Educators Health Alliance
2026-27 Benefit Summary for HSA-Eligible $3,800 Deductible 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	$3,800	$7,600
Family Deductible	$7,600	$15,200
Family Deductible Basis	Aggregate Only	Aggregate Only
Coinsurance	10%	20%
Individual Out-of-Pocket Maximum	$5,350	$15,000
Family Out-of-Pocket Maximum	$10,700	$30,000
Combined Maximum includes Deductible, Coinsurance, and Copays for all services including Prescription Drugs		
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	
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	
Office Visit	Ded & Coins	

Please note: This Schedule of Benefits Summary is intended to provide you with a brief overview of your benefits. It is not a contract and should not be regarded as one. For more complete information about your plan, including benefits, exclusions and contract limitations, please refer to the master group contract. In the event there are discrepancies between this document and the contract, the terms and conditions of the contract will govern.