

Educators Health Alliance
2014-15 Benefit Summary for HSA-Eligible \$3,100 Deductible Dual Choice Plan

| Benefit Item | Preferred | Non-Preferred |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------|
| Subgroups with the \$500, \$750, \$950, or \$1,250 May Choose This Plan as a Dual Option | | |
| Individual Deductible | \$3,100 | \$6,200 |
| Family Deductible | \$6,200 | \$12,400 |
| Family Deductible Basis | Aggregate Only | Aggregate Only |
| Coinsurance | 0% | 20% |
| Individual Out-of-Pocket Maximum | \$3,100 | \$11,200 |
| Family Out-of-Pocket Maximum | \$6,200 | \$22,400 |
| <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 Only | |
| Formulary Brand Copay | Ded Only | |
| Non-Formulary Brand Copay | Ded Only | |
| In Network Specialty Copay (30 Day Supply) | Ded Only | |
| Out of Network Specialty Copay (30 Day Supply) | Ded Only | |
| Formulary Diabetic Supplies | Ded Only | |
| Non-Formulary Diabetic Supplies | Ded Only | |
| Ostomy Supplies | Ded Only | |
| Mail Order Maximum | 180 Days Supply | |
| Mail Order Copay | Ded Only | |
| 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 | |