



2015 Individual and Family Plan

A different kind of health insurance.

We were built for you.

InHealth Mutual is a trade name of Coordinated Health Mutual, Inc.



A different kind of partner for the new world of health insurance.

The Affordable Care Act is bringing big changes to every aspect of health insurance. InHealth Mutual was created to be a better option for consumers, businesses—and you. To begin with, we are a CO-OP—a Consumer Operated and Oriented Plan. That means we are making long-term decisions that impact health insurance in a positive way.

Focused on you and your health.

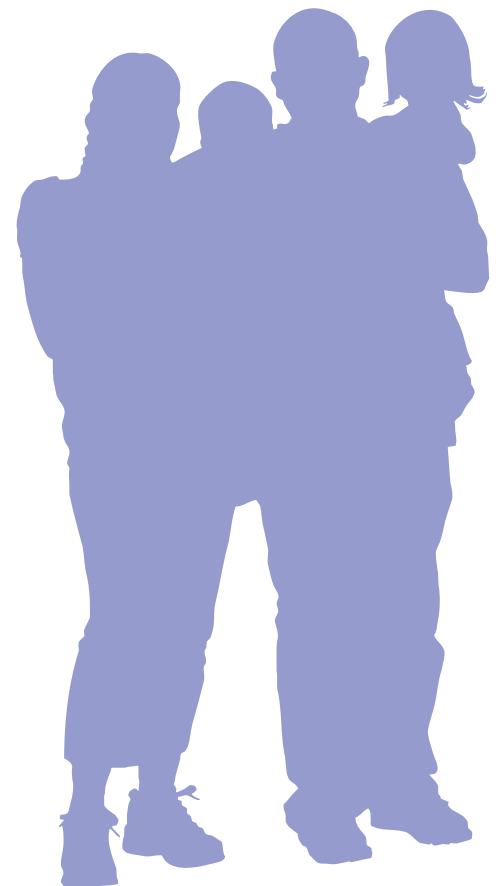
We are not the same type of insurance carrier you have worked with and settled for in the past. As a nonprofit CO-OP, InHealth is not driven to make money for shareholders and Wall Street. We are dedicated to a more important goal—giving you quality, affordable health coverage options that are right for you.

We are required to apply profits toward lowering premiums, improving benefits and implementing programs to improve the quality of health care delivered to our members. We are truly accountable to our members, and that is what ultimately leads to health insurance that works better for you and your family.

CO-OP means members have a say.

You can be confident that InHealth will stay on track because, as Ohio's only CO-OP, our members have a voice in their care. By the end of 2015, the majority of our Board of Directors will be our members.

InHealth is changing health insurance from the inside.



Financially solid and here for the long haul.

To meet our capital needs and solvency requirements, the federal government provided a start-up loan and a solvency loan to ensure that InHealth is able to support your health care needs. So you know that we have the solid foundation to back the promises we make.

We know what it takes to thrive in Ohio.

We are an Ohio-based small business with employees, families, friends and neighbors that live and work in Ohio. We understand the economics of running a business in our great state. Providing quality insurance products and initiating cost innovation is how we serve our community members - just like you.

Our wide variety of customized plans are designed to fit your coverage needs. We offer:

- Affordable plans
- Convenient enrollment options including online
- Flexibility to offer multiple plans to best meet your needs
- Online self-service tools and capabilities
- Claims tracking
- Local and professional customer service

How InHealth is helping provide healthier living:

- Providing Essential Health Benefits
- Preventive Care covered 100%
- Disease Management programs
- Statewide Provider Network consisting of over 300 Ohio hospitals, over 25,000 physicians, nearly 5,000 ancillary providers and over 11,000 non-physician providers covering all 88 counties
- Information to help you make informed decisions about your health
- 24/7 Nurse-Line
- Wellness programs to improve the lives of our members
- Pharmacy Benefits that are accessible at over 1,500 locations around Ohio or by the convenience of mail order

2015 Individual and Family Product Guide

Below is an overview of our product portfolio. We are confident our product portfolio will satisfy your health insurance needs—whether you are covering just yourself or your entire family.

