IAC Group Health Plans - Traditions Plan

Simple Solutions for Small Group Employers

Plan Overview	
In-Network Individual Calendar-Year Deductible[2] *Non-Network is 3x In-Network* *Family Max is 3x Individual*	❑ $500 ❑ $1,000 ❑ $1,500 ❑ $2,000 ❑ $4,000 ❑ $6,000 ❑ $8,000
Coinsurance Options Network/Non-Network	❑ 90% / 70% ❑ 80% / 50% ❑ 100%[1] / 70% (available on deductibles of $2,000 or more)
In-Network Individual Out-of-Pocket Maximum[2] *Non-Network is 3x In-Network* *Family Max is 3x Individual*	❑ $1,500 ❑ $2,000 ❑ $3,000 ❑ $4,000 ❑ $5,000
Calendar-Year Maximum Per Insured	$2 Million
Lifetime Maximum Per Insured	$5 Million

Plan Benefits	In-Network	Out-of-Network
Physician Office Visit or Urgent Care Facility Visit	$40 Copay or Deductible and Coinsurance	Deductible and Coinsurance
Routine Mammography and Routine Pap Smear[3]	100% of Covered Charges	100% of Covered Charges
Outpatient Diagnostic Lab, X-ray and Tests Performed by Lab*One*[3]	100% of Covered Charges	N/A
Outpatient Diagnostic Lab, X-ray and Tests Not Performed by Lab*One*	$40 Copay then, 100% of covered charges up to $150. Covered expenses greater than $150 subject to Deductible and Coinsurance ***or*** No Copay; charges subject to Deductible and Coinsurance	Deductible and Coinsurance
MRI, CT and Nuclear Imaging	Deductible and Coinsurance	Deductible and Coinsurance
Ambulance (all providers) and Emergency Room (ER copay waived if admitted)	$100 Copay, then Deductible and Coinsurance	$100 Copay, then Deductible and Coinsurance
Inpatient Surgical Services and Confinement	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient Surgery	Deductible and Coinsurance	Deductible and Coinsurance
General Outpatient Medical Services and Supplies; Non-Surgical Back Treatment	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient Mental, Nervous, and Chemical Dependency Care	Deductible and 50% Coinsurance	Deductible and 50% Coinsurance

1. The in-network out-of-pocket maximum is equal to the in-network deductible.
2. Amount excludes any provider copays and/or Rx deductibles/copays. Out-of-pocket maximum also excludes calendar-year deductible. Once the out-of-network deductible has been satisfied, the in-network deductible is deemed satisfied. Once the out-of-network maximum out-of-pocket has been satisfied, the in-network deductible and maximum out-of-pocket are deemed satisfied.
3. Deductible, coinsurance and copay waived.

Note: Plan overview complements the IAC Group Health Plans brochure. See Certificate of Coverage for details.

Outpatient Prescription Drug Options

Option 1

Provides a discount on prescription drug purchases at participating Express Scripts pharmacies.

This is not an insurance benefit.

Option 2

Generic	$15
Specialty Drugs	$90

$250 deductible per insured per calendar year, then:

Preferred Brand	$45
Non-Preferred Brand	$60

Option 3

Generic	$10
Preferred Brand	$25
Non-Preferred Brand	$40
Specialty Drugs	$50

Option 4

All covered prescription drug purchases apply toward the medical deductible and coinsurance.

Add an HRA to this plan!

Administered by:

Insurers Administrative Corporation
Independence Holding Group

Medical insurance underwritten by:

Standard Security Life Insurance Company
Independence Holding Group

CONSULT THE CERTIFICATE OF COVERAGE FOR A COMPLETE DESCRIPTION OF THE CHARGES, SERVICES AND SUPPLIES EXCLUDED FROM COVERAGE.

Major Medical Exclusions
Except as specifically provided for in the policy, expenses for any of the following are excluded from coverage:

