



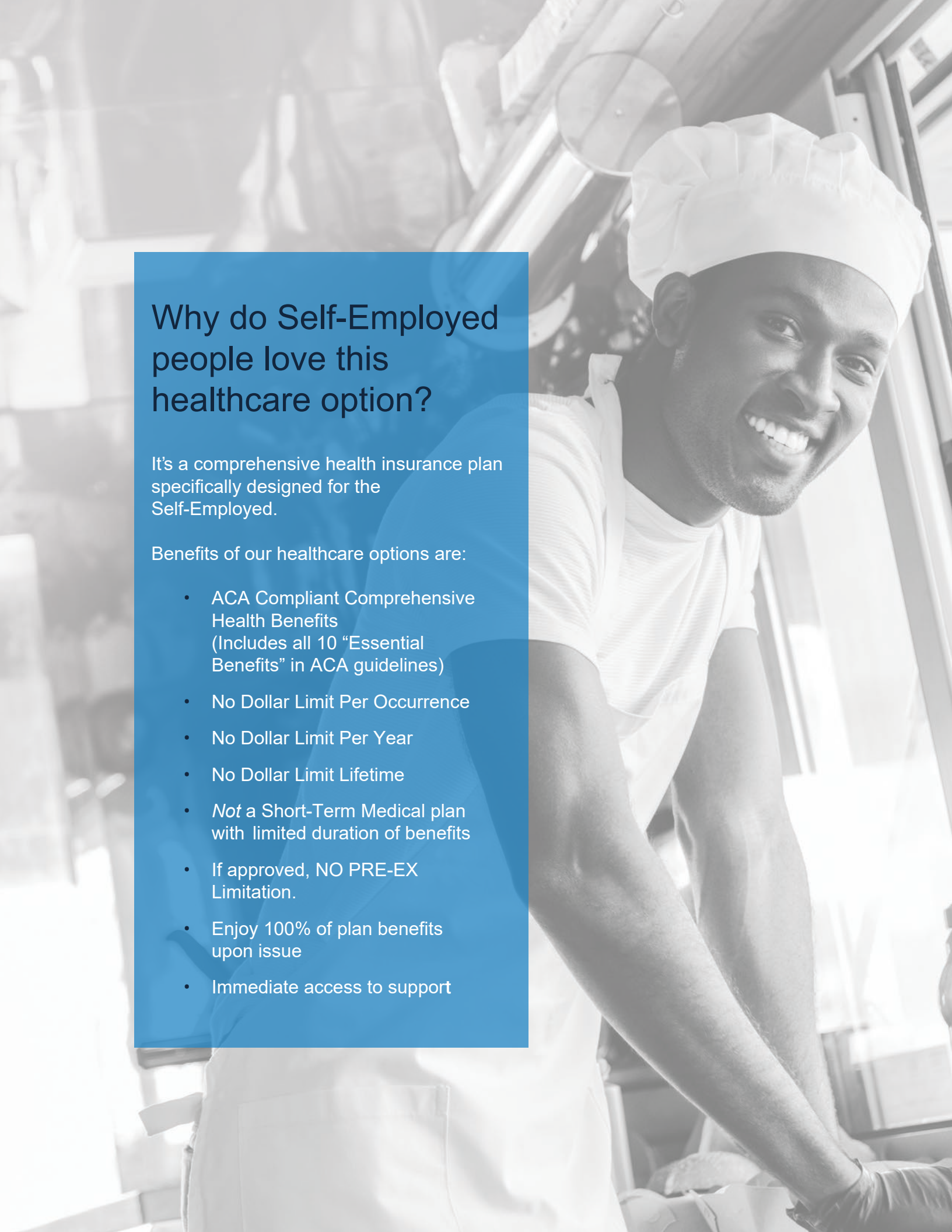
IHA Health

A Health Insurance Plan
Designed for the Self Employed

2024



PHCS-RBP



Why do Self-Employed people love this healthcare option?

It's a comprehensive health insurance plan specifically designed for the Self-Employed.

Benefits of our healthcare options are:

- ACA Compliant Comprehensive Health Benefits (Includes all 10 “Essential Benefits” in ACA guidelines)
- 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
- If approved, NO PRE-EX Limitation.
- Enjoy 100% of plan benefits upon issue
- Immediate access to support



Medical Plan Highlights

WHAT DOES IHA HEALTH OFFER...

- 12 Comprehensive Plans to Choose From
- ACA Compliant – 100% “Essential Benefits” Covered
- Affordable Rates
- NO “Age Banded” Rates
- Co-Pays for Primary, Specialist and Urgent Care
- Special \$20 Chiropractic Co-Pay
- \$0 Co-Pay Telemedicine
- National PPO Network
- NO Dollar Limit Per Occurrence
- NO Plan Lifetime Limits
- If Approved, NO Pre-Ex-Limitation

IHA Health IS NOT...

