

Choice Plus

A premier PPO health insurance plan for small businesses with 2–50 employees



Partners Plus Plan Solutions

Fresh thinking for today's benefit challenges



Underwritten by Madison National Life Insurance Company, Inc., a Wisconsin insurance company. Madison National is a Member of the IHC Group. The IHC Group is an insurance organization composed of Independence Holding Company (NYSE:IHC) and its operating subsidiaries. The IHC Group has been providing life, health and stop loss insurance solutions for over 25 years. For information on Independence Holding Company and the IHC Group, visit www.ihcgroup.com.

In some states underwritten by Companion Life Insurance Company. Companion Life is not a member of the IHC Group.

Note: This overview must be presented with the Partners Plus Plan Solutions brochure.

IHCHS 1101 1008

Why Choice Plus?

Choice Plus is a Participating Provider Organization (PPO) plan which allows employees the flexibility to utilize any network provider without ever needing a referral. This plan offers numerous copay, calendar year deductible, out-of-pocket and coinsurance benefit options.

Choice Plus key features

An outpatient copay benefit like no other

It's more than just the doctor office visit! This unique benefit pays 100% after the selected copay up to \$500 per visit and applies to all eligible outpatient services provided at an in-network doctor's office, urgent care facility, ambulatory surgical center and the outpatient department of a hospital.

Wellness protection

This plan includes the services your employees need to stay in good health: routine physicals, vision exams, hearing exams, immunizations and well-child care. No waiting period is required and there is no annual deductible.

Flexible benefit design

Pick from a variety of copay, calendar year deductible, coinsurance and out-of-pocket maximum options to keep premiums affordable.

Expansive in-network coverage

Forced providers - Certain providers such as radiologists, pathologists, anesthesiologists and emergency room personnel may have relationships with network facilities but are not included in the network. Understanding that an employee is not always able to select these providers when admitted to an in-network facility, One Deductible Plus will consider covered charges for these 'forced providers' at the in-network deductible and coinsurance percentage rate. The resulting benefit will be based on usual, customary and reasonable charges if both the hospital and admitting physician participate in your group's selected primary provider network.

Emergency care - In an emergency, your employees do not have to worry about which hospital to select. Covered charges for insured employees and dependents taken to an out-of-network facility for emergency services will be paid by the plan at the in-network benefit level based on usual, reasonable and customary charges.

Wraparound network - While traveling out-of-state, employees on a PPO plan have access to a national 'wraparound' network. Employees can call the national network toll free number listed on their ID card to be directed to in-network providers.

Choice Plus highlights

Features	In-Network	Out-of-Network
Outpatient copay <ul style="list-style-type: none">Physician services, X-ray and lab, CT scans, MRIs, injections and outpatient surgeryBenefit applies separately to each provider bill per day	Copay: \$20 or \$30 After copay, plan pays 100% up to \$500 maximum per visit; then subject to deductible and coinsurance	Subject to out-of-network deductible and coinsurance
Diagnostic lab tests	LabOne providers: Plan pays 100% with no copay, deductible or coinsurance All other network providers: Covered under the physician office visit copay, then subject to deductible and coinsurance	Subject to out-of-network deductible and coinsurance
Wellness benefits <ul style="list-style-type: none">Routine physicalsWell-child careVision and hearing examsImmunizations	Copay: Same as the outpatient copay selected After copay, plan pays 100% up to \$500 maximum per person per calendar year	Not covered
Mammography and cytological screening	Covered at 100% with no copay, deductible or coinsurance	

This is intended as a summary only. Provisions may vary by state. For complete details, see the certificate of coverage. Out-of-network allowable charges are subject to the usual, reasonable and customary amounts.