- Equipment, other than durable medical equipment
- Prophylactic treatment, surgery or diagnostic testing
- Human organ or tissue transplant expenses, any surgical removal of an organ or tissue unless medically necessary or any service or supply in connection with the implant of an artificial organ
- Over-the-counter medications and outpatient prescription drugs, including specialty medications
- Any treatment, service, supply or prescription not recommended by a physician, which is not due to a sickness or injury, which is not medically necessary, for which no charge is made, the insured or we are not required to pay, or is provided by a government owned or operated facility or by a government employed health care provider(s)
- Hospital and physician charges for weekend hospital admissions occurring between noon Friday and noon the following Sunday for non-emergency procedures, unless medically necessary or surgery is scheduled for the next day
- An injury or sickness which arises out of or in the course of any employment for wage or profit unless the optional 24-hour Occupational Rider is elected or is payable under any Workers' Compensation or occupational disease law
- An injury or sickness incurred while on active duty with the military of any country or international organization, resulting from war or any act of war (declared or undeclared), participating in a riot or insurrection, or during the commission or attempted commission of a crime or felony or while engaged in an illegal act, or while imprisoned
- Treatment, services or supplies for a loss sustained, incurred due to, or contracted as a consequence of an Insured (a) being intoxicated or (b) being under the influence of any illegal narcotic, barbiturate, hallucinatory or other drug, unless administered by a Physician and taken in accordance with the prescribed dosage
- Treatment, services or supplies related to: (a) the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids; and (e) dental implants, regardless of the cause
- Treatment, services or supplies for temporomandibular joint (TMJ) dysfunction, or for retrognathism, microtrognathism, to reposition the maxilla (upper jaw), mandible (lower jaw), or both maxilla and mandible, unless due to an Injury, which occurs while covered under the Policy, to Sound Natural Teeth, provided that such treatment is received within 12 months following the date of Injury
- Cosmetic surgery which does not restore bodily function or complications of such surgery unless the surgery applies to Charges for or related to the correction of a congenital anomaly
- Treatment, services or supplies for (a) breast augmentation; (b) the removal of breast implants unless medically necessary and related to surgery performed as reconstructive surgery due to a sickness; and (c) breast reduction surgery unless medically necessary due to a sickness
- Corrective eye surgery, routine eye exams, glasses, visual therapy, contact lenses, routine hearing exams and the purchase, fittings or adjustments of hearing aids
- Contraceptive devices, including injectible, implantable or intradermal patch contraceptives, and any professional service fees related to the insertion or removal of such contraceptives
- Pregnancy unless the Optional Pregnancy Benefit Rider is elected
- Penile implants, fertility and sterility studies, impregnation techniques, treatment, services or supplies: (a) to restore or enhance fertility; or (b) to reverse sterilization; sexual reassignments or sexual dysfunctions or inadequacies
- Voluntary abortion; except if the life of the mother would be in danger if the fetus were carried to term, except for complications of a voluntary abortion
- Attempted suicide or intentionally self-inflicted Injury or sickness, while sane or insane
- Treatment, services or supplies for mental, nervous or chemical dependency disorders
- The voluntary taking of poison; or the voluntary inhaling of gas
- Treatment, services or supplies to eliminate or reduce a dependency on or an addiction to tobacco or nicotine
- Marriage or family counseling, recreational therapy, equine therapy, educational therapy, social therapy, sex therapy, physical, speech and occupational therapy, meridian therapy (acupuncture), except when used in lieu of an anesthetic
- Treatment, services or supplies related to paring or removal of corns, calluses, bunions or toenails (other than partial or complete removal of nail roots), except for a metabolic disease or a peripheral-vascular disease
- Orthotics or treatment, services or supplies related to the feet by means of posting or strapping, or range of motion studies
- Treatment, services or supplies for obesity or weight reduction, including all forms of surgery
- Treatment, services or supplies received from a physician, nurse or other provider if such person: (a) is a close relative of the insured or is an employee of the same employer as the insured, or (b) lives in the same household as the Insured, except for charges rendered while a hospital inpatient
- Treatment, services or supplies that are experimental or investigational
- Private duty nursing and custodial care
- Treatment, services or supplies received or purchased outside the United States unless the charges are incurred while traveling on business or for pleasure, for a period not to exceed 90 days, and the charges are incurred for emergency care, provided the treatment, services or supplies used in connection with the emergency care are approved for use in the United States
- Any education or training materials or inpatient personal convenience items
- Telephone consultations, missed appointment fees, fees for completing claim forms, fees related to obtaining hospital pre-certification, and fees related to the provision of medical records
- Treatment, services or supplies for complications of conditions that are not covered under the policy except for complications of a voluntary abortion
- Hypnosis
- Therapeutic release of nuclear energy

IAC Group Health Plans - Advantage Plan

Simple Solutions for Small Group Employers

Plan Overview	
In-Network Individual Calendar-Year Deductible[1] *Non-Network is 3x In-Network* *Family Max is 3x Individual*	❑ $1,000 ❑ $1,500 ❑ $2,000 ❑ $5,000
Coinsurance Network/Non-Network	❑ 80% / 50%
In-Network Individual Out-of-Pocket Maximum[1] *Non-Network is 3x In-Network* *Family Max is 2x Individual*	Medical Services & Supplies ❑ $2,000 ❑ $3,000 ❑ $4,000 Inpatient Surgical Services & Confinement and Outpatient Surgery ❑ $4,000 ❑ $5,000 ❑ $6,000
Calendar-Year Maximum Per Insured	$2 Million
Lifetime Maximum Per Insured	$5 Million

