

IHA Health Plan Monthly Rates

IHA Agency Monthly Rates

Preferred ♦ Preferred Plus ♦ Standard ♦ Standard Plus

Effective 5-1-2020 to 04-30-2021

LEVEL	TIERS						
Preferred		1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
	Member	\$629.93	\$586.71	\$524.65	\$488.14	\$452.23	\$397.19
	Member + Spouse	\$1,208.34	\$1,121.92	\$997.78	\$924.77	\$852.96	\$742.88
	Member + Child	\$1,099.66	\$1,021.88	\$910.16	\$844.45	\$779.81	\$680.74
	Member + Family	\$1,791.77	\$1,662.13	\$1,475.93	\$1,366.41	\$1,258.69	\$1,093.57
Preferred Plus		1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
	Member	\$704.95	\$655.77	\$589.26	\$547.38	\$506.17	\$443.02
	Member + Spouse	\$1,358.39	\$1,260.03	\$1,127.02	\$1,043.24	\$960.83	\$834.52
	Member + Child	\$1,234.70	\$1,146.18	\$1,026.47	\$951.07	\$876.90	\$763.22
	Member + Family	\$2,016.84	\$1,869.30	\$1,669.78	\$1,544.12	\$1,420.51	\$1,231.04
Standard		1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
	Member	\$790.22	\$734.26	\$653.88	\$606.61	\$560.11	\$488.84
	Member + Spouse	\$1,528.92	\$1,417.01	\$1,256.25	\$1,161.71	\$1,068.71	\$926.17
	Member + Child	\$1,388.18	\$1,287.46	\$1,142.78	\$1,057.69	\$973.99	\$845.70
	Member + Family	\$2,272.64	\$2,104.77	\$1,863.64	\$1,721.82	\$1,582.32	\$1,368.50
Standard Plus		1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
	Member	\$997.83	\$925.36	\$821.27	\$760.05	\$699.83	\$607.53
	Member + Spouse	\$1,944.14	\$1,799.21	\$1,591.03	\$1,468.59	\$1,348.16	\$1,163.56
	Member + Child	\$1,761.88	\$1,631.44	\$1,444.08	\$1,333.88	\$1,225.49	\$1,059.35
	Member + Family	\$2,895.47	\$2,678.07	\$2,365.80	\$2,182.15	\$2,001.49	\$1,724.59

All of the above rate tiers are subject to underwriting and are based on health conditions disclosed on the submitted application.

Some applications may be "declined to quote". All rates are determined after Underwriting is completed.

Above rates do not include a \$5 monthly processing fee.