

Educators Health Alliance
2020-21 Benefit Summary for HSA-Eligible \$4,000 Deductible Plan

Benefit Plan	Preferred	Non-Preferred
This plan is available on a Subgroup-wide basis only		
Individual Deductible	\$4,000	\$8,000
Family Deductible	\$8,000	\$16,000
Family Deductible Basis	Embedded	Embedded
Coinsurance	30%	50%
Individual Out-of-Pocket Maximum	\$6,300	\$12,600
Family Out-of-Pocket Maximum	\$12,600	\$25,200
<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	