

Educators Health Alliance
2010-11 Benefit Summary for HSA-Eligible \$2,850 Deductible Dual Choice Plan

Benefit Item	Preferred	Non-Preferred
Subgroups with the \$350 or \$600 May Choose This Plan as a Dual Option		
Employee Only Deductible	\$2,850	\$5,700
Family Deductible	\$5,700	\$11,400
Family Deductible Basis	Aggregate Only	Aggregate Only
Coinsurance	0%	20%
Individual Coinsurance Out-of-Pocket Maximum	\$0	\$4,500
Family Coinsurance Out-of-Pocket Maximum	\$0	\$9,000
<i>Excludes Deductible</i>		
Lifetime Maximum	\$5,000,000	
Office Visit Copay	Ded & Coins	
Inpatient Hospital	Ded & Coins	
Outpatient Hospital	Ded & Coins	
Emergency Services	Ded & Coins	
Prescription Drugs		
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	
Maximum Copay - Single	n/a	
Maximum Copay - Family	n/a	
Mail Order Maximum	180 Days Supply	
Mail Order Copay	Ded & Coins	
Preauthorization Programs Included	Cox-2 (Including Mobic), Proton Pump Inhibitors, and Leukotriene Modifiers	
Routine Care		
Adults	\$500 per Calendar Year	
Children	Not Subject to Deductible or Coinsurance	
Well Baby Care	or Coinsurance	
Mental Health and Substance Abuse		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	