

Why One Deductible *Plus*?

One Deductible Plus is a high deductible health plan (HDHP) that can be paired with a health savings account (HSA). Establishing an HSA is optional and not all One Deductible Plus benefit options meet HSA guidelines.

What makes a high deductible plan HSA-qualified?

Each year the government establishes a set of HSA-qualified HDHP requirements. These requirements are set based on single or family enrollment. A family is defined as an employee and one or more enrolled dependents.

One Deductible Plus key features

Single, common deductible

One deductible applies for the entire family which makes the plan easy to understand and track.

Flexible benefit design

Pick from a variety of calendar year deductible and coinsurance options to keep premiums affordable. If you decide not to pair your plan with an HSA, benefit options include a comprehensive outpatient copay along with several copay drug coverage options.

Free Health Savings Account (HSA) included

Each of your covered employees will receive a personal HSA at no additional charge featuring:

- No monthly fees
- Debit card
- No minimum deposit
- Online account access
- Investment options

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.

One Deductible Plus highlights

Features	In-Network	Out-of-Network
Optional comprehensive outpatient copay <ul style="list-style-type: none">• Physician services, X-ray and lab, CT scans, MRIs, injections and outpatient surgery• Benefit applies separately to each provider bill per day• HSA-qualified plans must choose the "no copay" option	Copay: no copay, \$20 or \$30 If no copay is selected: Subject to deductible and coinsurance or If \$20 or \$30 is selected: 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
Routine 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. This information should not, in any way, be construed as providing tax or legal advice. Always consult your tax or legal advisor with any questions. Check Internal Revenue Code Section 213(d) for additional information.

Features	In-Network		Out-of-Network	
Calendar year deductible <ul style="list-style-type: none"> 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 Families share one common deductible amount for the calendar year 	Individual \$1,250 \$1,500 \$1,700 \$2,600 \$3,500 \$5,000 \$10,000	Family \$2,500 \$3,000 \$3,400 \$5,200 \$7,000 \$10,000 \$20,000	Individual \$2,500 \$3,000 \$3,400 \$5,200 \$7,000 \$10,000 \$20,000	Family \$5,000 \$6,000 \$6,800 \$10,400 \$14,000 \$20,000 \$40,000
Coinsurance and out-of-pocket maximum <ul style="list-style-type: none"> 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 	Coinsurance 100% 70%	Out-of-pocket maximum individual/family \$0/\$0 \$1,500/\$3,000	Coinsurance 70% 50%	Out-of-pocket maximum individual/family \$3,000/\$6,000 \$3,000/\$6,000
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	Subject to in-network deductible and coinsurance			
Emergency room	Subject to deductible and coinsurance		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	
Specified organ transplants Lifetime maximum: <ul style="list-style-type: none"> Center of Excellence: \$1 million In-network provider: \$400,000 Out-of-network provider: \$200,000 	Subject to copays, deductible and coinsurance		Subject to out-of-network deductible and coinsurance	
Lifetime maximum for all covered charges	\$5 million			

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Outpatient prescription drug coverage options

An HSA-qualified plan must choose the Rx Major Medical or the Bronze option.

RX Major Medical	Subject to deductible and coinsurance
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 non-insurance network discount; prescription drug expenses are not applied to major medical deductible or coinsurance
Bronze	National pharmacy network discount only; prescription drug expenses are not applied to deductible or coinsurance. This non-insurance benefit is included in your plan at no additional cost if no other drug coverage option is selected.

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.

Wellness coverage - Benefit includes routine physicals, vision exams, hearing exams, immunizations and well-child care. No waiting period is required and there is no annual deductible. After the outpatient copay, if elected, the plan pays 100% up to the selected maximum benefit of \$250 or \$500 per covered person per calendar year.

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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