

IHA Health Plan Comparison

| BENEFIT SUMMARY | 1500 CLASSIC | 2500 CLASSIC | 3500 CLASSIC |
|---|--|---|---|
| PPO NATIONAL NETWORK | PHCS/MULTIPLAN | PHCS/MULTIPLAN | PHCS/MULTIPLAN |
| Individual Deductible | \$1,500 In / \$3,000 Out | \$2,500 In / \$5,000 Out | \$3,500 In / \$7,000 Out |
| Family Deductible | \$3,000 In / \$6,000 Out | \$5,000 In / \$10,000 Out | \$7,000 In / \$14,000 Out |
| Individual Max Out-of-Pocket | \$7,350 In / \$20,000 Out | \$7,350 In / \$20,000 Out | \$7,350 In / \$20,000 Out |
| Family Max Out-of-Pocket | \$14,700 In / \$40,000 Out | \$14,700 In / \$40,000 Out | \$14,700 In / \$40,000 Out |
| Preventive Care | 100% Deductible Waived | 100% Deductible Waived | 100% Deductible Waived |
| Lifetime Max | No Maximum | No Maximum | No Maximum |
| Primary Care Visit Co-Pay | \$40 | \$40 | \$45 |
| Specialist Care Visit Co-pay | \$80 | \$80 | \$90 |
| Non-Network Primary & Specialist | Plan pays 60% after non-network deductible | | |
| Laboratory & Diagnostic Services | | | |
| Facility | Plan pays 80%* Deductible does not apply | Plan pays 80%* Deductible does not apply | Plan pays 80%* Deductible does not apply |
| Professional Fees | Plan pays 80%* (After Deductible) | Plan pays 80%* (After Deductible) | Plan pays 80%* (After Deductible) |
| Radiology Services | | | |
| Facility (CT/PET/MRI/MRA/SPECT) | Plan pays 80%* Deductible does not apply | Plan pays 80%* Deductible does not apply | Plan pays 80%* Deductible does not apply |
| Professional Fees | Plan pays 80%* (After Deductible) | Plan pays 80%* (After Deductible) | Plan pays 80%* (After Deductible) |
| Free Standing Facility (x-ray & lab only) | Plan Pays 100% Deductible does not apply | Plan Pays 100% Deductible does not apply | Plan Pays 100% Deductible does not apply |
| Telemedicine coverage provided by MyIdealDr.com 855-879-4332 Group #MYIDR1695 | | | |
| Facility & Professional Services | | | |
| Emergency Room - Professional Fee | Plan pays 80%* (After Deductible) | Plan pays 80%* (After Deductible) | Plan pays 80%* (After Deductible) |
| Emergency Room – Facility | 80%* of plan allowable Deductible does not apply | 80%* of plan allowable Deductible does not apply | 80%* of plan allowable Deductible does not apply |
| Inpatient Hospital - Physician Fees | Plan pays 80%* (After Deductible) | Plan pays 80%* (After Deductible) | Plan pays 80%* (After Deductible) |
| Inpatient – Facility | 80% of plan allowable Deductible does not apply | 80% of plan allowable Deductible does not apply | 80% of plan allowable Deductible does not apply |
| Outpatient – Physician | Plan pays 80% * (After Deductible) | Plan pays 80%* (After Deductible) | Plan pays 80%* (After Deductible) |
| Outpatient Hospital – Facility | 80%* of plan allowable Deductible does not apply | 80%* of plan allowable Deductible does not apply | 80%* of plan allowable Deductible does not apply |
| Urgent Care Co-Pay | \$80 | \$80 | \$90 |
| Balance Bill Protection - CLAIM WATCHER RIDER – Eliminates any chance of having to pay for any balance bill received. | | | |
| Prescription Drug Benefit – Magellan Rx at (800) 424-3312 **Non participating pharmacies are not covered** | | | |
| Generic | Retail: \$15 co-pay | Retail: \$15 co-pay | Retail: \$15 co-pay |
| Preferred Brand | Retail: \$45 co-pay | Retail: \$45 co-pay | Retail: \$65 co-pay |
| Non-Preferred Brand | Retail: \$85 co-pay | Retail: \$85 co-pay | Retail: \$100 co-pay |
| Specialty | Subject to Calendar Year Deductible and Co-insurance then 100% (Not covered through Magellan Network) | | |

This is for general comparison purposes only and is not a legal document. Please refer to the Summary of Benefit Coverage and Summary Plan Document for all legal descriptions. All Benefits are subject to plan allowable and out of pocket maximums. * Once the client pays their Calendar Year Out of Pocket Maximum, the plan will pay 100%.