Plan Benefits	In-Network	Out-of-Network
Physician Office Visit or Urgent Care Facility Visit	$40 Copay or Deductible and Coinsurance	Deductible and Coinsurance
Routine Mammography and Routine Pap Smear[2]	100% of Covered Charges	100% of Covered Charges
Outpatient Diagnostic Lab, X-ray and Tests Performed by Lab*One*[2]	100% of Covered Charges	N/A
Outpatient Diagnostic Lab, X-ray and Tests Not Performed by Lab*One*	Deductible and Coinsurance	Deductible and Coinsurance
MRI, CT and Nuclear Imaging	Deductible and Coinsurance	Deductible and Coinsurance
Ambulance (all providers) and Emergency Room (ER copay waived if admitted)	$100 Copay, then Deductible and Coinsurance	$100 Copay, then Deductible and Coinsurance
Inpatient Surgical Services and Confinement	$250 Copay, then Deductible and Coinsurance	$250 Copay, then Deductible and Coinsurance
Outpatient Surgery	Deductible and Coinsurance	Deductible and Coinsurance
General Outpatient Medical Services and Supplies; Non-Surgical Back Treatment	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient Mental, Nervous, and Chemical Dependency Care	Deductible and 50% Coinsurance	Deductible and 50% Coinsurance

1. Amount excludes any provider copays and/or Rx deductibles/copays. Out-of-pocket maximum also excludes calendar-year deductible. Once the out-of-network deductible has been satisfied, the in-network deductible is deemed satisfied. Once the out-of-network maximum out-of-pocket has been satisfied, the in-network deductible and maximum out-of-pocket are deemed satisfied.

2. Deductible, coinsurance and copay waived.

Note: Plan overview complements the IAC Group Health Plans brochure. See Certificate of Coverage for details.

Outpatient Prescription Drug Options

Option 1

Provides a discount on prescription drug purchases at participating Express Scripts pharmacies.

This is not an insurance benefit.

Option 2

Generic	$15
Specialty Drugs	$90

$250 deductible per insured per calendar year, then:

Preferred Brand	$45
Non-Preferred Brand	$60

Option 3

Generic	$10
Preferred Brand	$25
Non-Preferred Brand	$40
Specialty Drugs	$50

Option 4

All covered prescription drug purchases apply toward the medical deductible and coinsurance.

Add an HRA to this plan!

Administered by:

Insurers Administrative Corporation
Independence Holding Group

Medical insurance underwritten by:

Standard Security Life Insurance Company
Independence Holding Group

CONSULT THE CERTIFICATE OF COVERAGE FOR A COMPLETE DESCRIPTION OF THE CHARGES, SERVICES AND SUPPLIES EXCLUDED FROM COVERAGE.

Major Medical Exclusions
Except as specifically provided for in the policy, expenses for any of the following are excluded from coverage:

- Equipment, other than durable medical equipment
- Prophylactic treatment, surgery or diagnostic testing
- Human organ or tissue transplant expenses, any surgical removal of an organ or tissue unless medically necessary or any service or supply in connection with the implant of an artificial organ
- Over-the-counter medications and outpatient prescription drugs, including specialty medications
- Any treatment, service, supply or prescription not recommended by a physician, which is not due to a sickness or injury, which is not medically necessary, for which no charge is made, the insured or we are not required to pay, or is provided by a government owned or operated facility or by a government employed health care provider(s)
- Hospital and physician charges for weekend hospital admissions occurring between noon Friday and noon the following Sunday for non-emergency procedures, unless medically necessary or surgery is scheduled for the next day
- An injury or sickness which arises out of or in the course of any employment for wage or profit unless the optional 24-hour Occupational Rider is elected or is payable under any Workers' Compensation or occupational disease law
- An injury or sickness incurred while on active duty with the military of any country or international organization, resulting from war or any act of war (declared or undeclared), participating in a riot or insurrection, or during the commission or attempted commission of a crime or felony or while engaged in an illegal act, or while imprisoned
- Treatment, services or supplies for a loss sustained, incurred due to, or contracted as a consequence of an Insured (a) being intoxicated or (b) being under the influence of any illegal narcotic, barbiturate, hallucinatory or other drug, unless administered by a Physician and taken in accordance with the prescribed dosage
- Treatment, services or supplies related to: (a) the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids; and (e) dental implants, regardless of the cause
- Treatment, services or supplies for temporomandibular joint (TMJ) dysfunction, or for retrognathism, microtrognathism, to reposition the maxilla (upper jaw), mandible (lower jaw), or both maxilla and mandible, unless due to an Injury, which occurs while covered under the Policy, to Sound Natural Teeth, provided that such treatment is received within 12 months following the date of Injury
- Cosmetic surgery which does not restore bodily function or complications of such surgery unless the surgery applies to Charges for or related to the correction of a congenital anomaly
- Treatment, services or supplies for (a) breast augmentation; (b) the removal of breast implants unless medically necessary and related to surgery performed as reconstructive surgery due to a sickness; and (c) breast reduction surgery unless medically necessary due to a sickness
- Corrective eye surgery, routine eye exams, glasses, visual therapy, contact lenses, routine hearing exams and the purchase, fittings or adjustments of hearing aids
- Contraceptive devices, including injectible, implantable or intradermal patch contraceptives, and any professional service fees related to the insertion or removal of such contraceptives
- Pregnancy unless the Optional Pregnancy Benefit Rider is elected
- Penile implants, fertility and sterility studies, impregnation techniques, treatment, services or supplies: (a) to restore or enhance fertility; or (b) to reverse sterilization; sexual reassignments or sexual dysfunctions or inadequacies
- Voluntary abortion; except if the life of the mother would be in danger if the fetus were carried to term, except for complications of a voluntary abortion
- Attempted suicide or intentionally self-inflicted Injury or sickness, while sane or insane
- Treatment, services or supplies for mental, nervous or chemical dependency disorders
- The voluntary taking of poison; or the voluntary inhaling of gas
- Treatment, services or supplies to eliminate or reduce a dependency on or an addiction to tobacco or nicotine
- Marriage or family counseling, recreational therapy, equine therapy, educational therapy, social therapy, sex therapy, physical, speech and occupational therapy, meridian therapy (acupuncture), except when used in lieu of an anesthetic
- Treatment, services or supplies related to paring or removal of corns, calluses, bunions or toenails (other than partial or complete removal of nail roots), except for a metabolic disease or a peripheral-vascular disease
- Orthotics or treatment, services or supplies related to the feet by means of posting or strapping, or range of motion studies
- Treatment, services or supplies for obesity or weight reduction, including all forms of surgery
- Treatment, services or supplies received from a physician, nurse or other provider if such person: (a) is a close relative of the insured or is an employee of the same employer as the insured, or (b) lives in the same household as the Insured, except for charges rendered while a hospital inpatient
- Treatment, services or supplies that are experimental or investigational
- Private duty nursing and custodial care
- Treatment, services or supplies received or purchased outside the United States unless the charges are incurred while traveling on business or for pleasure, for a period not to exceed 90 days, and the charges are incurred for emergency care, provided the treatment, services or supplies used in connection with the emergency care are approved for use in the United States
- Any education or training materials or inpatient personal convenience items
- Telephone consultations, missed appointment fees, fees for completing claim forms, fees related to obtaining hospital pre-certification, and fees related to the provision of medical records
- Treatment, services or supplies for complications of conditions that are not covered under the policy except for complications of a voluntary abortion
- Hypnosis
- Therapeutic release of nuclear energy

