formulary Brand Copay	Ded & 0	Ded & Coins	
Non-Formulary Brand Copay	Ded & 0	Ded & Coins	
In Network Specialty Copay (30 Day Supply)	Ded & 0	Ded & Coins	
Out of Network Specialty Copay (30 Day Supply)	Ded & 0	Ded & Coins	
Formulary Diabetic Supplies	Ded & 0	Ded & Coins	
Non-Formulary Diabetic Supplies	Ded & 0	Ded & Coins	
Mail Order Maximum	180 Days	180 Days Supply	
Mail Order Copay	Ded & 0	Ded & Coins	
Preauthorization Programs Included	Gastroprotective NSAIDs an	Gastroprotective NSAIDs and Proton Pump Inhibitors	
Preventive Services	Covered at 100%	Ded & Coins	
Mental Health and Substance Abuse			
Inpatient		Ded & Coins	
Outpatient		Ded & Coins	
Office Visit	Ded & 0	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.