Independent Health Association

Independent Health Association's Large Group Rating Manual

Effective January 1st, April 1st, July 1st & October 1st, 2015

Independent Health Association

511 Farber Lakes Dr.
Buffalo, NY 14221

Independent Health Association's Large Group Rating Manual

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Product Summary

Product Type: Group Health Maintainence Organization Insurance

Group Size: Available to Large Groups Only

Rating Methodology / Underwriting: The rating methodology utilizes community rating for both Large groups and Small Groups. Rates apply to the Western New York service area including Erie, Chautauqua, Cattaraugus, Genesee, Niagara, Wyoming, Allegany, and Orleans Counties. The underwriting guidelines currently on file for the HMO product line are applicable here as well.

	Form No.	Description
	4570199	Encompass C1
	3270199	Encompass A1
	4971099	Encompass A3
	3850199	Encompass B1
	IHA-NYSHIP-C-001	Encompass for NYSHIP
	5170902	Encompass D
	IHA-C-101	Encompass Essential
	IHA-C1000	FlexFit Plan
	IHA-C1001	FlexFit Select Plan
Benefit Amendment:	0010100-WNY	2000 Benefit Amendment for Encompass Group Contracts
	0010102-WNY	2002 Benefits Amend. For Encompass #1
	0010103-WNY	Benefit Amendment #1 - Women's Wellness - Base Medical
	0020100-WNY	2000 Benefit Amendment for Encompass Group Contracts
	0020102-WNY	2002 Benefits Amendment on Enc A, B & C Plan
	0030102-WNY	2002 Benefits Amend. For Enc. #3
	0040101-WNY	2001 Benefits Amendment For Encompass Contracts
	0040902-WNY	2003 Benefit Amendment #4
	0050101-WNY	2001 Home Care Benefit Amendment - Encompass Group
	5110101-NYS	2001 Benefits Amendment For Encompass B3 Group Contract
	6020103-44	FlexFit Benefit Amendment, EyeMed Vision
	BA5180902	Encompass D Benefit Amendment, EyeMed Vision
	IHA-EA-001	2004 Benefit Amendment for Encompass
	IHA-EA-002	2004 Benefit Amendment for Enc. B & C
	IHA-FFA-001	2004 Benefit Amendment for FlexFit
	IHA-HIPAA-001	2004 Benefit Amendment - HIPAA Compliance Language
	IHA-POS-001	2004 Built-In POS Amend for Encompass
	IHA-FFA-002	2005 Benefit Amendment for FlexFit
	IHA-FFA-003	2005 Benefit Amendment for FlexFit & FlexFit Select
	IHA-FFA-004	2005 Benefit Amendment for FlexFit Select
	IHA-EA-003	2005 Benefit Amendment for Encompass & FlexFit/FlexFit Select
	IHA-EA-004	2005 Benefit Amendment for Encompass & FEHB
	IHA-FFS-VA-001	2005 Benefit Amendment for FlexFit Select
	IHA-MHP-A-001	Federal Mental Health Parity (Effective October 3, 2009)
	IHA-A-001	2008 Benefit Amendment - Contract Year Benefit Administration
	IHA-A-003	2008 Benefit Amendment - Removal of Referral Requirement
	IHA-A-004	2008 Benefit Amendment - Removal of Methadone Maintenance Exclusion
	IHA-A-002	2008 Benefit Amendment - For Encompass PT/OT/ST
	IHA-OPTA-001	2009 Emergency Room Copay Change
	IHA-OPTA-002	2009 Hospice Services Covered In Full
	IHA-OPTA-003	2009 Ambulance Copay Change
	IHA-OPTA-004	2009 Enc B & C - Change Inpatient Copayment Copay to Per Admit
	IHA-OPTA-005	2009 Removal of Member Liability on Preventive Services
	IHA-OPTAFFS-007	2009 Add Coverage at 50% Coin for Out-of-Network P&A
	IHA-OPTA-006	2009 Essential - Radiology Copay Change
	IHA-OPTA-011	2009 Urgent Care Copay Change
	IHA-OPTAFF-009	2009 FlexFit - Add DME and P&A at 50% Coin
	IHA-A1019	CHIPRA Special Enrollment Amendment (Effective April 1, 2009)
	IHA-A1007	Young Adult Option (Effective September 1, 2009)
	IHA-A1001	2010 Lab Copay Change on Encompass & FlexFit/FlexFit Select
	IHA-A1003	2010 Emergency Room Copay Change on Encompass & FlexFit/FlexFit Select
	IHA-A1004	2010 Skilled Nursing Facility Copay Change on Encompass & FlexFit/FlexFit Select
	IHA-A1005	2010 Grandchildren Eligibility Criteria Amendment
	IHA-A1006	2010 Confinement Eligibility Amendment
	IHA-A1013	2010 POS External Appeals Amendment
	IHA-A1016	2010 Out-of-Network Definition Amendment
	IHA-A1020	2010 - PPACA Effective October 2010
	IHA-A1022	2011 - FlexFit and FlexFit Select Benefit Changes
	IHA-A1018	2011 - Out-of-Network Dialysis Mandate for Encompass A, B, C, D, NYSHIP, and Essential
	IHA-A1013	2011 - Appeals Amendment on Encompass, FlexFit, FlexFit Select, and Essential
	IHA-A1032	2011 -Claims Amendment on Encompass, FlexFit, FlexFit Select, and Essential
	IHA-A1034	Encompass A - D, NYSHIP, FEHB Benefit Amendment, EyeMed Vision
	IHA-PE1000	Preventive Services Endorsement
	IHA-A1035	2013 - Encompass A - D Urgent Care
	IHA-A1036	Autism Mandate Amendment
	IHA-A1042	2014 - Mental Health & Substance Abuse (Effective July 1, 2014)
	IHA-A1040	OOP Max Amendment
	IHA-A1043	Sex Change Amendment
	IHA-A1044	Clinical Trials Amendment
	IHA-A1045	Telemedicine Amendment
	IHA-A1046	Diabetic Supplies Amendment
	IHA-A1047	Urgent Care and Ambulance Copay Amendment

Product Summary

Pharmacy Riders:		IHA-RX-R-001/IHA-PE1001	$3/$15/$30 RX
		IHA-RX-R-001/IHA-PE1001	$5/$15/$30 RX
		IHA-RX-R-001/IHA-PE1001	$5/$15/$30 RX - NYSHIP
		IHA-RX-R-001/IHA-PE1001	$7/$15/$30 RX
		IHA-RX-R-001/IHA-PE1001	$7/$25/$40 RX
		IHA-RX-R-001/IHA-PE1001	$10/$20/$35 RX
		IHA-RX-R-001/IHA-PE1001	$10 / $30 / $100 RX
		IHA-RX-R-001/IHA-PE1001	$10 / $50 / $100 RX
		IHA-RX-R-001/IHA-PE1001	$10 / $30 / $50 RX
		IHA-RX-R-001/IHA-PE1001	$10 Tier I Prescriptions
		IHA-RX-R-001/IHA-RX-OPTE-001	$3/$15/50% RX
		IHA-RX-R-001/IHA-RX-OPTE-002	$4/$15/$30 RX
		IHA-RX-R-001/IHA-RX-OPTE-003	$4/$25/50% RX
		IHA-RX-R-001/IHA-RX-OPTE-004	$4/100%/100% RX
		IHA-RX-R-001/IHA-RX-OPTE-005	$10/$30/50% RX
		IHA-RX-R-001/IHA-PE1000	$4 / $15 / $75 Rx
		IHA-RX-R-001/IHA-PE1000	$4 / $30 / $75 Rx
		IHA-RX-R-001/IHA-PE1000	$10 / $30 / $75 Rx
		IHA-RX-R-001/IHA-PE1002	$10 / $50 / 50% Rx
		IHA-RX-R-001/IHA-PE1001	$5/$25/$60 RX - NYSHIP
		IHA-PE1002	$4 / 35% / 50%
Additional Pharmacy Riders:		IHA-PR1000	Removal of Contraceptives – Religious Groups
		IHA-PR1001	Direct Pay Contraceptive - Religious Group Employees
		201	Prescription Drugs Written by Non-Par Physicians (Effective January 1, 2004)
		203	$0 Child Copay For Tier 1 Rx Riders (Effective January 1, 2004)
		IHA-PA1000	Contraceptive Coverage Only Rx
Pharmacy Amendment:		RxBA0902-WNY	Benefit Amendment #2 - Rx Infertility Benefit Amendment
		IHA-RX-A-001	2008 Benefit Amendment - Mail Order Pharmacy Coverage
		IHA-A1002	2010 Benefit Amendment - 90 Day Supply of Mail Order and Retail Maintenance Rx at 2.5 Copays
		IHA-PA1001	August 1, 2012 Benefit Amendment - Women's Wellness Mandate
Non-Pharmacy Riders:	24	3900186	Right to Life Rider
	29	4040195	Dental Rider
	35	4130193	Mental Health Rider - Additional 32 Visits at 50%
	45	4260191	Inpatient Substance Abuse Rider - Contract Year
	52	4330194	No Sterilization Rider
	112	5180198	Domestic Partner Rider
	128	1280198	$15 Outpatient Surgical Copay on Enc C.
	152	1520200	$20 Office Visit Copay
	160	1600101	Unlimited Home Health Rider
	170	1700102	Premier Vision Rider
	194	1941003	Unlimited Skilled Nursing Facility
	195	1950103	FlexFit High Option II Rider
	202	202	$0 Office Visit Copay for Children
	209	209	$250 Inpatient Copay Rider FF Select Only
	211	211	PCP/SCP Differential Copay
	498	4980102	NYS Eligibility Rider (Effective January 1, 2006)
	J	4770100	$100 Inpatient Copay on Enc. C
	219	IHA-R-219	Additional Benefits Rider
	220	IHA-R-220	Family Benefit Rider
	221	IHA-R-221	POS Rider w/o Additional Benefits
	223	IHA-R-223	Unlimited SNF Rider (Effective January 1, 2006)
	224	IHA-R-224	PT/OT in an Outpatient Hospital Facility (Effective January 1, 2006)
	R-002	IHA-R-002	Mental Health Rider for Small Groups (Effective January 1, 2007)
	R-005	IHA-R-005	Increasing the Maximim of PT/OT/ST Visits per Year (Effective January 1, 2008)
	Bundle	IHA-OPTPOS-001	Bundled #1 - Enc A (POS only)
	Bundle	IHA-OPTPOS-001 / IHA-R-213 / 216	LG Bundle #2 - Enc A (POS, DME/P&A)
	Bundle	IHA-OPTPOS-001	Bundled #1 - Enc B (POS only)
	Bundle	IHA-OPTPOS-001 / IHA-R-213 / 216 / 4210189	LG Bundle #2 - Enc B (IP $0, POS, DME/P&A)
	Bundle	IHA-OPTPOS-001 / 4760194	LG Bundled #1 - Enc C ($250 IP, POS)
	Bundle	IHA-OPTPOS-001	Small Bundled #1 - Enc C (POS)
	Bundle	IHA-OPTPOS-001 / IHA-R-213 / 216 / 4770194 / 1280198	LG Bundle #2 - Enc C (IP $0, POS, DME/P&A, OP)
	Bundle	IHA-OPTPOS-001 / 4760194	Small Bundled 2 - Enc C ($250 IP, POS)
	Bundle	IHA-OPTPOS-001 / 4761002	LG Bundled #1 - Enc D ($250 IP, POS)
	Bundle	IHA-OPTPOS-001	Small Bundled #1 - Enc D (POS)
	Bundle	IHA-OPTPOS-001 / IHA-R-213 / 216 / 4770194	LG Bundle #2 - Enc D (IP $0, POS, DME/P&A)
	Bundle	IHA-OPTPOS-001 / 4761002	Small Bundled 2 - Enc D ($250 IP, POS)
	Bundle	IHA-R-213 / 216 / 1950103	Large Bundle - FlexFit (IP $0, DME/P&A)
	Bundle	IHA-R-213 / 216 / 209	Large Bundle - FFSelect (IP $250, DME/P&A)
	Bundle	209	Small Bundled 2 - FFSelect ($250 IP)
	SA-001	IHA-OPTR-SA-001	Inpatient Substance Abuse Rider - Calendar Year Benefits
	R1000	IHA-R1000	Federal MHP Opt-Out Rider for Unions
	A001	IHA-MHP-A-001	Federal MHP Rider for Small Groups (eff 11/1/09)
	R1001	IHA-R1001	Federal MHP Benefit for Small Groups that Qualify (eff 11/1/09)
	R1007	IHA-R1007	FitWorks with Incentive Rider
	R1008	IHA-R1008	FitWorks without Incentive Rider
	R1009	IHA-R1009	$500 Inpatient Copay Rider on FlexFit and FlexFit Select
	R1010	IHA-R1010	$0 Office Visit Copay for Children
	R1011	IHA-R1011	Office Visit Copay Rider
	R1012	IHA-R1012	$15 Outpatient Surgical Copay Rider
	R1015	IHA-R1013	Federal MHP Opt-Out Rider for Unions for Encompass A - D for Small Groups that Qualify
	R1015	IHA-R1015	Federal MHP Opt-Out Rider for Unions for Encompass A - D for Large Groups
	R1016	IHA-R1016	Federal MHP Amendment/Rider for Small Groups for Encompass A - D
	R1017	IHA-R1017	Mental Health Rider for Small Groups on Encompass A - D
	R1023	IHA-R1023	Pathways Nutrition Rider
	R1024	IHA-R1024	Primary Care OV Allowance
	R1027	**IHA-R1027**	**20% POS Rider**
	E1000	**IHA-E1000**	**Health Extras - Unique Services Endorsement**
Age Extension Riders:	199	199 (10/1/03)	Age Extension to End of Calendar Year
	R1002	IHA-R1002	Age Extension through 29 Regardless of Status

