

Independent Health's

# 2022 SMALL GROUP PORTFOLIO



## THE LOWEST RATES! WITH NEW AND ENHANCED PRODUCTS.

Independent Health has the lowest average premium rates in the small group market for 2022.\* The choice is yours – all with the RedShirt® Treatment.

You get it all from the RedShirts<sup>SM</sup>. We're the only locally-owned health plan in WNY, and just like we have for over 40 years, we continue to offer the new and unique plans employees want and deserve. We have what's good for small group business.



# HERE'S WHY INDEPENDENT HEALTH MAKES THE MOST BUSINESS SENSE.

## LOWEST RATES\*

Independent Health's average small group premiums are almost **9% lower** than the closest competitor according to the rate adjustments announced by the New York State Department of Financial Services for 2022. That means less money out of the pockets of small business employers and employees, without reducing the benefits employees rely on.



## NEW AND UNIQUE PLANS FOR 2022

We've heard you and created new products and enriched many of our existing plans.

### FLEXFIT® PLATINUM OPTION 2

- Lower Out-of-Pocket Maximum
- Lower PCP & Specialist Copays
- Flat Tier 3 Copay

### IDIRECT® GOLD COPAY OPTION 2

- Lower Out-of-Pocket Maximum
- Lower Inpatient Copay
- Flat Tier 3 Copay

## CONVENIENT, INNOVATIVE APP-BASED PLAN

thRed<sup>SM</sup> – The plan that connects care, service and rewards, all on a smartphone

- All Employees Are Guaranteed Access to a Primary Care Physician
- Access & Ease – Care and Service Designed for Employees' Busy Lifestyles
- thRed Coordinator Available for Integrated Care Navigation
- Access to More Than 50 General Physician, PC (GPPC) Doctors
- Earn up to \$550 in Healthy thRed Rewards



## OUR NETWORK HAS EMPLOYEES COVERED

- Access to all WNY hospitals and labs
- More than 98% of WNY physicians\*\*
- All WNY pharmacies and more than 58,000 national pharmacies\*\*\*
- Enhanced access in Rochester and Northern PA
- National Network – Access across the country to more than 1.5 million providers, nearly 164,000 ancillary care facilities and 5,600+ hospitals.\*\*\*\*

\* 2022 premiums were lowered on all plans with the exception of Bronze level iDirect, Passport Plan National and Passport Plan Local.

\*\* New York State Office of the Professions data and Independent Health contracted physicians.

\*\*\* Independent Health's participating pharmacy directory as of January 2020.

\*\*\*\* Specific coverage may vary based on client needs. Data according to PHCS and First Health as of January 2021. Data subject to change without notification.

# 2022 Small Group Plans



## PLATINUM LEVEL

PLATINUM LEVEL PLANS CONTINUED ON NEXT PAGE »

### IN-NETWORK (IN)

First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.

### OUT-OF-NETWORK (OON)<sup>1</sup>

Deductible
Coinsurance
Out-of-Pocket Max.

### MEDICAL SERVICES

Primary Care Office Visit
Specialist Office Visit
<b>Telemedicine — General Medical &amp; Behavioral Health Services (participating Teladoc<sup>®</sup> providers only)</b> For Dermatology telemedicine refer to the plan's benefit summary
Urgent Care
Emergency Room Services
Outpatient Procedures Performed in an Ambulatory Surgery Center
Outpatient Procedures Performed in a Hospital
Inpatient Hospital Services (per admission)

### PRESCRIPTION DRUGS

Pharmacy <sup>2</sup>
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### PRODUCT DETAILS

