

Educators Health Alliance
2020-21 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	\$7,350	\$14,700
Family Out-of-Pocket Maximum	\$14,700	\$29,400
<i>Combined Maximum includes Deductible, Coinsurance, and Copays for all services including Prescription Drugs</i>		
Lifetime Maximum	Unlimited	
Office Visit Copay		
Primary Copay	\$50	Ded & Coins
Specialist Copay	\$70	Ded & Coins
Inpatient Hospital	Ded & Coins	
Outpatient Hospital	Ded & Coins	
Emergency Services		
Urgent Care	\$70 Copay, Ded & Coins	
Emergency Room	\$100 Copay, Ded & Coins	
Prescription Drugs		
Generic Copay	30% Coins (\$12 minimum, \$45 maximum)	
Formulary Brand Copay	30% Coins (\$55 minimum, \$110 maximum)	
Non-Formulary Brand Copay	50% Coins (\$75 minimum, \$150 maximum)	
In Network Specialty Copay (30 Day Supply)	25% Coins (\$125 minimum, \$250 maximum)	
Out of Network Specialty Copay (30 Day Supply)	50% Coins (\$250 minimum, \$500 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	