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Encompass Plans

Benefit Summary

Benefit	Encompass A1/A3 Form No. 3270199 / 4971099	Encompass B1/B3 Form No. 3850199 / 5110199	Encompass C1 Form No. 4570199	Encompass D Form No. 5170902
General Product Information				
Out-of-pocket Maximum	$6,350 Single / $12,700 Family	$6,350 Single / $12,700 Family	$6,350 Single / $12,700 Family	$6,350 Single / $12,700 Family
OoN Benefits	Not covered. Available through rider.	Not covered. Available through rider.	Not covered. Available through rider.	Not covered. Available through rider.
Dependent Coverage	Covered up to the end of the month of the dependent's 26th birthday. Age extension riders are available.	Covered up to the end of the month of the dependent's 26th birthday. Age extension riders are available.	Covered up to the end of the month of the dependent's 26th birthday. Age extension riders are available.	Covered up to the end of the month of the dependent's 26th birthday. Age extension riders are available.
Physician and Other Health Professional Services *				
Office Visits	$8 Copayment	$10 Copayment	$15 Copayment	$20 Copayment
Well Baby/Child Care (0 - 18 years)	Covered in Full up to age 19 according to AAP guidelines.	Covered in Full up to age 19 according to AAP guidelines.	Covered in Full up to age 19 according to AAP guidelines.	Covered in Full up to age 19 according to AAP guidelines.
Hearing Tests	$8 Copayment	$10 Copayment	$15 Copayment	$20 Copayment
Immunizations (Adult)	$8 Copayment	$10 Copayment	$15 Copayment	$20 Copayment
Immunizations (Well Child)	Covered in Full up to age 19 according to AAP guidelines.	Covered in Full up to age 19 according to AAP guidelines.	Covered in Full up to age 19 according to AAP guidelines.	Covered in Full up to age 19 according to AAP guidelines.
Emergency Services				
Emergency Room Facility	$75 Copayment; Waived if admitted.	$75 Copayment; Waived if admitted.	$125 Copayment; Waived if admitted.	$125 Copayment; Waived if admitted.
Ambulance	$50 Copayment when medically necessary. Wheelchair van not covered.	$50 Copayment when medically necessary. Wheelchair van not covered.	$75 Copayment when medically necessary. Wheelchair van not covered.	$100 Copayment when medically necessary. Wheelchair van not covered.
Home Health				
Home Health Care (includes supplies)	$8 Copayment for up to 40 visits per contract year, combined in and out of network. One visit = 4 hours.	$10 Copayment for up to 40 visits per contract year, combined in and out of network. One visit = 4 hours.	$15 Copayment for up to 40 visits per contract year, combined in and out of network. One visit = 4 hours.	$20 Copayment for up to 40 visits per contract year, combined in and out of network. One visit = 4 hours.
Hospital Facility and Skilled Services				
Hospital (Inpatient Room and Board)	Covered in Full	$240 Copayment per admission.	$500 Copayment per admission.	$500 Copayment per admission.
Outpatient Surgical Procedures (Facility)	$8 Copayment	$10 Copayment	$75 Copayment	$75 Copayment
Skilled Nursing Facility, Sub-Acute	Covered in Full for up to 45 days per contract year, combined in and out of network.	$150 Copayment for up to 45 days per contract year, combined in and out of network.	$250 Copayment for up to 45 days per contract year, combined in and out of network.	$250 Copayment for up to 45 days per contract year, combined in and out of network.
Laboratory and X-Ray Services				
Laboratory	Tier 1 Labs $0 Copayment / Tier 2 Labs $8 Copayment with written order by participating physician.	$0 Copayment with written order by participating physician	$0 Copayment with written order by participating physician	$0 Copayment with written order by participating physician
Diagnostic Testing (e.g. EKG, Stress Test, not Lab or X-Rays)	$8 Copayment	$10 Copayment	$15 Copayment	$20 Copayment

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Encompass Plans

Benefit Summary

Benefit	Encompass A1/A3 Form No. 3270199 / 4971099	Encompass B1/B3 Form No. 3850199 / 5110199	Encompass C1 Form No. 4570199	Encompass D Form No. 5170902
Maternity, Family Planning Services and Infertility				
Maternity Care (Delivery - Facility)	Covered in Full	$240 Copayment	$500 Copayment	$500 Copayment
Maternity Care (Pre and Post Natal Visits)	Covered in Full after initial diagnosis.	Covered in Full after initial diagnosis.	Covered in Full after initial diagnosis.	Covered in Full after initial diagnosis.
Chemical Dependence and Mental Health Services				
Alcohol/Substance Abuse (Inpatient Rehab, Facility and Professional)	Covered in Full with no day limit per contract year for large groups, combined in and out of network. Not covered for small groups	Subject to IP Hospital Copayment with no day limit per contract year for large groups, combined in and out of network. Not covered for small groups.	Subject to IP Hospital Copayment with no day limit per contract year for large groups, combined in and out of network. Not covered for small groups.	Subject to IP Hospital Copayment with no day limit per contract year for large groups, combined in and out of network. Not covered for small groups.
Alcohol/Substance Abuse (Outpatient)	$0 Copayment with no visit limit for large groups and 60 visit limit for small groups per contract year, combined in and out of network.	$10 Copayment with no visit limit for large groups and 60 visit limit for small groups per contract year, combined in and out of network.	$15 Copayment with no visit limit for large groups and 60 visit limit for small groups per contract year, combined in and out of network.	$20 Copayment with no visit limit for large groups and 60 visit limit for small groups per contract year, combined in and out of network.
Mental Health (Inpatient Facility)	Covered in Full with no day limit for large groups and 30 day visit limit for small groupsper contract year, combined in and out of network. Refer to Federal Mental Helth Parity and Timothy's law for more specific levels of coverage by group size.	Subject to IP Hospital Copayment with no day limit for large groups and 30 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.	Subject to IP Hospital Copayment with no day limit for large groups and 30 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.	Subject to IP Hospital Copayment with no day limit for large groups and 30 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.
Mental Health (Outpatient)	$0 Copayment with no visit limit for large groups and 20 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.	Subject to Specialist copayment with no visit limit for large groups and 20 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.	Subject to Specialist Copayment with no visit limit for large groups and 20 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.	Subject to Specialist Copayment with no visit limit for large groups and 20 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.
Supplies, Equipment, Devices and Education				
Durable Medical Equipment (DME)	50% Copayment	50% Copayment	50% Copayment	50% Copayment
Prosthetics & Appliances (P&A)	50% Copayment.	50% Copayment.	50% Copayment.	50% Copayment.
Hearing Aids	Not Covered	Not Covered	Not Covered	Not Covered
Diabetic Equipment (Insulin Pump, Blood Glucose Monitor, Glucowatch, etc.)	$8 Copayment	$10 Copayment	$15 Copayment	$20 Copayment
Rehabilitation Services				
Physical, Occupational & Speech Therapy	$15 copayment for up to 20 combined visits	$15 copayment for up to 20 combined visits	$15 copayment for up to 20 combined visits	$20 copayment for up to 20 combined visits
Chiropractic Care	$8 Copayment	$10 Copayment	$15 Copayment	$20 Copayment
Cardiac Rehabilitation	$8 Copayment, for up to 36 visits per cardiac event, combined in and out of network.	$10 Copayment, for up to 36 visits per cardiac event, combined in and out of network.	$15 Copayment, for up to 36 visits per cardiac event.	$20 Copayment, for up to 36 visits per cardiac event, combined in and out of network.
Vision				
Vision (Routine/ Refractive)	Covered through EyeMed	Covered through EyeMed	Covered through EyeMed	Covered through EyeMed
Vision (Medical)	$8 Copayment	$10 Copayment	$15 Copayment	$20 Copayment
Dental				
Dental (Accidental)	Applicable copayment based on site of service within 12 months of injury to sound natural teeth.	Applicable copayment based on site of service within 12 months of injury to sound natural teeth.	Applicable copayment based on site of service within 12 months of injury to sound natural teeth.	Applicable copayment based on site of service within 12 months of injury to sound natural teeth.
Dental (Preventative and Routine)	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs				
Prescription Drug (RX)	Not Covered. Available through rider.	Not Covered. Available through rider.	Not Covered. Available through rider.	Not Covered. Available through rider.

*In Network Preventive Services are covered in full.

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FlexFit Plan & FlexFit Select Plan

Benefit Summary

Benefit	FlexFit Plan (Form No. IHA-C1000)		FlexFit Select Plan (Form No. IHA-C1001)	
	Active	Family	Active	Family
General Product Information				
Out-of-pocket Maximum	$6,350 Single / $12,700 Family	$6,350 Single / $12,700 Family	$6,350 Single / $12,700 Family	$6,350 Single / $12,700 Family
OON Deductible	$1,000/$2,000	$1,000/$2,000	$1,500/$3,000	$1,500/$3,000
OON Coinsurance	20% (50% DME and P&A)	20% (50% DME and P&A)	20% (50% DME and P&A)	20% (50% DME and P&A)
OON Out-of-Pocket Maximum	$10,000/$20,000. Deductible does not apply to out of pocket maximum. Coinsurance does apply to out of pocket maximum.	$10,000/$20,000. Deductible does not apply to out of pocket maximum. Coinsurance does apply to out of pocket maximum.	$10,000/$20,000. Deductible does not apply to out of pocket maximum. Coinsurance does apply to out of pocket maximum.	$10,000/$20,000. Deductible does not apply to out of pocket maximum. Coinsurance does apply to out of pocket maximum.
Dependent Coverage	Covered up to the end of the month of the dependent's 26th birthday.	Covered up to the end of the month of the dependent's 26th birthday.	Covered up to the end of the month of the dependent's 26th birthday.	Covered up to the end of the month of the dependent's 26th birthday.
Physician and Other Health Professional Services *				
Office Visits	Adult: (19 & over): PCP/OB GYN: $10 copayment; Specialist: $25 Copayment Child (0 - 18): $25 Copayment	Adult (19 & Over): PCP/OBGYN: $15 Copayment Specialist: $25 Copayment Child (0 - 18): PCP/OB GYN: Covered in Full Specialist: $25 Copayment	Adult: (19 & over): PCP/OB GYN: $15 copayment Specialist: $45 Copayment Child (0 - 18 years): PCP/OB GYN: $30 Copayment Specialist: $45 Copayment	Adult (19 & Over): PCP/OBGYN: $25 Copayment Specialist: $45 Copayment Child (0 -18): PCP/OB GYN: Covered in Full Specialist: $45 Copayment
Well Baby/Child Care (0 - 18 years)	Covered in Full up to age 19 according to AAP guidelines.	Covered in Full up to age 19 according to AAP guidelines.	Covered in Full up to age 19 according to AAP guidelines.	Covered in Full up to age 19 according to AAP guidelines.
Hearing Tests	$25 Copayment	$25 Copayment	$45 Copayment	$45 Copayment
Immunizations (Adult)	Adult: (19 & over): PCP/OB GYN: $10 copayment; Specialist: $25 Copayment	PCP/OB GYN: $15 Copayment Specialist: $25 Copayment	Adult: (19 & over) PCP/OB GYN: $15 copayment Specialist: $45 Copayment	PCP/OB GYN: $25 Copayment Specialist: $45 Copayment
Immunizations (Well Child)	Covered in Full up to age 19 according to AAP guidelines.	Covered in Full up to age 19 according to AAP guidelines.	Covered in Full up to age 19 according to AAP guidelines.	Covered in Full up to age 19 according to AAP guidelines.
Emergency Services				
Emergency Room Facility	$150 Copayment; Waive if admitted.	$150 Copayment; Waive if admitted.	$150 Copayment; Waive if admitted.	$150 Copayment; Waive if admitted.
Ambulance	$100 Copayment when medically necessary.	$100 Copayment when medically necessary.	$100 Copayment when medically necessary.	$100 Copayment when medically necessary.
Home Health				
Home Health Care (includes supplies)	$25 Copayment for up to 40 visits per contract year, combined in and out of network. One visit = 4 hours.	$25 Copayment for up to 40 visits per contract year, combined in and out of network. One visit = 4 hours.	$45 Copayment for up to 40 visits per contract year, combined in and out of network. One visit = 4 hours.	$45 Copayment for up to 40 visits per contract year, combined in and out of network. One visit = 4 hours.
Hospital Facility and Skilled Services				
Hospital (Inpatient Room and Board)	$750 Copayment	Child (0 - 18): Covered in Full Adult: $750 Copayment.	$750 Copayment	Child (0 - 18): Covered in Full Adult: $750 Copayment.
Outpatient Surgical Procedures (Facility)	$150 Copayment	$125 Copayment	$150 Copayment	$150 Copayment
Skilled Nursing Facility, Sub-Acute	$500 Copayment for up to 45 days per contract year, combined in and out of network.	Child (0 - 18): Covered in Full for up to 45 days per contract year, combined in and out of network. Adult (19 & Over): $500 Copayment for up to 45 days per contract year, combined in and out of network.	$500 Copayment for up to 45 days per contract year, combined in and out of network.	Child (0 -18): Covered in Full for up to 45 days per contract year, combined in and out of network. Adult (19 & Over): $500 Copayment for up to 45 days per contract year, combined in and out of network.
Laboratory and X-Ray Services				
Laboratory	$0 Copayment with written order by participating physician.	$0 Copayment with written order by participating physician.	$0 Copayment with written order by participating physician.	$0 Copayment with written order by participating physician.
Diagnostic Testing (e.g. EKG, Stress Test, not Lab or X-Rays)	Adult: (19 & over): PCP/OB GYN: $10 copayment; Specialist: $25 Copayment Child (0 - 18): $25 Copayment	Child: (0-18): PCP/OB GYN: Covered in Full Specialist: $25 Copayment Adult (19 & Over): PCP/OB GYN: $15 Copayment Specialist: $25 Copayment	Adult: (19 & over): PCP/OB GYN: $15 copayment Specialist: $45 Copayment Child (0-18 years) PCP/OB GYN: $30 Copayment Specialist: $45 Copayment	Child: (0-18): PCP/OB GYN: Covered in Full Specialist: $45 Copayment Adult (19 & Over): PCP/OB GYN: $25 Copayment Specialist: $45 Copayment

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FlexFit Plan & FlexFit Select Plan

