



2021

# Chiropractic Member Benefits

A Health-Benefit Program Designed for Chiropractors



Cigna PPO Choice Fund



## Why do members love this healthcare option?

It's a **comprehensive** health insurance plan specifically designed for your employees.

Our benefits include:

- Hundreds of thousands of Medical Providers in all 50 states!
- 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
- Enjoy 100% of plan benefits upon issue
- Immediate access to support
- \$0 dollar Tele-medicine
- 100% Preventive Services

# Simple. Savings.

Our level funded program key advantages:



## ONE PREDICTABLE MONTHLY PAYMENTS

Your monthly payment is determined upfront and guaranteed not to increase until plan renewal each year as long as there are no changes to your group's benefits or enrollment.



## PLAN ADMINISTRATION AND ACCOUNT MANAGEMENT

Payments of claims, customer service and reporting are all done for you, leaving you to focus on more important tasks.



## QUALITY BENEFITS

This employer-established benefit plan meets the "minimum essential coverage" requirements.

Preventive services are paid at 100% when received from in-network providers, as recommended 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	CIGNA PPO CHOICE	CIGNA PPO CHOICE	CIGNA PPO CHOICE
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 Providers & Facilities	Plan pays 60% after non-network deductible		
<b>Laboratory &amp; Diagnostic Services</b>			
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)
<b>Radiology Services</b>			
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 MyIdealDr.com 855-879-4332 Group #MYIDR1695			
<b>Facility &amp; Professional Services</b>			
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 or policy document at <a href="http://www.myperformancehlth.com">www.myperformancehlth.com</a>			
<b>Prescription Drug Benefit – Magellan Rx at (800) 424-3312 **Non participating pharmacies are not covered**</b>			
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

BENEFIT SUMMARY	5000 CLASSIC	7350 VALUE	5000 HSA
PPO NATIONAL NETWORK	CIGNA PPO CHOICE	CIGNA PPO CHOICE	CIGNA PPO CHOICE
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)
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 100% (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 MyIdealDr.com 855-879-4332 Group #MYIDR1695			
<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 or policy document at <a href="http://www.myperformancehth.com">www.myperformancehth.com</a>			
<b>Prescription Drug Benefit – Magellan Rx at (800) 424-3312 **Non participating pharmacies are not covered**</b>			
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%.



## IHA Health CHIRO ONLY Plan CIGNA Monthly 1099 Rates

ULTRA PREFERRED T.1    PREFERRED T.2    PREFERRED PLUS T.3    STANDARD T.5

Effective 5-1-21 to 5-31-2022

LEVEL	TIERS						
Ultra Preferred T.1	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value	
	Member	\$711.70	\$661.79	\$590.11	\$547.95	\$506.48	\$471.62
	Member + Spouse	\$1,384.62	\$1,284.81	\$1,141.44	\$1,057.12	\$974.18	\$904.46
	Member + Child	\$1,259.10	\$1,169.27	\$1,040.23	\$964.35	\$889.70	\$826.95
	Member + Family	\$2,052.51	\$1,902.79	\$1,687.74	\$1,561.26	\$1,436.85	\$1,332.27
Preferred T.2	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value	
	Member	\$768.12	\$713.73	\$635.60	\$589.65	\$544.45	\$506.46
	Member + Spouse	\$1,497.46	\$1,388.68	\$1,232.42	\$1,140.52	\$1,050.12	\$974.14
	Member + Child	\$1,360.66	\$1,262.75	\$1,122.12	\$1,039.41	\$958.05	\$889.66
	Member + Family	\$2,221.78	\$2,058.60	\$1,824.22	\$1,686.37	\$1,550.77	\$1,436.79
Preferred Plus T.3	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value	
	Member	\$862.56	\$800.66	\$687.45	\$637.18	\$587.73	\$546.17
	Member + Spouse	\$1,686.33	\$1,562.53	\$1,336.13	\$1,235.59	\$1,136.69	\$1,053.56
	Member + Child	\$1,530.64	\$1,419.22	\$1,215.46	\$1,124.97	\$1,035.96	\$961.14
	Member + Family	\$2,505.09	\$2,319.38	\$1,979.78	\$1,828.97	\$1,680.62	\$1,555.92
Standard T.5	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value	
	Member	\$969.89	\$899.45	\$798.28	\$738.77	\$680.24	\$631.04
	Member + Spouse	\$1,900.99	\$1,760.12	\$1,557.77	\$1,438.76	\$1,321.70	\$1,223.30
	Member + Child	\$1,723.84	\$1,597.05	\$1,414.94	\$1,307.83	\$1,202.47	\$1,113.91
	Member + Family	\$2,827.08	\$2,615.77	\$2,312.24	\$2,133.73	\$1,958.14	\$1,810.54

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 and can vary from the above published rates.

**ALL GROUPS RENEW ON JUNE 1st OF EACH YEAR REGARDLESS OF YOUR INTIAL ENROLLMENT EFFECTIVE DATE**



## Your Business. Your Plan.

Health insurance plans with features your employees will actually *use*.

We provide flexible options to help you select the plan features that will benefit your employees 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
- 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
- X-ray and lab benefits



# IHA Health

For additional information  
reach out to your state  
association.



IHA Health Plan Powered by Conquer

For more information  
please contact Mark Ritchie  
Phone: (614) 214-8334  
Email: [mark.ritchieohio@gmail.com](mailto:mark.ritchieohio@gmail.com)