Wellness Benefits
Network

### FlexFit Platinum

### **NEW!** FlexFit Platinum Option 2

### Choice Plus Platinum<sup>3</sup>

	FlexFit Platinum	<b>NEW!</b> FlexFit Platinum Option 2	Choice Plus Platinum <sup>3</sup>
First Dollar Coverage	N/A	N/A	N/A
Deductible	\$0	<b>\$0</b>	A: \$0 B: \$1,500/\$3,000 (T)
Coinsurance	0%	<b>0%</b>	A: 0% B: Deductible then 50%
Out-of-Pocket Max.	\$5,250/ \$10,500 (E)	<b>\$3,500/ \$7,000 (E)</b>	A: \$5,250/\$10,500 (E) B: \$5,250/\$10,500 (E)
Deductible	\$5,000/ \$10,000 (T)	<b>\$5,000/ \$10,000 (T)</b>	\$5,000/ \$10,000 (T)
Coinsurance	Deductible then 20%	<b>Deductible then 20%</b>	Deductible then 50%
Out-of-Pocket Max.	\$10,000/ \$20,000 (E)	<b>\$10,000/ \$20,000 (E)</b>	\$10,000/ \$20,000 (E)
Primary Care Office Visit	\$10	<b>\$5</b>	A: \$10 B: Deductible then 50%
Specialist Office Visit	\$40	<b>\$25</b>	A: \$40 B: Deductible then 50%
<b>Telemedicine — General Medical &amp; Behavioral Health Services (participating Teladoc<sup>®</sup> providers only)</b> For Dermatology telemedicine refer to the plan's benefit summary	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Urgent Care	\$75	<b>\$75</b>	A: \$75 B: Deductible then 50%
Emergency Room Services	\$150	<b>\$150</b>	A: \$150 B: \$150
Outpatient Procedures Performed in an Ambulatory Surgery Center	\$50	<b>\$50</b>	A: \$50 B: Deductible then 50%
Outpatient Procedures Performed in a Hospital	\$75	<b>\$75</b>	A: \$75 B: Deductible then 50%
Inpatient Hospital Services (per admission)	\$500	<b>\$500</b>	A: \$500 B: Deductible then 50%
Pharmacy <sup>2</sup>	\$5/\$30/50%	<b>\$5/\$30/\$100</b>	\$5/\$30/50%
Wellness Benefits	Health Extras <sup>SM</sup> or Nutrition	<b>Health Extras<sup>SM</sup> or Nutrition</b>	Health Extras <sup>SM</sup> or Nutrition
Network	IHC	<b>IHC</b>	Choice Plus

1. OON coverage only applies to non-participating providers outside the 8 counties of WNY.  
 2. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.  
 3. Offered in Erie and Niagara counties only.  
 4. Specific qualifications must be met.  
 5. Members must reside in the 8 counties of WNY.

6. Members must reside or work in Erie County.  
 7. thRed subscriber is eligible for \$200 in account activation rewards and up to \$300 in wellness rewards, while a spouse is eligible for a \$50 account activation reward.  
 (E) = Embedded Deductible (T) = True Family (Non Embedded) Deductible

**Bolded items** indicate updated changes since the 2021 plan year.

# 2022 Small Group Plans



## PLATINUM LEVEL

(CONTINUED)

	Passport Plan National Platinum	Passport Plan Local Platinum <sup>5</sup>	<b>NEW!</b> thRed Platinum <sup>6</sup>
<b>IN-NETWORK (IN)</b>			
First Dollar Coverage	N/A	N/A	N/A
Deductible	\$0	\$0	<b>\$0</b>
Coinsurance	0%	0%	<b>0%</b>
Out-of-Pocket Max.	\$5,250/ \$10,500 (E)	\$5,250/ \$10,500 (E)	<b>\$5,250/ \$10,500 (E)</b>
<b>OUT-OF-NETWORK (OON)<sup>1</sup></b>			
Deductible	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	<b>\$5,000/ \$10,000 (T)</b>
Coinsurance	Deductible then 50%	Deductible then 50%	<b>Deductible then 50%</b>
Out-of-Pocket Max.	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	<b>\$10,000/ \$20,000 (E)</b>
<b>MEDICAL SERVICES</b>			
Primary Care Office Visit	\$10	\$10	<b>\$0</b>
Specialist Office Visit	\$40	\$40	<b>\$40</b>
<b>Telemedicine — General Medical &amp; Behavioral Health Services (participating Teladoc<sup>®</sup> providers only)</b> For Dermatology telemedicine refer to the plan's benefit summary	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Urgent Care	\$75	\$75	<b>\$100</b>
Emergency Room Services	\$150	\$150	<b>\$150</b>
Outpatient Procedures Performed in an Ambulatory Surgery Center	\$50	\$50	<b>\$50</b>
Outpatient Procedures Performed in a Hospital	\$75	\$75	<b>\$75</b>
Inpatient Hospital Services (per admission)	\$500	\$500	<b>\$500</b>
<b>PRESCRIPTION DRUGS</b>			
Pharmacy <sup>2</sup>	\$5/\$30/50%	\$5/\$30/50%	<b>\$5/\$30/50%</b>
<b>PRODUCT DETAILS</b>			
Wellness Benefits	<b>Health Extras<sup>SM</sup></b>	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> and \$50 for completing onboarding process <sup>7</sup>
Network	IHC + First Health Nationally	IHC + First Health Nationally	<b>thRed</b>

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 4. Specific qualifications must be met.  
 5. Members must reside in the 8 counties of WNY.