Benefit Summary

Benefit	FlexFit Plan (Form No. IHA-C1000)		FlexFit Select Plan (Form No. IHA-C1001)	
	Active	Family	Active	Family
Maternity, Family Planning Services and Infertility Supplies, Equipment, Devices and Education				
Maternity Care (Delivery - Facility)	$250 Copayment	Covered in Full	$750 Copayment	Covered in Full
Maternity Care (Pre and Post Natal Visits)	Covered in Full after initial diagnosis.	Covered in Full after initial diagnosis.	Covered in Full after initial diagnosis.	Covered in Full after initial diagnosis.
Chemical Dependence and Mental Health Services				
Alcohol/Substance Abuse (Inpatient Rehab, Facility and Professional)	Subject to IP Hospital Copayment with no day limit per contract year for large groups, combined in and out of network. Not covered for small groups.	Subject to IP Hospital Copayment with no day limit per contract year for large groups, combined in and out of network. Not covered for small groups.	Subject to IP Hospital Copayment with no day limit per contract year for large groups, combined in and out of network. Not covered for small groups.	Subject to IP Hospital Copayment with no day limit per contract year for large groups, combined in and out of network. Not covered for small groups.
Alcohol/Substance Abuse (Outpatient)	$25 Copayment with no visit limit for large groups and 60 visit limit for small groups per contract year, combined in and out of network.	Adult: (19 & over): $15 Copayment Child (0-18): $0 Copayment with no visit limit for large groups and 60 visit limit for small groups per contract year, combined in and out of network.	Adult: (19 & over): $15 Copayment Child (0-18): $25 Copayment with no visit limit for large groups and 60 visit limit for small groups per contract year, combined in and out of network.	Adult: (19 & over): $25 Copayment Child (0-18): $0 Copayment with no visit limit for large groups and 60 visit limit for small groups per contract year, combined in and out of network.
Mental Health (Inpatient Facility)	Subject to IP Hospital Copayment with no day limit for large groups and 30 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.	Subject to IP Hospital Copayment with no day limit for large groups and 30 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.	Subject to IP Hospital Copayment with no day limit for large groups and 30 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.	Subject to IP Hospital Copayment with no day limit for large groups and 30 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.
Mental Health (Outpatient)	$25 Copayment with no visit limit for large groups and 20 visit limit for small groups per contract year, combined in and out of network.	Adult: (19 & over): $15 Copayment Child (0-18): $0 Copayment with no visit limit for large groups and 20 visit limit for small groups per contract year, combined in and out of network.	Adult: (19 & over): $15 Copayment Child (0-18): $25 Copayment with no visit limit for large groups and 20 visit limit for small groups per contract year, combined in and out of network.	Adult: (19 & over): $25 Copayment Child (0-18): $0 Copayment with no visit limit for large groups and 20 visit limit for small groups per contract year, combined in and out of network.
Supplies, Equipment, Devices and Education				
Durable Medical Equipment (DME)	50% Copayment	50% Copayment	50% Copayment	50% Copayment
Prosthetics & Appliances (P&A)	50% Copayment.	50% Copayment.	50% Copayment.	50% Copayment.
Hearing Aids	Not Covered	Not Covered	Not Covered	Not Covered
Diabetic Equipment (Insulin Pump, Blood Glucose Monitor, Glucowatch, etc.)	$10 Copayment	$15 Copayment	$15 Copayment	$25 Copayment
Rehabilitation Services				
Physical, Occupational & Speech Therapy	$25 copayment for up to 20 visits per year, combined in and out of network.	$25 copayment for up to 20 visits per year, combined in and out of network.	$45 copayment for up to 20 visits per year, combined in and out of network.	$45 copayment for up to 20 visits per year, combined in and out of network.
Chiropractic Care	$25 Copayment	$25 Copayment	$45 Copayment	$45 Copayment
Cardiac Rehabilitation	$25 Copayment, for up to 36 visits per cardiac event, combined in and out of network.	$25 Copayment, for up to 36 visits per cardiac event, combined in and out of network.	$45 Copayment, for up to 36 visits per cardiac event, combined in and out of network.	$45 Copayment, for up to 36 visits per cardiac event, combined in and out of network.
Vision				
Vision (Routine/ Refractive)	Covered through EyeMed	Covered through EyeMed	Covered through EyeMed	Covered through EyeMed
Vision (Medical)	$25 Copayment	$25 Copayment	$45 Copayment	$45 Copayment
Dental				
Dental (Accidental)	Applicable copayment based on site of service within 12 months of injury to sound natural teeth.	Applicable copayment based on site of service within 12 months of injury to sound natural teeth.	Applicable copayment based on site of service within 12 months of injury to sound natural teeth.	Applicable copayment based on site of service within 12 months of injury to sound natural teeth.
Dental (Preventative and Routine)	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs				
Prescription Drug (RX)	Not Covered. Available through rider.	Not Covered. Available through rider.	Not Covered. Available through rider.	Not Covered. Available through rider.

*In Network Preventive Services are covered in full.

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Encompass Essential Plans

Benefit Summary

Benefit	Encompass Essential "E" Form No: IHA-C-101	Encompass Essential "Base 1" Form No: IHA-C-101	Encompass Essential "Base 2" Form No: IHA-C-101
General Product Information			
Out-of-pocket Maximum	$6,350 Single / $12,700 Family	$6,350 Single / $12,700 Family	$6,350 Single / $12,700 Family
OoN Benefits	Not covered. Available through rider.	Not covered. Available through rider.	Not covered. Available through rider.
Dependent Coverage	Covered up to the end of the month of the dependent's 26th birthday. Age extension riders are available.	Covered up to the end of the month of the dependent's 26th birthday. Age extension riders are available.	Covered up to the end of the month of the dependent's 26th birthday. Age extension riders are available.
Physician and Other Health Professional Services *			
Office Visits	$25 PCP / $40 Specialist	$25 PCP / $40 Specialist	$30 PCP / $50 Specialist
Well Baby/Child Care (0 - 18 years)	Covered in Full up to age 19 according to AAP guidelines.	Covered in Full up to age 19 according to AAP guidelines.	Covered in Full up to age 19 according to AAP guidelines.
Hearing Tests	$25 PCP / $40 Specialist	$25 PCP / $40 Specialist	$30 PCP / $50 Specialist
Immunizations (Adult)	$25 PCP / $40 Specialist	$25 PCP / $40 Specialist	$30 PCP / $50 Specialist
Immunizations (Well Child)	Covered in Full up to age 19 according to AAP guidelines.	Covered in Full up to age 19 according to AAP guidelines.	Covered in Full up to age 19 according to AAP guidelines.
Emergency Services			
Emergency Room Facility	$150 Copayment; Waived if admitted.	$150 Copayment; Waived if admitted.	$150 Copayment; Waived if admitted.
Ambulance	$50 Copayment when medically necessary. Wheelchair van not covered.	$100 Copayment when medically necessary. Wheelchair van not covered.	$100 Copayment when medically necessary. Wheelchair van not covered.
Home Health			
Home Health Care (includes supplies)	$25 Copayment for up to 40 visits per contract year, combined in and out of network. One visit = 4 hours.	$25 Copayment for up to 40 visits per contract year, combined in and out of network. One visit = 4 hours.	$30 Copayment for up to 40 visits per contract year, combined in and out of network. One visit = 4 hours.
Hospital Facility and Skilled Services			
Hospital (Inpatient Room and Board)	$500 Copayment per admission.	$500 Copayment per admission.	$1000 Copayment per admission.
Outpatient Surgical Procedures (Facility)	$75 Copayment	$75 Copayment	$150 Copayment
Skilled Nursing Facility, Sub-Acute	Not Covered	Not Covered	Not Covered
Laboratory and X-Ray Services			
Laboratory	$0 Copayment with written order by participating physician.	$0 Copayment with written order by participating physician.	$0 Copayment with written order by participating physician.
Diagnostic Testing (e.g. EKG, Stress Test)	$25 PCP / $40 Specialist	$25 PCP / $40 Specialist	$30 PCP / $50 Specialist
Radiology	$40 copayment.	$40 copayment.	$50 copayment.

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Encompass Essential Plans

Benefit Summary

Benefit	Encompass Essential "E" Form No: IHA-C-101	Encompass Essential "Base 1" Form No: IHA-C-101	Encompass Essential "Base 2" Form No: IHA-C-101
Maternity, Family Planning Services and Infertility			
Maternity Care (Delivery - Facility)	$500 Copayment per admission for both mother and newborn(s).	$500 Copayment per admission for both mother and newborn(s).	$1000 Copayment per admission for both mother and newborn(s).
Maternity Care (Pre and Post Natal Visits)	$25 PCP / $40 Specialist	$25 PCP / $40 Specialist	$30 PCP / $50 Specialist
Chemical Dependence and Mental Health Services			
Alcohol/Substance Abuse (Inpatient Rehab, Facility and Professional)	Subject to IP Hospital Copayment with no day limit per contract year for large groups, combined in and out of network. Not covered for small groups.	Subject to IP Hospital Copayment with no day limit per contract year for large groups, combined in and out of network. Not covered for small groups.	Subject to IP Hospital Copayment with no day limit per contract year for large groups, combined in and out of network. Not covered for small groups.
Alcohol/Substance Abuse (Outpatient)	$25 Copayment with no visit limit for large groups and 60 visit limit for small groups per contract year, combined in and out of network.	$25 Copayment with no visit limit for large groups and 60 visit limit for small groups per contract year, combined in and out of network.	$30 Copayment with no visit limit for large groups and 60 visit limit for small groups per contract year, combined in and out of network.
Mental Health (Inpatient Facility)	Subject to IP Hospital Copayment with no day limit for large groups and 30 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.	Subject to IP Hospital Copayment with no day limit for large groups and 30 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.	Subject to IP Hospital Copayment with no day limit for large groups and 30 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.
Mental Health (Outpatient)	Subject to PCP copayment with no visit limit for large groups and 20 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.	Subject to Specialist copayment with no visit limit for large groups and 20 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.	Subject to Specialist copayment with no visit limit for large groups and 20 visit limit for small groups per contract year, combined in and out of network. Refer to Federal Mental Health Parity and Timothy's law for more specific levels of coverage by group size.
Supplies, Equipment, Devices and Education			
Durable Medical Equipment (DME)	Not Covered	Not Covered	Not Covered
Prosthetics & Appliances (P&A)	Not Covered	Not Covered	Not Covered
Hearing Aids	Not Covered	Not Covered	Not Covered
Diabetic Equipment (Insulin Pump, Blood Glucose Monitor, Glucowatch, etc.)	$25 Copayment	$25 Copayment	$30 Copayment
Rehabilitation Services			
Physical, Occupational & Speech Therapy	Not Covered	Not Covered	Not Covered
Chiropractic Care	$25 Copayment	$40 Copayment	$50 Copayment
Cardiac Rehabilitation	$25 Copayment	Not Covered	Not Covered
Vision			
Vision (Routine/ Refractive)	Not Covered	Not Covered	Not Covered
Vision (Medical)	$40 Copayment	$40 Copayment	$50 Copayment
Dental			
Dental (Accidental)	Applicable copayment based on site of service within 12 months of injury to sound natural teeth.	Applicable copayment based on site of service within 12 months of injury to sound natural teeth.	Applicable copayment based on site of service within 12 months of injury to sound natural teeth.
Dental (Preventative and Routine)	Not Covered	Not Covered	Not Covered
Prescription Drugs			
Prescription Drug (RX)	Not Covered. Available through rider.	Not Covered. Available through rider.	Not Covered. Available through rider.

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Commission Schedule

The following commission rates are based on the total Broker / General Agent's monthly premium received between January 1st and December 31st on new business beginning with $0 on January 1st. Rates are reflected in the adminstrative expense piece of the premium.

Annual Premium Total from New Business	Commission Rate [4]
Less than or equal to $250,000[1]	2.5%
Greater than $250,000 and less than or equal to $750,000[2]	3.5%
Over $750,000[3]	4.0%

[1]A commission rate of 2.5% will be paid on the first $250,000 in premium received by IHA from new business.

[2]A commission rate of 3.5% will be paid on the next $500,000 in premium received by IHA from new business.

[3]A commission rate of 4.0% will be paid on premium received beyond $750,000 received by IHA from new business.

[4] Other commissions may apply to existing business based on growth and other factors.

Independent Health Association
Independent Health Association's Large Group Rating Manual
Summary of Premium Rates
Effective January 1, 2015 - March 31, 2015

Form Number	Description	Notes	Single	2-Tier Family	Double	3-Tier Family	4-Tier Family	Pt/Child
Base Plans:								
3270199	Encompass A1 / A3	Enc A	$516.44	$1,291.10	$1,239.46	$1,394.39	$1,446.03	$929.59
3850199	Encompass B1	Enc B	$505.54	$1,263.85	$1,213.30	$1,364.96	$1,415.51	$909.97
IHA-NYSHIP-C-001	Encompass for NYSHIP	NYSHIP	$478.97	$1,197.43	$1,149.53	$1,293.22	$1,341.12	$862.15
4570199	Encompass C1	Enc C	$488.44	$1,221.10	$1,172.26	$1,318.79	$1,367.63	$879.19
5170902	Encompass D	Enc D	$481.05	$1,202.63	$1,154.52	$1,298.84	$1,346.94	$865.89
IHA-C1000	FlexFit / Active Option	FF	$491.87	$1,229.68	$1,180.49	$1,328.05	$1,377.24	$885.37
IHA-C1000	FlexFit / Family Option	FF	$491.87	$1,229.68	$1,180.49	$1,328.05	$1,377.24	$885.37
IHA-C1001	FlexFit Select / Active Option	FFS	$475.44	$1,188.60	$1,141.06	$1,283.69	$1,331.23	$855.79
IHA-C1001	FlexFit Select / Family Option	FFS	$475.44	$1,188.60	$1,141.06	$1,283.69	$1,331.23	$855.79
IHA-C-101	Encompass Essential Base (Version 1)	Ess	$450.13	$1,125.33	$1,080.31	$1,215.35	$1,260.36	$810.23
IHA-C-101	Encompass Essential "E" (Version 2)	Ess	$456.99	$1,142.48	$1,096.78	$1,233.87	$1,279.57	$822.58
IHA-C-101	Encompass Essential Base 2 Plan	Ess	$438.05	$1,095.13	$1,051.32	$1,182.74	$1,226.54	$788.49
IHA-POS-001, IHA-R1014	Built-In POS Amendment on Enc. A & B - 20% Coin	Enc A, Enc B	$4.75	$11.88	$11.40	$12.83	$13.30	$8.55
IHA-POS-001, IHA-R1014	Built-In POS Amendment on Enc. C & D - 25% Coin	Enc C, Enc D	$6.03	$15.08	$14.47	$16.28	$16.88	$10.85
admin only	Federal Mental Health Admin Code - Required for Large Groups	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Pharmacy Riders:								
IHA-RX-R-001 / IHA-PE1001	Rider 156 - $3 / $15 / $30 Rx	All	$151.79	$379.48	$364.30	$409.83	$425.01	$273.22
IHA-RX-R-001 / IHA-PE1001	Rider 157 - $5 / $15 / $30 Rx	All	$147.72	$369.30	$354.53	$398.84	$413.62	$265.90
IHA-RX-R-001 / IHA-PE1001	Rider 157 - $5 / $15 / $30 Rx - NYSHIP	NYSHIP	$147.72	$369.30	$354.53	$398.84	$413.62	$265.90
IHA-RX-R-001 / IHA-PE1001	Rider 158 - $7 / $15 / $30 Rx	All	$144.05	$360.13	$345.72	$388.94	$403.34	$259.29
IHA-RX-R-001 / IHA-PE1001	Rider 159 - $7 / $25 / $40 Rx	All	$131.92	$329.80	$316.61	$356.18	$369.38	$237.46
IHA-RX-R-001 / IHA-PE1001	Rider 167 - $10 / $20 / $35 Rx	All	$132.61	$331.53	$318.26	$358.05	$371.31	$238.70
IHA-RX-R-001 / IHA-PE1001	Rider 184 - $10 / $30 / $100 Rx	All	$115.23	$288.08	$276.55	$311.12	$322.64	$207.41
IHA-RX-R-001 / IHA-PE1001	Rider 186 - $10 / $50 / $100 Rx	All	$102.06	$255.15	$244.94	$275.56	$285.77	$183.71
IHA-RX-R-001 / IHA-PE1001	Rider 215 - $10 / $30 / $50 Rx	All	$120.49	$301.23	$289.18	$325.32	$337.37	$216.88
IHA-RX-R-001 / IHA-RX-OPTE-001	Rider OPTE-001 - $3 / $15 / 50% (min $30 tier 3) Rx	All	$138.35	$345.88	$332.04	$373.55	$387.38	$249.03
IHA-RX-R-001 / IHA-RX-OPTE-002	Rider OPTE-002 - $4 / $15 / $30 Rx	All	$149.69	$374.23	$359.26	$404.16	$419.13	$269.44
IHA-RX-R-001 / IHA-RX-OPTE-003	Rider OPTE-003 - $4 / $25 / 50% (min $40 tier 3) Rx	All	$126.36	$315.90	$303.26	$341.17	$353.81	$227.45
IHA-RX-R-001 / IHA-RX-OPTE-005	Rider OPTE-005 - $10 / $30 / 50% (min $45 tier 3) Rx	All	$111.44	$278.60	$267.46	$300.89	$312.03	$200.59
IHA-RX-R-001 / IHA-PE1000	Rider PE1000 - $4 / $15 / $75 Rx	All	$141.17	$352.93	$338.81	$381.16	$395.28	$254.11
IHA-RX-R-001 / IHA-PE1000	Rider PE1000 - $4 / $30 / $75 Rx	All	$127.24	$318.10	$305.38	$343.55	$356.27	$229.03
IHA-RX-R-001 / IHA-PE1000	Rider PE1000 - $10 / $30 / $75 Rx	All	$116.70	$291.75	$280.08	$315.09	$326.76	$210.06
IHA-RX-R-001 / IHA-PE1002	Rider PE1002 - $10 / $50 / 50% Rx	All	$97.70	$244.25	$234.48	$263.79	$273.56	$175.86
IHA-RX-R-001 / IHA-PE1001	$5 / $25 / $60 Rx - NYSHIP	All	$131.76	$329.40	$316.22	$355.75	$368.93	$237.17
IHA-PE1002	$4 / 35% / 50%	All	$90.23	$225.58	$216.55	$243.62	$252.64	$162.41
Additonal Rx Riders:								
IHA-PR1000	Removal of Contraceptives – Religious Groups	All	($4.96)	($12.40)	($11.90)	($13.39)	($13.89)	($8.93)
IHA-PR1001	Direct Pay Contraceptive - Religious Group Employees	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
IHA-PA1000	Contraceptive Coverage Only Rx	All	$4.07	$10.18	$9.77	$10.99	$11.40	$7.33
201 (Effective 1/1/04)	Rider 201 - Non Par Physician / Par Pharmacy	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $1 Tier 1 Rx Rider	All	$0.20	$0.50	$0.48	$0.54	$0.56	$0.36
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $3 Tier 1 Rx Rider	All	$0.56	$1.40	$1.34	$1.51	$1.57	$1.01
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $4 Tier 1 Rx Rider	All	$0.72	$1.80	$1.73	$1.94	$2.02	$1.30
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $5 Tier 1 Rx Rider	All	$0.89	$2.23	$2.14	$2.40	$2.49	$1.60
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $7 Tier 1 Rx Rider	All	$1.18	$2.95	$2.83	$3.19	$3.30	$2.12
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $9 Tier 1 Rx Rider	All	$1.46	$3.65	$3.50	$3.94	$4.09	$2.63
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $10 Tier 1 Rx Rider	All	$1.59	$3.98	$3.82	$4.29	$4.45	$2.86
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $15 Tier 1 Rx Rider	All	$2.12	$5.30	$5.09	$5.72	$5.94	$3.82

