2023

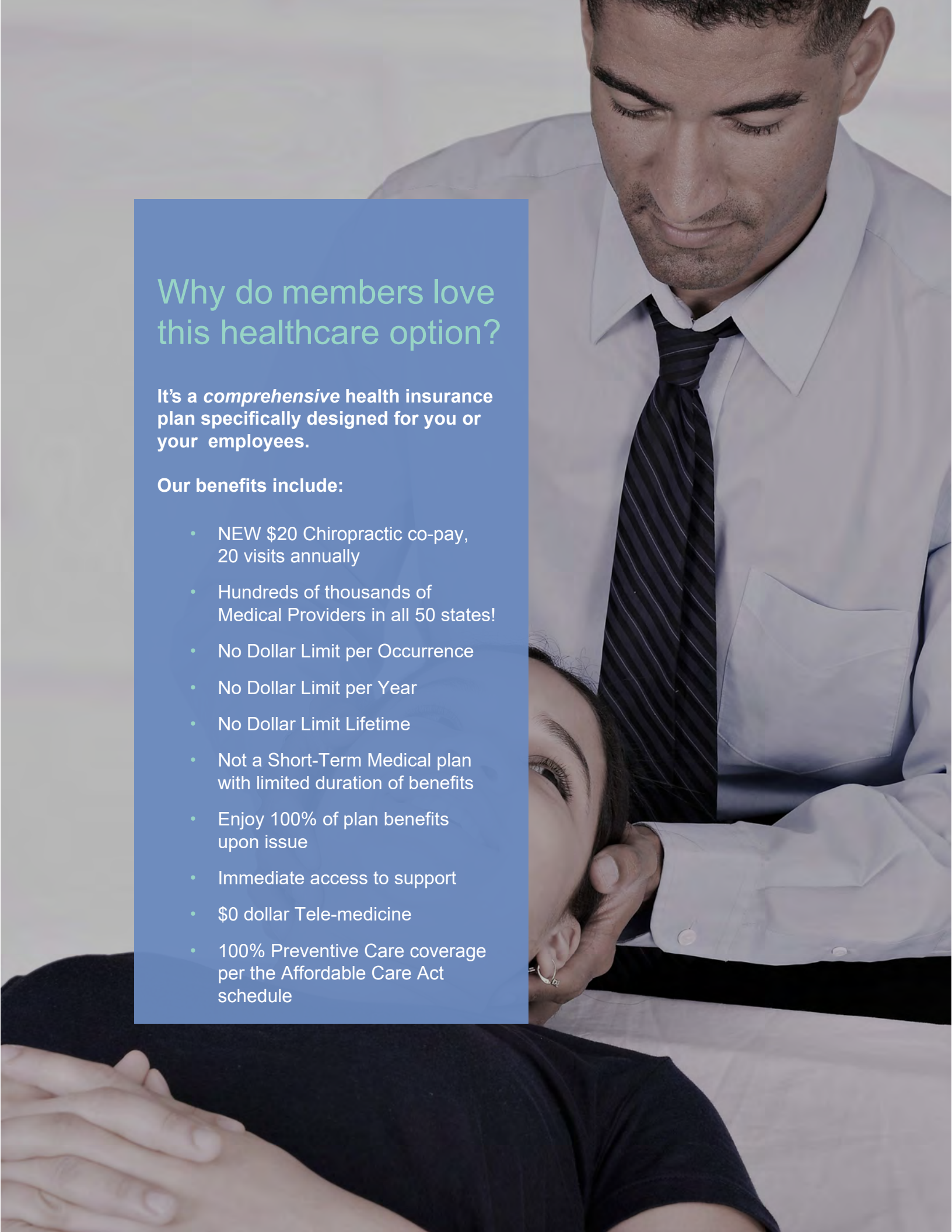
Association Member Benefits

A Health-Benefit Program Designed for Individuals and Small Employers

IHA HEALTH

Association Health & Welfare

RBP - PHCS (Physician & Ancillary)



Why do members love this healthcare option?