IAC Group Health Plans - Saver Plan

Simple Solutions for Small Group Employers

Plan Overview	
In-Network Individual Calendar-Year Deductible[1] *Non-Network is 3x In-Network* *Family Max is 3x Individual*	❑ $750 (applies to all covered charges)
Coinsurance Network/Non-Network	❑ 100% / 70%
In-Network Individual Out-of-Pocket Maximum[2] *Non-Network is 3x In-Network* *Family Max is 3x Individual*	Medical Services & Supplies and Outpatient Surgical Services ❑ $0 Inpatient Surgical Services and Confinement ❑ $4,000 or ❑ $8,000
Calendar-Year Maximum Per Insured	$2 Million
Lifetime Maximum Per Insured	$5 Million

Plan Benefits	In-Network	Out-of-Network
Physician Office Visit or Urgent Care Facility Visit	Deductible, then $40 Copay, then 100%	Deductible, then $70 Copay, then 70%
Routine Mammography and Routine Pap Smear[3]	100% of Covered Charges	100% of Covered Charges
Outpatient Diagnostic Lab, X-ray and Tests Performed by Lab*One*[3]	100% of Covered Charges	N/A
Outpatient Diagnostic Lab, X-ray and Tests Not Performed by Lab*One*	Deductible, then $40 Copay, then 100%	Deductible, then $70 Copay, then 70%
MRI, CT and Nuclear Imaging	Deductible, then $200 Copay, then 100%	Deductible, then $400 Copay, then 70%
Ambulance (all providers) and Emergency Room (ER copay waived if admitted)	Deductible, then $200 Copay, then 100%	Deductible, then $400 Copay, then 70%
Inpatient Surgical Services and Confinement[4]	Deductible, then $500 Copay per day, then 100%	Deductible, then $750 Copay per day, then 70%
Outpatient Surgery	Deductible, then $200 Copay, then 100%	Deductible, then $400 Copay, then 70%
Outpatient Mental, Nervous, and Chemical Dependency Care	Deductible, then $40 Copay 50% Coinsurance	Deductible, then $70 Copay 50% Coinsurance

Outpatient Prescription Drug Options

Option 1

Provides a discount on prescription drug purchases at participating Express Scripts pharmacies.

This is not an insurance benefit.

Option 2

Generic	$15
Specialty Drugs	$90

$250 deductible per insured per calendar year, then:

Preferred Brand	$45
Non-Preferred Brand	$60

Option 3

Generic	$10
Preferred Brand	$25
Non-Preferred Brand	$40
Specialty Drugs	$50

Add an HRA to this plan!

