

**Educators Health Alliance**  
**2020-21 Benefit Summary for HSA-Eligible \$3,600 Deductible Dual Choice Plan**

Benefit Plan	Preferred	Non-Preferred
<b>Subgroups with the \$650, \$850, \$1,050, \$1,200, \$1,450, or \$1,900 may choose this plan as a Dual Option</b>		
Individual Deductible	\$3,600	\$7,200
Family Deductible	\$7,050	\$14,100
Family Deductible Basis	Aggregate Only	Aggregate Only
<b>Coinsurance</b>	10%	20%
Individual Out-of-Pocket Maximum	\$4,250	\$12,700
Family Out-of-Pocket Maximum	\$8,150	\$25,400
<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	
Ostomy 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	