It's a *comprehensive* health insurance plan specifically designed for you or your employees.

Our benefits include:

- NEW $20 Chiropractic co-pay, 20 visits annually
- Hundreds of thousands of Medical Providers in all 50 states!
- No Dollar Limit per Occurrence
- No Dollar Limit per Year
- No Dollar Limit Lifetime
- Not a Short-Term Medical plan with limited duration of benefits
- Enjoy 100% of plan benefits upon issue
- Immediate access to support
- $0 dollar Tele-medicine
- 100% Preventive Care coverage per the Affordable Care Act schedule

Simple. Savings.

Our level funded program key advantages:

ONE PREDICTABLE MONTHLY PAYMENTS

Your monthly payment is determined upfront and guaranteed not to increase until plan renewal each year as long as there are no changes to your group's benefits or enrollment.

PLAN ADMINISTRATION AND ACCOUNT MANAGEMENT

Payments of claims, customer service and reporting are all done by Select Administrative Services (SAS), leaving you to focus on more important tasks.

QUALITY BENEFITS

This employer-established benefit plan meets the "minimum essential coverage" requirements.

Preventive services are paid at 100% when received from in-network providers, as recommended by the Affordable Care Act.

TERMINAL LIABILITY COVERAGE:

Provides added protection for claims that come in for 24 months after the end of the plan year – and is included with most plan selections.

IHA Health Plan Comparison

BENEFIT SUMMARY	1500 CLASSIC	2500 CLASSIC	3500 CLASSIC
PPO NATIONAL NETWORK	PHCS/MULTIPLAN	PHCS/MULTIPLAN	PHCS/MULTIPLAN
Individual Deductible	$1,500 In / $3,000 Out	$2,500 In / $5,000 Out	$3,500 In / $7,000 Out
Family Deductible	$3,000 In / $6,000 Out	$5,000 In / $10,000 Out	$7,000 In / $14,000 Out
Individual Max Out-of-Pocket	$7,350 In / $20,000 Out	$7,350 In / $20,000 Out	$7,350 In / $20,000 Out
Family Max Out-of-Pocket	$14,700 In / $40,000 Out	$14,700 In / $40,000 Out	$14,700 In / $40,000 Out
Preventive Care	100% Deductible Waived	100% Deductible Waived	100% Deductible Waived
Lifetime Max	No Maximum	No Maximum	No Maximum
Chiropractic Care Co-Pay	$20	$20	$20
Primary Care Visit Co-Pay	$40	$40	$45
Specialist Care Visit Co-pay	$80	$80	$90
Non-Network Primary & Specialist	Plan pays 60% after non-network deductible		
Laboratory & Diagnostic Services			
Facility	Plan pays 80%* Deductible does not apply	Plan pays 80%* Deductible does not apply	Plan pays 80%* Deductible does not apply
Professional Fees	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)
Radiology Services			
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
Professional Fees	Plan pays 80%* (After Deductible)	Plan pays 80%* (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
Telemedicine coverage provided by MyIdealDr.com 855-879-4332 Group #MYIDR1695			
Facility & Professional Services			
Emergency Room - Professional Fee	Plan pays 80%* (After Deductible)	Plan pays 80%* (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
Inpatient Hospital - Physician Fees	Plan pays 80%* (After Deductible)	Plan pays 80%* (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
Outpatient – Physician	Plan pays 80% * (After Deductible)	Plan pays 80%* (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
Urgent Care Co-Pay	$80	$80	$90
Advanced Medical Pricing Solutions (AMPS) – Micro Network RBP eliminates having to pay for any balance bill received.			
Prescription Drug Benefit – Magellan Rx at (800) 424-3312 **Non participating pharmacies are not covered**			
Generic	Retail: $15 co-pay	Retail: $15 co-pay	Retail: $15 co-pay
Preferred Brand	Retail: $45 co-pay	Retail: $45 co-pay	Retail: $65 co-pay
Non-Preferred Brand	Retail: $85 co-pay	Retail: $85 co-pay	Retail: $100 co-pay
Specialty	Subject to Calendar Year Deductible and Co-insurance then 100% (Not covered through Magellan Network)		