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 (E) = Embedded Deductible (T) = True Family (Non Embedded) Deductible

**Bolded items** indicate updated changes since the 2021 plan year.

# 2022 Small Group Plans



## GOLD LEVEL

GOLD LEVEL PLANS CONTINUED ON NEXT PAGE »

### IN-NETWORK (IN)

First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.

### OUT-OF-NETWORK (OON)<sup>1</sup>

Deductible
Coinsurance
Out-of-Pocket Max.

### MEDICAL SERVICES

Primary Care Office Visit
Specialist Office Visit
<b>Telemedicine — General Medical &amp; Behavioral Health Services (participating Teladoc<sup>®</sup> providers only)</b> For Dermatology telemedicine refer to the plan's benefit summary
Urgent Care
Emergency Room Services
Outpatient Procedures Performed in an Ambulatory Surgery Center
Outpatient Procedures Performed in a Hospital
Inpatient Hospital Services (per admission)

### PRESCRIPTION DRUGS

Pharmacy <sup>2</sup>
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### PRODUCT DETAILS

Wellness Benefits
Network

Activate Gold	thRed Gold <sup>6</sup>	Standard Healthy NY Gold <sup>4</sup>	iDirect Gold Copay	<b>NEW!</b> iDirect Gold Copay Option 2
\$750/\$1,500	N/A	N/A	N/A	N/A
\$1,500/ \$3,000 (E)	\$1,500/ \$3,000 (T)	\$600/ \$1,200 (E)	\$1,250/ \$2,500 (T)	<b>\$1,250/ \$2,500 (T)</b>
25% Coinsurance after first dollar and deductible	0%	0%	0%	<b>0%</b>
\$7,950/ \$15,900 (E)	\$6,750/ \$13,500 (E)	\$4,000/ \$8,000 (E)	\$6,750/ \$13,500 (E)	<b>\$6,000/ \$12,000 (E)</b>
\$5,000/ \$10,000 (E)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (E)	\$5,000/ \$10,000 (T)	<b>\$5,000/ \$10,000 (T)</b>
Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	<b>Deductible then 50%</b>
\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	<b>\$10,000/ \$20,000 (E)</b>
\$20 Copayment after first dollar and deductible	\$0	Deductible then \$25	\$20	<b>\$20</b>
\$50 Copayment after first dollar and deductible	Deductible then \$50	Deductible then \$40	Deductible then \$50	<b>Deductible then \$50</b>
<b>\$0</b>	\$0	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
\$75 Copayment after first dollar and deductible	Deductible then \$100	Deductible then \$60	\$75	<b>\$75</b>
25% Coinsurance after first dollar and deductible	Deductible then \$150	Deductible then \$150	\$150	<b>Deductible then \$150</b>
25% Coinsurance after first dollar and deductible	Deductible then \$50	Deductible then \$100	Deductible then \$50	<b>Deductible then \$50</b>
25% Coinsurance after first dollar and deductible	Deductible then \$75	Deductible then \$100	Deductible then \$75	<b>Deductible then \$75</b>
25% Coinsurance after first dollar and deductible	Deductible then \$1,000	Deductible then \$1,000	Deductible then \$1,000	<b>Deductible then \$750</b>
\$10/25%/50% after first dollar and deductible	\$10/\$40/50%	\$10/\$35/\$70	\$10/\$40/50%	<b>\$10/\$40/\$100</b>
Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> and \$50 for completing onboarding process <sup>7</sup>	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition	<b>Health Extras<sup>SM</sup> or Nutrition</b>
IHC	thRed	IHC	IHC	<b>IHC</b>

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 (E) = Embedded Deductible (T) = True Family (Non Embedded) Deductible

**Bolded items** indicate updated changes since the 2021 plan year.

# 2022 Small Group Plans



## GOLD LEVEL

(CONTINUED)

### IN-NETWORK (IN)

First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.

