



and



Proudly Introduces:

The Health Benefit Alliance Insurance Plan Options for IRWA Members

IRWA is very excited to be partnering with CBIZ Benefits to provide a new health insurance offering to all our members through the Health Benefit Alliance (HBA).

There is a minimum of 2 people from the employer to be a part of the plan (which means plans are effective for 2 or more person(s)). HBA participants choose their coverage from a spectrum of plans that balance their medical needs and economic means. This means that if 2 people from your employer choose to sign up, they may each choose a different plan from the 5 different plan options available.

The attached sheet shows the various plans we are offering effectively immediately. We encourage any interested association members to reach out to the below listed consultant who can assist with any questions.

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The Health Benefit Alliance Insurance Plan Options for IRWA Members

Medical Monthly Billable Rates

Minimum Value Plans (MVP) Satisfying ACA Parts A and B

INN: In-Network/OON: Out-of-Network (excludes direct procurement tax)	MEC 2	MEC 5	MVP Bronze LDM	MVP Silver LDM	MVP Ultra Platinum S Plan*
PHCS/MultiPlan Physician Network	Preventive Plus	Preventive Plus	Limited Day Medical Plan	Limited Day Medical Plan	Traditional" PPO
Single	\$162.63	\$299.55	\$410.05	\$487.02	\$703.86
Employee & Spouse	\$249.01	\$619.93	\$691.27	\$876.21	\$1,414.33
Employee & Child(ren)	\$230.59	\$541.89	\$606.83	\$758.19	\$1,210.32
Family	\$308.84	\$785.51	\$869.03	\$1121.50	\$1,819.00
ACA Preventive and Wellness	Covered 100%	Covered 100%	Covered 100%	Covered 100%	INN: 100%/OON: Ded. & 40%/60% Coins
Deductibles INN/OON	INN/OON: \$0 Deductible	INN/OON: \$0 Deductible	INN/OON: \$0 Deductible	INN/OON: \$0 Deductible	INN: \$0 Deductible OON: \$500/\$1,000
Primary Care/Specialty Care Office Visits INN/OON	\$25/50 Copay 2/2 Visits Max/Year INN: PHCS Rate/OON: 85% UCR	\$25/\$50 Copay 6/6 Visits Max/Year INN: PHCS Rate/OON: 85% UCR	\$25/\$50 Copay 8/8 Visits Max/Year INN: PHCS Rate/OON 85% UCR	\$15/\$25 Copay 10/10 Visits Max/Year INN: PHCS Rate/OON 85% UCR	INN: \$20/\$40 Copay OON: Ded. & 60%/40% Coins
Urgent Care INN/OON	\$50 Copay 2 Visits Max/Plan Year INN: PHCS Rate/OON: 85% UCR	\$50 Copay 2 Visits Max/Plan Year INN: PHCS Rate/OON: 85% UCR	\$50 Copay 2 Visits Max/Year INN: PHCS Rate/OON 85% UCR	\$35 Copay 3 Visits Max/Year INN: PHCS Rate/OON 85% UCR	INN: \$50 Copay/OON: Ded. & Coins
Lab/X-Ray Services (non-hospital based) INN/OON	\$50 Copay 1 Visits Max/Plan Year INN: PHCS rate/OON: 85% UCR	\$50 Copay 3 Visits Max/Year INN: PHCS rate/OON: 85% UCR	\$50 Copay 3 Visits Max/Year INN: PHCS Rate/OON 85% UCR	\$50 Copay 3 Visits Max/Year INN: PHCS Rate/OON 85% UCR	INN: \$50 Copay/OON: Ded. & Coins
Emergency Room RBP*	Not Covered	\$350 Copay* 1 Visit Max/Year	\$350 Copay, 1 Visit Max/Year (RBP*)	\$350 Copay, 1 Visit Max/Year (RBP*)	\$400 Copay (RBP*)
Out-Patient Surgery/Diagnostic Testing RBP*	Not Covered	\$350 Copay 1/1 Visits Max/Year (RBP*)	\$350 Copay per visit 1/1 Visit Max/Year (RBP*)	\$350 Copay per visit 2/2 Visit Max/Year (RBP*)	\$400 Copay per visit (RBP*)
In-Patient Hospital RBP*	Not Covered	\$350 Copay* per admission 3 Days Max/Year	\$350 Copay per admission 5 Days Max/Year (RBP*)	\$350 Copay per admission 7 Days Max/Year (RBP*)	\$400 Copay per admission (RBP*)
Generic Rx: Tier 1 Preventative / Tier 2 Non-Preventative	Tier 1: \$0 Copay Tier 2: \$10 Copay	Tier 1: \$0 Copay Tier 2: \$10 Copay	Tier 1: \$0 Copay Tier 2: 20% Coins	Tier 1: \$0 Copay Tier 2: 20% Coinsurance	Tier 1: \$0 Copay Tier 2: \$10 Copay
Brand Rx Preferred/Non-Preferred	Not Covered	Not Covered	Limited Brand: 20% Coins.	Limited Brand: 20% Coins.	Tier 3: \$40 Copay/Tier 4: \$80 Copay
Specialty Rx	Not Covered	Not Covered	Not Covered	Not Covered	25% Coinsurance
Max Out of Pocket : excl. uncovered days/ svcs	\$7,350/\$14,700	\$7,350/\$14,700	INN/OON: \$7,350/\$14,700	INN/OON: \$5,000/\$10,000	INN: \$2,000/\$13,200/OON: No MOOP
TeleHealth	\$0 Copay Unlimited	\$0 Copay Unlimited	\$0 Copay Unlimited	\$0 Copay Unlimited	\$0 Copay Unlimited
TeleDental	N/A	N/A	\$0 Copay Unlimited	\$0 Copay Unlimited	\$0 Copay Unlimited