

Healthcare Program



 IDA Assurance™

Program sponsored by The International Door Association

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IDA Plan Description

A **HEALTH BENEFIT PROGRAM** designed exclusively for members of the International Door Association. All benefits are guaranteed for the **FULL AMOUNT** under an insurance arrangement between the **SPECIALTY CONTRACTORS BENEFIT TRUST** and certain underwriters at Lloyd's, London.

The IDAssurance Employee Benefits Program is a NON-PROFIT association healthcare plan developed to offer our members an opportunity to provide quality employee benefits at large group pricing. The group health plans can be customized and designed to meet your specific regional market and pricing needs. The networks available for the medical plan have been increased; you decide what network works best for your company. All healthcare benefits are guaranteed for the full amount under an insurance arrangement with certain underwriters at Lloyd's London.

This program is offered exclusively to members of the International Door Association. Non-member firms may receive quotes for the program but membership is required to enroll for coverage.



Please Note: IDAssurance plans may not be available in all states and plan benefits are subject to change.

Schedule of Benefits - Sample

80/60 PLAN (OTHER PLAN OPTIONS AVAILABLE: 100/70, 90/70, 70/50 and HSA-COMPATIBLE PLAN DESIGNS)

PLAN BENEFIT MAXIMUMS

ANNUAL PER PERSON	\$1,000,000
LIFETIME PER PERSON	\$2,000,000 or \$5,000,000

PLAN FEATURES

		NETWORK	NON-NETWORK
DEDUCTIBLE	Individual	\$500	\$1,500
	Family	\$1,500	\$4,500
COINSURANCE LIMIT	Individual	\$2,000	\$6,000
	Family	\$4,000	Unlimited
COINSURANCE RATE		80%	60%
OUT OF AREA COINSURANCE RATE		N/A	70%
HOSPITAL DEDUCTIBLE	Per admission, in addition to Deductible & Coinsurance Rate	\$250	\$250

PHYSICIAN SERVICES

		NETWORK	NON-NETWORK
PRIMARY CARE PHYSICIANS	Co-Pay	\$30	Subject to deductible & Coinsurance Rate
SPECIALISTS	Co-Pay	\$60	Subject to deductible & Coinsurance Rate
PREVENTATIVE SERVICES (including but not limited to the below)	Co-Pay, then 100% In-Network Coinsurance Rate	\$30	Subject to deductible & Coinsurance Rate
WELL BABY CARE UNDER AGE 2	Calendar Year Maximum	\$500	\$500
ROUTINE PHYSICAL EXAM AGE 2 AND OVER	Calendar Year Maximum	\$300	\$200
MAMMOGRAPHY SCREENING	Calendar Year Maximum	\$250	\$250

HOSPITAL SERVICES*

		NETWORK	NON-NETWORK
INPATIENT	Hospital Deductible may apply	80%	60%
OUTPATIENT	Hospital Deductible may apply	80%	60%

*Subject to Deductible, Coinsurance Rate and Coinsurance Limit.

OTHER MAJOR MEDICAL SERVICES*

		NETWORK	NON-NETWORK
LABORATORY / RADIOLOGY / DIAGNOSTIC CARDIOLOGY (Free Standing Facility only)	PCP Co-Pay Applies Deductible waived, then	100%	60%
ALLERGY SKIN TESTING		80%	60%
CHEMOTHERAPY		80%	60%
DIAGNOSTIC IMAGING	Included but not limited to: CT Scans, MRI MRA, PET/SPET Scans, Stress Tests	80%	60%
INFUSION THERAPIES		80%	60%
MAMMOGRAPHY	Non-Screening	80%	60%
MATERNITY SERVICES		80%	60%
PHYSICAL THERAPY (INPATIENT)		80%	60%
RADIATION THERAPY		80%	60%
STERILIZATION PROCEDURES		80%	60%
OTHER PHYSICIAN CHARGES		80%	60%
ANESTHESIOLOGY		80%	60%
OUTPATIENT SURGERY		80%	60%

*Subject to Deductible, Coinsurance Rate and Coinsurance Limit.

Summary of Benefits - Sample

(continued)

EMERGENCY SERVICES		NETWORK	NON-NETWORK
EMERGENCY ROOM	\$100 Co-Pay, Deductible waived, then	80%	60%
URGENT CARE CENTERS	\$40 Co-Pay, Deductible waived, then	80%	60%
AMBULANCE SERVICES	\$5,000 - Calendar Year Maximum	80%	60%

SPECIAL SERVICES*		NETWORK	NON-NETWORK
EXTENDED CARE FACILITY / SKILLED NURSING	60 Days - Calendar Year Maximum	80%	60%
REHABILITATION CARE FACILITY	30 Days - Calendar Year Maximum	80%	60%
HOME HEALTH CARE	120 Visits - Calendar Year Maximum	80%	60%
HOSPICE CARE	180 Days - Calendar Year Maximum \$25,000 LIFETIME MAXIMUM	80%	60%
PHYSICAL AND / OR OCCUPATIONAL THERAPY	\$2,000 - Calendar Year Maximum	80%	60%
SPEECH THERAPY	\$1,000 - Calendar Year Maximum	80%	60%
VISION THERAPY	\$1,000 - Calendar Year Maximum	80%	60%
DURABLE MEDICAL EQUIPMENT	\$10,000 - Calendar Year Maximum	80%	60%
PRE-ADMISSION TESTING	Deductible Waived,	100%	60%
SECOND SURGICAL OPINION	Deductible Waived,	100%	60%
ORGAN TRANSPLANT	\$500,000 - Calendar Year Maximum	80%	50%
ASSISTANT SURGEON FEES	Eligible fees are 20% of covered surgeon fees	80%	60%
MENTAL HEALTH		80%	60%

*Subject to Deductible & Coinsurance Rate and Coinsurance Limit.

OTHER SERVICES**		NETWORK	NON-NETWORK
CHIROPRACTIC CARE (all services, including Physical Therapy performed by a Chiropractor)	PCP Co-Pay applies, then \$1,500 - Calendar Year Maximum	100%	60%
CARDIAC REHABILITATION	\$2,500 - Calendar Year Maximum	50%	50%
SLEEP STUDIES / PAIN THERAPY / FOOT DISORDERS	\$2,500 - Calendar Year Maximum per category	50%	50%
TEMPORO-MANDIBULAR JOINT SYNDROME DYSFUNCTION (TMJ)	\$1,000 LIFETIME MAXIMUM	80%	60%

**Subject to Deductible & Coinsurance Rate - Coinsurance payments do not accrue toward Coinsurance Limit and some services are not eligible for 100% Coinsurance Rate.

RX OPTIONS		RETAIL	MAIL ORDER
DEDUCTIBLE: \$0 OR \$150 BRAND NAME		30 DAY SUPPLY	90 DAY SUPPLY
GENERIC	Co-Pay:	\$5 OR \$10	\$12.50 OR \$25
FORMULARY	Co-Pay:	\$30	\$75.00
NON-FORMULARY	Co-Pay:	\$50 OR \$60	\$125.00 OR \$150.00
INJECTABLE DRUGS	Co-Pay:	20% to \$200	20% to \$600

Please Note: Calendar year deductible amounts apply except where a co-payment is stated. This description is intended as a brief overview of the actual Plan. Please refer to your Summary Plan Description (SPD) for the actual benefits, limitations, and exclusions. If there are any inconsistencies between this schedule and the SPD, the SPD shall govern.