### OUT-OF-NETWORK (OON)<sup>1</sup>

Deductible
Coinsurance
Out-of-Pocket Max.

### MEDICAL SERVICES

Primary Care Office Visit
Specialist Office Visit
<b>Telemedicine — General Medical &amp; Behavioral Health Services (participating Teladoc<sup>®</sup> providers only)</b> For Dermatology telemedicine refer to the plan's benefit summary
Urgent Care
Emergency Room Services
Outpatient Procedures Performed in an Ambulatory Surgery Center
Outpatient Procedures Performed in a Hospital
Inpatient Hospital Services (per admission)

### PRESCRIPTION DRUGS

Pharmacy <sup>2</sup>
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### PRODUCT DETAILS

Wellness Benefits
Network

iDirect Gold Copay HSAQ	iDirect Gold Coinsurance HSAQ	Choice Plus Gold <sup>3</sup>	Passport Plan National Gold HSAQ	Passport Plan Local Gold HSAQ <sup>5</sup>
HealthEquity <sup>4</sup>	HealthEquity		HealthEquity	HealthEquity
N/A	N/A	N/A	N/A	N/A
\$1,400/ \$2,800 (T)	\$1,400/ \$2,800 (T)	A: \$1,250/\$2,500 (T) B: \$2,750/\$5,500 (T)	\$1,400/ \$2,800 (T)	\$1,400/ \$2,800 (T)
0%	Deductible then 20%	A: 0% B: Deductible then 50%	Deductible then 20%	Deductible then 20%
<b>\$4,500/ \$9,000 (E)</b>	\$6,750/ \$13,500 (E)	A: \$6,750/\$13,500 (E) B: \$6,750/\$13,500	\$6,750/ \$13,500 (E)	\$6,750/ \$13,500 (E)
\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)
Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%
\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)
Deductible then \$20	Deductible then 20%	A: \$20 B: Deductible then 50%	Deductible then 20%	Deductible then 20%
Deductible then \$50	Deductible then 20%	Deductible then A: \$50 B: 50%	Deductible then 20%	Deductible then 20%
<b>Deductible then \$0</b>	<b>Deductible then \$0</b>	<b>\$0</b>	<b>Deductible then \$0</b>	<b>Deductible then \$0</b>
Deductible then \$75	Deductible then 20%	A: \$75 B: Deductible then 50%	Deductible then 20%	Deductible then 20%
Deductible then \$150	Deductible then 20%	A: \$150 B: \$150	Deductible then 20%	Deductible then 20%
Deductible then \$50	Deductible then 20%	Deductible then A: \$50 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then \$75	Deductible then 20%	Deductible then A: \$75 B: 50%	Deductible then 20%	Deductible then 20%
<b>Deductible then \$750</b>	Deductible then 20%	Deductible then A: \$1,000 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then \$10/\$40/50%	Deductible then 20%/20%/50%	\$10/\$40/50%	Deductible then 20%/20%/50%	Deductible then 20%/20%/50%
Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition	<b>Health Extras<sup>SM</sup></b>	Health Extras <sup>SM</sup> or Nutrition
IHC	IHC	Choice Plus	IHC + First Health Nationally	IHC + First Health Nationally

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# 2022 Small Group Plans



## SILVER LEVEL

SILVER LEVEL PLANS CONTINUED ON NEXT PAGE »

### IN-NETWORK (IN)

First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.

### OUT-OF-NETWORK (OON)<sup>1</sup>

Deductible
Coinsurance
Out-of-Pocket Max.

