inhealth
OHIO'S NONPROFIT MUTUAL INSURER

2015 Small Group Plan
InHealth Gold 2000 HSA

Benefits	Network	Non-Network
Deductible (Individual/Family)	$2,000/$4,000	$5,000/$10,000
Embedded or Aggregate Deductible*	Aggregate	
Co-Insurance % (What YOU pay after your deductible)	0%	50%
Maximum Out-of-Pocket (Individual/Family) (Includes Deductible, Co-Insurance and All Co-Pays)	$2,000/$4,000	$10,000/$20,000
Office Visit		
Primary Care/Behavioral Health Provider	0%	50%
Specialist	0%	50%
Preventive Service (per Federal Laws) †	No Charge	50%
Inpatient Hospitalization	0%	50%
Imaging (PET/CAT Scan, MRI's)	0%	50%
Maternity	0%	50%
Urgent Care	0%	50%
Ambulance	0%	50%
Emergency Room	0%	0%
Prescription Drug		
Retail Pharmacy		
Generic	0%	50% (minimum $60)
Preferred Brand	0%	50% (minimum $60)
Non-Preferred Brand	0%	50% (minimum $60)
Specialty	0%	50% (minimum $60)
Mail Order (90 Days Supply)‡	0%	50% (minimum $60)

* **Embedded Deductible:** Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.
Aggregate Deductible: For Family coverage, the entire Family Annual Deductible must be met before co-pay or coinsurance is applied for any individual family member.

† In accordance with Federal laws, Preventive Services are covered at 100% without regard to annual deductible being met.

‡ Mail Order for Specialty Prescription Drugs limited to 30 Day Supply.

Benefits will be determined based on InHealth Mutual's medical and administrative policies and procedures. This document is for illustrative purposes only. This is not a contract for insurance. The COC will contain a complete listing of covered services.

Deductible and coinsurance expenses incurred for services by a Network provider will only apply to Network Maximum Out-of-Pocket. Likewise, deductible and coinsurance expenses incurred for services by a Non-Network provider will only apply to Non-Network Maximum Out-of-Pocket.

Refer to formulary for list of covered drugs at www.inhealthohio.org "Help me find".

The COC has certain exclusions and limitations. For costs and complete details of coverage call your insurance agent or InHealth Mutual.