

Educators Health Alliance
2021-22 Benefit Summary for \$2,500 Deductible Dual Choice Plan

| Benefit Plan | Preferred | Non-Preferred |
|---|--|---------------|
| Subgroups with the \$650, \$850, \$1,050, \$1,200, \$1,450, or \$1,900 may choose this plan as a Dual Option | | |
| Individual Deductible | \$2,500 | \$5,000 |
| Family Deductible Maximum | \$5,000 | \$10,000 |
| Coinsurance | 30% | 40% |
| Individual Out-of-Pocket Maximum | \$7,350 | \$14,700 |
| Family Out-of-Pocket Maximum | \$14,700 | \$29,400 |
| <i>Combined Maximum includes Deductible, Coinsurance, and Copays for all services including Prescription Drugs</i> | | |
| Lifetime Maximum | Unlimited | |
| Office Visit Copay | | |
| Primary Copay | \$50 | Ded & Coins |
| Specialist Copay | \$70 | Ded & Coins |
| Inpatient Hospital | Ded & Coins | |
| Outpatient Hospital | Ded & Coins | |
| Emergency Services | | |
| Urgent Care | \$70 Copay, Ded & Coins | |
| Emergency Room | \$100 Copay, Ded & Coins | |
| Prescription Drugs | | |
| Generic Copay | 30% Coins (\$12 minimum, \$45 maximum) | |
| Formulary Brand Copay | 30% Coins (\$55 minimum, \$110 maximum) | |
| Non-Formulary Brand Copay | 50% Coins (\$75 minimum, \$150 maximum) | |
| In Network Specialty Copay (30 Day Supply) | 25% Coins (\$125 minimum, \$250 maximum) | |
| Out of Network Specialty Copay (30 Day Supply) | 50% Coins (\$250 minimum, \$500 maximum) | |
| Formulary Diabetic Supplies | 20% | |
| Non-Formulary Diabetic Supplies | 30% | |
| Ostomy Supplies | 20% | |
| Mail Order Maximum | 180 Days Supply | |
| Mail Order Copay | 1 Copay per 30 Days Supply with 5 Copay Maximum | |
| 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 | |
| Office Visit | Covered at 100% | |