

CHOOSING YOUR IHC HEALTH PLAN

OPTIONS TO TAILOR YOUR IHC HEALTH PLAN

IHC gives you several options to tailor your plan to you and your family's health care needs. Benefits and premiums will vary according to:

- The provider network you choose;
- The deductible option you choose;
- The plan level you choose; and
- The age of the oldest family member applying for coverage (who must be the applicant) and the tier (single, two-party, family).

FOLLOW THESE SIMPLE STEPS TO TAILOR THE BENEFIT PLAN THAT IS RIGHT FOR YOU

1 CHOOSE PROVIDER NETWORK

2 CHOOSE ANNUAL MEDICAL DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM

3 CHOOSE BENEFIT LEVEL (BASE, MID, OR HIGH)

4 CALCULATE YOUR PREMIUM

▶ STEP ONE - CHOOSE YOUR PROVIDER NETWORK

You have the option to choose one of our three provider networks. The network you select will affect your monthly premium. Select the network that will meet the health care needs for you and your family. Keep in mind the larger the provider network, the greater the cost impact to your monthly premium.

You are required to use participating providers. A participating provider is a physician or facility that is contracted under an IHC provider network.



PERSONAL IHC MED
A Product of IHC Health Plans

A network of over 800 participating physicians and the IHC Med network of hospitals and facilities.

Available in all of Davis, Salt Lake, and Weber counties and parts of Summit and Utah counties.

(The following ZIP codes within the above listed counties are not included in the service area: 84017, 84024, 84033, 84036, 84055, 84061, 84013, 84626, 84633, 84651, 84653, 84655, and 84660.)



PERSONAL SELECTMED
A Product of IHC Health Plans

A network of over 1,900 participating physicians and the SelectMed network of hospitals and facilities.

Available in all of Cache, Davis, Duchesne, Iron, Juab, Millard, Morgan, Salt Lake, Sanpete, Sevier, Summit, Utah, Wasatch, and Weber counties and parts of Box Elder, Garfield, Piute, Tooele, Uintah, and Wayne counties.

(The following ZIP codes within the above listed counties are not included in the service area: 84008, 84034, 84035, 84078, 84079, 84083, 84313, 84329, 84712, 84716, 84717, 84718, 84723, 84726, 84734, 84736, 84759, 84764, and 84776.)



PERSONAL IHC CARE
A Product of IHC Health Plans

A network of over 2,800 participating physicians and the IHC Care network of hospitals and facilities.

Available in all of Beaver, Cache, Davis, Duchesne, Garfield, Iron, Juab, Kane, Millard, Morgan, Piute, Rich, Salt Lake, Sanpete, Sevier, Summit, Uintah, Utah, Wasatch, Washington, Wayne, and Weber counties and parts of Box Elder and Tooele counties.

(The following ZIP codes within the above listed counties are not included in the service area: 84034, 84083, 84313, and 84329.)

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STEP TWO - CHOOSE YOUR ANNUAL MEDICAL DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM

The deductible you choose affects your monthly premium and your annual out-of-pocket costs. Deductibles are based on a calendar year. Out-of-pocket maximums include your annual medical deductible amount. The deductible applies to all services before any coinsurance or copayment applies, unless you select a Mid- or High-level plan (see below).

MEDICAL DEDUCTIBLE		RX DEDUCTIBLE	MEDICAL OUT-OF-POCKET MAXIMUM	
Individual	Family	Individual	Individual	Family
\$250	\$750	\$100	\$2,500	\$5,000
\$500	\$1,000	\$200	\$3,000	\$6,000
\$1,000	\$2,000	\$400	\$3,500	\$7,000
\$2,500	\$5,000	\$1,000	\$4,000	\$8,000

STEP THREE - CHOOSE YOUR BENEFIT LEVEL (BASE, MID, OR HIGH)

IHC's Base-level plan is the starting point for selecting your plan benefit level. You can enhance your coverage further by selecting the Mid or High-level plans described on the next page. **(The following is a plan overview. More detailed information is included in the sample Member Payment Summary, found on pages 14 and 15.)**

