

# IHA Health Plan RBP-PHCS Monthly 1099 Rates - 2021

PREFERRED T.2    PREFERRED PLUS T.3    STANDARD T.5    STANDARD T.7

Effective 6-1-21 to 5-31-2022

LEVEL	TIERS					
Preferred T.2	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
Member	\$655.00	\$609.96	\$545.27	\$507.22	\$469.80	\$423.38
Member + Spouse	\$1,271.72	\$1,181.65	\$1,052.27	\$976.17	\$901.32	\$808.50
Member + Child	\$1,158.45	\$1,077.38	\$960.94	\$892.45	\$825.09	\$741.54
Member + Family	\$1,873.35	\$1,738.24	\$1,544.17	\$1,430.03	\$1,317.75	\$1,178.51

Preferred Plus T.3	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
Member	\$733.19	\$681.94	\$588.21	\$546.58	\$505.64	\$454.87
Member + Spouse	\$1,428.11	\$1,325.60	\$1,138.14	\$1,054.89	\$973.00	\$871.44
Member + Child	\$1,299.19	\$1,206.93	\$1,038.23	\$963.30	\$889.60	\$798.20
Member + Family	\$2,107.93	\$1,954.16	\$1,672.97	\$1,548.10	\$1,425.27	\$1,272.94

Standard T.5	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
Member	\$822.06	\$763.74	\$679.97	\$630.70	\$582.23	\$522.13
Member + Spouse	\$1,605.85	\$1,489.20	\$1,321.66	\$1,223.12	\$1,126.19	\$1,005.99
Member + Child	\$1,459.16	\$1,354.18	\$1,203.39	\$1,114.71	\$1,027.47	\$919.28
Member + Family	\$2,374.54	\$2,199.57	\$1,948.25	\$1,800.45	\$1,655.06	\$1,474.74

Standard Plus T.7	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
Member	\$1,038.44	\$962.92	\$854.43	\$790.62	\$727.86	\$650.02
Member + Spouse	\$2,038.60	\$1,887.55	\$1,670.57	\$1,542.97	\$1,417.44	\$1,261.77
Member + Child	\$1,848.64	\$1,712.69	\$1,517.42	\$1,402.57	\$1,289.60	\$1,149.49
Member + Family	\$3,023.68	\$2,797.09	\$2,471.63	\$2,280.22	\$2,091.93	\$1,858.43

All of the above rate tiers are subject to underwriting and are based on health conditions disclosed on the submitted application. Some applications maybe "Declined to Quote". All rates are determined after underwriting is completed and can vary from the above published rates.