Features	In-Network	Out-of-Network																				
Calendar year deductible <ul style="list-style-type: none"> Family deductible maximum: 2 individual deductibles per family In- and out-of-network deductibles accumulate separately; once the out-of-network deductible is met the in-network deductible is satisfied for the remainder of the calendar year 	\$500 \$1,000 \$1,500 \$2,000 \$2,500 \$5,000	\$1,000 \$2,000 \$3,000 \$4,000 \$5,000 \$10,000																				
Coinsurance and out-of-pocket maximum <ul style="list-style-type: none"> Family out-of-pocket maximum: 2 times the individual maximum and can be satisfied by any combination of covered family members Once the out-of-pocket maximum has been reached the plan pays 100% of covered charges for the remainder of the calendar year In- and out-of-network out-of-pocket maximums accumulate separately; once the out-of-network out-of-pocket maximum is met the in-network out-of-pocket maximum is satisfied for the remainder of the calendar year 	<table border="0"> <thead> <tr> <th>Coinsurance</th> <th>Out-of-pocket maximum</th> </tr> </thead> <tbody> <tr> <td>90%</td> <td>\$1,000, \$1,500, \$2,000 or \$2,500</td> </tr> <tr> <td>80%</td> <td>\$1,000, \$2,000, \$3,000, \$4,000 or \$5,000</td> </tr> <tr> <td>70%</td> <td>\$1,500, \$3,000, \$4,500, \$6,000 or \$7,500</td> </tr> <tr> <td>60%</td> <td>\$2,000, \$3,000, \$4,000, \$5,000, \$7,000 or \$10,000</td> </tr> </tbody> </table>	Coinsurance	Out-of-pocket maximum	90%	\$1,000, \$1,500, \$2,000 or \$2,500	80%	\$1,000, \$2,000, \$3,000, \$4,000 or \$5,000	70%	\$1,500, \$3,000, \$4,500, \$6,000 or \$7,500	60%	\$2,000, \$3,000, \$4,000, \$5,000, \$7,000 or \$10,000	<table border="0"> <thead> <tr> <th>Coinsurance</th> <th>Out-of-pocket maximum</th> </tr> </thead> <tbody> <tr> <td>60%</td> <td>\$4,000, \$6,000, \$8,000 or \$10,000</td> </tr> <tr> <td>50%</td> <td>\$5,000, \$10,000, \$15,000, \$20,000 or \$25,000</td> </tr> <tr> <td>50%</td> <td>\$5,000, \$10,000, \$15,000, \$20,000 or \$25,000</td> </tr> <tr> <td>50%</td> <td>\$5,000, \$7,500, \$10,000, \$12,500, \$17,500 or \$25,000</td> </tr> </tbody> </table>	Coinsurance	Out-of-pocket maximum	60%	\$4,000, \$6,000, \$8,000 or \$10,000	50%	\$5,000, \$10,000, \$15,000, \$20,000 or \$25,000	50%	\$5,000, \$10,000, \$15,000, \$20,000 or \$25,000	50%	\$5,000, \$7,500, \$10,000, \$12,500, \$17,500 or \$25,000
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Inpatient facilities Surgery or other covered services at an inpatient facility	Subject to deductible and coinsurance	Subject to out-of-network deductible and coinsurance																				
Physical therapy, occupational therapy, speech therapy Limited to 30 treatments per calendar year for any one therapy and up to 60 treatments per covered person per calendar year for any combination of therapies	Subject to deductible and coinsurance	Subject to out-of-network deductible and coinsurance																				
Ambulance Ground, air or water	Copay: \$100 After copay, subject to in-network deductible and coinsurance																					
Emergency room Copay waived if admitted inpatient	Copay for emergency visits: \$100 Copay for non-emergency visits: \$200 After copay, subject to deductible and coinsurance	Copay for emergency visits: \$100 Copay for non-emergency visits: \$200 After copay, subject to out-of-network deductible and coinsurance																				
Mental, nervous and chemical dependency disorders <ul style="list-style-type: none"> Inpatient mental health care benefit limited to \$2,500 with a maximum of 10 inpatient days per calendar year Outpatient mental health care benefits covered up to \$50 per visit, up to 25 visits or \$1,250 per calendar year Combined lifetime maximum benefit of \$10,000 per covered person for mental, nervous and chemical dependency disorders 	Mental and nervous care Inpatient charges are subject to deductible and coinsurance Outpatient charges are subject to 50% after deductible Chemical dependency care Outpatient charges only are covered and subject to 50% after deductible	Mental and nervous care Inpatient charges are subject to the out-of-network deductible and coinsurance Outpatient charges are subject to 50% after out-of-network deductible Chemical dependency care Outpatient charges only are covered and subject to 50% after out-of-network deductible																				
Non-surgical back treatment Limited to \$1,000 maximum per calendar year per covered person	Subject to deductible and coinsurance	Subject to out-of-network deductible and coinsurance																				
Lifetime maximum for all covered charges	\$5 million per covered person																					