BASE-LEVEL PLAN

Lifetime Maximum Plan Payment	None
Office Visits Office visits include minor diagnostic tests related to each visit.	You pay a \$15 copay after deductible
IHC InstaCare Visits	You pay a \$25 copay after deductible
Participating Emergency Room (ER) Visits	You pay \$25 copay plus 20% coinsurance after deductible
Nonparticipating Emergency Room (ER) Visits Emergency services are covered worldwide.	You pay \$75 copay plus 20% coinsurance after deductible
Inpatient/Outpatient Coverage Services such as inpatient and outpatient surgeries, major diagnostic tests, chemotherapy, and dialysis.	You pay 20% after deductible
Preventive Care Coverage Annual physical, hearing examinations, and eye examinations are covered for adults and children as any other eligible office visit when provided by or coordinated through a participating provider.	You pay a \$15 copay after deductible
Immunizations (adult and pediatric) The deductible is waived for adult and pediatric immunizations (as defined in the contract).	Covered at 100%
Mental Health Coverage Charges are not applied to the annual medical out-of-pocket maximum. Calendar Year Limits: Inpatient – 10 Days; Outpatient – 15 Visits	You pay 50% after deductible

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BASE-LEVEL PLAN, CONTINUED

<p>Maternity Maternity related charges are covered after a \$5,000 calendar year maternity deductible. The \$5,000 maternity deductible does not apply to the annual medical out-of-pocket maximum.</p>	<p>Covered at 100% after \$5,000 maternity deductible</p>
<p>Supplemental Accident Benefit You are covered 100 percent for the first \$1,000 of all accident related services you receive (per calendar year, per covered family member). Deductible, coinsurance, and copayments apply thereafter.</p>	<p>Covered at 100% for first \$1,000 per person/calendar year</p>
<p>Prescription Drugs Prescription drugs are covered after the Rx deductible has been met. The Rx deductible is a per person, per calendar year deductible. The Rx deductible is determined by the medical deductible you have selected. Charges are not applied to the annual medical out-of-pocket maximum.</p> <p>You are required to use generic drugs whenever available. If you (not your physician) request a brand-name drug instead of selecting a generic, you will pay the copay plus the difference between the cost of the generic drug and the cost of the brand-name drug.</p> <p>The mail order prescription drug benefit is included. Same copay/coinsurance applies to mail order (90-day Rx supply).</p>	<p>Generic – you pay \$5 Preferred – you pay 25% Nonpreferred – you pay 50% After Rx deductible Generic substitution required</p>

MID-LEVEL PLAN

<p>The Mid-level plan offers the same coverage as the Base-level plan with one enhancement, which is the Deductible Waiver option. The Deductible Waiver means you do not have to meet the annual medical deductible for office visits and services from an IHC KidsCare or IHC Instacare facility. Available medical deductibles under this option are \$250 and \$500.</p>	<p>Medical deductible waived for office, IHC KidsCare, and IHC InstaCare visits</p>
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HIGH-LEVEL PLAN

<p>The High-level plan begins with Base-level benefits, includes the enhancement of the Deductible Waiver, and adds the benefit option of prescription drugs with no annual Rx deductible requirement. Available medical deductibles under this option are \$250, \$500, and \$1,000.</p>	<p>Medical deductible waived for office, IHC KidsCare, and IHC InstaCare visits No Rx deductible</p>
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➤ STEP FOUR - CALCULATING YOUR PREMIUM

Now that you have selected your plan, use the Premium Calculation Worksheet on page 10 to figure your monthly premium. Look up your premium from the enclosed premium rate sheets on pages 11 to 13. Begin by turning to the plan level you have selected (Base, Mid, or High), then refer to the provider network and the deductible you have selected. Your rate will be based on the age of the applicant (who must be the oldest family member applying for coverage) and the tier you select (single coverage, two-party coverage, or family coverage).

*Choose your plan benefits wisely; changes may only be made with underwriting approval.
These are only brief outlines of benefits. See the Member Payment Summary for details.*