### MEDICAL SERVICES

Primary Care Office Visit
Specialist Office Visit
<b>Telemedicine — General Medical &amp; Behavioral Health Services (participating Teladoc<sup>®</sup> providers only)</b> For Dermatology telemedicine refer to the plan's benefit summary
Urgent Care
Emergency Room Services
Outpatient Procedures Performed in an Ambulatory Surgery Center
Outpatient Procedures Performed in a Hospital
Inpatient Hospital Services (per admission)

### PRESCRIPTION DRUGS

Pharmacy <sup>2</sup>
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### PRODUCT DETAILS

Wellness Benefits
Network

	Standard Silver	Activate Silver	thRed Silver <sup>6</sup>	thRed Silver HSAQ <sup>6</sup>
<b>HealthEquity<sup>™</sup></b>				
First Dollar Coverage	N/A	\$500/\$1,000	N/A	N/A
Deductible	\$1,300/ \$2,600 (E)	\$3,000/ \$6,000 (E)	\$3,500/ \$7,000 (T)	\$3,500/ \$7,000 (T)
Coinsurance	0%	40% Coinsurance after first dollar and deductible	0%	0%
Out-of-Pocket Max.	\$8,500/ \$17,000 (E)	\$7,950/ \$15,900 (E)	\$8,000/ \$16,000 (E)	\$6,950/ \$13,900 (E)
<b>HealthEquity<sup>™</sup></b>				
Deductible	\$5,000/ \$10,000 (E)	\$5,000/ \$10,000 (E)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)
Coinsurance	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%
Out-of-Pocket Max.	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)
<b>HealthEquity<sup>™</sup></b>				
Primary Care Office Visit	Deductible then \$30	\$35 Copayment after first dollar and deductible	\$0	Deductible then \$0
Specialist Office Visit	Deductible then \$50	\$60 Copayment after first dollar and deductible	Deductible then \$60	Deductible then \$60
<b>Telemedicine — General Medical &amp; Behavioral Health Services (participating Teladoc<sup>®</sup> providers only)</b> For Dermatology telemedicine refer to the plan's benefit summary	<b>\$0</b>	<b>\$0</b>	\$0	Deductible then \$0
Urgent Care	Deductible then \$70	\$75 Copayment after first dollar and deductible	Deductible then \$100	Deductible then \$100
Emergency Room Services	Deductible then \$300	40% Coinsurance after first dollar and deductible	Deductible then \$250	Deductible then \$250
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then \$150	40% Coinsurance after first dollar and deductible	Deductible then \$175	Deductible then \$175
Outpatient Procedures Performed in a Hospital	Deductible then \$150	40% Coinsurance after first dollar and deductible	Deductible then \$200	Deductible then \$200
Inpatient Hospital Services (per admission)	Deductible then \$1,500	40% Coinsurance after first dollar and deductible	Deductible then \$1,500	Deductible then \$1,500
<b>HealthEquity<sup>™</sup></b>				
Pharmacy <sup>2</sup>	\$10/\$35/\$70	\$15/40%/50% after first dollar and deductible	\$15/\$50/50%	Deductible then \$15/\$50/50%
<b>HealthEquity<sup>™</sup></b>				
Wellness Benefits	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> and \$50 for completing onboarding process <sup>7</sup>	Health Extras <sup>SM</sup> and \$50 for completing onboarding process <sup>7</sup>
Network	IHC	IHC	thRed	thRed

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# 2022 Small Group Plans



## SILVER LEVEL

SILVER LEVEL PLANS CONTINUED ON NEXT PAGE »

### IN-NETWORK (IN)

First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.

### OUT-OF-NETWORK (OON)<sup>1</sup>

Deductible
Coinsurance
Out-of-Pocket Max.

### MEDICAL SERVICES

Primary Care Office Visit
Specialist Office Visit
<b>Telemedicine — General Medical &amp; Behavioral Health Services (participating Teladoc<sup>®</sup> providers only)</b> For Dermatology telemedicine refer to the plan's benefit summary
Urgent Care
Emergency Room Services
Outpatient Procedures Performed in an Ambulatory Surgery Center
Outpatient Procedures Performed in a Hospital
Inpatient Hospital Services (per admission)

### PRESCRIPTION DRUGS

Pharmacy <sup>2</sup>
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### PRODUCT DETAILS