1. Amount excludes any provider copays and/or Rx deductibles/copays. Out-of-pocket maximum also excludes calendar-year deductible. Once the out-of-network deductible has been satisfied, the in-network deductible is deemed satisfied. Once the out-of-network maximum out-of-pocket has been satisfied, the in-network deductible and maximum out-of-pocket are deemed satisfied.

2. Non-network individual out-of-pocket maximum is $10,000.

3. Deductible, coinsurance and copay waived.

4. Copays for inpatient surgical services and confinement count toward satisfying the inpatient surgical services and confinement out-of-pocket maximum.

Note: Plan overview complements the IAC Group Health Plans brochure. See Certificate of Coverage for details.

Administered by:

Insurers Administrative Corporation
Independence Holding Group

Medical insurance underwritten by:

Standard Security Life Insurance Company
Independence Holding Group

CONSULT THE CERTIFICATE OF COVERAGE FOR A COMPLETE DESCRIPTION OF THE CHARGES, SERVICES AND SUPPLIES EXCLUDED FROM COVERAGE.

Major Medical Exclusions
Except as specifically provided for in the policy, expenses for any of the following are excluded from coverage:

- Equipment, other than durable medical equipment
- Prophylactic treatment, surgery or diagnostic testing
- Human organ or tissue transplant expenses, any surgical removal of an organ or tissue unless medically necessary or any service or supply in connection with the implant of an artificial organ
- Over-the-counter medications and outpatient prescription drugs, including specialty medications
- Any treatment, service, supply or prescription not recommended by a physician, which is not due to a sickness or injury, which is not medically necessary, for which no charge is made, the insured or we are not required to pay, or is provided by a government owned or operated facility or by a government employed health care provider(s)
- Hospital and physician charges for weekend hospital admissions occurring between noon Friday and noon the following Sunday for non-emergency procedures, unless medically necessary or surgery is scheduled for the next day
- An injury or sickness which arises out of or in the course of any employment for wage or profit unless the optional 24-hour Occupational Rider is elected or is payable under any Workers' Compensation or occupational disease law
- An injury or sickness incurred while on active duty with the military of any country or international organization, resulting from war or any act of war (declared or undeclared), participating in a riot or insurrection, or during the commission or attempted commission of a crime or felony or while engaged in an illegal act, or while imprisoned
- Treatment, services or supplies for a loss sustained, incurred due to, or contracted as a consequence of an Insured (a) being intoxicated or (b) being under the influence of any illegal narcotic, barbiturate, hallucinatory or other drug, unless administered by a Physician and taken in accordance with the prescribed dosage
- Treatment, services or supplies related to: (a) the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids; and (e) dental implants, regardless of the cause
- Treatment, services or supplies for temporomandibular joint (TMJ) dysfunction, or for retrognathism, microtrognathism, to reposition the maxilla (upper jaw), mandible (lower jaw), or both maxilla and mandible, unless due to an Injury, which occurs while covered under the Policy, to Sound Natural Teeth, provided that such treatment is received within 12 months following the date of Injury
- Cosmetic surgery which does not restore bodily function or complications of such surgery unless the surgery applies to Charges for or related to the correction of a congenital anomaly
- Treatment, services or supplies for (a) breast augmentation; (b) the removal of breast implants unless medically necessary and related to surgery performed as reconstructive surgery due to a sickness; and (c) breast reduction surgery unless medically necessary due to a sickness
- Corrective eye surgery, routine eye exams, glasses, visual therapy, contact lenses, routine hearing exams and the purchase, fittings or adjustments of hearing aids
- Contraceptive devices, including injectible, implantable or intradermal patch contraceptives, and any professional service fees related to the insertion or removal of such contraceptives
- Pregnancy unless the Optional Pregnancy Benefit Rider is elected
- Penile implants, fertility and sterility studies, impregnation techniques, treatment, services or supplies: (a) to restore or enhance fertility; or (b) to reverse sterilization; sexual reassignments or sexual dysfunctions or inadequacies
- Voluntary abortion; except if the life of the mother would be in danger if the fetus were carried to term, except for complications of a voluntary abortion
- Attempted suicide or intentionally self-inflicted Injury or sickness, while sane or insane
- Treatment, services or supplies for mental, nervous or chemical dependency disorders
- The voluntary taking of poison; or the voluntary inhaling of gas
- Treatment, services or supplies to eliminate or reduce a dependency on or an addiction to tobacco or nicotine
- Marriage or family counseling, recreational therapy, equine therapy, educational therapy, social therapy, sex therapy, physical, speech and occupational therapy, meridian therapy (acupuncture), except when used in lieu of an anesthetic
- Treatment, services or supplies related to paring or removal of corns, calluses, bunions or toenails (other than partial or complete removal of nail roots), except for a metabolic disease or a peripheral-vascular disease
- Orthotics or treatment, services or supplies related to the feet by means of posting or strapping, or range of motion studies
- Treatment, services or supplies for obesity or weight reduction, including all forms of surgery
- Treatment, services or supplies received from a physician, nurse or other provider if such person: (a) is a close relative of the insured or is an employee of the same employer as the insured, or (b) lives in the same household as the Insured, except for charges rendered while a hospital inpatient
- Treatment, services or supplies that are experimental or investigational
- Private duty nursing and custodial care
- Treatment, services or supplies received or purchased outside the United States unless the charges are incurred while traveling on business or for pleasure, for a period not to exceed 90 days, and the charges are incurred for emergency care, provided the treatment, services or supplies used in connection with the emergency care are approved for use in the United States
- Any education or training materials or inpatient personal convenience items
- Telephone consultations, missed appointment fees, fees for completing claim forms, fees related to obtaining hospital pre-certification, and fees related to the provision of medical records
- Treatment, services or supplies for complications of conditions that are not covered under the policy except for complications of a voluntary abortion
- Hypnosis
- Therapeutic release of nuclear energy