Individual & Family Plan	InHealth Catastrophic 6350-DC100		InHealth Bronze 6000 HSA	
Available On Exchange (Y/N)	YES		YES	
Benefits	Network	Non-Network	Network	Non-Network
Deductible (Individual/Family)	\$6,600/\$13,200	\$19,800/\$39,600	\$6,000/\$12,000	\$12,700/\$25,400
Embedded or Aggregate Deductible*	Embedded		Aggregate	
Co-Insurance % (What YOU pay after your deductible)	0%	50%	0%	50%
Maximum Out-of-Pocket (Individual/Family) (Includes Deductible, Co-Insurance and All Co-Pays)	\$6,600/\$13,200	\$19,800/\$39,600	\$6,000/\$12,000	\$25,400/\$50,800
Office Visit				
Primary Care Provider	0%	50%	0%	50%
Specialist	0%	50%	0%	50%
Preventive Service (per Federal Laws) †	No Charge	50%	No Charge	50%
Inpatient Hospitalization	0%	50%	0%	50%
Imaging (PET/CAT Scan, MRI's)	0%	50%	0%	50%
Maternity	0%	50%	0%	50%
Urgent Care	0%	50%	0%	50%
Ambulance	0%	50%	0%	50%
Emergency Room	0%	0%	0%	0%
Prescription Drug				
Retail Pharmacy				
Generic	0%	50% (minimum \$60)	0%	50% (minimum \$60)
Preferred Brand	0%	50% (minimum \$60)	0%	50% (minimum \$60)
Non-Preferred Brand	0%	50% (minimum \$60)	0%	50% (minimum \$60)
Specialty	0%	50% (minimum \$60)	0%	50% (minimum \$60)
Mail Order (90 Days Supply)	2x	50% (minimum \$60)	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.

Individual & Family Plan	InHealth Bronze 6000-DC60		InHealth Silver 2000-3070	
Available On Exchange (Y/N)	YES		YES	
Benefits	Network	Non-Network	Network	Non-Network
Deductible (Individual/Family)	\$6,000/\$12,000	\$18,000/\$36,000	\$2,000/\$4,000	\$6,000/\$12,000
Embedded or Aggregate Deductible*	Embedded		Embedded	
Co-Insurance % (What YOU pay after your deductible)	40%	50%	30%	50%
Maximum Out-of-Pocket (Individual/Family) (Includes Deductible, Co-Insurance and All Co-Pays)	\$6,400/\$12,800	\$19,050/\$38,100	\$6,350/\$12,700	\$19,050/\$38,100
Office Visit				
Primary Care Provider	\$40	50%	\$30	50%
Specialist	\$80	50%	\$50	50%
Preventive Service (per Federal Laws) †	No Charge	50%	No Charge	50%
Inpatient Hospitalization	40%	50%	30%	50%
Imaging (PET/CAT Scan, MRI's)	40%	50%	\$250	50%
Maternity	40%	50%	30%	50%
Urgent Care	\$80	50%	\$75	50%
Ambulance	40%	50%	\$150	50%
Emergency Room	40%	40%	\$250	\$250
Prescription Drug				
Retail Pharmacy				
Generic	\$25	50% (minimum \$60)	\$15	50% (minimum \$60)
Preferred Brand	\$75	50% (minimum \$60)	\$60	50% (minimum \$60)
Non-Preferred Brand	\$150	50% (minimum \$60)	\$125	50% (minimum \$60)
Specialty	25%	50% (minimum \$60)	25%	50% (minimum \$60)
Mail Order (90 Days Supply)	2x	50% (minimum \$60)	2x	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.