- A Minimum Essential Coverage Plan – MEC
- A Non-Compliant Hospital Indemnity Plan
- An ACA Marketplace Plan
- A Faith Based Shared Plan

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
Primary Care Visit Co-Pay	\$30	\$30	\$45
Chiropractic Care Co-Pay	\$20 <small>Limited to 20 visits per benefit period</small>	\$20 <small>Limited to 20 visits per benefit period</small>	\$20 <small>Limited to 20 visits per benefit period</small>
Specialist Care Visit Co-pay	\$60	\$60	\$90
Non-Network Primary & Specialist	Plan pays 60% after non-network deductible		
Laboratory & Diagnostic Services			
Facility	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)
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%* (After Deductible)	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)
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% (After Deductible)	Plan Pays 100% (After Deductible)	Plan Pays 100% (After Deductible)
Telemedicine coverage provided by Swift MD			
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	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)
Inpatient Hospital - Physician Fees	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)
Inpatient – Facility	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)
Outpatient – Physician	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)
Outpatient Hospital – Facility	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)
Urgent Care Co-Pay	\$80	\$80	\$90
To search for providers visit: https://www.multiplan.com/webcenter/portal/ProviderSearch?SiteId=84524			
Prescription Drug Benefit – **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	See plan document for more information		

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
Primary Care Visit Co-Pay	\$45	\$50	Plan pays 80%* (After Deductible)
Chiropractic Care Co-Pay	\$20 <small>Limited to 20 visits per benefit period</small>	\$20 <small>Limited to 20 visits per benefit period</small>	Plan pays 80%* (After Deductible) <small>Limited to 20 visits per benefit period</small>
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 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)
Radiology Services			
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 Swift MD			
Facility & Professional Services			
Emergency Room - Professional Fee	Plan pays 80%* (After Deductible)	Plan pays 100% (After Deductible)	Plan Pays 80%* (After Deductible)
Emergency Room – Facility	Plan pays 80%* (After Deductible)	Plan pays 100% (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	Plan pays 80%* (After Deductible)	Plan pays 100% (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	Plan pays 80%* (After Deductible)	Plan pays 100% (After Deductible)	Plan Pays 80%* (After Deductible)
Urgent Care Co-Pay	\$90	\$100	Plan Pays 80%* (After Deductible)
To search for providers visit: https://www.multiplan.com/webcenter/portal/ProviderSearch?SiteId=84524			
Prescription Drug Benefit – **Non participating pharmacies are not covered**			
Generic	Retail: \$15 co-pay	Retail: \$15 co-pay	Retail: \$15 co-pay (after deductible)
Preferred Brand	Retail: \$65 co-pay	Retail: \$65 co-pay	Retail: \$65 co-pay (after deductible)
Non-Preferred Brand	Retail: \$100 co-pay	Retail: \$100 co-pay	Retail: \$100 co-pay (after deductible)
Specialty	See plan document for more information		

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PHCS/RBP - Physican and Ancillary PPO

IHA HEALTH Monthly 1099 Average Plan Rates

PHCS/RBP Plan Choices		Member	Member + Spouse	Member + Child(ren)	Member + Family
7350 Value Plan	Rates Between	\$359.06 to \$524.37	\$708.12 to \$1,038.74	\$638.31 to \$935.86	\$1,057.19 to \$1,553.11
5000 H.S.A. Plan	Rates Between	\$407.46 to \$595.69	\$804.91 to \$1,181.37	\$725.42 to \$1,064.23	\$1,202.37 to \$1,767.06
5000 Classic Plan	Rates Between	\$446.48 to \$653.19	\$882.96 to \$1,296.37	\$795.66 to \$1,167.74	\$1,319.44 to \$1,939.57
3500 Classic Plan	Rates Between	\$486.15 to \$711.65	\$962.30 to \$1,413.29	\$867.07 to \$1,272.96	\$1,438.45 to \$2,114.94
2500 Classic Plan	Rates Between	\$553.61 to \$811.05	\$1,097.21 to \$1,612.09	\$988.49 to \$1,451.88	\$1,640.81 to \$2,413.14
1500 Classic Plan	Rates Between	\$600.57 to \$880.25	\$1,191.13 to \$1,750.49	\$1,073.02 to \$1,576.44	\$1,781.70 to \$2,620.74

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 5/31/2024.



IHA Health

For additional information
reach out to your agent.



IHA Health Plan Powered by Conquer