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Independent Health Association
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Form Number	Description	Notes	Single	2-Tier Family	Double	3-Tier Family	4-Tier Family	Pt/Child
Non-Rx Riders:								
5180198	Rider 112 - Domestic Partner	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
1280198, IHA-R1012	Rider 128 - $15 Outpatient Surgical Copay on Enc. C	Enc C	$1.04	$2.60	$2.50	$2.81	$2.91	$1.87
1520200, IHA-R1011	Rider 152 - $20 Office Visit Copay on Enc. C	Enc C	($4.23)	($10.58)	($10.15)	($11.42)	($11.84)	($7.61)
3900186	Rider 24 - Abortion Exclusion	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4040195	Rider 29 - Dental Rider	All	$59.66	$149.15	$143.18	$161.08	$167.05	$107.39
4260191	Rider 45 - Inpatient Substance Abuse Rider - Contract Year Benefits w/ Encompass, FF or FFS	All	$1.13	$2.83	$2.71	$3.05	$3.16	$2.03
4260191	Rider 45 - Inpatient Substance Abuse Rider - Contract Year Benefits w/ Essential	Ess	$1.13	$2.83	$2.71	$3.05	$3.16	$2.03
4330194	Rider 52 - Sterilization Exclusion	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4770100	Rider J - $100 Inpatient Copay on Enc C	Enc C	$2.83	$7.08	$6.79	$7.64	$7.92	$5.09
1700102	Rider 170 - Premier Vision Rider	All	$3.97	$9.93	$9.53	$10.72	$11.12	$7.15
1941003	Rider 194 - Unlimited Skilled Nursing Facility	All	$0.17	$0.43	$0.41	$0.46	$0.48	$0.31
202, IHA-R1010	Rider 202 - $0 Child Office Service Copay Rider - A only	Enc A	$2.98	$7.45	$7.15	$8.05	$8.34	$5.36
202, IHA-R1010	Rider 202 - $0 Child Office Service Copay Rider - B only	Enc B	$3.97	$9.93	$9.53	$10.72	$11.12	$7.15
202, IHA-R1010	Rider 202 - $0 Child Office Service Copay Rider - C only	Enc C	$4.60	$11.50	$11.04	$12.42	$12.88	$8.28
202, IHA-R1010	Rider 202 - $0 Child Office Service Copay Rider - D only	Enc D	$4.28	$10.70	$10.27	$11.56	$11.98	$7.70
209	Rider 209 - $250 Inpatient Copay Rider - FF Select	FFS	$2.43	$6.08	$5.83	$6.56	$6.80	$4.37
211, IHA-R1011	Rider 211 - $15 pcp / $30 scp Copay Rider - C only	Enc C	($4.59)	($11.48)	($11.02)	($12.39)	($12.85)	($8.26)
211, IHA-R1011	Rider 211 - $20 pcp / $35 scp Copay Rider - C only	Enc C	($7.96)	($19.90)	($19.10)	($21.49)	($22.29)	($14.33)
211, IHA-R1011	Rider 211 - $20 pcp / $35 scp Copay Rider - D only	Enc D	($3.72)	($9.30)	($8.93)	($10.04)	($10.42)	($6.70)
211, IHA-R1011	Rider 211 - $25 pcp / $40 scp Copay Rider - D only	Enc D	($6.93)	($17.33)	($16.63)	($18.71)	($19.40)	($12.47)
4980102 (Rev 1/1/11)	Rider 498 - NYS Eligibility Rider (multiplier)	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
1600101	Rider 160 - Unlimited Home Health Rider	All	$0.52	$1.30	$1.25	$1.40	$1.46	$0.94
IHA-R-219	Rider 219 - Additional Benefits Rider w/ Ess. Base 1 & E	Ess	$11.49	$28.73	$27.58	$31.02	$32.17	$20.68
IHA-R-219	Rider 219 - Additional Benefits Rider w/ Ess. Base 2	Ess	$11.40	$28.50	$27.36	$30.78	$31.92	$20.52
IHA-R-220	Rider 220 - Family Benefit Rider w/ Base E only	Ess	$4.76	$11.90	$11.42	$12.85	$13.33	$8.57
IHA-R-220	Rider 220 - Family Benefit Rider w/ Base 1 only	Ess	$4.69	$11.73	$11.26	$12.66	$13.13	$8.44
IHA-R-221 (Eff. 1/1/06)	Rider 221 - POS Rider w/o Additional Benefits w/ Base 1, 2 & E	Ess	$4.02	$10.05	$9.65	$10.85	$11.26	$7.24
Art IHA-R-221 (Eff. 1/1/06)	Rider 221 - POS Rider w/ Additional Benefits w/ Base 1, 2 & E	Ess	$4.24	$10.60	$10.18	$11.45	$11.87	$7.63
IHA-R-221 & IHA-R-219	Rider 221 / 219 - Additional Benefit Rider & POS w/ Base 1 & E	Ess	$15.74	$39.35	$37.78	$42.50	$44.07	$28.33
IHA-R-221 & IHA-R-219	Rider 221 / 219 - Additional Benefit Rider & POS w/ Base 2	Ess	$15.64	$39.10	$37.54	$42.23	$43.79	$28.15
IHA-R-223 (Eff. 1/1/06)	Rider 223 - Unlimited SNF Rider w/ Base 1, 2 & E	Ess	$2.46	$6.15	$5.90	$6.64	$6.89	$4.43
IHA-R-224 (Eff. 1/1/06)	Rider 224 - PT/OT in an Outpatient Hospital Facility w/ Base 1, 2 & E	Ess	$0.97	$2.43	$2.33	$2.62	$2.72	$1.75
IHA-R-005	Rider R-005 - PT/OT/ST increase visit limits to 30 from 20	All	$0.74	$1.85	$1.78	$2.00	$2.07	$1.33
IHA-R-005	Rider R-005 - PT/OT/ST increase visit limits to 45 from 20	All	$1.10	$2.75	$2.64	$2.97	$3.08	$1.98
IHA-OPTPOS-001, IHA-R1014, IHA-R1014	LG Bundle #1 - Enc A (POS only)	Enc A	$4.75	$11.88	$11.40	$12.83	$13.30	$8.55
IHA-OPTPOS-001, IHA-R1014/IHA-R-213/216	LG Bundle #2 - Enc A (POS, DME/P&A)	Enc A	$8.59	$21.48	$20.62	$23.19	$24.05	$15.46
IHA-OPTPOS-001, IHA-R1014	LG Bundle #1 - Enc B (POS only)	Enc B	$4.75	$11.88	$11.40	$12.83	$13.30	$8.55
IHA-OPTPOS-001, IHA-R1014/IHA-R-213/216/4210189	LG Bundle #2 - Enc B (IP $0, POS, DME/P&A)	Enc B	$10.40	$26.00	$24.96	$28.08	$29.12	$18.72
IHA-OPTPOS-001, IHA-R1014 / 4760194	LG Bundle #1 - Enc C ($250 IP, POS)	Enc C	$6.20	$15.50	$14.88	$16.74	$17.36	$11.16
IHA-OPTPOS-001, IHA-R1014/IHA-R-213/216/4770194/1280198	LG Bundle #2 - Enc C (IP $0, POS, DME/P&A, OP)	Enc C	$12.65	$31.63	$30.36	$34.16	$35.42	$22.77
IHA-OPTPOS-001, IHA-R1014 / 4761002	LG Bundle #1 - Enc D ($250 IP, POS)	Enc D	$6.20	$15.50	$14.88	$16.74	$17.36	$11.16
IHA-OPTPOS-001, IHA-R1014/IHA-R-213/216/4770194	LG Bundle #2 - Enc D (IP $0, POS, DME/P&A)	Enc D	$11.41	$28.53	$27.38	$30.81	$31.95	$20.54
IHA-R-213 / 216 / 1950103	Large Bundle - FlexFit (IP $0, DME/P&A)	FF	$7.17	$17.93	$17.21	$19.36	$20.08	$12.91
IHA-R-213 / 216 / 209	Large Bundle - FFSelect (IP $250, DME/P&A)	FFS	$5.65	$14.13	$13.56	$15.26	$15.82	$10.17
IHA-OPTR-SA-001	Rider SA-001 - Inpatient Substance Abuse Rider - Calendar Year Benefits	All	$1.13	$2.83	$2.71	$3.05	$3.16	$2.03
IHA-R1000, IHA-R1015	Federal MHP Opt-Out Rider for Unions	Enc A	($1.50)	($3.75)	($3.60)	($4.05)	($4.20)	($2.70)
IHA-R1000, IHA-R1015	Federal MHP Opt-Out Rider for Unions	Enc B	($1.50)	($3.75)	($3.60)	($4.05)	($4.20)	($2.70)
IHA-R1000, IHA-R1015	Federal MHP Opt-Out Rider for Unions	Enc C	($1.50)	($3.75)	($3.60)	($4.05)	($4.20)	($2.70)
IHA-R1000, IHA-R1015	Federal MHP Opt-Out Rider for Unions	Enc D	($1.50)	($3.75)	($3.60)	($4.05)	($4.20)	($2.70)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	FF	($1.48)	($3.70)	($3.55)	($4.00)	($4.14)	($2.66)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	FFS	($1.48)	($3.70)	($3.55)	($4.00)	($4.14)	($2.66)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	Ess Base 1	($1.35)	($3.38)	($3.24)	($3.65)	($3.78)	($2.43)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	Ess Base 2	($1.35)	($3.38)	($3.24)	($3.65)	($3.78)	($2.43)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	Ess Base E	($1.35)	($3.38)	($3.24)	($3.65)	($3.78)	($2.43)
IHA-R1007	FitWorks with Incentive Rider	All	$13.21	$33.03	$31.70	$35.67	$36.99	$23.78
IHA-R1008	FitWorks without Incentive Rider	All	$1.25	$3.13	$3.00	$3.38	$3.50	$2.25
IHA-R1009	$500 Inpatient Copay Rider	FF	$1.29	$3.23	$3.10	$3.48	$3.61	$2.32
IHA-R1009	$500 Inpatient Copay Rider	FFS	$1.33	$3.33	$3.19	$3.59	$3.72	$2.39
IHA-R1023	Pathways Nutrition Rider	All	$6.73	$16.83	$16.15	$18.17	$18.84	$12.11
IHA-R1024	Primary Care OV Allowance	Enc A	$4.76	$11.90	$11.42	$12.85	$13.33	$8.57
IHA-R1024	Primary Care OV Allowance	Enc B	$4.96	$12.40	$11.90	$13.39	$13.89	$8.93
IHA-R1024	Primary Care OV Allowance	Enc C	$6.65	$16.63	$15.96	$17.96	$18.62	$11.97
IHA-R1024	Primary Care OV Allowance	Enc D	$7.03	$17.58	$16.87	$18.98	$19.68	$12.65
IHA-R1024	Primary Care OV Allowance	FF	$5.37	$13.43	$12.89	$14.50	$15.04	$9.67
IHA-R1024	Primary Care OV Allowance	FFS	$6.20	$15.50	$14.88	$16.74	$17.36	$11.16
IHA-R1024	Primary Care OV Allowance	Ess Base 1	$7.33	$18.33	$17.59	$19.79	$20.52	$13.19
IHA-R1024	Primary Care OV Allowance	Ess Base 2	$7.48	$18.70	$17.95	$20.20	$20.94	$13.46
IHA-R1024	Primary Care OV Allowance	Ess Base E	$7.53	$18.83	$18.07	$20.33	$21.08	$13.55
IHA-R1027	20% POS Rider	Enc A	$1.35	$3.38	$3.24	$3.65	$3.78	$2.43
Age Extension Riders:								
IHA-R1002	Age through 29 Make Available Rider for Enc and Ess	Enc, Ess	1.000	1.020	1.000	1.020	1.020	1.020
IHA-R1002	Age through 29 Make Available Rider for FF and FFS	FF, FFS	1.000	1.020	1.000	1.020	1.020	1.020
199 (Eff. 10/1/03)	Rider 199 - Age Extension to End of Calendar Year	All	1.000	1.007	1.000	1.011	1.010	1.013