IAC Group Health Plans - Daily Plan

Simple Solutions for Small Group Employers

Plan Overview	
In-Network Individual Daily Deductible Options[1] *Non-Network is 3x In-Network* *Family Max is 2x Individual*	❑ $250 ❑ $500
Coinsurance Network/Non-Network	❑ 100% / 100%
In-Network Individual Out-of-Pocket Maximum[1] *Non-Network is 2x In-Network* *Family Max is 2x Individual*	❑ $4,000 ❑ $6,000 ❑ $8,000
Calendar-Year Maximum Per Insured	$2 Million
Lifetime Maximum Per Insured	$5 Million

Plan Benefits	In-Network	Out-of-Network
Physician Office Visit or Urgent Care Facility Visit	$40 Copay, then 100%	100% after Daily Deductible
Routine Mammography and Routine Pap Smear[2]	100% of Covered Charges	100% of Covered Charges
Outpatient Diagnostic Lab, X-ray and Tests Performed by Lab*One*[2]	100% of Covered Charges	N/A
Outpatient Diagnostic Lab, X-ray and Tests Not Performed by Lab*One*	100% after Daily Deductible	100% after Daily Deductible
MRI, CT and Nuclear Imaging	100% after Daily Deductible	100% after Daily Deductible
Ambulance (all providers) and Emergency Room (ER copay waived if admitted)	100% after Daily Deductible	100% after Daily Deductible
Inpatient Surgical Services and Confinement	100% after Daily Deductible	100% after Daily Deductible
Outpatient Surgery	100% after Daily Deductible	100% after Daily Deductible
General Outpatient Medical Services and Supplies; Non-Surgical Back Treatment	100% after Daily Deductible	100% after Daily Deductible
Outpatient Mental, Nervous, and Chemical Dependency Care	100% after Daily Deductible	100% after Daily Deductible

1. Amount excludes any provider copays and/or Rx deductibles/copays. Once the out-of-network maximum out-of-pocket has been satisfied, the in-network deductible and maximum out-of-pocket are deemed satisfied.

2. Daily deductible and copay waived.

Note: Plan overview complements the IAC Group Health Plans brochure. See Certificate of Coverage for details.

Outpatient Prescription Drug Options

Option 1

Provides a discount on prescription drug purchases at participating Express Scripts pharmacies.

This is not an insurance benefit.

Option 2

Generic	$15
Specialty Drugs	$90

$250 deductible per insured per calendar year, then:

Preferred Brand	$45
Non-Preferred Brand	$60

Option 3

Generic	$10
Preferred Brand	$25
Non-Preferred Brand	$40
Specialty Drugs	$50

Add an HRA to this plan!

Administered by:

Insurers Administrative Corporation
Independence Holding Group

Medical insurance underwritten by:

Standard Security Life Insurance Company
Independence Holding Group

CONSULT THE CERTIFICATE OF COVERAGE FOR A COMPLETE DESCRIPTION OF THE CHARGES, SERVICES AND SUPPLIES EXCLUDED FROM COVERAGE.

Major Medical Exclusions
Except as specifically provided for in the policy, expenses for any of the following are excluded from coverage:

- Equipment, other than durable medical equipment
- Prophylactic treatment, surgery or diagnostic testing
- Human organ or tissue transplant expenses, any surgical removal of an organ or tissue unless medically necessary or any service or supply in connection with the implant of an artificial organ
- Over-the-counter medications and outpatient prescription drugs, including specialty medications
- Any treatment, service, supply or prescription not recommended by a physician, which is not due to a sickness or injury, which is not medically necessary, for which no charge is made, the insured or we are not required to pay, or is provided by a government owned or operated facility or by a government employed health care provider(s)
- Hospital and physician charges for weekend hospital admissions occurring between noon Friday and noon the following Sunday for non-emergency procedures, unless medically necessary or surgery is scheduled for the next day
- An injury or sickness which arises out of or in the course of any employment for wage or profit unless the optional 24-hour Occupational Rider is elected or is payable under any Workers' Compensation or occupational disease law
- An injury or sickness incurred while on active duty with the military of any country or international organization, resulting from war or any act of war (declared or undeclared), participating in a riot or insurrection, or during the commission or attempted commission of a crime or felony or while engaged in an illegal act, or while imprisoned
- Treatment, services or supplies for a loss sustained, incurred due to, or contracted as a consequence of an Insured (a) being intoxicated or (b) being under the influence of any illegal narcotic, barbiturate, hallucinatory or other drug, unless administered by a Physician and taken in accordance with the prescribed dosage
- Treatment, services or supplies related to: (a) the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids; and (e) dental implants, regardless of the cause
- Treatment, services or supplies for temporomandibular joint (TMJ) dysfunction, or for retrognathism, microtrognathism, to reposition the maxilla (upper jaw), mandible (lower jaw), or both maxilla and mandible, unless due to an Injury, which occurs while covered under the Policy, to Sound Natural Teeth, provided that such treatment is received within 12 months following the date of Injury
- Cosmetic surgery which does not restore bodily function or complications of such surgery unless the surgery applies to Charges for or related to the correction of a congenital anomaly
- Treatment, services or supplies for (a) breast augmentation; (b) the removal of breast implants unless medically necessary and related to surgery performed as reconstructive surgery due to a sickness; and (c) breast reduction surgery unless medically necessary due to a sickness
- Corrective eye surgery, routine eye exams, glasses, visual therapy, contact lenses, routine hearing exams and the purchase, fittings or adjustments of hearing aids
- Contraceptive devices, including injectible, implantable or intradermal patch contraceptives, and any professional service fees related to the insertion or removal of such contraceptives
- Pregnancy unless the Optional Pregnancy Benefit Rider is elected
- Penile implants, fertility and sterility studies, impregnation techniques, treatment, services or supplies: (a) to restore or enhance fertility; or (b) to reverse sterilization; sexual reassignments or sexual dysfunctions or inadequacies
- Voluntary abortion; except if the life of the mother would be in danger if the fetus were carried to term, except for complications of a voluntary abortion
- Attempted suicide or intentionally self-inflicted Injury or sickness, while sane or insane
- Treatment, services or supplies for mental, nervous or chemical dependency disorders
- The voluntary taking of poison; or the voluntary inhaling of gas
- Treatment, services or supplies to eliminate or reduce a dependency on or an addiction to tobacco or nicotine
- Marriage or family counseling, recreational therapy, equine therapy, educational therapy, social therapy, sex therapy, physical, speech and occupational therapy, meridian therapy (acupuncture), except when used in lieu of an anesthetic
- Treatment, services or supplies related to paring or removal of corns, calluses, bunions or toenails (other than partial or complete removal of nail roots), except for a metabolic disease or a peripheral-vascular disease
- Orthotics or treatment, services or supplies related to the feet by means of posting or strapping, or range of motion studies
- Treatment, services or supplies for obesity or weight reduction, including all forms of surgery
- Treatment, services or supplies received from a physician, nurse or other provider if such person: (a) is a close relative of the insured or is an employee of the same employer as the insured, or (b) lives in the same household as the Insured, except for charges rendered while a hospital inpatient
- Treatment, services or supplies that are experimental or investigational
- Private duty nursing and custodial care
- Treatment, services or supplies received or purchased outside the United States unless the charges are incurred while traveling on business or for pleasure, for a period not to exceed 90 days, and the charges are incurred for emergency care, provided the treatment, services or supplies used in connection with the emergency care are approved for use in the United States
- Any education or training materials or inpatient personal convenience items
- Telephone consultations, missed appointment fees, fees for completing claim forms, fees related to obtaining hospital pre-certification, and fees related to the provision of medical records
- Treatment, services or supplies for complications of conditions that are not covered under the policy except for complications of a voluntary abortion
- Hypnosis
- Therapeutic release of nuclear energy

IAC Group Health Plans - HDHP 100%

Simple Solutions for Small Group Employers

Plan Overview	
In-Network Individual/Family* Calendar-Year Deductible[1] *Non-Network is 3x In-Network* **The entire family deductible must be satisfied before the coinsurance benefits are payable for any member on the plan.*	❑ $1,150 Ind / ❑ $2,300 Fam ❑ $1,500 Ind / ❑ $3,000 Fam ❑ $2,000 Ind / ❑ $4,000 Fam ❑ $2,500 Ind / ❑ $5,000 Fam ❑ $3,000 Ind / ❑ $6,000 Fam ❑ $4,000 Ind / ❑ $7,000 Fam ❑ $4,000 Ind / ❑ $8,000 Fam ❑ $5,000 Ind / ❑ $9,000 Fam ❑ $5,000 Ind / ❑ $10,000 Fam
Coinsurance Network/Non-Network	❑ 100% / 70%
In-Network Out-of-Pocket Maximum[1, 2]	Individual ❑ $0 — Family ❑ $0
Calendar-Year Maximum Per Insured	$2 Million
Lifetime Maximum Per Insured	$5 Million

