

**Educators Health Alliance**  
**2013-14 Benefit Summary for \$1,650 Deductible Dual Choice Plan**

Benefit Item	Preferred	Non-Preferred
<b>Subgroups with the \$500 or \$750 May Choose This Plan as a Dual Option</b>		
<b>Employee Only Deductible</b>	\$1,650	\$1,650
<b>Family Deductible Maximum</b>	Twice Deductible	Twice Deductible
<b>Coinsurance</b>		
	30%	40%
<b>Individual Coinsurance Out-of-Pocket Maximum</b>	\$3,250	\$6,500
<b>Family Coinsurance Out-of-Pocket Maximum</b>	\$6,500	\$13,000
<i>Excludes Deductible</i>		
<b>Lifetime Maximum</b>		Unlimited
<b>Office Visit Copay</b>		
Primary Copay	\$45	Ded & Coins
Specialist Copay	\$65	Ded & Coins
<b>Inpatient Hospital</b>		Ded & Coins
<b>Outpatient Hospital</b>		Ded & Coins
<b>Emergency Services</b>		
Urgent Care	\$65 Copay, Ded & Coins	
Emergency Room	\$90 Copay, Ded & Coins	
<b>Prescription Drugs</b>		
Generic Copay	30% Coins (\$7 minimum, \$30 maximum)	
Formulary Brand Copay	30% Coins (\$35 minimum, \$70 maximum)	
Non-Formulary Brand Copay	50% Coins (\$60 minimum, \$90 maximum)	
In Network Specialty Copay (30 Day Supply)	25% Coins (\$50 minimum, \$100 maximum)	
Out of Network Specialty Copay (30 Day Supply)	50% Coins (\$150 minimum, \$300 maximum)	
Formulary Diabetic Supplies	20%	
Non-Formulary Diabetic Supplies	30%	
Ostomy Supplies	20%	
Maximum Copay - Single	\$2,500	
Maximum Copay - Family	\$5,000	
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	
<b>Preventive Services</b>		Covered at 100%
<b>Mental Health and Substance Abuse</b>		
Inpatient	Ded & Coins	
Outpatient	Ded & Coins	