

Educators Health Alliance
2009-10 Benefit Summary for HSA-Eligible \$5,000 High 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	\$10,000	\$20,000
Family Deductible Basis	Aggregate Only	Aggregate Only
Coinsurance	0%	0%
Individual Coinsurance Out-of-Pocket Maximum	\$0	\$0
Family Coinsurance Out-of-Pocket Maximum	\$0	\$0
Lifetime Maximum	\$5,000,000	
Office Visit Copay	Ded	
Inpatient Hospital	Ded	
Outpatient Hospital	Ded	
Emergency Services	Ded	
Prescription Drugs		
Generic Copay	Ded	
Formulary Brand Copay	Ded	
Non-Formulary Brand Copay	Ded	
In Network Specialty Copay (30 Day Supply)	Ded	
Out of Network Specialty Copay (30 Day Supply)	Ded	
Formulary Diabetic Supplies	Ded	
Non-Formulary Diabetic Supplies	Ded	
Ostomy Supplies	Ded	
Maximum Copay - Single	n/a	
Maximum Copay - Family	n/a	
Mail Order Maximum	180 Days Supply	
Mail Order Copay	Ded	
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	
Well Baby Care		
Mental Health and Substance Abuse		
Inpatient Coinsurance	Ded	Ded
Outpatient Coinsurance	Ded	Ded