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Prescription drug coverage highlights

Platinum	Generic drugs: \$20 copay Brand name/formulary: \$30 copay Brand name/non-formulary: \$45 copay Specialty Medications*: \$60 copay
Gold	Generic drugs: \$20 copay Brand name deductible: \$200 per covered person per calendar year, then: Brand name/formulary: \$30 copay Brand name/non-formulary: \$45 copay Specialty Medications*: \$60 copay
Silver	Generic drugs: \$15 copay Brand name and Specialty Medications*: National pharmacy network discount; prescription drug expenses are not applied to deductible or coinsurance
Bronze	National pharmacy network discount: prescription drug expenses are not applied to deductible or coinsurance. If no other drug coverage option is selected this benefit is included in your plan at no additional cost.

Mail order and Internet drug purchases: For Platinum, Gold, and Silver options, employees who use pharmacy network mail order or internet based services can purchase up to a 90-day supply at double the copay levels shown. Copay levels shown to the left apply to prescriptions filled at the pharmacy for up to a 34-day supply.

*Specialty medications must be obtained from the specialty drug provider to be covered. Specialty medications are typically injectable medications used in treatment of chronic illnesses that require complex treatment and may be administered by a physician in an outpatient setting or self-administered in a home setting and which are listed on the specialty drug list.

Optional coverages

Maternity - Optional for groups of 5 to 14 employees, unless state mandated. For groups of 15 or more, maternity is a required benefit. Covered charges are subject to applicable copay, if elected, deductible and coinsurance.

24-hour occupational coverage - Available to eligible business owners, partners, sole proprietors, or corporate officers not covered by Workers' Compensation or similar legislation. This option provides coverage for covered work-related injuries and sickness.

Supplemental accident - Pays 100% up to the selected maximum of \$500, \$1,000, \$1,500 or \$2,000 for covered charges incurred as a direct result of each accident involving an insured employee or dependent. After the per accident benefit maximum has been reached, the plan pays the same as any other illness subject to copays, if elected, deductible and coinsurance.

Group life and AD&D - Can be offered as a flat dollar amount, multiple of a salary or up to three different class levels. The minimum amount of life is \$10,000 and the maximum is \$100,000. Benefits reduce beginning at age 65.

Dependent life - Optional dependent life insurance is available for a covered spouse and dependent children in the amounts shown below:

Spouse: \$2,000

Children 14 days to 6 months: \$100

Children 6 months to 18 years (up to 24 years for a full-time college student): \$1,000

Dental and vision coverage - See separate overview for information.

For questions call: IHC Health Solutions 1-866-746-6610

For complete details, refer to the certificate of coverage MNL MMC 0205 and Group Policy Number MNL MMP 0205, underwritten by Madison National Life Insurance Company, Inc., Madison, Wisconsin OR certificate of coverage CLI MMC 0205, Group Policy Number and CLI MMP 0205, underwritten by Companion Life Insurance Company, Columbia, South Carolina. The discount drug feature is not an insurance benefit and is not underwritten or provided by Madison National Life Insurance Company, Inc. or Companion Life Insurance Company. This overview may accompany brochure number 1100.

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