*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%.*

IHA Health Plan Comparison

BENEFIT SUMMARY	5000 CLASSIC	7350 VALUE	5000 HSA
PPO NATIONAL NETWORK	PHCS/MULTIPLAN	PHCS/MULTIPLAN	PHCS/MULTIPLAN
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 / $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	$13,100 In / $40,000 Out
Preventive Care	100% Deductible Waived	100% Deductible Waived	100% Deductible Waived
Lifetime Max	No Maximum	No Maximum	No Maximum
Chiropractic Care Co-Pay	$20	$20	Plan pays 80%* (After Deductible)
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 Primary & Specialist	Plan pays 60% after non-network deductible		Plan Pays 50% after non-network deductible
Laboratory & Diagnostic Services			
Facility	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 100% (After Deductible)	Plan pays 80%* (After Deductible)
Radiology Services			
Facility (CT/PET/MRI/MRA/SPECT)	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 100% (After Deductible)	Plan Pays 80%* (After Deductible)
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Advanced Medical Pricing Solutions (AMPS) – Micro Network RBP eliminates having to pay for any balance bill received.			
Prescription Drug Benefit – Magellan Rx at (800) 424-3312 **Non participating pharmacies are not covered**			
Generic	Retail: $15 co-pay	Subject to Deductible and Co-insurance then 100%	
Preferred Brand	Retail: $65 co-pay	Subject to Deductible and Co-insurance then 100%	
Non-Preferred Brand	Retail: $100 co-pay	Subject to Deductible and Co-insurance then 100%	
Specialty	Subject to Calendar Year Deductible and Co-insurance then 100% (Not covered through Magellan Network)		

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IHA Health Plan — RBP-PHCS Monthly Rates - 2023

