

**Educators Health Alliance**  
**2013-14 Benefit Summary for HSA-Eligible \$3,100 Deductible Dual Choice Plan**

Benefit Item	Preferred	Non-Preferred
<b>Subgroups with the \$500 or \$750 May Choose This Plan as a Dual Option</b>		
<b>Employee Only Deductible</b>	\$3,100	\$6,200
<b>Family Deductible</b>	\$6,200	\$12,400
<b>Family Deductible Basis</b>	Aggregate Only	Aggregate Only
<b>Coinsurance</b>		
	0%	20%
<b>Individual Coinsurance Out-of-Pocket Maximum</b>	\$0	\$5,000
<b>Family Coinsurance Out-of-Pocket Maximum</b>	\$0	\$10,000
<i>Excludes Deductible</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
Maximum Copay - Single		n/a
Maximum Copay - Family		n/a
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%
<b>Mental Health and Substance Abuse</b>		
Inpatient		Ded & Coins
Outpatient		Ded & Coins