Independent Health

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Form Number	Description	Notes	Single	2-Tier Family	Double	3-Tier Family	4-Tier Family	Pt/Child
Base Plans:								
3270199	Encompass A1 / A3	Enc A	$525.39	$1,313.48	$1,260.94	$1,418.55	$1,471.09	$945.70
3850199	Encompass B1	Enc B	$514.30	$1,285.75	$1,234.32	$1,388.61	$1,440.04	$925.74
IHA-NYSHIP-C-001	Encompass for NYSHIP	NYSHIP	$487.27	$1,218.18	$1,169.45	$1,315.63	$1,364.36	$877.09
4570199	Encompass C1	Enc C	$496.91	$1,242.28	$1,192.58	$1,341.66	$1,391.35	$894.44
5170902	Encompass D	Enc D	$489.38	$1,223.45	$1,174.51	$1,321.33	$1,370.26	$880.88
IHA-C1000	FlexFit / Active Option	FF	$500.40	$1,251.00	$1,200.96	$1,351.08	$1,401.12	$900.72
IHA-C1000	FlexFit / Family Option	FF	$500.40	$1,251.00	$1,200.96	$1,351.08	$1,401.12	$900.72
IHA-C1001	FlexFit Select / Active Option	FFS	$483.69	$1,209.23	$1,160.86	$1,305.96	$1,354.33	$870.64
IHA-C1001	FlexFit Select / Family Option	FFS	$483.69	$1,209.23	$1,160.86	$1,305.96	$1,354.33	$870.64
IHA-C-101	Encompass Essential Base (Version 1)	Ess	$457.92	$1,144.80	$1,099.01	$1,236.38	$1,282.18	$824.26
IHA-C-101	Encompass Essential "E" (Version 2)	Ess	$464.90	$1,162.25	$1,115.76	$1,255.23	$1,301.72	$836.82
IHA-C-101	Encompass Essential Base 2 Plan	Ess	$445.64	$1,114.10	$1,069.54	$1,203.23	$1,247.79	$802.15
IHA-POS-001, IHA-R1014	Built-In POS Amendment on Enc. A & B - 20% Coin	Enc A, Enc B	$4.84	$12.10	$11.62	$13.07	$13.55	$8.71
IHA-POS-001, IHA-R1014	Built-In POS Amendment on Enc. C & D - 25% Coin	Enc C, Enc D	$6.14	$15.35	$14.74	$16.58	$17.19	$11.05
admin only	Federal Mental Health Admin Code - Required for Large Groups	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Pharmacy Riders:								
IHA-RX-R-001 / IHA-PE1001	Rider 156 - $3 / $15 / $30 Rx	All	$155.60	$389.00	$373.44	$420.12	$435.68	$280.08
IHA-RX-R-001 / IHA-PE1001	Rider 157 - $5 / $15 / $30 Rx	All	$151.42	$378.55	$363.41	$408.83	$423.98	$272.56
IHA-RX-R-001 / IHA-PE1001	Rider 157 - $5 / $15 / $30 Rx - NYSHIP	NYSHIP	$151.42	$378.55	$363.41	$408.83	$423.98	$272.56
IHA-RX-R-001 / IHA-PE1001	Rider 158 - $7 / $15 / $30 Rx	All	$147.66	$369.15	$354.38	$398.68	$413.45	$265.79
IHA-RX-R-001 / IHA-PE1001	Rider 159 - $7 / $25 / $40 Rx	All	$135.22	$338.05	$324.53	$365.09	$378.62	$243.40
IHA-RX-R-001 / IHA-PE1001	Rider 167 - $10 / $20 / $35 Rx	All	$135.92	$339.80	$326.21	$366.98	$380.58	$244.66
IHA-RX-R-001 / IHA-PE1001	Rider 184 - $10 / $30 / $100 Rx	All	$118.11	$295.28	$283.46	$318.90	$330.71	$212.60
IHA-RX-R-001 / IHA-PE1001	Rider 186 - $10 / $50 / $100 Rx	All	$104.61	$261.53	$251.06	$282.45	$292.91	$188.30
IHA-RX-R-001 / IHA-PE1001	Rider 215 - $10 / $30 / $50 Rx	All	$123.50	$308.75	$296.40	$333.45	$345.80	$222.30
IHA-RX-R-001 / IHA-RX-OPTE-001	Rider OPTE-001 - $3 / $15 / 50% (min $30 tier 3) Rx	All	$141.81	$354.53	$340.34	$382.89	$397.07	$255.26
IHA-RX-R-001 / IHA-RX-OPTE-002	Rider OPTE-002 - $4 / $15 / $30 Rx	All	$153.44	$383.60	$368.26	$414.29	$429.63	$276.19
IHA-RX-R-001 / IHA-RX-OPTE-003	Rider OPTE-003 - $4 / $25 / 50% (min $40 tier 3) Rx	All	$129.51	$323.78	$310.82	$349.68	$362.63	$233.12
IHA-RX-R-001 / IHA-RX-OPTE-005	Rider OPTE-005 - $10 / $30 / 50% (min $45 tier 3) Rx	All	$114.23	$285.58	$274.15	$308.42	$319.84	$205.61
IHA-RX-R-001 / IHA-PE1000	Rider PE1000 - $4 / $15 / $75 Rx	All	$144.71	$361.78	$347.30	$390.72	$405.19	$260.48
IHA-RX-R-001 / IHA-PE1000	Rider PE1000 - $4 / $30 / $75 Rx	All	$130.42	$326.05	$313.01	$352.13	$365.18	$234.76
IHA-RX-R-001 / IHA-PE1000	Rider PE1000 - $10 / $30 / $75 Rx	All	$119.61	$299.03	$287.06	$322.95	$334.91	$215.30
IHA-RX-R-001 / IHA-PE1002	Rider PE1002 - $10 / $50 / 50% Rx	All	$100.13	$250.33	$240.31	$270.35	$280.36	$180.23
IHA-RX-R-001 / IHA-PE1001	$5 / $25 / $60 Rx - NYSHIP	All	$135.05	$337.63	$324.12	$364.64	$378.14	$243.09
IHA-PE1002	$4 / 35% / 50%	All	$92.49	$231.23	$221.98	$249.72	$258.97	$166.48
Additonal Rx Riders:								
IHA-PR1000	Removal of Contraceptives – Religious Groups	All	($5.08)	($12.70)	($12.19)	($13.72)	($14.22)	($9.14)
IHA-PR1001	Direct Pay Contraceptive - Religious Group Employees	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
IHA-PA1000	Contraceptive Coverage Only Rx	All	$4.17	$10.43	$10.01	$11.26	$11.68	$7.51
201 (Effective 1/1/04)	Rider 201 - Non Par Physician / Par Pharmacy	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $1 Tier 1 Rx Rider	All	$0.20	$0.50	$0.48	$0.54	$0.56	$0.36
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $3 Tier 1 Rx Rider	All	$0.58	$1.45	$1.39	$1.57	$1.62	$1.04
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $4 Tier 1 Rx Rider	All	$0.73	$1.83	$1.75	$1.97	$2.04	$1.31
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $5 Tier 1 Rx Rider	All	$0.92	$2.30	$2.21	$2.48	$2.58	$1.66
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $7 Tier 1 Rx Rider	All	$1.22	$3.05	$2.93	$3.29	$3.42	$2.20
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $9 Tier 1 Rx Rider	All	$1.50	$3.75	$3.60	$4.05	$4.20	$2.70
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $10 Tier 1 Rx Rider	All	$1.64	$4.10	$3.94	$4.43	$4.59	$2.95
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $15 Tier 1 Rx Rider	All	$2.18	$5.45	$5.23	$5.89	$6.10	$3.92
Non-Rx Riders:								
5180198	Rider 112 - Domestic Partner	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
1280198, IHA-R1012	Rider 128 - $15 Outpatient Surgical Copay on Enc. C	Enc C	$1.05	$2.63	$2.52	$2.84	$2.94	$1.89
1520200, IHA-R1011	Rider 152 - $20 Office Visit Copay on Enc. C	Enc C	($4.30)	($10.75)	($10.32)	($11.61)	($12.04)	($7.74)
3900186	Rider 24 - Abortion Exclusion	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4040195	Rider 29 - Dental Rider	All	$60.70	$151.75	$145.68	$163.89	$169.96	$109.26
4260191	Rider 45 - Inpatient Substance Abuse Rider - Contract Year Benefits w/ Encompass, FF or FFS	All	$1.14	$2.85	$2.74	$3.08	$3.19	$2.05
4260191	Rider 45 - Inpatient Substance Abuse Rider - Contract Year Benefits w/ Essential	Ess	$1.14	$2.85	$2.74	$3.08	$3.19	$2.05
4330194	Rider 52 - Sterilization Exclusion	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4770100	Rider J - $100 Inpatient Copay on Enc C	Enc C	$2.89	$7.23	$6.94	$7.80	$8.09	$5.20
1700102	Rider 170 - Premier Vision Rider	All	$4.03	$10.08	$9.67	$10.88	$11.28	$7.25
1941003	Rider 194 - Unlimited Skilled Nursing Facility	All	$0.17	$0.43	$0.41	$0.46	$0.48	$0.31
202, IHA-R1010	Rider 202 - $0 Child Office Service Copay Rider - A only	Enc A	$3.03	$7.58	$7.27	$8.18	$8.48	$5.45
202, IHA-R1010	Rider 202 - $0 Child Office Service Copay Rider - B only	Enc B	$4.03	$10.08	$9.67	$10.88	$11.28	$7.25
202, IHA-R1010	Rider 202 - $0 Child Office Service Copay Rider - C only	Enc C	$4.69	$11.73	$11.26	$12.66	$13.13	$8.44
202, IHA-R1010	Rider 202 - $0 Child Office Service Copay Rider - D only	Enc D	$4.35	$10.88	$10.44	$11.75	$12.18	$7.83
209	Rider 209 - $250 Inpatient Copay Rider - FF Select	FFS	$2.47	$6.18	$5.93	$6.67	$6.92	$4.45

