

**Educators Health Alliance**  
**2022-23 Benefit Summary for HSA-Eligible \$3,800 Deductible Dual Choice Plan**

| Benefit Plan   | Preferred  | Non-Preferred  |
|--|--|----------------|
| <b>Subscribers with the \$1,200 or \$1,900 deductible plan may choose this plan as a Dual Option</b>               |  |                |
| Individual Deductible  | \$3,800  | \$7,600        |
| Family Deductible  | \$7,600  | \$15,200       |
| Family Deductible Basis  | Aggregate Only                                     | Aggregate Only |
| <b>Coinsurance</b>   | 10%  | 20%            |
| Individual Out-of-Pocket Maximum   | \$4,350  | \$13,000       |
| Family Out-of-Pocket Maximum   | \$8,700  | \$26,000       |
| <i>Combined Maximum includes Deductible, Coinsurance, and Copays for all services including Prescription Drugs</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  |                |
| 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%                                    | Ded & Coins    |
| <b>Mental Health and Substance Abuse</b>   |  |                |
| Inpatient  | Ded & Coins  |                |
| Outpatient   | Ded & Coins  |                |
| Office Visit   | Ded & Coins  |                |

Please note: This Schedule of Benefits Summary is intended to provide you with a brief overview of your benefits. It is not a contract and should not be regarded as one. For more complete information about your plan, including benefits, exclusions and contract limitations, please refer to the master group contract. In the event there are discrepancies between this document and the contract, the terms and conditions of the contract will govern.