

Educators Health Alliance
2009-10 Benefit Summary for HSA-Eligible \$1,250 High Deductible Health Plan

Benefit Item	Preferred	Non-Preferred
Each Subgroup May Choose This Plan as Either a Subgroup-wide or as a Dual Option		
Employee Only Deductible	\$1,250	\$2,500
Family Deductible	\$2,500	\$5,000
Family Deductible Basis	Aggregate Only	Aggregate Only
Coinsurance	20%	40%
Individual Coinsurance Out-of-Pocket Maximum	\$2,250	\$4,500
Family Coinsurance Out-of-Pocket Maximum <i>Excludes Deductible</i>	\$4,500	\$9,000
Lifetime Maximum	\$5,000,000	
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	
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	Cox-2 (Including Mobic), Proton Pump Inhibitors, and Leukotriene Modifiers	
Routine Care		
Adults	\$500 per Calendar Year	
Children	Not Subject to Deductible or Coinsurance	
Well Baby Care	Not Subject to Deductible or Coinsurance	
Mental Health and Substance Abuse		
Inpatient Coinsurance	20%	50%
Outpatient Coinsurance	25%	50%