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Form Number	Description	Notes	Single	2-Tier Family	Double	3-Tier Family	4-Tier Family	Pt/Child
211, IHA-R1011	Rider 211 - $15 pcp / $30 scp Copay Rider - C only	Enc C	($4.67)	($11.68)	($11.21)	($12.61)	($13.08)	($8.41)
211, IHA-R1011	Rider 211 - $20 pcp / $35 scp Copay Rider - C only	Enc C	($8.10)	($20.25)	($19.44)	($21.87)	($22.68)	($14.58)
211, IHA-R1011	Rider 211 - $20 pcp / $35 scp Copay Rider - D only	Enc D	($3.78)	($9.45)	($9.07)	($10.21)	($10.58)	($6.80)
211, IHA-R1011	Rider 211 - $25 pcp / $40 scp Copay Rider - D only	Enc D	($7.06)	($17.65)	($16.94)	($19.06)	($19.77)	($12.71)
4980102 (Rev 1/1/11)	Rider 498 - NYS Eligibility Rider (multiplier)	All	0.000	0.000	0.000	0.000	0.000	0.000
1600101	Rider 160 - Unlimited Home Health Rider	All	$0.53	$1.33	$1.27	$1.43	$1.48	$0.95
IHA-R-219	Rider 219 - Additional Benefits Rider w/ Ess. Base 1 & E	Ess	$11.71	$29.28	$28.10	$31.62	$32.79	$21.08
IHA-R-219	Rider 219 - Additional Benefits Rider w/ Ess. Base 2	Ess	$11.59	$28.98	$27.82	$31.29	$32.45	$20.86
IHA-R-220	Rider 220 - Family Benefit Rider w/ Base E only	Ess	$4.85	$12.13	$11.64	$13.10	$13.58	$8.73
IHA-R-220	Rider 220 - Family Benefit Rider w/ Base 1 only	Ess	$4.76	$11.90	$11.42	$12.85	$13.33	$8.57
IHA-R-221 (Eff. 1/1/06)	Rider 221 - POS Rider w/o Additional Benefits w/ Base 1, 2 & E	Ess	$4.09	$10.23	$9.82	$11.04	$11.45	$7.36
Art IHA-R-221 (Eff. 1/1/06)	Rider 221 - POS Rider w/ Additional Benefits w/ Base 1, 2 & E	Ess	$4.32	$10.80	$10.37	$11.66	$12.10	$7.78
IHA-R-221 & IHA-R-219	Rider 221 / 219 - Additional Benefit Rider & POS w/ Base 1 & E	Ess	$16.02	$40.05	$38.45	$43.25	$44.86	$28.84
IHA-R-221 & IHA-R-219	Rider 221 / 219 - Additional Benefit Rider & POS w/ Base 2	Ess	$15.92	$39.80	$38.21	$42.98	$44.58	$28.66
IHA-R-223 (Eff. 1/1/06)	Rider 223 - Unlimited SNF Rider w/ Base 1, 2 & E	Ess	$2.50	$6.25	$6.00	$6.75	$7.00	$4.50
IHA-R-224 (Eff. 1/1/06)	Rider 224 - PT/OT in an Outpatient Hospital Facility w/ Base 1, 2 & E	Ess	$0.98	$2.45	$2.35	$2.65	$2.74	$1.76
IHA-R-005	Rider R-005 - PT/OT/ST increase visit limits to 30 from 20	All	$0.76	$1.90	$1.82	$2.05	$2.13	$1.37
IHA-R-005	Rider R-005 - PT/OT/ST increase visit limits to 45 from 20	All	$1.12	$2.80	$2.69	$3.02	$3.14	$2.02
IHA-OPTPOS-001, IHA-R1014, IHA-R1014	LG Bundle #1 - Enc A (POS only)	Enc A	$4.84	$12.10	$11.62	$13.07	$13.55	$8.71
IHA-OPTPOS-001, IHA-R1014 / IHA-R-213 / 216	LG Bundle #2 - Enc A (POS, DME/P&A)	Enc A	$8.74	$21.85	$20.98	$23.60	$24.47	$15.73
IHA-OPTPOS-001, IHA-R1014	LG Bundle #1 - Enc B (POS only)	Enc B	$4.84	$12.10	$11.62	$13.07	$13.55	$8.71
IHA-OPTPOS-001, IHA-R1014 / IHA-R-213 / 216 / 4210189	LG Bundle #2 - Enc B (IP $0, POS, DME/P&A)	Enc B	$10.59	$26.48	$25.42	$28.59	$29.65	$19.06
IHA-OPTPOS-001, IHA-R1014 / 4760194	LG Bundle #1 - Enc C ($250 IP, POS)	Enc C	$6.31	$15.78	$15.14	$17.04	$17.67	$11.36
IHA-OPTPOS-001, IHA-R1014 / IHA-R-213 / 216 / 4770194 / 1280198	LG Bundle #2 - Enc C (IP $0, POS, DME/P&A, OP)	Enc C	$12.86	$32.15	$30.86	$34.72	$36.01	$23.15
IHA-OPTPOS-001, IHA-R1014 / 4761002	LG Bundle #1 - Enc D ($250 IP, POS)	Enc D	$6.31	$15.78	$15.14	$17.04	$17.67	$11.36
IHA-OPTPOS-001, IHA-R1014 / IHA-R-213 / 216 / 4770194	LG Bundle #2 - Enc D (IP $0, POS, DME/P&A)	Enc D	$11.61	$29.03	$27.86	$31.35	$32.51	$20.90
IHA-R-213 / 216 / 1950103	Large Bundle - FlexFit (IP $0, DME/P&A)	FF	$7.29	$18.23	$17.50	$19.68	$20.41	$13.12
IHA-R-213 / 216 / 209	Large Bundle - FFSelect (IP $250, DME/P&A)	FFS	$5.75	$14.38	$13.80	$15.53	$16.10	$10.35
IHA-OPTR-SA-001	Rider SA-001 - Inpatient Substance Abuse Rider - Calendar Year Benefits	All	$1.14	$2.85	$2.74	$3.08	$3.19	$2.05
IHA-R1000, IHA-R1015	Federal MHP Opt-Out Rider for Unions	Enc A	($1.54)	($3.85)	($3.70)	($4.16)	($4.31)	($2.77)
IHA-R1000, IHA-R1015	Federal MHP Opt-Out Rider for Unions	Enc B	($1.54)	($3.85)	($3.70)	($4.16)	($4.31)	($2.77)
IHA-R1000, IHA-R1015	Federal MHP Opt-Out Rider for Unions	Enc C	($1.54)	($3.85)	($3.70)	($4.16)	($4.31)	($2.77)
IHA-R1000, IHA-R1015	Federal MHP Opt-Out Rider for Unions	Enc D	($1.54)	($3.85)	($3.70)	($4.16)	($4.31)	($2.77)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	FF	($1.50)	($3.75)	($3.60)	($4.05)	($4.20)	($2.70)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	FFS	($1.50)	($3.75)	($3.60)	($4.05)	($4.20)	($2.70)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	Ess Base 1	($1.38)	($3.45)	($3.31)	($3.73)	($3.86)	($2.48)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	Ess Base 2	($1.38)	($3.45)	($3.31)	($3.73)	($3.86)	($2.48)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	Ess Base E	($1.38)	($3.45)	($3.31)	($3.73)	($3.86)	($2.48)
IHA-R1007	FitWorks with Incentive Rider	All	$13.44	$33.60	$32.26	$36.29	$37.63	$24.19
IHA-R1008	FitWorks without Incentive Rider	All	$1.29	$3.23	$3.10	$3.48	$3.61	$2.32
IHA-R1009	$500 Inpatient Copay Rider	FF	$1.31	$3.28	$3.14	$3.54	$3.67	$2.36
IHA-R1009	$500 Inpatient Copay Rider	FFS	$1.35	$3.38	$3.24	$3.65	$3.78	$2.43
IHA-R1023	Pathways Nutrition Rider	All	$6.86	$17.15	$16.46	$18.52	$19.21	$12.35
IHA-R1024	Primary Care OV Allowance	Enc A	$4.85	$12.13	$11.64	$13.10	$13.58	$8.73
IHA-R1024	Primary Care OV Allowance	Enc B	$5.05	$12.63	$12.12	$13.64	$14.14	$9.09
IHA-R1024	Primary Care OV Allowance	Enc C	$6.76	$16.90	$16.22	$18.25	$18.93	$12.17
IHA-R1024	Primary Care OV Allowance	Enc D	$7.15	$17.88	$17.16	$19.31	$20.02	$12.87
IHA-R1024	Primary Care OV Allowance	FF	$5.47	$13.68	$13.13	$14.77	$15.32	$9.85
IHA-R1024	Primary Care OV Allowance	FFS	$6.31	$15.78	$15.14	$17.04	$17.67	$11.36
IHA-R1024	Primary Care OV Allowance	Ess Base 1	$7.45	$18.63	$17.88	$20.12	$20.86	$13.41
IHA-R1024	Primary Care OV Allowance	Ess Base 2	$7.60	$19.00	$18.24	$20.52	$21.28	$13.68
IHA-R1024	Primary Care OV Allowance	Ess Base E	$7.66	$19.15	$18.38	$20.68	$21.45	$13.79
IHA-R1027	20% POS Rider	Enc A	$1.38	$3.45	$3.31	$3.73	$3.86	$2.48
Age Extension Riders:								
IHA-R1002	Age through 29 Make Available Rider for Enc and Ess	Enc, Ess	1.000	1.020	1.000	1.020	1.020	1.020
IHA-R1002	Age through 29 Make Available Rider for FF and FFS	FF, FFS	1.000	1.020	1.000	1.020	1.020	1.020
199 (Eff. 10/1/03)	Rider 199 - Age Extension to End of Calendar Year	All	1.000	1.007	1.000	1.011	1.01	1.013

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Form Number	Description	Notes	Single	2-Tier Family	Double	3-Tier Family	4-Tier Family	Pt/Child
Base Plans:								
3270199	Encompass A1 / A3	Enc A	$534.49	$1,336.23	$1,282.78	$1,443.12	$1,496.57	$962.08
3850199	Encompass B1	Enc B	$523.23	$1,308.08	$1,255.75	$1,412.72	$1,465.04	$941.81
IHA-NYSHIP-C-001	Encompass for NYSHIP	NYSHIP	$495.71	$1,239.28	$1,189.70	$1,338.42	$1,387.99	$892.28
4570199	Encompass C1	Enc C	$505.51	$1,263.78	$1,213.22	$1,364.88	$1,415.43	$909.92
5170902	Encompass D	Enc D	$497.86	$1,244.65	$1,194.86	$1,344.22	$1,394.01	$896.15
IHA-C1000	FlexFit / Active Option	FF	$509.08	$1,272.70	$1,221.79	$1,374.52	$1,425.42	$916.34
IHA-C1000	FlexFit / Family Option	FF	$509.08	$1,272.70	$1,221.79	$1,374.52	$1,425.42	$916.34
IHA-C1001	FlexFit Select / Active Option	FFS	$492.07	$1,230.18	$1,180.97	$1,328.59	$1,377.80	$885.73
IHA-C1001	FlexFit Select / Family Option	FFS	$492.07	$1,230.18	$1,180.97	$1,328.59	$1,377.80	$885.73
IHA-C-101	Encompass Essential Base (Version 1)	Ess	$465.86	$1,164.65	$1,118.06	$1,257.82	$1,304.41	$838.55
IHA-C-101	Encompass Essential "E" (Version 2)	Ess	$472.95	$1,182.38	$1,135.08	$1,276.97	$1,324.26	$851.31
IHA-C-101	Encompass Essential Base 2 Plan	Ess	$453.36	$1,133.40	$1,088.06	$1,224.07	$1,269.41	$816.05
IHA-POS-001, IHA-R1014	Built-In POS Amendment on Enc. A & B - 20% Coin	Enc A, Enc B	$4.92	$12.30	$11.81	$13.28	$13.78	$8.86
IHA-POS-001, IHA-R1014	Built-In POS Amendment on Enc. C & D - 25% Coin	Enc C, Enc D	$6.24	$15.60	$14.98	$16.85	$17.47	$11.23
admin only	Federal Mental Health Admin Code - Required for Large Groups	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Pharmacy Riders:								
IHA-RX-R-001 / IHA-PE1001	Rider 156 - $3 / $15 / $30 Rx	All	$159.48	$398.70	$382.75	$430.60	$446.54	$287.06
IHA-RX-R-001 / IHA-PE1001	Rider 157 - $5 / $15 / $30 Rx	All	$155.20	$388.00	$372.48	$419.04	$434.56	$279.36
IHA-RX-R-001 / IHA-PE1001	Rider 157 - $5 / $15 / $30 Rx - NYSHIP	NYSHIP	$155.20	$388.00	$372.48	$419.04	$434.56	$279.36
IHA-RX-R-001 / IHA-PE1001	Rider 158 - $7 / $15 / $30 Rx	All	$151.34	$378.35	$363.22	$408.62	$423.75	$272.41
IHA-RX-R-001 / IHA-PE1001	Rider 159 - $7 / $25 / $40 Rx	All	$138.59	$346.48	$332.62	$374.19	$388.05	$249.46
IHA-RX-R-001 / IHA-PE1001	Rider 167 - $10 / $20 / $35 Rx	All	$139.31	$348.28	$334.34	$376.14	$390.07	$250.76
IHA-RX-R-001 / IHA-PE1001	Rider 184 - $10 / $30 / $100 Rx	All	$121.06	$302.65	$290.54	$326.86	$338.97	$217.91
IHA-RX-R-001 / IHA-PE1001	Rider 186 - $10 / $50 / $100 Rx	All	$107.24	$268.10	$257.38	$289.55	$300.27	$193.03
IHA-RX-R-001 / IHA-PE1001	Rider 215 - $10 / $30 / $50 Rx	All	$126.59	$316.48	$303.82	$341.79	$354.45	$227.86
IHA-RX-R-001 / IHA-RX-OPTE-001	Rider OPTE-001 - $3 / $15 / 50% (min $30 tier 3) Rx	All	$145.34	$363.35	$348.82	$392.42	$406.95	$261.61
IHA-RX-R-001 / IHA-RX-OPTE-002	Rider OPTE-002 - $4 / $15 / $30 Rx	All	$157.27	$393.18	$377.45	$424.63	$440.36	$283.09
IHA-RX-R-001 / IHA-RX-OPTE-003	Rider OPTE-003 - $4 / $25 / 50% (min $40 tier 3) Rx	All	$132.74	$331.85	$318.58	$358.40	$371.67	$238.93
IHA-RX-R-001 / IHA-RX-OPTE-005	Rider OPTE-005 - $10 / $30 / 50% (min $45 tier 3) Rx	All	$117.08	$292.70	$280.99	$316.12	$327.82	$210.74
IHA-RX-R-001 / IHA-PE1000	Rider PE1000 - $4 / $15 / $75 Rx	All	$148.33	$370.83	$355.99	$400.49	$415.32	$266.99
IHA-RX-R-001 / IHA-PE1000	Rider PE1000 - $4 / $30 / $75 Rx	All	$133.67	$334.18	$320.81	$360.91	$374.28	$240.61
IHA-RX-R-001 / IHA-PE1000	Rider PE1000 - $10 / $30 / $75 Rx	All	$122.61	$306.53	$294.26	$331.05	$343.31	$220.70
IHA-RX-R-001 / IHA-PE1002	Rider PE1002 - $10 / $50 / 50% Rx	All	$102.65	$256.63	$246.36	$277.16	$287.42	$184.77
IHA-RX-R-001 / IHA-PE1001	$5 / $25 / $60 Rx - NYSHIP	All	$138.43	$346.08	$332.23	$373.76	$387.60	$249.17
IHA-PE1002	$4 / 35% / 50%	All	$94.80	$237.00	$227.52	$255.96	$265.44	$170.64
Additonal Rx Riders:								
IHA-PR1000	Removal of Contraceptives – Religious Groups	All	($5.21)	($13.03)	($12.50)	($14.07)	($14.59)	($9.38)
IHA-PR1001	Direct Pay Contraceptive - Religious Group Employees	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
IHA-PA1000	Contraceptive Coverage Only Rx	All	$4.28	$10.70	$10.27	$11.56	$11.98	$7.70
201 (Effective 1/1/04)	Rider 201 - Non Par Physician / Par Pharmacy	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $1 Tier 1 Rx Rider	All	$0.21	$0.53	$0.50	$0.57	$0.59	$0.38
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $3 Tier 1 Rx Rider	All	$0.60	$1.50	$1.44	$1.62	$1.68	$1.08
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $4 Tier 1 Rx Rider	All	$0.76	$1.90	$1.82	$2.05	$2.13	$1.37
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $5 Tier 1 Rx Rider	All	$0.93	$2.33	$2.23	$2.51	$2.60	$1.67
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $7 Tier 1 Rx Rider	All	$1.24	$3.10	$2.98	$3.35	$3.47	$2.23
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $9 Tier 1 Rx Rider	All	$1.54	$3.85	$3.70	$4.16	$4.31	$2.77
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $10 Tier 1 Rx Rider	All	$1.67	$4.18	$4.01	$4.51	$4.68	$3.01
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $15 Tier 1 Rx Rider	All	$2.24	$5.60	$5.38	$6.05	$6.27	$4.03
Non-Rx Riders:								
5180198	Rider 112 - Domestic Partner	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
1280198, IHA-R1012	Rider 128 - $15 Outpatient Surgical Copay on Enc. C	Enc C	$1.08	$2.70	$2.59	$2.92	$3.02	$1.94
1520200, IHA-R1011	Rider 152 - $20 Office Visit Copay on Enc. C	Enc C	($4.38)	($10.95)	($10.51)	($11.83)	($12.26)	($7.88)
3900186	Rider 24 - Abortion Exclusion	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4040195	Rider 29 - Dental Rider	All	$61.75	$154.38	$148.20	$166.73	$172.90	$111.15
4260191	Rider 45 - Inpatient Substance Abuse Rider - Contract Year Benefits w/ Encompass, FF or FFS	All	$1.18	$2.95	$2.83	$3.19	$3.30	$2.12
4260191	Rider 45 - Inpatient Substance Abuse Rider - Contract Year Benefits w/ Essential	Ess	$1.18	$2.95	$2.83	$3.19	$3.30	$2.12
4330194	Rider 52 - Sterilization Exclusion	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4770100	Rider J - $100 Inpatient Copay on Enc C	Enc C	$2.93	$7.33	$7.03	$7.91	$8.20	$5.27
1700102	Rider 170 - Premier Vision Rider	All	$4.10	$10.25	$9.84	$11.07	$11.48	$7.38
1941003	Rider 194 - Unlimited Skilled Nursing Facility	All	$0.17	$0.43	$0.41	$0.46	$0.48	$0.31
202, IHA-R1010	Rider 202 - $0 Child Office Service Copay Rider - A only	Enc A	$3.08	$7.70	$7.39	$8.32	$8.62	$5.54
202, IHA-R1010	Rider 202 - $0 Child Office Service Copay Rider - B only	Enc B	$4.10	$10.25	$9.84	$11.07	$11.48	$7.38
202, IHA-R1010	Rider 202 - $0 Child Office Service Copay Rider - C only	Enc C	$4.76	$11.90	$11.42	$12.85	$13.33	$8.57
202, IHA-R1010	Rider 202 - $0 Child Office Service Copay Rider - D only	Enc D	$4.44	$11.10	$10.66	$11.99	$12.43	$7.99
209	Rider 209 - $250 Inpatient Copay Rider - FF Select	FFS	$2.52	$6.30	$6.05	$6.80	$7.06	$4.54

