

# Individual Health Coverage (IHC) Plan Comparison



	IHC Preferred	IHC Basic	IHC 50	IHC 30/50	IHC 30	IHC 15
<b>Primary Care Physician</b>	\$30 copay	\$30 copay	\$50 copay	\$30 copay	\$30 copay	\$15 copay
<b>Specialist Office Visits</b>	\$30 copay	\$30 copay; plan pays a maximum of \$700 per calendar year	\$50 copay	\$50 copay	\$30 copay	\$15 copay
<b>Outpatient X-ray and Laboratory Services</b>	100%	100%	\$50 copay	\$50 copay	\$30 copay	\$15 copay
<b>Well Baby/Child Care</b>	\$30 copay	\$30 copay	\$50 copay	\$30 copay	\$30 copay	\$15 copay
<b>Inpatient Hospital Services</b>	\$500 copay/confinement, then covered at 100%	\$500 copay/confinement, then covered at 100%; maximum 90 days/calendar year	\$500 copay/day; maximum 5 days/admission; \$5,000 maximum copay/calendar year	\$300 copay/day; maximum 5 days/admission; \$3,000 maximum copay/calendar year	\$300 copay/day; maximum 5 days/admission; \$3,000 maximum copay/calendar year	\$150 copay/day; maximum 5 days/admission; \$1,500 maximum copay/calendar year
<b>Prenatal Care</b>	\$50 copay for initial visit, subsequent visits covered in full. Inpatient: see Inpatient Hospital Services	See Inpatient Hospital Services; first three prenatal visits covered as Specialists office visits. Delivery and newborn are covered; Prenatal (with the exception of first three office visits and postnatal not Covered)	\$50 copay for the initial visit	\$30 copay for the initial visit	\$25 copay for the initial visit; subsequent visits covered in full	\$25 copay for the initial visit; subsequent visits covered in full
<b>Emergency Room</b>	\$100 copay per visit	\$100 copay per visit	\$100 copay per visit*	\$100 copay per visit*	\$100 copay per visit*	\$100 copay per visit*
<b>Outpatient and Ambulatory Surgery</b>	\$250 copay per surgery, then 100%	\$250 copay per surgery, then 100%	Facility-\$100 copay; Practitioner-\$50 copay	Facility-\$100 copay; Practitioner-\$50 copay	Facility-\$30 copay; Practitioner-\$30 copay	Facility-\$15 copay; Practitioner-\$15 copay
<b>Biologically Based Mental Illness</b>	Outpatient: plan pays 70%; 30 visits/calendar year Inpatient:\$500 copay/confinement	Outpatient: plan pays 70%; 30 visits/calendar year Inpatient: \$500 copay/confinement; 90 days maximum/calendar year	Outpatient: \$50 copay Inpatient:\$500 copay/day; maximum 5 days/admission; \$5,000 maximum copay/year	Outpatient: \$50 copay Inpatient:\$300 copay/day; maximum 5 days/admission; \$3,000 maximum copay/year	Outpatient: \$30 copay Inpatient:\$250 copay/day; maximum 5 days/admission; \$3,000 maximum copay/year	Outpatient: \$15 copay Inpatient:\$150 copay/day; maximum 5 days/admission; \$1,500 maximum copay/year

See reverse side for more plan summaries details.

	IHC Preferred	IHC Basic	IHC 50	IHC 30/50	IHC 30	IHC 15
<b>Non-Biologically Based Mental Illness</b>	Not covered	Not covered	<u>Outpatient:</u> \$50 copay; maximum 20 visits/calendar year combined with substance abuse <u>Inpatient:</u> \$500 copay/day; maximum 5 days/admission; \$5,000 maximum copay/year combined with substance abuse	<u>Outpatient:</u> \$50 copay; maximum 20 visits/calendar year combined with substance abuse <u>Inpatient:</u> \$300 copay/day; maximum 5 days/admission; \$3,000 maximum copay/year combined with substance abuse	<u>Outpatient:</u> \$30 copay; maximum 20 visits/calendar year combined with substance abuse <u>Inpatient:</u> \$300 copay/day; maximum 5 days/admission; \$3,000 maximum copay/year combined with substance abuse	<u>Outpatient:</u> \$15 copay; maximum 20 visits/calendar year combined with substance abuse <u>Inpatient:</u> \$150 copay/day; maximum 5 days/admission; \$1,500 maximum copay/year combined with substance abuse
<b>Substance Abuse</b>	<u>Outpatient:</u> plan pays 70%; 30 visits/calendar year combined with alcohol abuse <u>Inpatient:</u> \$500 copay/confinement then pays 70%; 30 days maximum/calendar year combined with alcohol abuse	<u>Outpatient:</u> plan pays 70%; 30 visits/calendar year combined with alcohol abuse <u>Inpatient:</u> \$500 copay/confinement then pays 70%; 30 days maximum/calendar year combined with alcohol abuse	<u>Outpatient:</u> \$50 copay; 20 visits/calendar year combined with non-biologically based mental illness <u>Inpatient:</u> \$500 copay/day; maximum 5 days/admission; \$5,000 maximum copay/year combined with non-biologically based mental illness	<u>Outpatient:</u> \$50 copay; 20 visits/calendar year combined with non-biologically based mental illness <u>Inpatient:</u> \$300 copay/day; maximum 5 days/admission; \$3,000 maximum copay/year combined with non-biologically based mental illness	<u>Outpatient:</u> \$30 copay; 20 visits/calendar year combined with non-biologically based mental illness <u>Inpatient:</u> \$300 copay/day; maximum 5 days/admission; \$3,000 maximum copay/year combined with non-biologically based mental illness	<u>Outpatient:</u> \$15 copay; 20 visits/calendar year combined with non-biologically based mental illness <u>Inpatient:</u> \$150 copay/day; maximum 5 days/admission; \$1,500 maximum copay/year combined with non-biologically based mental illness
<b>Alcohol Abuse</b>	<u>Outpatient:</u> plan pays 70%; 30 visits/calendar year combined with substance abuse <u>Inpatient:</u> \$500 copay/confinement then pays 70%; 30 days maximum/calendar year combined with substance abuse	<u>Outpatient:</u> plan pays 70%; 30 visits/calendar year combined with substance abuse <u>Inpatient:</u> \$500 copay/confinement then pays 70%; 30 days maximum/calendar year combined with substance abuse	See biologically based mental illness	See biologically based mental illness	See biologically based mental illness	See biologically based mental illness
<b>Pre-admission Testing</b>	100%	100%	\$50 copay	\$50 copay	\$30 copay	\$15 copay
<b>Prescription Drug</b>	Plan pays 50% up to \$1,500 per person per year	Not covered	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

\* Credited toward inpatient admission, if admission occurs within 24 hours of emergency.

The listing of benefits and services is only a summary. For a more detailed description of benefits, exclusions, and limitations, refer to the IHC contract.