## Educators Health Alliance 2017-18 Benefit Summary for HSA-Eligible \$4,000 Deductible Plan

Benefit Item	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	\$6,350	\$12,700	
Family Out-of-Pocket Maximum	\$12,700	\$25,400	
Combined Maximum Includes Deductible, Coinsurance, and Copa	ys for all Services Including Prescription	Drugs	
Lifetime Maximum	Unlir	Unlimited	
Office Visit Copay	Ded 8	Ded & Coins	
Inpatient Hospital	Ded 8	Ded & Coins	
Outpatient Hospital	Ded 8	Ded & Coins	
Emergency Services	Ded 8	Ded & Coins	
Prescription Drugs			
Generic Copay	Ded 8	Ded & Coins	
Formulary Brand Copay	Ded 8	Ded & Coins	
Non-Formulary Brand Copay	Ded &	Ded & Coins	
In Network Specialty Copay (30 Day Supply)	Ded 8	Ded & Coins	
Out of Network Specialty Copay (30 Day Supply)	Ded 8	Ded & Coins	
Formulary Diabetic Supplies	Ded 8	Ded & Coins	
Non-Formulary Diabetic Supplies	Ded 8	Ded & Coins	
Ostomy Supplies	Ded 8	Ded & Coins	
Mail Order Maximum	180 Day	180 Days Supply	
Mail Order Copay	Ded 8	Ded & Coins	
Preauthorization Programs Included	Gastroprotective NSAIDs a	nd Proton Pump Inhibitors	
Preventive Services	Covered at 100%	Ded & Coins	
Mental Health and Substance Abuse			
Inpatient		Ded & Coins	
Outpatient	Ded 8	Ded & Coins	