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211, IHA-R1011	Rider 211 - $15 pcp / $30 scp Copay Rider - C only	Enc C	($4.75)	($11.88)	($11.40)	($12.83)	($13.30)	($8.55)
211, IHA-R1011	Rider 211 - $20 pcp / $35 scp Copay Rider - C only	Enc C	($8.23)	($20.58)	($19.75)	($22.22)	($23.04)	($14.81)
211, IHA-R1011	Rider 211 - $20 pcp / $35 scp Copay Rider - D only	Enc D	($3.84)	($9.60)	($9.22)	($10.37)	($10.75)	($6.91)
211, IHA-R1011	Rider 211 - $25 pcp / $40 scp Copay Rider - D only	Enc D	($7.18)	($17.95)	($17.23)	($19.39)	($20.10)	($12.92)
4980102 (Rev 1/1/11)	Rider 498 - NYS Eligibility Rider (multiplier)	All	0.000	0.000	0.000	0.000	0.000	0.000
1600101	Rider 160 - Unlimited Home Health Rider	All	$0.53	$1.33	$1.27	$1.43	$1.48	$0.95
IHA-R-219	Rider 219 - Additional Benefits Rider w/ Ess. Base 1 & E	Ess	$11.89	$29.73	$28.54	$32.10	$33.29	$21.40
IHA-R-219	Rider 219 - Additional Benefits Rider w/ Ess. Base 2	Ess	$11.80	$29.50	$28.32	$31.86	$33.04	$21.24
IHA-R-220	Rider 220 - Family Benefit Rider w/ Base E only	Ess	$4.94	$12.35	$11.86	$13.34	$13.83	$8.89
IHA-R-220	Rider 220 - Family Benefit Rider w/ Base 1 only	Ess	$4.85	$12.13	$11.64	$13.10	$13.58	$8.73
IHA-R-221 (Eff. 1/1/06)	Rider 221 - POS Rider w/o Additional Benefits w/ Base 1, 2 & E	Ess	$4.15	$10.38	$9.96	$11.21	$11.62	$7.47
Art IHA-R-221 (Eff. 1/1/06)	Rider 221 - POS Rider w/ Additional Benefits w/ Base 1, 2 & E	Ess	$4.39	$10.98	$10.54	$11.85	$12.29	$7.90
IHA-R-221 & IHA-R-219	Rider 221 / 219 - Additional Benefit Rider & POS w/ Base 1 & E	Ess	$16.29	$40.73	$39.10	$43.98	$45.61	$29.32
IHA-R-221 & IHA-R-219	Rider 221 / 219 - Additional Benefit Rider & POS w/ Base 2	Ess	$16.19	$40.48	$38.86	$43.71	$45.33	$29.14
IHA-R-223 (Eff. 1/1/06)	Rider 223 - Unlimited SNF Rider w/ Base 1, 2 & E	Ess	$2.54	$6.35	$6.10	$6.86	$7.11	$4.57
IHA-R-224 (Eff. 1/1/06)	Rider 224 - PT/OT in an Outpatient Hospital Facility w/ Base 1, 2 & E	Ess	$0.99	$2.48	$2.38	$2.67	$2.77	$1.78
IHA-R-005	Rider R-005 - PT/OT/ST increase visit limits to 30 from 20	All	$0.77	$1.93	$1.85	$2.08	$2.16	$1.39
IHA-R-005	Rider R-005 - PT/OT/ST increase visit limits to 45 from 20	All	$1.14	$2.85	$2.74	$3.08	$3.19	$2.05
IHA-OPTPOS-001, IHA-R1014, IHA-R1014	LG Bundle #1 - Enc A (POS only)	Enc A	$4.92	$12.30	$11.81	$13.28	$13.78	$8.86
IHA-OPTPOS-001, IHA-R1014 / IHA-R-213 / 216	LG Bundle #2 - Enc A (POS, DME/P&A)	Enc A	$8.90	$22.25	$21.36	$24.03	$24.92	$16.02
IHA-OPTPOS-001, IHA-R1014	LG Bundle #1 - Enc B (POS only)	Enc B	$4.92	$12.30	$11.81	$13.28	$13.78	$8.86
IHA-OPTPOS-001, IHA-R1014 / IHA-R-213 / 216 / 4210189	LG Bundle #2 - Enc B (IP $0, POS, DME/P&A)	Enc B	$10.78	$26.95	$25.87	$29.11	$30.18	$19.40
IHA-OPTPOS-001, IHA-R1014 / 4760194	LG Bundle #1 - Enc C ($250 IP, POS)	Enc C	$6.42	$16.05	$15.41	$17.33	$17.98	$11.56
IHA-OPTPOS-001, IHA-R1014 / IHA-R-213 / 216 / 4770194 / 1280198	LG Bundle #2 - Enc C (IP $0, POS, DME/P&A, OP)	Enc C	$13.08	$32.70	$31.39	$35.32	$36.62	$23.54
IHA-OPTPOS-001, IHA-R1014 / 4761002	LG Bundle #1 - Enc D ($250 IP, POS)	Enc D	$6.42	$16.05	$15.41	$17.33	$17.98	$11.56
IHA-OPTPOS-001, IHA-R1014 / IHA-R-213 / 216 / 4770194	LG Bundle #2 - Enc D (IP $0, POS, DME/P&A)	Enc D	$11.82	$29.55	$28.37	$31.91	$33.10	$21.28
IHA-R-213 / 216 / 1950103	Large Bundle - FlexFit (IP $0, DME/P&A)	FF	$7.42	$18.55	$17.81	$20.03	$20.78	$13.36
IHA-R-213 / 216 / 209	Large Bundle - FFSelect (IP $250, DME/P&A)	FFS	$5.84	$14.60	$14.02	$15.77	$16.35	$10.51
IHA-OPTR-SA-001	Rider SA-001 - Inpatient Substance Abuse Rider - Calendar Year Benefits	All	$1.18	$2.95	$2.83	$3.19	$3.30	$2.12
IHA-R1000, IHA-R1015	Federal MHP Opt-Out Rider for Unions	Enc A	($1.56)	($3.90)	($3.74)	($4.21)	($4.37)	($2.81)
IHA-R1000, IHA-R1015	Federal MHP Opt-Out Rider for Unions	Enc B	($1.56)	($3.90)	($3.74)	($4.21)	($4.37)	($2.81)
IHA-R1000, IHA-R1015	Federal MHP Opt-Out Rider for Unions	Enc C	($1.56)	($3.90)	($3.74)	($4.21)	($4.37)	($2.81)
IHA-R1000, IHA-R1015	Federal MHP Opt-Out Rider for Unions	Enc D	($1.56)	($3.90)	($3.74)	($4.21)	($4.37)	($2.81)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	FF	($1.54)	($3.85)	($3.70)	($4.16)	($4.31)	($2.77)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	FFS	($1.54)	($3.85)	($3.70)	($4.16)	($4.31)	($2.77)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	Ess Base 1	($1.40)	($3.50)	($3.36)	($3.78)	($3.92)	($2.52)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	Ess Base 2	($1.40)	($3.50)	($3.36)	($3.78)	($3.92)	($2.52)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	Ess Base E	($1.40)	($3.50)	($3.36)	($3.78)	($3.92)	($2.52)
IHA-R1007	FitWorks with Incentive Rider	All	$13.68	$34.20	$32.83	$36.94	$38.30	$24.62
IHA-R1008	FitWorks without Incentive Rider	All	$1.30	$3.25	$3.12	$3.51	$3.64	$2.34
IHA-R1009	$500 Inpatient Copay Rider	FF	$1.33	$3.33	$3.19	$3.59	$3.72	$2.39
IHA-R1009	$500 Inpatient Copay Rider	FFS	$1.36	$3.40	$3.26	$3.67	$3.81	$2.45
IHA-R1023	Pathways Nutrition Rider	All	$6.97	$17.43	$16.73	$18.82	$19.52	$12.55
IHA-R1024	Primary Care OV Allowance	Enc A	$4.94	$12.35	$11.86	$13.34	$13.83	$8.89
IHA-R1024	Primary Care OV Allowance	Enc B	$5.15	$12.88	$12.36	$13.91	$14.42	$9.27
IHA-R1024	Primary Care OV Allowance	Enc C	$6.88	$17.20	$16.51	$18.58	$19.26	$12.38
IHA-R1024	Primary Care OV Allowance	Enc D	$7.28	$18.20	$17.47	$19.66	$20.38	$13.10
IHA-R1024	Primary Care OV Allowance	FF	$5.57	$13.93	$13.37	$15.04	$15.60	$10.03
IHA-R1024	Primary Care OV Allowance	FFS	$6.42	$16.05	$15.41	$17.33	$17.98	$11.56
IHA-R1024	Primary Care OV Allowance	Ess Base 1	$7.59	$18.98	$18.22	$20.49	$21.25	$13.66
IHA-R1024	Primary Care OV Allowance	Ess Base 2	$7.74	$19.35	$18.58	$20.90	$21.67	$13.93
IHA-R1024	Primary Care OV Allowance	Ess Base E	$7.79	$19.48	$18.70	$21.03	$21.81	$14.02
IHA-R1027	20% POS Rider	Enc A	$1.40	$3.50	$3.36	$3.78	$3.92	$2.52
Age Extension Riders:								
IHA-R1002	Age through 29 Make Available Rider for Enc and Ess	Enc, Ess	1.000	1.020	1.000	1.020	1.020	1.020
IHA-R1002	Age through 29 Make Available Rider for FF and FFS	FF, FFS	1.000	1.020	1.000	1.020	1.020	1.020
199 (Eff. 10/1/03)	Rider 199 - Age Extension to End of Calendar Year	All	1.000	1.007	1.000	1.011	1.01	1.013

