

# IHA Health Plan Comparison

Aetna First Health

BENEFIT SUMMARY	1500 CLASSIC	2500 CLASSIC	3500 CLASSIC
PPO NATIONAL NETWORK	FIRST HEALTH PPO	FIRST HEALTH PPO	FIRST HEALTH PPO
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
Chiropractic Care Co-Pay	\$20	\$20	\$20
Specialist Care Visit Co-pay	\$80	\$80	\$90
Non-Network Providers & Facilities	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 1.800MD - Customer Care Center 1.800.530.8666			
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 (After Deductible)	80%* of plan allowable (After Deductible)	80%* of plan allowable (After Deductible)
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 (After Deductible)	80% of plan allowable (After Deductible)	80% of plan allowable (After Deductible)
Outpatient – Physician	Plan pays 80% * (After Deductible)	Plan pays 80%* (After Deductible)	Plan pays 80%* (After Deductible)
Outpatient Hospital – Facility	80%* of plan allowable (After Deductible)	80%* of plan allowable (After Deductible)	80%* of plan allowable (After Deductible)
Urgent Care Co-Pay	\$80	\$80	\$90
For more information about limitations and exceptions, see the plan summary of benefits			
Prescription Drug Benefit – <a href="http://proactrx.com/pharmacy-finder/">proactrx.com/pharmacy-finder/</a> **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	Excluded/Not Covered		

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

Aetna First Health

BENEFIT SUMMARY	5000 CLASSIC	7350 VALUE	5000 HSA
PPO NATIONAL NETWORK	FIRST HEALTH PPO	FIRST HEALTH PPO	FIRST HEALTH PPO
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	\$7,350 In / \$14,700 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	\$45	\$50	Plan pays 80%* (After Deductible)
Chiropractic Care Co-Pay	\$20	\$20	Plan pays 80%* (After Deductible)
Specialist Care Visit Co-pay	\$90	\$100	Plan pays 80%* (After Deductible)
Non-Network Providers & Facilities	Plan pays 60% after non-network deductible	Plan Pays 50% after non-network deductible	Plan Pays 60% after non-network deductible
<b>Laboratory &amp; Diagnostic Services</b>			
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)
<b>Radiology Services</b>			
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 1.800MD - Customer Care Center 1.800.530.8666			
<b>Facility &amp; Professional Services</b>			
Emergency Room - Professional Fee	Plan pays 80%* (After Deductible)	Plan pays 100% (After Deductible)	Plan Pays 80%* (After Deductible)
Emergency Room – Facility	80%* of plan allowable (After Deductible)	100% of plan allowable (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	80%* of plan allowable (After Deductible)	100% of plan allowable (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	80%* of plan allowable (After Deductible)	100% of plan allowable (After Deductible)	Plan Pays 80%* (After Deductible)
Urgent Care Co-Pay	\$90	\$100	Plan Pays 80%* (After Deductible)
For more information about limitations and exceptions, see the plan summary of benefits			
Prescription Drug Benefit – <a href="http://proactrx.com/pharmacy-finder/">proactrx.com/pharmacy-finder/</a> **Non participating pharmacies are not covered**			
Generic	Retail: \$15 co-pay	Discount Card	
Preferred Brand	Retail: \$65 co-pay	Discount Card	
Non-Preferred Brand	Retail: \$100 co-pay	Discount Card	
Specialty	Excluded/Not Covered		

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%.