

**Educators Health Alliance**  
**2013-14 Benefit Summary for HSA-Eligible \$4,000 Deductible Plan**

Benefit Item	Preferred	Non-Preferred
<b>This Plan is Available on a Subgroup-wide Basis Only</b>		
<b>Employee Only Deductible</b>	\$4,000	\$8,000
<b>Family Deductible</b>	\$8,000	\$16,000
<b>Family Deductible Basis</b>	Embedded	Embedded
<b>Coinsurance</b>		
	30%	50%
<b>Individual Coinsurance Out-of-Pocket Maximum</b>	\$2,350	\$4,700
<b>Family Coinsurance Out-of-Pocket Maximum</b>	\$4,700	\$9,400
<i>Excludes Deductible</i>		
<b>Lifetime Maximum</b>	Unlimited	
<b>Office Visit Copay</b>	Ded & Coins	
<b>Inpatient Hospital</b>	Ded & Coins	
<b>Outpatient Hospital</b>	Ded & Coins	
<b>Emergency Services</b>	Ded & Coins	
<b>Prescription Drugs</b>		
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	
Maximum Copay - Single	n/a	
Maximum Copay - Family	n/a	
Mail Order Maximum	180 Days Supply	
Mail Order Copay	Ded & Coins	
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	