

Educators Health Alliance
2013-14 Benefit Summary for \$1,650 Deductible Dual Choice Plan

Benefit Item	Preferred	Non-Preferred
Subgroups with the \$500 or \$750 May Choose This Plan as a Dual Option		
Employee Only Deductible	\$1,650	\$1,650
Family Deductible Maximum	Twice Deductible	Twice Deductible
Coinsurance		
	30%	40%
Individual Coinsurance Out-of-Pocket Maximum	\$3,250	\$6,500
Family Coinsurance Out-of-Pocket Maximum	\$6,500	\$13,000
<i>Excludes Deductible</i>		
Lifetime Maximum		Unlimited
Office Visit Copay		
Primary Copay	\$45	Ded & Coins
Specialist Copay	\$65	Ded & Coins
Inpatient Hospital		Ded & Coins
Outpatient Hospital		Ded & Coins
Emergency Services		
Urgent Care	\$65 Copay, Ded & Coins	
Emergency Room	\$90 Copay, Ded & Coins	
Prescription Drugs		
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	Gastroprotective NSAIDs and Proton Pump Inhibitors	
Preventive Services		Covered at 100%
Mental Health and Substance Abuse		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	