

Benefit Summary	1,500 Classic	2,500 Classic	3,500 Classic
<b>Benefits</b>	In-Network	In-Network	In-Network
<b>Deductible</b> Individual / Family	\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,500 / \$7,000
<b>Coinsurance</b> Plan Pays / Member Pays	80% / 20%	80% / 20%	80% / 20%
<b>Out-of-Pocket Maximum</b> Individual / Family	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700
<b>Routine Preventive Services (Non Diagnostic)</b>	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived
<b>Lifetime Maximum</b>	No Maximum	No Maximum	No Maximum
<b>Co-Pay</b>			
<b>Primary Care Co-Pay</b>	\$30	\$30	\$45
<b>Specialist Co-Pay</b>	\$60	\$60	\$90
<b>Chiropractic Care Co-Pay</b> <small>Limited to 20 visits per benefit period</small>	\$20	\$20	\$20
<b>Urgent Care</b>	\$80	\$80	\$90
<b>Embedded No Cost Services</b>			
<b>Telemedicine</b>	\$0 Copay	\$0 Copay	\$0 Copay
<b>Virtual Primary Care</b>	Included	Included	Included
<b>Advocacy Services</b>	Included	Included	Included
<b>Facility &amp; Professional Services (Patient Responsibility)</b>			
<b>Inpatient Hospital</b> (patient responsibility)	20% after deductible	20% after deductible	20% after deductible
<b>Out Patient Services</b> <b>Surgical Services</b> (Procedure & Anesthesia)	20% after deductible	20% after deductible	20% after deductible
<b>Emergency Room</b>	20% after deductible	20% after deductible	20% after deductible
<b>Laboratory &amp; Diagnostic Services (Patient Responsibility)</b>			
<b>Free Standing Lab &amp; Diagnostic Services</b> (Lab & x-ray)	0% after deductible	0% after deductible	0% after deductible
<b>Complex Diagnostic Services</b> (CT, MRI, Ultra Sound, PET, Nuclear Med.)	20% after deductible	20% after deductible	20% after deductible
<b>Professional Fees</b>	20% after deductible	20% after deductible	20% after deductible
<b>Prescription Drug Benefit – **Non participating pharmacies are not covered**</b>			
<b>Prescription Drug</b>	In-Network	In-Network	In-Network
<b>Deductible</b>	None	None	None
<b>Speciality</b>	See plan document for more information		
<b>Retail (30 Day Supply)</b>	\$15/\$45/\$85	\$15/\$45/\$85	\$15/\$65/\$100
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
<b>Mail Order (31-90 Day Supply)</b>	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150
Generic	Mail Order: \$45 co-pay	Mail Order: \$45 co-pay	Mail Order: \$45 co-pay
Preferred Brand	Mail Order: \$90 co-pay	Mail Order: \$90 co-pay	Mail Order: \$90 co-pay
Non-Preferred Brand	Mail Order: \$150 co-pay	Mail Order: \$150 co-pay	Mail Order: \$150 co-pay
<b>Non-Network Services (Patient Responsibility)</b>			
<b>Coinsurance</b> Plan Pays/Member Pays	60% / 40%	60% / 40%	60% / 40%
<b>Deductible</b> Individual/Family	\$3,000 / \$6,000	\$5,000 / \$10,000	\$7,000 / \$14,000
<b>Out of Pocket Maximum</b> Individual/Family	\$14,700 / \$29,400	\$14,700 / \$29,400	\$14,700 / \$29,400

**NOTE:** Precertification is required for all in-hospital admissions, chemotherapy, diagnostic testing and outpatient surgery. Penalty may

This comparison describes the plan in an easy understood manner and presented as a matter of general information.

