IHA Health Plan - First Health Network PPO Monthly Rates

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

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

LEVEL	TIERS						
Preferred T.2		1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
	Member	$768.12	$713.73	$635.60	$589.65	$544.45	$506.46
	Member + Spouse	$1,497.46	$1,388.68	$1,232.42	$1,140.52	$1,050.12	$974.14
	Member + Child	$1,360.66	$1,262.75	$1,122.12	$1,039.41	$958.05	$889.66
	Member + Family	$2,221.78	$2,058.60	$1,824.22	$1,686.37	$1,550.77	$1,436.79
Preferred Plus T.3		1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
	Member	$862.56	$800.66	$687.45	$637.18	$587.73	$546.17
	Member + Spouse	$1,686.33	$1,562.53	$1,336.13	$1,235.59	$1,136.69	$1,053.56
	Member + Child	$1,530.64	$1,419.22	$1,215.46	$1,124.97	$1,035.96	$961.14
	Member + Family	$2,505.09	$2,319.38	$1,979.78	$1,828.97	$1,680.62	$1,555.92
Standard T.5		1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
	Member	$969.89	$899.45	$798.28	$738.77	$680.24	$631.04
	Member + Spouse	$1,900.99	$1,760.12	$1,557.77	$1,438.76	$1,321.70	$1,223.30
	Member + Child	$1,723.84	$1,597.05	$1,414.94	$1,307.83	$1,202.47	$1,113.91
	Member + Family	$2,827.08	$2,615.77	$2,312.24	$2,133.73	$1,958.14	$1,810.54
Standard Plus T.7		1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
	Member	$1,231.22	$1,140.00	$1,008.98	$931.92	$856.12	$792.40
	Member + Spouse	$2,423.65	$2,241.21	$1,979.17	$1,825.05	$1,673.45	$1,546.02
	Member + Child	$2,194.23	$2,030.03	$1,794.19	$1,655.49	$1,519.05	$1,404.36
	Member + Family	$3,611.06	$3,337.41	$2,944.34	$2,713.17	$2,485.77	$2,294.62

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.