

Educators Health Alliance
2015-16 Benefit Summary for \$1,650 Deductible Dual Choice Plan

| Benefit Item | Preferred | Non-Preferred |
|--|--|---------------|
| Subgroups with the \$500, \$750, \$950, or \$1,250 May Choose This Plan as a Dual Option | | |
| Individual Deductible | \$1,650 | \$1,650 |
| Family Deductible Maximum | \$3,300 | \$3,300 |
| Coinsurance | 30% | 40% |
| Individual Out-of-Pocket Maximum | \$6,150 | \$10,650 |
| Family Out-of-Pocket Maximum | \$12,300 | \$21,300 |
| <i>Combined Maximum Includes Deductible, Coinsurance, and Copays for all Services Including Prescription Drugs</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% | |
| 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% | Ded & Coins |
| Mental Health and Substance Abuse | | |
| Inpatient | Ded & Coins | |
| Outpatient | Ded & Coins | |