

# IHA Health Plan Comparison

BENEFIT SUMMARY	5000 CLASSIC	7350 VALUE	5000 HSA
PPO NATIONAL NETWORK	First Health PPO	First Health PPO	First Health PPO
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 / \$14,700 Out	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out
Family Max Out-of-Pocket	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 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 Providers & Facilities	Plan pays 60% after non-network deductible	Plan Pays 50% after non-network deductible	Plan Pays 60% after non-network deductible
<b>Laboratory &amp; Diagnostic Services</b>			
Facility	Plan Pays 100% (After Deductible)	Plan Pays 100% (After Deductible)	Plan Pays 80%* (After Deductible)
Professional Fees	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%* (After Deductible)	Plan pays 100% (After Deductible)	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% (After Deductible)	Plan Pays 100% (After Deductible)	Plan Pays 80%* (After Deductible)
Telemedicine coverage provided by MyIdealDr.com 855-879-4332 Group #MYIDR1695			
<b>Facility &amp; Professional Services</b>			
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 (After Deductible)	100% of plan allowable (After Deductible)	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 (After Deductible)	100% of plan allowable (After Deductible)	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 (After Deductible)	100% of plan allowable (After Deductible)	Plan Pays 80%* (After Deductible)
Urgent Care Co-Pay	\$90	\$100	Plan Pays 80%* (After Deductible)
For more information about limitations and exceptions, see the plan or policy document at <a href="http://www.myperformancehth.com">www.myperformancehth.com</a>			
<b>Prescription Drug Benefit – Magellan Rx at (800) 424-3312 **Non participating pharmacies are not covered**</b>			
Generic	Retail: \$15 co-pay		Discount Card
Preferred Brand	Retail: \$65 co-pay		Discount Card
Non-Preferred Brand	Retail: \$100 co-pay		Discount Card
Specialty	Excluded/Not Covered		

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%.