

# IHA Health powered by Conquer – Medical Plan Comparison

## 7350 VALUE

| BENEFIT SUMMARY  |   |
|--|---|
| PPO NATIONAL NETWORK   | PHCS/MULTIPLAN                                      |
| Individual Deductible  | \$7,350 In / \$14,700 Out                           |
| Family Deductible  | \$14,700 In / \$29,400 Out                          |
| Individual Max Out-of-Pocket   | \$7,350 In / \$20,000 Out                           |
| Family Max Out-of-Pocket   | \$14,700 In / \$40,000 Out                          |
| Preventive Care  | 100% Deductible Waived                              |
| Lifetime Max   | No Maximum  |
| Primary Care Visit Co-Pay  | \$50  |
| Specialist Care Visit Co-pay   | \$100   |
| Non-Network Primary & Specialist   | Plan pays 60% after non-network deductible          |
| <b>Telemedicine coverage provided by MyIdealDr.com 855-879-4332 Group #MYIDR1695</b>                                       |   |
| Laboratory & Diagnostic Services   |   |
| Facility   | Plan pays 100%<br>Deductible does not apply         |
| Professional Fees  | Plan pays 100%<br>(After Deductible)                |
| Radiology Services   |   |
| Facility (CT/PET/MRI/MRA/SPECT)  | Plan pays 100%<br>Deductible does not apply         |
| Professional Fees  | Plan pays 100%<br>(After Deductible)                |
| Free Standing Facility<br>(x-ray & lab only)   | Plan Pays 100%<br>Deductible does not apply         |
| Facility & Professional Services   |   |
| Emergency Room - Professional Fee  | Plan pays 100%<br>(After Deductible)                |
| Emergency Room – Facility  | 100% of plan allowable<br>Deductible does not apply |
| Inpatient Hospital - Physician Fees  | Plan pays 100%<br>(After Deductible)                |
| Inpatient – Facility   | 100% of plan allowable<br>Deductible does not apply |
| Outpatient – Physician   | Plan pays 100%<br>(After Deductible)                |
| Outpatient Hospital – Facility   | 100% of plan allowable<br>Deductible does not apply |
| Urgent Care Co-Pay   | \$100<br>Subject to plan allowable                  |
| <b>Balance Bill Protection – CLAIM WATCHER RIDER Eliminates any chance of having to pay for any balance bill received.</b> |   |
| Prescription Drug Benefit – Magellan Rx at (800) 424-3312 <b>**Non participating pharmacies are not covered**</b>          |   |
| Generic  | Discount Card                                       |
| Preferred Brand  | Discount Card                                       |
| Non-Preferred Brand  | Discount Card                                       |
| Specialty - Not covered through Magellan; Subject to Calendar Year Deductible and Co-insurance                             |   |

NOTE: 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.