IHA Health Plan Comparison

| BENEFIT SUMMARY | 5000 CLASSIC | 7350 VALUE | 5000 HSA |
|---|---|--|--|
| PPO NATIONAL NETWORK | PHCS/MULTIPLAN | PHCS/MULTIPLAN | PHCS/MULTIPLAN |
| Individual Deductible | \$5,000 In / \$10,000 Out | \$7,350 In / \$14,700 Out | \$5,000 In / \$10,000 Out |
| Family Deductible | \$10,000 In / \$20,000 Out | \$14,700 In / \$29,400 Out | \$10,000 In / \$20,000 Out |
| Individual Max Out-of-Pocket | \$7,350 In / \$20,000 Out | \$7,350 In / \$20,000 Out | \$6,550 In / \$13,100 Out |
| Family Max Out-of-Pocket | \$14,700 In / \$40,000 Out | \$14,700 In / \$40,000 Out | \$13,100 In / \$40,000 Out |
| Preventive Care | 100% Deductible Waived | 100% Deductible Waived | 100% Deductible Waived |
| Lifetime Max | No Maximum | No Maximum | No Maximum |
| Primary Care Visit Co-Pay | \$45 | \$50 | Plan pays 80%* (After Deductible) |
| Specialist Care Visit Co-pay | \$90 | \$100 | Plan pays 80%* (After Deductible) |
| Non-Network Primary & Specialist | Plan pays 60% after non-network deductible | | Plan Pays 50% after non-network deductible |
| Laboratory & Diagnostic Services | | | |
| Facility | Plan Pays 100% Deductible does not apply | Plan Pays 100% Deductible does not apply | Plan Pays 80%* (After Deductible) |
| Professional Fees | Plan pays 80%* (After Deductible) | Plan pays 100% (After Deductible) | Plan pays 80%* (After Deductible) |
| Radiology Services | | | |
| Facility (CT/PET/MRI/MRA/SPECT) | Plan pays 80%* Deductible does not apply | Plan pays 100% Deductible does not apply | Plan Pays 80%* (After Deductible) |
| Professional Fees | Plan pays 80%* (After Deductible) | Plan pays 100% (After Deductible) | Plan Pays 80%* (After Deductible) |
| Free Standing Facility (x-ray & lab only) | Plan Pays 100% Deductible does not apply | Plan Pays 100% Deductible does not apply | Plan Pays 80%* (After Deductible) |
| Telemedicine coverage provided by MyIdealDr.com 855-879-4332 Group #MYIDR1695 | | | |
| Facility & Professional Services | | | |
| Emergency Room - Professional Fee | Plan pays 80%* (After Deductible) | Plan pays 100% (After Deductible) | Plan Pays 80%* (After Deductible) |
| Emergency Room – Facility | 80%* of plan allowable Deductible does not apply | 100% of plan allowable Deductible does not apply | Plan Pays 80%* (After Deductible) |
| Inpatient Hospital - Physician Fees | Plan pays 80%* (After Deductible) | Plan pays 100% (After Deductible) | Plan Pays 80%* (After Deductible) |
| Inpatient – Facility | 80%* of plan allowable Deductible does not apply | 100% of plan allowable Deductible does not apply | Plan Pays 80%* (After Deductible) |
| Outpatient – Physician | Plan pays 80%* (After Deductible) | Plan pays 100% (After Deductible) | Plan pays 80% * (After Deductible) |
| Outpatient Hospital – Facility | 80%* of plan allowable Deductible does not apply | 100% of plan allowable Deductible does not apply | Plan Pays 80%* (After Deductible) |
| Urgent Care Co-Pay | \$90 | \$100 | Plan Pays 80%* (After Deductible) |
| Balance Bill Protection - CLAIM WATCHER RIDER – Eliminates any chance of having to pay for any balance bill received. | | | |
| Prescription Drug Benefit – Magellan Rx at (800) 424-3312 **Non participating pharmacies are not covered** | | | |
| Generic | Retail: \$15 co-pay | Subject to Deductible and Co-insurance then 100% | |
| Preferred Brand | Retail: \$65 co-pay | Subject to Deductible and Co-insurance then 100% | |
| Non-Preferred Brand | Retail: \$100 co-pay | Subject to Deductible and Co-insurance then 100% | |
| Specialty | Subject to Calendar Year Deductible and Co-insurance then 100% (Not covered through Magellan Network) | | |

This is for general comparison purposes only and is not a legal document. Please refer to the Summary of Benefit Coverage and Summary Plan Document for all legal descriptions. All Benefits are subject to plan allowable and out of pocket maximums. * Once the client pays their Calendar Year Out of Pocket Maximum, the plan will pay 100%.