

Educators Health Alliance
2016-17 Benefit Summary for HSA-Eligible \$3,500 Deductible Dual Choice Plan

Benefit Item	Preferred	Non-Preferred
Subgroups with the \$600, \$900, \$1,150, or \$1,500 May Choose This Plan as a Dual Option		
Individual Deductible	\$3,500	\$7,000
Family Deductible	\$6,850	\$13,700
Family Deductible Basis	Aggregate Only	Aggregate Only
Coinsurance	0%	20%
Individual Out-of-Pocket Maximum	\$3,500	\$12,000
Family Out-of-Pocket Maximum	\$6,850	\$23,700
<i>Combined Maximum Includes Deductible, Coinsurance, and Copays for all Services Including Prescription Drugs</i>		
Lifetime Maximum	Unlimited	
Office Visit Copay	Ded & Coins	
Inpatient Hospital	Ded & Coins	
Outpatient Hospital	Ded & Coins	
Emergency Services	Ded & Coins	
Prescription Drugs		
Generic Copay	Ded Only	
Formulary Brand Copay	Ded Only	
Non-Formulary Brand Copay	Ded Only	
In Network Specialty Copay (30 Day Supply)	Ded Only	
Out of Network Specialty Copay (30 Day Supply)	Ded Only	
Formulary Diabetic Supplies	Ded Only	
Non-Formulary Diabetic Supplies	Ded Only	
Ostomy Supplies	Ded Only	
Mail Order Maximum	180 Days Supply	
Mail Order Copay	Ded Only	
Preauthorization Programs Included	Gastroprotective NSAIDs and Proton Pump Inhibitors	
Preventive Services	Covered at 100%	Ded & Coins
Mental Health and Substance Abuse		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	