2015 Individual and Family Product Guide (continued)

Individual & Family Plan	InHealth Silver 2000-DC70		InHealth Silver 3500 HSA	
Available On Exchange (Y/N)	YES		YES	
Benefits	Network	Non-Network	Network	Non-Network
Deductible (Individual/Family)	\$2,000/\$4,000	\$6,000/\$12,000	\$3,500/\$7,000	\$10,000/\$20,000
Embedded or Aggregate Deductible*	Embedded		Aggregate	
Co-Insurance % (What YOU pay after your deductible)	30%	50%	0%	50%
Maximum Out-of-Pocket (Individual/Family) (Includes Deductible, Co-Insurance and All Co-Pays)	\$4,500/\$9,000	\$15,000/\$30,000	\$3,500/\$7,000	\$20,000/\$40,000
Office Visit				
Primary Care Provider	30%	50%	0%	50%
Specialist	30%	50%	0%	50%
Preventive Service (per Federal Laws) †	No Charge	50%	No Charge	50%
Inpatient Hospitalization	30%	50%	0%	50%
Imaging (PET/CAT Scan, MRI's)	30%	50%	0%	50%
Maternity	30%	50%	0%	50%
Urgent Care	30%	50%	0%	50%
Ambulance	30%	50%	0%	50%
Emergency Room	30%	30%	0%	0%
Prescription Drug				
Retail Pharmacy				
Generic	30%	50% (minimum \$60)	0%	50% (minimum \$60)
Preferred Brand	30%	50% (minimum \$60)	0%	50% (minimum \$60)
Non-Preferred Brand	30%	50% (minimum \$60)	0%	50% (minimum \$60)
Specialty	25%	50% (minimum \$60)	0%	50% (minimum \$60)
Mail Order (90 Days Supply)	2x	50% (minimum \$60)	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.

Individual & Family Plan	InHealth Gold 1000-DC80		InHealth Gold 2000 HSA	
Available On Exchange (Y/N)	YES		YES	
Benefits	Network	Non-Network	Network	Non-Network
Deductible (Individual/Family)	\$1,000/\$2,000	\$3,000/\$6,000	\$2,000/\$4,000	\$5,000/\$10,000
Embedded or Aggregate Deductible*	Embedded		Aggregate	
Co-Insurance % (What YOU pay after your deductible)	20%	50%	0%	50%
Maximum Out-of-Pocket (Individual/Family) (Includes Deductible, Co-Insurance and All Co-Pays)	\$4,500/\$9,000	\$15,000/\$30,000	\$2,000/\$4,000	\$10,000/\$20,000
Office Visit				
Primary Care Provider	\$20	50%	0%	50%
Specialist	\$40	50%	0%	50%
Preventive Service (per Federal Laws) †	No Charge	50%	No Charge	50%
Inpatient Hospitalization	20%	50%	0%	50%
Imaging (PET/CAT Scan, MRI's)	20%	50%	0%	50%
Maternity	20%	50%	0%	50%
Urgent Care	\$75	50%	0%	50%
Ambulance	\$150	50%	0%	50%
Emergency Room	20%	20%	0%	0%
Prescription Drug				
Retail Pharmacy				
Generic	\$10	50% (minimum \$60)	0%	50% (minimum \$60)
Preferred Brand	\$30	50% (minimum \$60)	0%	50% (minimum \$60)
Non-Preferred Brand	\$60	50% (minimum \$60)	0%	50% (minimum \$60)
Specialty	25%	50% (minimum \$60)	0%	50% (minimum \$60)
Mail Order (90 Days Supply)	2x	50% (minimum \$60)	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.

