

Educators Health Alliance
2010-11 Benefit Summary for Reduced Benefit \$5,000 Deductible Health Plan

Benefit Item	Preferred	Non-Preferred
This Plan is Available on a Subgroup-wide Basis Only		
Employee Only Deductible	\$5,000	\$10,000
Family Deductible Maximum	\$10,000	\$20,000
Coinsurance		
	50%	50%
Individual Coinsurance Out-of-Pocket Maximum	\$7,900	\$15,800
Family Coinsurance Out-of-Pocket Maximum	\$15,800	\$31,600
Lifetime Maximum		
	\$3,000,000	
Office Visit Copay		
	\$75	Ded & Coins
Inpatient Hospital		
	Ded & Coins	
Outpatient Hospital		
	Ded & Coins	
Emergency Services		
	Ded & Coins	
Prescription Drugs		
	Generics Plus Formulary	
Generic Copay	25% Coins (\$10 minimum, \$25 maximum)	
Formulary Brand Copay	25% Coins (\$30 minimum, \$60 maximum)	
Non-Formulary Brand Copay	75% Coins (\$85 minimum, \$170 maximum)	
Specialty Drugs:		
Formulary Generics Plus	25% Coins (\$50 minimum, \$100 maximum)	
Non-Formulary Generics Plus	50% Coins (\$75 minimum, \$150 maximum)	
Formulary Diabetic Supplies	25% Coins (\$10 minimum, \$25 maximum)	
Non-Formulary Diabetic Supplies	50% Coins (\$85 minimum, \$170 maximum)	
Ostomy Supplies	25% Coins (\$10 minimum, \$25 maximum)	
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	
Routine Care		
Adults	Ded & Coins	
Children	Ded & Coins	
Well Baby Care	Ded & Coins	
Mental Health and Substance Abuse		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	