

Educators Health Alliance
2019-20 Benefit Summary for \$2,500 Deductible Dual Choice Plan

Benefit Plan	Preferred	Non-Preferred
Subgroups with the \$650, \$850, \$1,050, \$1,200, \$1,450, or \$1,900 may choose this plan as a Dual Option		
Individual Deductible	\$2,500	\$5,000
Family Deductible Maximum	\$5,000	\$10,000
Coinsurance	30%	40%
Individual Out-of-Pocket Maximum	\$7,100	\$14,200
Family Out-of-Pocket Maximum	\$14,200	\$28,400
<i>Combined Maximum includes Deductible, Coinsurance, and Copays for all services including Prescription Drugs</i>		
Lifetime Maximum	Unlimited	
Office Visit Copay		
Primary Copay	\$45	Ded & Coins
Specialist Copay	\$65	Ded & Coins
Inpatient Hospital	Ded & Coins	
Outpatient Hospital	Ded & Coins	
Emergency Services		
Urgent Care	\$65 Copay, Ded & Coins	
Emergency Room	\$90 Copay, Ded & Coins	
Prescription Drugs		
Generic Copay	30% Coins (\$7 minimum, \$30 maximum)	
Formulary Brand Copay	30% Coins (\$45 minimum, \$90 maximum)	
Non-Formulary Brand Copay	50% Coins (\$70 minimum, \$110 maximum)	
In Network Specialty Copay (30 Day Supply)	25% Coins (\$60 minimum, \$120 maximum)	
Out of Network Specialty Copay (30 Day Supply)	50% Coins (\$170 minimum, \$340 maximum)	
Formulary Diabetic Supplies	20%	
Non-Formulary Diabetic Supplies	30%	
Ostomy Supplies	20%	
Mail Order Maximum	180 Days Supply	
Mail Order Copay	1 Copay per 30 Days Supply with 5 Copay Maximum	
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	