2015 Individual and Family Product Guide (continued)

Individual & Family Plan	InHealth Gold 2000-2080	
Available On Exchange (Y/N)	YES	
Benefits	Network	Non-Network
Deductible (Individual/Family)	\$2,000/\$4,000	\$6,000/\$12,000
Embedded or Aggregate Deductible*	Embedded	
Co-Insurance % (What YOU pay after your deductible)	20%	50%
Maximum Out-of-Pocket (Individual/Family) (Includes Deductible, Co-Insurance and All Co-Pays)	\$3,500/\$7,000	\$10,500/\$21,000
Office Visit		
Primary Care Provider	\$20	50%
Specialist	\$40	50%
Preventive Service (per Federal Laws) †	No Charge	50%
Inpatient Hospitalization	20%	50%
Imaging (PET/CAT Scan, MRI's)	\$250	50%
Maternity	20%	50%
Urgent Care	\$75	50%
Ambulance	\$150	50%
Emergency Room	\$250	\$250
Prescription Drug		
Retail Pharmacy		
Generic	\$10	50% (minimum \$60)
Preferred Brand	\$30	50% (minimum \$60)
Non-Preferred Brand	\$60	50% (minimum \$60)
Specialty	25%	50% (minimum \$60)
Mail Order (90 Days Supply)	2x	50% (minimum \$60)

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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.

Doctors you trust, coverage you need.

Our extensive network of doctors and hospitals provide the foundation for the health plans we have created. As a member, you have access to a robust provider network with over 25,000 Ohio providers including over 300 Ohio hospitals.

To help make prescription care even easier, you can receive your medications from local independent pharmacies and national chains. In fact, our Pharmacy Benefits Manager has worked very hard to provide our members with simple and affordable methods to access the medications they need. We even provide the convenience of mail order delivery directly to members—frequently at a reduced cost.



Plan Features

When you choose InHealth for your health insurance plan, you can be sure that we will exceed expectations with affordable rates and excellent coverage. All InHealth members have professional, local customer service that is just a phone call away.

Essential Health Benefits

Our plans cover the Essential Health Benefits which are consistent with those set forth under the Patient Protection and Affordable Care Act of 2010. These Essential Health Benefits cover ten basic categories including:

- Ambulatory patient services (outpatient)
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral (provided by our partner carrier Delta Dental) and vision care

Preventive Care Services

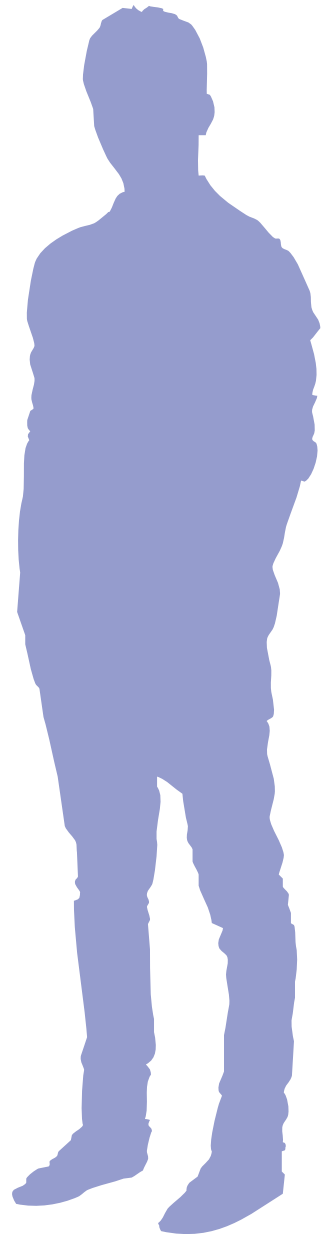
Preventive care services, as defined by federal regulation, are paid at 100 percent when received in-network. Age and frequency schedules apply. Covered preventive care services include, but are not limited to:

- Physician office visits for preventive care services
- Adult physicals
- Routine ob/gyn visits
- Well-child visits
- Routine mammograms
- PSA (prostate-specific antigen)
- Colonoscopy
- Laboratory services
- Adult and child immunizations (including flu and pneumonia shots)

Covered Services

When medically necessary, charges are payable subject to the calendar-year deductible, coinsurance and, for out-of-network providers, Reasonable and Customary Fees. Services include:

- Acupuncture
- Ambulance services
- Behavioral health services
- Clinical trials
- Diabetic equipment education and supplies
- Diagnostic services/imaging
- Emergency care and urgent care services
- Habilitative services
- Home care services
- Hospice services
- Human organ and tissue transplant (bone marrow/stem cell) services
- Inpatient services
- Maternity services
- Medical supplies, durable med equipment, and appliances
- Outpatient services
- Physician home visits and office services
- Prescription drug benefits
- Preventive care services
- Surgical services
- Reconstructive services
- Mastectomy
- Sterilization
- Temporomandibular/craniomandibular joint disorder & craniomandibular jaw disorder
- Therapy services



The policy information within this brochure/document has certain exclusions and limitations. For costs and complete details of the coverage, call your insurance agent or InHealth Mutual at 1-866-982-5644.

