

Educators Health Alliance
2019-20 Benefit Summary for HSA-Eligible \$3,500 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	\$3,500	\$7,000
Family Deductible	\$6,850	\$13,700
Family Deductible Basis	Aggregate Only	Aggregate Only
Coinsurance	10%	20%
Individual Out-of-Pocket Maximum	\$3,900	\$12,000
Family Out-of-Pocket Maximum	\$7,650	\$24,000
<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 & 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	
Mail Order Maximum	180 Days Supply	
Mail Order Copay	Ded & Coins	
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	