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Benefit Summary	5,000 Classic	7,350 Value	5,000 HSA
<b>Benefits</b>	In-Network	In-Network	In-Network
<b>Deductible</b> Individual / Family	\$5,000 / \$10,000	\$7,350 / \$14,700	\$5,000 / \$10,000
<b>Coinsurance</b> Plan Pays /Member Pays	80% / 20%	100%	80% / 20%
<b>Out-of-Pocket Maximum</b> Individual / Family	\$7,350 / \$14,700	\$7,350/\$14,700	\$7,350 / \$14,700
<b>Routine Preventive Services (Non Diagnostic)</b>	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived
<b>Lifetime Maximum</b>	No Maximum	No Maximum	No Maximum
<b>Co-Pay</b>			
<b>Primary Care Co-Pay</b>	\$45	\$50	20% after deductible
<b>Specialist Co-Pay</b>	\$90	\$100	20% after deductible
<b>Chiropractic Care Co-Pay</b> <small>Limited to 20 visits per benefit period</small>	\$20	\$20	20% after deductible
<b>Urgent Care</b>	\$90	\$100	20% after deductible
<b>Embedded No Cost Services</b>			
<b>Telemedicine</b>	\$0 Copay	\$0 Copay	\$0 Copay
<b>Virtual Primary Care</b>	Included	Included	Included
<b>Advocacy Services</b>	Included	Included	Included
<b>Facility &amp; Professional Services (Patient Responsibility)</b>			
<b>Inpatient Hospital</b> (patient responsibility)	20% after deductible	0% after deductible	20% after deductible
<b>Out Patient Services</b> <b>Surgical Services</b> (Procedure & Anesthesia)	20% after deductible	0% after deductible	20% after deductible
<b>Emergency Room</b>	20% after deductible	0% after deductible	20% after deductible
<b>Laboratory &amp; Diagnostic Services (Patient Responsibility)</b>			
<b>Free Standing Lab &amp; Diagnostic Services</b> (Lab & x-ray)	0% after deductible	0% after deductible	0% after deductible
<b>Complex Diagnostc Services</b> (CT, MRI, Ultra Sound, PET, Nuclear Med.)	20% after deductible	0% after deductible	20% after deductible
<b>Professional Fees</b>	20% after deductible	0% after deductible	20% after deductible
<b>Prescription Drug Benefit – **Non participating pharmacies are not covered**</b>			
<b>Prescription Drug</b>	In-Network	In-Network	In-Network
<b>Deductible</b>	None	None	None
<b>Speciality</b>	See plan document for more information		
<b>Retail (30 Day Supply)</b>	\$15/65/\$100	\$15/65/\$100	\$15/\$65/\$100
Generic	Retail: \$15 co-pay	Retail: \$15 co-pay	Retail: \$15 co-pay
Preferred Brand	Retail: \$65 co-pay	Retail: \$65 co-pay	Retail: \$65 co-pay
Non-Preferred Brand	Retail: \$100 co-pay	Retail: \$100 co-pay	Retail: \$100 co-pay
<b>Mail Order (31-90 Day Supply)</b>	\$45/\$90/\$150	\$45/\$90/\$150	\$30/\$130/\$200
Generic	Mail Order: \$45 co-pay	Mail Order: \$45 co-pay	Mail Order: \$30 co-pay
Preferred Brand	Mail Order: \$90 co-pay	Mail Order: \$90 co-pay	Mail Order: \$130 co-pay
Non-Preferred Brand	Mail Order: \$150 co-pay	Mail Order: \$150 co-pay	Mail Order: \$200 co-pay
<b>Non-Network Services (Patient Responsibility)</b>			
<b>Coinsurance</b> Plan Pays/Member Pays	60% / 40%	50% / 50%	60% / 40%
<b>Deductible</b> Individual/Family	\$7,000 / \$14,000	\$14,700 / \$29,400	\$10,000 / \$20,000
<b>Out of Pocket Maximum</b> Individual/Family	\$14,700 / \$29,400	\$14,700 / \$29,400	\$14,700 / \$29,400

**NOTE:** Precertification is required for all in-hospital admissions,

This comparison describes the plan in an easy understood manner and presented as a matter of general information. The contents are not to be accepted as a substitute for the provision of the plan, and are subject to change over time.

**PHCS/VDHP\* (RBP) - Physican and Ancillary PPO**  
**IHA HEALTH Monthly 1099 Average Plan Rates**

<b>PHCS/VDHP Plans</b>	<b>Rates Between</b>	<b>Member Only</b>	<b>Member + Spouse</b>	<b>Member + Child(ren)</b>	<b>Member + Family</b>
<b>7350 VALUE Plan</b>	Rates Between	\$417.46 to \$605.69	\$814.91 to \$1,191.37	\$735.42 to \$1,074.23	\$1,212.37 to \$1,777.06
<b>5000 H.S.A. Plan</b>	Rates Between	\$438.08 to \$635.72	\$855.41 to \$1,250.68	\$771.94 to \$1,127.69	\$1,272.74 to \$1,865.66
<b>5000 Classic Plan</b>	Rates Between	\$482.47 to \$700.37	\$942.57 to \$1,378.37	\$850.55 to \$1,242.77	\$1,402.68 to \$2,056.38
<b>3500 Classic Plan</b>	Rates Between	\$515.90 to \$749.05	\$1,008.20 to \$1,474.50	\$909.74 to \$1,329.41	\$1,500.52 to \$2,199.97
<b>2500 Classic Plan</b>	Rates Between	\$551.66 to \$801.13	\$1,078.43 to \$1,577.37	\$973.08 to \$1,422.12	\$1,605.21 to \$2,353.62
<b>1500 Classic Plan</b>	Rates Between	\$589.93 to \$856.86	\$1,153.57 to \$1,687.43	\$1,040.84 to \$1,521.32	\$1,717.22 to \$2,518.02

All of the above plan 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 and can range between the above published rates. Above rate grid is valid through 5/31/2025.

\*Value Driven Health Plan formerly known as Reference Based Pricing