Prescription Drug Benefits

We know how important medications are to your health and wellbeing. That is why prescription drug benefits are included with every plan we offer. We partner with ProCare Rx, our pharmacy benefits manager, to offer solutions that ensure you receive the care and attention you deserve. At InHealth, we:

- Coordinate and integrate care with other clinical areas
- Encourage the use of formulary drugs (a formulary is a list of preferred brand-name and generic medications for which members pay a lower out-of-pocket charge)
- Provide members with prescription drug benefit consultations
- Enable members to view both medical and prescription drug claims online
- Ensure that high-cost specialty drugs are managed consistently and cost effectively, whether they are administered as part of medical services or through a prescription
- Manage prescriptions online

We believe that effectively integrating prescription drug benefits with InHealth plans helps enhance your member experience and improve overall health. Our focus is on delivering a prescription drug benefit that balances quality care with total costs, which is especially important when managing chronic and/or complex conditions.



Preventive Care

While InHealth is proud to provide the coverage you need, we would rather help you prevent illness altogether. Preventive care helps reduce your healthcare costs and is one of the most important steps you can take to manage your health. Routine preventive care can identify and address risk factors before they lead to illness.

When you receive preventive care services from a provider in our network, your services are covered with no cost sharing. No copay, coinsurance or deductible. However, out-of-network charges may apply if the services are performed by a non-network provider.

Preventive care visits include complete physical exams, vaccines to prevent disease, cancer screening tests and certain lab tests. Ask your primary care providers about other actions you can take to improve your health.

Most preventive care falls into one of the following broad categories*:

- Preventive physical exams and screening tests (e.g. diabetes, cholesterol, high blood pressure and STDs)
- Immunizations (e.g. hepatitis, shingles, influenza, and chicken pox)
- Counseling and education interventions (e.g. diet and nutrition, disease prevention and alcohol or drug abuse)
- Women's Services (e.g. contraception, prenatal services, breast cancer screenings and well-women visits)

* The list of covered preventive services is subject to change based on federal and state regulations.

To request a list of Preventive Services, contact Customer Care at 1-800-580-8502.



We are in this together with resources to help members get and stay healthy.

At InHealth, we encourage members to take responsibility for their own health. Whether you participate in our wellness programs, seek wellness advice on your own, or work with your doctor to develop personalized health regimens, the result is better health. And, of course, healthier members help us fulfill our promise of lower premiums for all.

Medical Management Program

At InHealth, we make sure that you are able to make an informed choice in all clinical decisions related to your care. Our members are provided with a patient-centered medical management program that has several specialty programs. Along with services that support health, wellness and options for healthcare services, we also provide clinical oversight of services, member advocacy, member clinical support, member education and improved access and availability to appropriate and necessary care.

As you consider and investigate medical options, turn to InHealth for educational, oversight and management support through these five programs:

- Wellness programs
- Utilization management programs
- Care coordination and large case management programs
- 24/7 nurse advice line
- Health and chronic disease management programs include free case management, self-care and educational materials
 - Asthma - also provides supplies and medications
 - Depression - also provides supplies and medications*
 - Diabetes - also provides supplies and medications
 - Maternity - also provides Baby Welcome kit that includes diaper bag, baby monitor and breast pump or first month of formula

* First free generic medication for depression treatment.