Plan Benefits	In-Network	Out-of-Network
Physician Office Visit or Urgent Care Facility Visit	$40 Copay (not HSA qualified) or Deductible and Coinsurance	Deductible and Coinsurance
Routine Mammography and Routine Pap Smear[3]	100% of Covered Charges	100% of Covered Charges
Outpatient Diagnostic Lab, X-ray and Tests Performed by Lab*One* Select	$40 Copay (not HSA qualified) or Deductible and Coinsurance	Deductible and Coinsurance
Outpatient Diagnostic Lab, X-ray and Tests Not Performed by Lab*One* Select	Deductible and Coinsurance	Deductible and Coinsurance
MRI, CT and Nuclear Imaging	Deductible and Coinsurance	Deductible and Coinsurance
Ambulance (all providers) and Emergency Room (ER copay waived if admitted)	Deductible and Coinsurance	Deductible and Coinsurance
Inpatient Surgical Services and Confinement	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient Surgery	Deductible and Coinsurance	Deductible and Coinsurance
General Outpatient Medical Services and Supplies; Non-Surgical Back Treatment	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient Mental, Nervous, and Chemical Dependency Care	Deductible and 50% Coinsurance	Deductible and 50% Coinsurance

1. Amount excludes any provider copays and/or Rx deductibles/copays. Out-of-pocket maximum also includes calendar-year deductible. Once the out-of-network deductible has been satisfied, the in-network deductible is deemed satisfied. Once the out-of-network maximum out-of-pocket has been satisfied, the in-network deductible and maximum out-of-pocket are deemed satisfied.

2. Non-network out-of-pocket maximum is $1,500 for individuals/ $3,000 for families, plus 3x the non-network deductible.

3. Deductible waived.

Note: Plan overview complements the IAC Group Health Plans brochure. See Certificate of Coverage for details.

Outpatient Prescription Drug Options

Option 1 (HSA qualified)

Provides a discount on prescription drug purchases at participating Express Scripts pharmacies.

This is not an insurance benefit.

Option 2

Generic	$15
Specialty Drugs	$90

$250 deductible per insured per calendar year, then:

Preferred Brand	$45
Non-Preferred Brand	$60

Option 3

Generic	$10
Preferred Brand	$25
Non-Preferred Brand	$40
Specialty Drugs	$50

Option 4 (HSA qualified)

All covered prescription drug purchases apply toward the medical deductible and coinsurance.

Add an HRA or HSA to this qualified High Deductible Health Plan!

Administered by:

Insurers Administrative Corporation
Independence Holding Group

Medical insurance underwritten by:

Standard Security Life Insurance Company
Independence Holding Group

CONSULT THE CERTIFICATE OF COVERAGE FOR A COMPLETE DESCRIPTION OF THE CHARGES, SERVICES AND SUPPLIES EXCLUDED FROM COVERAGE.

Major Medical Exclusions
Except as specifically provided for in the policy, expenses for any of the following are excluded from coverage:

- Equipment, other than durable medical equipment
- Prophylactic treatment, surgery or diagnostic testing
- Human organ or tissue transplant expenses, any surgical removal of an organ or tissue unless medically necessary or any service or supply in connection with the implant of an artificial organ
- Over-the-counter medications and outpatient prescription drugs, including specialty medications
- Any treatment, service, supply or prescription not recommended by a physician, which is not due to a sickness or injury, which is not medically necessary, for which no charge is made, the insured or we are not required to pay, or is provided by a government owned or operated facility or by a government employed health care provider(s)
- Hospital and physician charges for weekend hospital admissions occurring between noon Friday and noon the following Sunday for non-emergency procedures, unless medically necessary or surgery is scheduled for the next day
- An injury or sickness which arises out of or in the course of any employment for wage or profit unless the optional 24-hour Occupational Rider is elected or is payable under any Workers' Compensation or occupational disease law
- An injury or sickness incurred while on active duty with the military of any country or international organization, resulting from war or any act of war (declared or undeclared), participating in a riot or insurrection, or during the commission or attempted commission of a crime or felony or while engaged in an illegal act, or while imprisoned
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IAC Group Health Plans - HDHP 80%

Simple Solutions for Small Group Employers

Plan Overview	
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Coinsurance Network/Non-Network	❑ 80% / 50%
In-Network Out-of-Pocket Maximum[1] *Non-Network is 2x In-Network*	Individual: ❑ $1,500 — Family: ❑ $3,000
Calendar-Year Maximum Per Insured	$2 Million
Lifetime Maximum Per Insured	$5 Million

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Independence Holding Group

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