




A Health Insurance Plan Designed
for the Self Employed

2020





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

Simple. Savings.

Our level funded program key advantages:



PREDICTABLE MONTHLY PAYMENTS

Your monthly payment is determined upfront after you have completed your PHQ. *(Personal Health Questionnaire being approved by medical underwriting).*



PLAN ADMINISTRATION AND ACCOUNT MANAGEMENT

Payments of claims, customer service and reporting are all done for you.



QUALITY BENEFITS

All benefit plans meet the minimum essential coverage.

Preventive services are paid at 100% when received from in-network providers, as required 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
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
Balance Bill Protection - CLAIM WATCHER RIDER – Eliminates any chance of 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
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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Inpatient Hospital - Physician Fees	Plan pays 80%* (After Deductible)	Plan pays 100% (After Deductible)	Plan Pays 80%* (After Deductible)
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Urgent Care Co-Pay	\$90	\$100	Plan Pays 80%* (After Deductible)
Balance Bill Protection - CLAIM WATCHER RIDER – Eliminates any chance of having to pay for any balance bill received.			
Prescription Drug Benefit – Magellan Rx at (800) 424-3312 **Non participating pharmacies are not covered**			
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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 Monthly Rates

Preferred • Preferred Plus • Standard • Standard Plus

Effective 5-1-20 to 04-30-2021

LEVEL	TIERS	1500 Classic Gold	2500 Classic Gold	3500 Classic Silver	5000 Classic Silver	5000 HSA Bronze	7350 Value Bronze
Preferred	Member	\$629.93	\$586.71	\$524.65	\$488.14	\$452.23	\$397.19
	Member + Spouse	\$1,223.34	\$1,136.92	\$1,012.78	\$939.77	\$867.96	\$757.88
	Member + Child	\$1,114.66	\$1,036.88	\$925.16	\$859.45	\$794.81	\$695.74
	Member + Family	\$1,801.77	\$1,672.13	\$1,485.93	\$1,376.41	\$1,268.69	\$1,103.57

Preferred Plus	Member	\$704.95	\$655.77	\$589.26	\$547.38	\$506.17	\$443.02
	Member + Spouse	\$1,373.39	\$1,275.03	\$1,142.02	\$1,058.24	\$975.83	\$849.52
	Member + Child	\$1,249.70	\$1,161.18	\$1,041.47	\$966.07	\$891.90	\$778.22
	Member + Family	\$2,026.84	\$1,879.30	\$1,679.78	\$1,554.12	\$1,430.51	\$1,241.04

Standard	Member	\$790.22	\$734.26	\$653.88	\$606.61	\$560.11	\$488.84
	Member + Spouse	\$1,543.92	\$1,432.01	\$1,271.25	\$1,176.71	\$1,083.71	\$941.17
	Member + Child	\$1,403.18	\$1,302.46	\$1,157.78	\$1,072.69	\$988.99	\$860.70
	Member + Family	\$2,282.64	\$2,114.77	\$1,873.64	\$1,731.82	\$1,592.32	\$1,378.50

Standard Plus	Member	\$997.83	\$925.36	\$821.27	\$760.05	\$699.83	\$607.53
	Member + Spouse	\$1,959.14	\$1,814.21	\$1,606.03	\$1,483.59	\$1,363.16	\$1,178.56
	Member + Child	\$1,776.88	\$1,646.44	\$1,459.08	\$1,348.88	\$1,240.49	\$1,074.35
	Member + Family	\$2,905.47	\$2,688.07	\$2,375.80	\$2,192.15	\$2,011.49	\$1,734.59

All of the above rate 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.



Your Self-Employed Business. Your Plan.

Health insurance plans with features your practice will actually use.

We provide flexible options to help you select the plan features that will benefit your practice 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
- Our plan will pay any facility who accepts Medicare in all 50 States
- 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
- First-dollar diagnostic benefits with no deductible (except HSA option)
- X-ray and lab benefits



IHA Health

For additional information
reach out to your agent.



www.IHAHealthInsurance.com

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866-314-7417

Agent Inquiries:
877-612-7317

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