ULTRA PREFERRED T.1 PREFERRED T.2 PREFERRED PLUS T.3 STANDARD T.5 STANDARD PLUS T.7

Effective 5-1-22 to 5-31-2023

IHA-TRIAD (MS) - 10/22 thru 6/23 RATE TIERS FOR 1099 & W2

Tier 2		1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
	Member	$600.57	$553.61	$486.15	$446.48	$407.46	$359.06
	Member + Spouse	$1,191.13	$1,097.21	$962.30	$882.96	$804.91	$708.12
	Member + Child	$1,073.02	$988.49	$867.07	$795.66	$725.42	$638.31
	Member + Family	$1,781.70	$1,640.81	$1,438.45	$1,319.44	$1,202.37	$1,057.19
Tier 2.5		**1500 Classic**	**2500 Classic**	**3500 Classic**	**5000 Classic**	**5000 HSA**	**7350 Value**
	Member	$636.00	$578.07	$507.58	$466.12	$425.35	$374.77
	Member + Spouse	$1,261.99	$1,146.13	$1,005.15	$922.24	$840.68	$739.54
	Member + Child	$1,136.80	$1,032.52	$905.64	$831.02	$757.62	$666.58
	Member + Family	$1,888.00	$1,714.20	$1,502.74	$1,378.37	$1,256.03	$1,104.31
Tier 3		**1500 Classic**	**2500 Classic**	**3500 Classic**	**5000 Classic**	**5000 HSA**	**7350 Value**
	Member	$682.10	$628.66	$530.92	$487.52	$444.83	$391.88
	Member + Spouse	$1,354.19	$1,247.30	$1,051.84	$965.03	$879.65	$773.76
	Member + Child	$1,219.77	$1,123.57	$947.65	$869.53	$792.69	$697.38
	Member + Family	$2,026.29	$1,865.96	$1,572.76	$1,442.56	$1,314.48	$1,155.64
Tier 3.5		**1500 Classic**	**2500 Classic**	**3500 Classic**	**5000 Classic**	**5000 HSA**	**7350 Value**
	Member	$695.54	$641.03	$551.76	$506.62	$462.22	$407.16
	Member + Spouse	$1,381.07	$1,272.05	$1,093.51	$1,003.24	$914.44	$804.31
	Member + Child	$1,243.97	$1,145.84	$985.16	$903.91	$823.99	$724.88
	Member + Family	$2,066.61	$1,903.08	$1,635.27	$1,499.86	$1,366.66	$1,201.47
Tier 4		**1500 Classic**	**2500 Classic**	**3500 Classic**	**5000 Classic**	**5000 HSA**	**7350 Value**
	Member	$711.62	$655.83	$575.69	$528.56	$482.20	$424.70
	Member + Spouse	$1,413.23	$1,301.65	$1,141.37	$1,047.11	$954.39	$839.40
	Member + Child	$1,272.91	$1,172.48	$1,028.24	$943.40	$859.95	$756.46
	Member + Family	$2,114.85	$1,947.48	$1,707.06	$1,565.67	$1,426.59	$1,254.10
Tier 4.5		**1500 Classic**	**2500 Classic**	**3500 Classic**	**5000 Classic**	**5000 HSA**	**7350 Value**
	Member	$739.69	$681.66	$598.32	$549.30	$501.09	$441.29
	Member + Spouse	$1,469.36	$1,353.31	$1,186.63	$1,088.60	$992.17	$872.57
	Member + Child	$1,323.42	$1,218.98	$1,068.97	$980.74	$893.95	$786.32
	Member + Family	$2,199.05	$2,024.98	$1,774.95	$1,627.90	$1,483.25	$1,303.86
Tier 5		**1500 Classic**	**2500 Classic**	**3500 Classic**	**5000 Classic**	**5000 HSA**	**7350 Value**
	Member	$774.77	$713.95	$626.60	$575.23	$524.70	$462.03
	Member + Spouse	$1,539.52	$1,417.89	$1,243.19	$1,140.45	$1,039.38	$914.04
	Member + Child	$1,386.57	$1,277.11	$1,119.88	$1,027.40	$936.45	$823.64
	Member + Family	$2,304.28	$2,121.85	$1,859.80	$1,705.68	$1,554.08	$1,366.07
Tier 5.5		**1500 Classic**	**2500 Classic**	**3500 Classic**	**5000 Classic**	**5000 HSA**	**7350 Value**
	Member	$820.65	$756.19	$663.60	$609.14	$555.58	$489.15
	Member + Spouse	$1,631.29	$1,502.37	$1,317.19	$1,208.28	$1,101.15	$968.28
	Member + Child	$1,469.16	$1,353.13	$1,186.47	$1,088.45	$992.03	$872.46
	Member + Family	$2,441.94	$2,248.56	$1,970.79	$1,807.42	$1,646.72	$1,447.43
Tier 6.0		**1500 Classic**	**2500 Classic**	**3500 Classic**	**5000 Classic**	**5000 HSA**	**7350 Value**
	Member	$880.25	$811.05	$711.65	$653.19	$595.69	$524.37
	Member + Spouse	$1,750.49	$1,612.09	$1,413.29	$1,296.37	$1,181.37	$1,038.74
	Member + Child	$1,576.44	$1,451.88	$1,272.96	$1,167.74	$1,064.23	$935.86
	Member + Family	$2,620.74	$2,413.14	$2,114.94	$1,939.57	$1,767.06	$1,553.11

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.

Your Business. Your Plan.

Health insurance plans with features your employees will actually ***use.***

We provide flexible options to help you select the plan features that will benefit your employees the most.

- Deductible options range from $1,500 to $7,350
- 80%/20% & 100% Co-insurance
- Multiple office-visit copay options
- Health Savings Account (HSA) option
- Access to large, national networks, with discounts for using in-network providers
- Unlimited $0 cost Tele-medicine: A convenient and valuable tele-health service that is easy to use and saves money for our members
- 100% Preventive care coverage as required by the Affordable Care Act
- Doctor, Specialist and Urgent-Care copays
- X-ray and lab benefits

IHA Health

IHA Health Plan Powered by Conquer

For a quote, apply today at:
https://www.ihahealthplan.com.

Questions? Contact **Randy House** at
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