Independent Health

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Form Number	Description	Notes	Single	2-Tier Family	Double	3-Tier Family	4-Tier Family	Pt/Child
Base Plans:								
3270199	Encompass A1 / A3	Enc A	$543.76	$1,359.40	$1,305.02	$1,468.15	$1,522.53	$978.77
3850199	Encompass B1	Enc B	$532.29	$1,330.73	$1,277.50	$1,437.18	$1,490.41	$958.12
IHA-NYSHIP-C-001	Encompass for NYSHIP	NYSHIP	$504.30	$1,260.75	$1,210.32	$1,361.61	$1,412.04	$907.74
4570199	Encompass C1	Enc C	$514.28	$1,285.70	$1,234.27	$1,388.56	$1,439.98	$925.70
5170902	Encompass D	Enc D	$506.48	$1,266.20	$1,215.55	$1,367.50	$1,418.14	$911.66
IHA-C1000	FlexFit / Active Option	FF	$517.90	$1,294.75	$1,242.96	$1,398.33	$1,450.12	$932.22
IHA-C1000	FlexFit / Family Option	FF	$517.90	$1,294.75	$1,242.96	$1,398.33	$1,450.12	$932.22
IHA-C1001	FlexFit Select / Active Option	FFS	$500.60	$1,251.50	$1,201.44	$1,351.62	$1,401.68	$901.08
IHA-C1001	FlexFit Select / Family Option	FFS	$500.60	$1,251.50	$1,201.44	$1,351.62	$1,401.68	$901.08
IHA-C-101	Encompass Essential Base (Version 1)	Ess	$473.93	$1,184.83	$1,137.43	$1,279.61	$1,327.00	$853.07
IHA-C-101	Encompass Essential "E" (Version 2)	Ess	$481.14	$1,202.85	$1,154.74	$1,299.08	$1,347.19	$866.05
IHA-C-101	Encompass Essential Base 2 Plan	Ess	$461.21	$1,153.03	$1,106.90	$1,245.27	$1,291.39	$830.18
IHA-POS-001, IHA-R1014	Built-In POS Amendment on Enc. A & B - 20% Coin	Enc A, Enc B	$5.00	$12.50	$12.00	$13.50	$14.00	$9.00
IHA-POS-001, IHA-R1014	Built-In POS Amendment on Enc. C & D - 25% Coin	Enc C, Enc D	$6.34	$15.85	$15.22	$17.12	$17.75	$11.41
admin only	Federal Mental Health Admin Code - Required for Large Groups	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Pharmacy Riders:								
IHA-RX-R-001 / IHA-PE1001	Rider 156 - $3 / $15 / $30 Rx	All	$163.47	$408.68	$392.33	$441.37	$457.72	$294.25
IHA-RX-R-001 / IHA-PE1001	Rider 157 - $5 / $15 / $30 Rx	All	$159.09	$397.73	$381.82	$429.54	$445.45	$286.36
IHA-RX-R-001 / IHA-PE1001	Rider 157 - $5 / $15 / $30 Rx - NYSHIP	NYSHIP	$159.09	$397.73	$381.82	$429.54	$445.45	$286.36
IHA-RX-R-001 / IHA-PE1001	Rider 158 - $7 / $15 / $30 Rx	All	$155.14	$387.85	$372.34	$418.88	$434.39	$279.25
IHA-RX-R-001 / IHA-PE1001	Rider 159 - $7 / $25 / $40 Rx	All	$142.07	$355.18	$340.97	$383.59	$397.80	$255.73
IHA-RX-R-001 / IHA-PE1001	Rider 167 - $10 / $20 / $35 Rx	All	$142.80	$357.00	$342.72	$385.56	$399.84	$257.04
IHA-RX-R-001 / IHA-PE1001	Rider 184 - $10 / $30 / $100 Rx	All	$124.09	$310.23	$297.82	$335.04	$347.45	$223.36
IHA-RX-R-001 / IHA-PE1001	Rider 186 - $10 / $50 / $100 Rx	All	$109.90	$274.75	$263.76	$296.73	$307.72	$197.82
IHA-RX-R-001 / IHA-PE1001	Rider 215 - $10 / $30 / $50 Rx	All	$129.75	$324.38	$311.40	$350.33	$363.30	$233.55
IHA-RX-R-001 / IHA-RX-OPTE-001	Rider OPTE-001 - $3 / $15 / 50% (min $30 tier 3) Rx	All	$148.99	$372.48	$357.58	$402.27	$417.17	$268.18
IHA-RX-R-001 / IHA-RX-OPTE-002	Rider OPTE-002 - $4 / $15 / $30 Rx	All	$161.21	$403.03	$386.90	$435.27	$451.39	$290.18
IHA-RX-R-001 / IHA-RX-OPTE-003	Rider OPTE-003 - $4 / $25 / 50% (min $40 tier 3) Rx	All	$136.07	$340.18	$326.57	$367.39	$381.00	$244.93
IHA-RX-R-001 / IHA-RX-OPTE-005	Rider OPTE-005 - $10 / $30 / 50% (min $45 tier 3) Rx	All	$120.02	$300.05	$288.05	$324.05	$336.06	$216.04
IHA-RX-R-001 / IHA-PE1000	Rider PE1000 - $4 / $15 / $75 Rx	All	$152.04	$380.10	$364.90	$410.51	$425.71	$273.67
IHA-RX-R-001 / IHA-PE1000	Rider PE1000 - $4 / $30 / $75 Rx	All	$137.02	$342.55	$328.85	$369.95	$383.66	$246.64
IHA-RX-R-001 / IHA-PE1000	Rider PE1000 - $10 / $30 / $75 Rx	All	$125.66	$314.15	$301.58	$339.28	$351.85	$226.19
IHA-RX-R-001 / IHA-PE1002	Rider PE1002 - $10 / $50 / 50% Rx	All	$105.21	$263.03	$252.50	$284.07	$294.59	$189.38
IHA-RX-R-001 / IHA-PE1001	$5 / $25 / $60 Rx - NYSHIP	All	$141.89	$354.73	$340.54	$383.10	$397.29	$255.40
IHA-PE1002	$4 / 35% / 50%	All	$97.18	$242.95	$233.23	$262.39	$272.10	$174.92
Additonal Rx Riders:								
IHA-PR1000	Removal of Contraceptives – Religious Groups	All	($5.33)	($13.33)	($12.79)	($14.39)	($14.92)	($9.59)
IHA-PR1001	Direct Pay Contraceptive - Religious Group Employees	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
IHA-PA1000	Contraceptive Coverage Only Rx	All	$4.38	$10.95	$10.51	$11.83	$12.26	$7.88
201 (Effective 1/1/04)	Rider 201 - Non Par Physician / Par Pharmacy	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $1 Tier 1 Rx Rider	All	$0.21	$0.53	$0.50	$0.57	$0.59	$0.38
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $3 Tier 1 Rx Rider	All	$0.61	$1.53	$1.46	$1.65	$1.71	$1.10
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $4 Tier 1 Rx Rider	All	$0.77	$1.93	$1.85	$2.08	$2.16	$1.39
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $5 Tier 1 Rx Rider	All	$0.95	$2.38	$2.28	$2.57	$2.66	$1.71
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $7 Tier 1 Rx Rider	All	$1.26	$3.15	$3.02	$3.40	$3.53	$2.27
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $9 Tier 1 Rx Rider	All	$1.57	$3.93	$3.77	$4.24	$4.40	$2.83
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $10 Tier 1 Rx Rider	All	$1.72	$4.30	$4.13	$4.64	$4.82	$3.10
203 (Effective 1/1/04)	Rider 203 - $0 Child Tier 1 Rx Copay with $15 Tier 1 Rx Rider	All	$2.29	$5.73	$5.50	$6.18	$6.41	$4.12
Non-Rx Riders:								
5180198	Rider 112 - Domestic Partner	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
1280198, IHA-R1012	Rider 128 - $15 Outpatient Surgical Copay on Enc. C	Enc C	$1.09	$2.73	$2.62	$2.94	$3.05	$1.96
1520200, IHA-R1011	Rider 152 - $20 Office Visit Copay on Enc. C	Enc C	($4.45)	($11.13)	($10.68)	($12.02)	($12.46)	($8.01)
3900186	Rider 24 - Abortion Exclusion	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4040195	Rider 29 - Dental Rider	All	$62.84	$157.10	$150.82	$169.67	$175.95	$113.11
4260191	Rider 45 - Inpatient Substance Abuse Rider - Contract Year Benefits w/ Encompass, FF or FFS	All	$1.19	$2.98	$2.86	$3.21	$3.33	$2.14
4260191	Rider 45 - Inpatient Substance Abuse Rider - Contract Year Benefits w/ Essential	Ess	$1.19	$2.98	$2.86	$3.21	$3.33	$2.14
4330194	Rider 52 - Sterilization Exclusion	All	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4770100	Rider J - $100 Inpatient Copay on Enc C	Enc C	$2.99	$7.48	$7.18	$8.07	$8.37	$5.38
1700102	Rider 170 - Premier Vision Rider	All	$4.18	$10.45	$10.03	$11.29	$11.70	$7.52
1941003	Rider 194 - Unlimited Skilled Nursing Facility	All	$0.20	$0.50	$0.48	$0.54	$0.56	$0.36
202, IHA-R1010	Rider 202 - $0 Child Office Service Copay Rider - A only	Enc A	$3.12	$7.80	$7.49	$8.42	$8.74	$5.62
202, IHA-R1010	Rider 202 - $0 Child Office Service Copay Rider - B only	Enc B	$4.18	$10.45	$10.03	$11.29	$11.70	$7.52
202, IHA-R1010	Rider 202 - $0 Child Office Service Copay Rider - C only	Enc C	$4.85	$12.13	$11.64	$13.10	$13.58	$8.73
202, IHA-R1010	Rider 202 - $0 Child Office Service Copay Rider - D only	Enc D	$4.51	$11.28	$10.82	$12.18	$12.63	$8.12
209	Rider 209 - $250 Inpatient Copay Rider - FF Select	FFS	$2.55	$6.38	$6.12	$6.89	$7.14	$4.59

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Form Number	Description	Notes	Single	2-Tier Family	Double	3-Tier Family	4-Tier Family	Pt/Child
211, IHA-R1011	Rider 211 - $15 pcp / $30 scp Copay Rider - C only	Enc C	($4.84)	($12.10)	($11.62)	($13.07)	($13.55)	($8.71)
211, IHA-R1011	Rider 211 - $20 pcp / $35 scp Copay Rider - C only	Enc C	($8.38)	($20.95)	($20.11)	($22.63)	($23.46)	($15.08)
211, IHA-R1011	Rider 211 - $20 pcp / $35 scp Copay Rider - D only	Enc D	($3.91)	($9.78)	($9.38)	($10.56)	($10.95)	($7.04)
211, IHA-R1011	Rider 211 - $25 pcp / $40 scp Copay Rider - D only	Enc D	($7.30)	($18.25)	($17.52)	($19.71)	($20.44)	($13.14)
4980102 (Rev 1/1/11)	Rider 498 - NYS Eligibility Rider (multiplier)	All	0.000	0.000	0.000	0.000	0.000	0.000
1600101	Rider 160 - Unlimited Home Health Rider	All	$0.56	$1.40	$1.34	$1.51	$1.57	$1.01
IHA-R-219	Rider 219 - Additional Benefits Rider w/ Ess. Base 1 & E	Ess	$12.10	$30.25	$29.04	$32.67	$33.88	$21.78
IHA-R-219	Rider 219 - Additional Benefits Rider w/ Ess. Base 2	Ess	$12.00	$30.00	$28.80	$32.40	$33.60	$21.60
IHA-R-220	Rider 220 - Family Benefit Rider w/ Base E only	Ess	$5.02	$12.55	$12.05	$13.55	$14.06	$9.04
IHA-R-220	Rider 220 - Family Benefit Rider w/ Base 1 only	Ess	$4.94	$12.35	$11.86	$13.34	$13.83	$8.89
IHA-R-221 (Eff. 1/1/06)	Rider 221 - POS Rider w/o Additional Benefits w/ Base 1, 2 & E	Ess	$4.24	$10.60	$10.18	$11.45	$11.87	$7.63
Art IHA-R-221 (Eff. 1/1/06)	Rider 221 - POS Rider w/ Additional Benefits w/ Base 1, 2 & E	Ess	$4.46	$11.15	$10.70	$12.04	$12.49	$8.03
IHA-R-221 & IHA-R-219	Rider 221 / 219 - Additional Benefit Rider & POS w/ Base 1 & E	Ess	$16.58	$41.45	$39.79	$44.77	$46.42	$29.84
IHA-R-221 & IHA-R-219	Rider 221 / 219 - Additional Benefit Rider & POS w/ Base 2	Ess	$16.47	$41.18	$39.53	$44.47	$46.12	$29.65
IHA-R-223 (Eff. 1/1/06)	Rider 223 - Unlimited SNF Rider w/ Base 1, 2 & E	Ess	$2.59	$6.48	$6.22	$6.99	$7.25	$4.66
IHA-R-224 (Eff. 1/1/06)	Rider 224 - PT/OT in an Outpatient Hospital Facility w/ Base 1, 2 & E	Ess	$1.02	$2.55	$2.45	$2.75	$2.86	$1.84
IHA-R-005	Rider R-005 - PT/OT/ST increase visit limits to 30 from 20	All	$0.79	$1.98	$1.90	$2.13	$2.21	$1.42
IHA-R-005	Rider R-005 - PT/OT/ST increase visit limits to 45 from 20	All	$1.17	$2.93	$2.81	$3.16	$3.28	$2.11
IHA-OPTPOS-001, IHA-R1014, IHA-R1014	LG Bundle #1 - Enc A (POS only)	Enc A	$5.00	$12.50	$12.00	$13.50	$14.00	$9.00
IHA-OPTPOS-001, IHA-R1014 / IHA-R-213 / 216	LG Bundle #2 - Enc A (POS, DME/P&A)	Enc A	$9.05	$22.63	$21.72	$24.44	$25.34	$16.29
IHA-OPTPOS-001, IHA-R1014	LG Bundle #1 - Enc B (POS only)	Enc B	$5.00	$12.50	$12.00	$13.50	$14.00	$9.00
IHA-OPTPOS-001, IHA-R1014 / IHA-R-213 / 216 / 4210189	LG Bundle #2 - Enc B (IP $0, POS, DME/P&A)	Enc B	$10.96	$27.40	$26.30	$29.59	$30.69	$19.73
IHA-OPTPOS-001, IHA-R1014 / 4760194	LG Bundle #1 - Enc C ($250 IP, POS)	Enc C	$6.53	$16.33	$15.67	$17.63	$18.28	$11.75
IHA-OPTPOS-001, IHA-R1014 / IHA-R-213 / 216 / 4770194 / 1280198	LG Bundle #2 - Enc C (IP $0, POS, DME/P&A, OP)	Enc C	$13.32	$33.30	$31.97	$35.96	$37.30	$23.98
IHA-OPTPOS-001, IHA-R1014 / 4761002	LG Bundle #1 - Enc D ($250 IP, POS)	Enc D	$6.53	$16.33	$15.67	$17.63	$18.28	$11.75
IHA-OPTPOS-001, IHA-R1014 / IHA-R-213 / 216 / 4770194	LG Bundle #2 - Enc D (IP $0, POS, DME/P&A)	Enc D	$12.02	$30.05	$28.85	$32.45	$33.66	$21.64
IHA-R-213 / 216 / 1950103	Large Bundle - FlexFit (IP $0, DME/P&A)	FF	$7.56	$18.90	$18.14	$20.41	$21.17	$13.61
IHA-R-213 / 216 / 209	Large Bundle - FFSelect (IP $250, DME/P&A)	FFS	$5.95	$14.88	$14.28	$16.07	$16.66	$10.71
IHA-OPTR-SA-001	Rider SA-001 - Inpatient Substance Abuse Rider - Calendar Year Benefits	All	$1.19	$2.98	$2.86	$3.21	$3.33	$2.14
IHA-R1000, IHA-R1015	Federal MHP Opt-Out Rider for Unions	Enc A	($1.59)	($3.98)	($3.82)	($4.29)	($4.45)	($2.86)
IHA-R1000, IHA-R1015	Federal MHP Opt-Out Rider for Unions	Enc B	($1.59)	($3.98)	($3.82)	($4.29)	($4.45)	($2.86)
IHA-R1000, IHA-R1015	Federal MHP Opt-Out Rider for Unions	Enc C	($1.59)	($3.98)	($3.82)	($4.29)	($4.45)	($2.86)
IHA-R1000, IHA-R1015	Federal MHP Opt-Out Rider for Unions	Enc D	($1.59)	($3.98)	($3.82)	($4.29)	($4.45)	($2.86)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	FF	($1.56)	($3.90)	($3.74)	($4.21)	($4.37)	($2.81)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	FFS	($1.56)	($3.90)	($3.74)	($4.21)	($4.37)	($2.81)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	Ess Base 1	($1.43)	($3.58)	($3.43)	($3.86)	($4.00)	($2.57)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	Ess Base 2	($1.43)	($3.58)	($3.43)	($3.86)	($4.00)	($2.57)
IHA-R1000	Federal MHP Opt-Out Rider for Unions	Ess Base E	($1.43)	($3.58)	($3.43)	($3.86)	($4.00)	($2.57)
IHA-R1007	FitWorks with Incentive Rider	All	$13.91	$34.78	$33.38	$37.56	$38.95	$25.04
IHA-R1008	FitWorks without Incentive Rider	All	$1.33	$3.33	$3.19	$3.59	$3.72	$2.39
IHA-R1009	$500 Inpatient Copay Rider	FF	$1.35	$3.38	$3.24	$3.65	$3.78	$2.43
IHA-R1009	$500 Inpatient Copay Rider	FFS	$1.40	$3.50	$3.36	$3.78	$3.92	$2.52
IHA-R1023	Pathways Nutrition Rider	All	$7.09	$17.73	$17.02	$19.14	$19.85	$12.76
IHA-R1024	Primary Care OV Allowance	Enc A	$5.02	$12.55	$12.05	$13.55	$14.06	$9.04
IHA-R1024	Primary Care OV Allowance	Enc B	$5.22	$13.05	$12.53	$14.09	$14.62	$9.40
IHA-R1024	Primary Care OV Allowance	Enc C	$7.01	$17.53	$16.82	$18.93	$19.63	$12.62
IHA-R1024	Primary Care OV Allowance	Enc D	$7.40	$18.50	$17.76	$19.98	$20.72	$13.32
IHA-R1024	Primary Care OV Allowance	FF	$5.67	$14.18	$13.61	$15.31	$15.88	$10.21
IHA-R1024	Primary Care OV Allowance	FFS	$6.53	$16.33	$15.67	$17.63	$18.28	$11.75
IHA-R1024	Primary Care OV Allowance	Ess Base 1	$7.71	$19.28	$18.50	$20.82	$21.59	$13.88
IHA-R1024	Primary Care OV Allowance	Ess Base 2	$7.87	$19.68	$18.89	$21.25	$22.04	$14.17
IHA-R1024	Primary Care OV Allowance	Ess Base E	$7.94	$19.85	$19.06	$21.44	$22.23	$14.29
IHA-R1027	20% POS Rider	Enc A	$1.43	$3.58	$3.43	$3.86	$4.00	$2.57
Age Extension Riders:								
IHA-R1002	Age through 29 Make Available Rider for Enc and Ess	Enc, Ess	1.000	1.020	1.000	1.020	1.020	1.020
IHA-R1002	Age through 29 Make Available Rider for FF and FFS	FF, FFS	1.000	1.020	1.000	1.020	1.020	1.020
199 (Eff. 10/1/03)	Rider 199 - Age Extension to End of Calendar Year	All	1.000	1.007	1.000	1.011	1.01	1.013

Independent Health