

# IHA Health powered by Conquer – Medical Plan Comparison

BENEFIT SUMMARY	1500 CLASSIC	2500 CLASSIC	3500 CLASSIC	5000 CLASSIC	7350 VALUE	5000 HSA
<b>PRACTITIONER NETWORK</b>	<b>PHCS/MULTIPLAN</b>	<b>PHCS/MULTIPLAN</b>	<b>PHCS/MULTIPLAN</b>	<b>PHCS/MULTIPLAN</b>	<b>PHCS/MULTIPLAN</b>	<b>PHCS/MULTIPLAN</b>
Individual Deductible	\$1,500 In / \$3,000 Out	\$2,500 In / \$5,000 Out	\$3,500 In / \$7,000 Out	\$5,000 In / \$10,000 Out	\$7,350 In / \$14,700 Out	\$5,000 In / \$10,000 Out
Family Deductible	\$3,000 In / \$6,000 Out	\$5,000 In / \$10,000 Out	\$7,000 In / \$14,000 Out	\$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	\$7,350 In / \$20,000 Out	\$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	\$14,700 In / \$40,000 Out	\$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	100% Deductible Waived	100% Deductible Waived	100% Deductible Waived
Lifetime Max	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Primary Care Visit Co-Pay	\$40	\$40	\$45	\$45	\$50	Plan pays 80% (After Deductible)
Specialist Care Visit Co-pay	\$80	\$80	\$90	\$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
<b>Laboratory &amp; Diagnostic Services</b>						
Facility	Plan pays 80% Deductible does not apply	Plan pays 80% Deductible does not apply	Plan pays 80% Deductible does not apply	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 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 100% (After Deductible)	Plan Pays 80% (After Deductible)
<b>Radiology Services</b>						
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	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 80% (After Deductible)	Plan pays 80% (After Deductible)	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 100% Deductible does not apply	Plan Pays 100% Deductible does not apply	Plan Pays 100% Deductible does not apply	Plan Pays 80% (After Deductible)
<b>Telemedicine coverage provided by MyIdealDr.com 855-879-4332 Group #MYIDR1695</b>						
<b>Facility &amp; Professional Services</b>						
Emergency Room - Professional Fee	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	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	80% of plan allowable Deductible does not apply	80% of plan allowable Deductible does not apply	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 80% (After Deductible)	Plan pays 80% (After Deductible)	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	80% of plan allowable Deductible does not apply	80% of plan allowable Deductible does not apply	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 80% (After Deductible)	Plan pays 80% (After Deductible)	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	80% of plan allowable Deductible does not apply	80% of plan allowable Deductible does not apply	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	\$80 Subject to plan allowable	\$80 Subject to plan allowable	\$90 Subject to plan allowable	\$90 Subject to plan allowable	\$100 Subject to plan allowable	Plan pays 80% (After Deductible)
<b>Balance Bill Protection - CLAIM WATCHER RIDER – Eliminates any chance of having to pay for any balance bill received.</b>						
<b>Prescription Drug Benefit – Magellan Rx at (800) 424-3312 **Non participating pharmacies are not covered**</b>						
Generic	Retail: \$15 co-pay	Retail: \$15 co-pay	Retail: \$15 co-pay	Retail: \$15 co-pay	Discount Card	Discount Card
Preferred Brand	Retail: \$45 co-pay	Retail: \$45 co-pay	Retail: \$65 co-pay	Retail: \$65 co-pay	Discount Card	Discount Card
Non-Preferred Brand	Retail: \$85 co-pay	Retail: \$85 co-pay	Retail: \$100 co-pay	Retail: \$100 co-pay	Discount Card	Discount Card
Specialty	Not covered through Magellan; Subject to Calendar Year Deductible and Co-insurance					

NOTE: 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.