

**Educators Health Alliance**  
**2018-19 Benefit Summary for HSA-Eligible \$4,000 Deductible Plan**

Benefit Plan	Preferred	Non-Preferred
<b>This plan is available on a Subgroup-wide basis only</b>		
Individual Deductible	\$4,000	\$8,000
Family Deductible	\$8,000	\$16,000
Family Deductible Basis	Embedded	Embedded
<b>Coinsurance</b>	30%	50%
Individual Out-of-Pocket Maximum	\$6,350	\$12,700
Family Out-of-Pocket Maximum	\$12,700	\$25,400
<i>Combined Maximum includes Deductible, Coinsurance, and Copays for all services including Prescription Drugs</i>		
<b>Lifetime Maximum</b>	Unlimited	
<b>Office Visit Copay</b>	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	Ded & Coins	
Formulary Brand Copay	Ded & Coins	
Non-Formulary Brand Copay	Ded & Coins	
In Network Specialty Copay (30 Day Supply)	Ded & Coins	
Out of Network Specialty Copay (30 Day Supply)	Ded & Coins	
Formulary Diabetic Supplies	Ded & Coins	
Non-Formulary Diabetic Supplies	Ded & Coins	
Ostomy Supplies	Ded & Coins	
Mail Order Maximum	180 Days Supply	
Mail Order Copay	Ded & Coins	
Preauthorization Programs Included	Gastroprotective NSAIDs and Proton Pump Inhibitors	
<b>Preventive Services</b>	Covered at 100%	Ded & Coins
<b>Mental Health and Substance Abuse</b>		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	