New in 2015 based on Member and Community Input:

- 2+2 Program: Beyond free preventive services, 2 free visits to PCP and 2 free visits to Behavioral Health Specialist
- Health Savings Accounts
- Acupuncture: Up to \$40/visit; \$1,000/year

Wellness Programs

InHealth also gives you an opportunity to save on your Plan Year 2015 annual deductible. **Members who complete and return our HealthSmart Check List—a simple 12-question health risk assessment—during their first sixty (60) days of coverage are eligible for a one-time reduction of \$250.00 off of their Plan Year 2015 annual deductible. Families are eligible for a maximum reduction of \$500.00.**

InHealth also provides healthy lifestyle coaching in the communities for its members and attends office visits with members who need support to ensure compliance. As our services continue to evolve, we plan to provide additional incentives related to participation in wellness initiatives. These will be determined during the baseline year and will be in direct response to baseline findings/outcomes related to wellness and prevention initiatives.

InHealth Mutual is tailoring this product to include multiple interventions to support:

- Risk identification
- Risk assessment
- Prevention
- Motivational ready for change
- Healthy lifestyles
- Community based support systems
- InHealth Cares education program





InHealth Cares

We are committed to excellence in quality care that goes beyond insurance coverage. The InHealth Cares program is building individual, family and community support systems that eliminate barriers to health care through education on chronic conditions, providing a medical home, supporting lifestyle changes, supporting behavioral health needs within the individual and family unit, and providing opportunities to participate in wellness and prevention services. Ultimately, we provide a more compassionate and effective insurance program that empowers our members. Our focus is on:

Connecting Individuals

The InHealth Cares program connects individuals or caregivers with a Nurse Manager, a Licensed Social Worker, a Medical Home Provider and a Member Advocate to form a complete support team. Together, they enable members to navigate the health care system to effectively manage their clinical and/or behavioral health conditions and achieve greater well-being.



Connecting Families

For families dealing with a chronic, complex or disabling condition, or an acute catastrophic condition, we pair them with Member Advocate Families who have dealt with the same situation. Additional support could include an InHealth Nurse, an InHealth Social Worker or a Medical Home Provider—whatever it takes to ensure the best outcomes.

Connecting Communities

InHealth takes a proactive role within the community. We are developing new programs and working closely with existing wellness and prevention programs to help improve services, provide resources and extend awareness. By referring more members to these beneficial programs, InHealth Cares strengthens the communities we serve and improves health for all.

Managing Your Insurance Online

As your dedicated healthcare partner, InHealth Mutual offers easy-to-access and understand online tools that make managing health insurance easy for you.

Member Portal

You can easily manage your individual InHealth Plan on the member portal at www.inhealthohio.org. This online resource provides a secure and private portal to check benefits, find a pharmacy or doctor, check on claims, pay premiums, find tips for healthy living and much more.

- Access important documents
 - Member Policy
 - Benefits Sheet
 - Explanation of Benefits
 - Summary of Benefits and Coverage
 - Privacy Statement
 - HIPAA Statement
 - Contact Information
 - HealthSmart Check List
- Order a new ID card
- View your Member Handbook
- Review member rights and responsibilities
- View and pay your premium
- Check claims
- Find a doctor/hospital (Provider Network search)
- Find a pharmacy (Pharmacy Network search)
- Obtain Important Pharmacy Information and documents
 - Manage prescription drugs
 - Check a medication (Formulary)
 - Pharmacy mail order brochure
 - Pocket Formulary
 - Pharmacy paper claim form
 - Preventive Prescription Drug List
- Learn how to file complaints and appeals

InHealth Notes:

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“OUR MISSION:

InHealth Mutual is a nonprofit insurer built for members by members to provide quality, affordable health insurance that is responsive to the needs and wants of all Ohioans.”

The policy information within this brochure has certain exclusions and limitations. For costs and complete details of coverage, call your insurance agent or InHealth Mutual at 1-866-982-5644.

For additional information about InHealth, to request a proposal, or costs and complete details of the coverage, please contact our home office to be connected to your local representative at 1-866-982-5644.

InHealth Mutual is a trade name of Coordinated Health Mutual, Inc.

■ Toll-Free: 1-866-982-5644 ■ www.inhealthohio.org