Wellness Benefits
Network

	iDirect Silver Copay	iDirect Silver Copay HSAQ	iDirect Silver Coinsurance HSAQ	Max Silver
	HealthEquity		HealthEquity	
	N/A	N/A	N/A	N/A
	<b>\$2,000/ \$4,000 (T)</b>	<b>\$2,000/ \$4,000 (T)</b>	\$3,000/ \$6,000 (T)	\$2,800/ \$5,600 (T)
	0%	0%	Deductible then 20%	0%
	\$7,550/ \$15,100 (E)	\$6,950/ \$13,900 (E)	\$6,950/ \$13,900 (E)	\$7,550/ \$15,100 (E)
	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)
	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%
	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)
	Deductible then \$35	Deductible then \$35	Deductible then 20%	\$35
	Deductible then \$60	Deductible then \$60	Deductible then 20%	Deductible then \$60
	<b>\$0</b>	<b>Deductible then \$0</b>	<b>Deductible then \$0</b>	<b>\$0</b>
	\$75	Deductible then \$75	Deductible then 20%	\$75
	Deductible then \$250	Deductible then \$250	Deductible then 20%	Deductible then \$250
	Deductible then \$175	Deductible then \$175	Deductible then 20%	Deductible then \$175
	Deductible then \$200	Deductible then \$200	Deductible then 20%	Deductible then \$200
	Deductible then \$1,000	Deductible then \$1,000	Deductible then 20%	Deductible then \$1,000
	\$15/\$50/50%	Deductible then \$15/\$50/50%	Deductible then 20%/20%/50%	\$15/Deductible then \$50/Deductible then 50%
	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition
	IHC	IHC	IHC	IHC

1. OON coverage only applies to non-participating providers outside the 8 counties of WNY.  
 2. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.  
 3. Offered in Erie and Niagara counties only.  
 4. Specific qualifications must be met.  
 5. Members must reside in the 8 counties of WNY.

6. Members must reside or work in Erie County.  
 7. thRed subscriber is eligible for \$200 in account activation rewards and up to \$300 in wellness rewards, while a spouse is eligible for a \$50 account activation reward.  
 (E) = Embedded Deductible (T) = True Family (Non Embedded) Deductible

**Bolded items** indicate updated changes since the 2021 plan year.



# 2022 Small Group Plans



## SILVER LEVEL

(CONTINUED)

### IN-NETWORK (IN)

First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.

### OUT-OF-NETWORK (OON)<sup>1</sup>

Deductible
Coinsurance
Out-of-Pocket Max.

### MEDICAL SERVICES

Primary Care Office Visit
Specialist Office Visit
<b>Telemedicine — General Medical &amp; Behavioral Health Services (participating Teladoc<sup>®</sup> providers only)</b> For Dermatology telemedicine refer to the plan's benefit summary
Urgent Care
Emergency Room Services
Outpatient Procedures Performed in an Ambulatory Surgery Center
Outpatient Procedures Performed in a Hospital
Inpatient Hospital Services (per admission)

### PRESCRIPTION DRUGS

Pharmacy <sup>2</sup>
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### PRODUCT DETAILS

Wellness Benefits
Network

1. OON coverage only applies to non-participating providers outside the 8 counties of WNY.  
 2. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.  
 3. Offered in Erie and Niagara counties only.  
 4. Specific qualifications must be met.  
 5. Members must reside in the 8 counties of WNY.

	Choice Plus Silver HSAQ <sup>3</sup>	Passport Plan National Silver HSAQ	Passport Plan Local Silver HSAQ <sup>5</sup>
	HealthEquity	HealthEquity	HealthEquity
	N/A	N/A	N/A
	<b>A: \$2,000/\$4,000 (T)</b> <b>B: \$3,500/\$7,000 (T)</b>	\$3,000/ \$6,000 (E)	\$3,000/ \$6,000 (E)
	A: 0% B: Deductible then 50%	Deductible then 20%	Deductible then 20%
	A: \$6,950/\$13,900 (E) B: \$6,950/\$13,900 (E)	\$6,950/ \$13,900 (E)	\$6,950/ \$13,900 (E)
	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)
	Deductible then 50%	Deductible then 50%	Deductible then 50%
	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)
	Deductible then A: \$35 B: 50%	Deductible then 20%	Deductible then 20%
	Deductible then A: \$60 B: 50%	Deductible then 20%	Deductible then 20%
	<b>Deductible then \$0</b>	<b>Deductible then \$0</b>	<b>Deductible then \$0</b>
	Deductible then A: \$75 B: 50%	Deductible then 20%	Deductible then 20%
	Deductible then A: \$250 B: \$250	Deductible then 20%	Deductible then 20%
	Deductible then A: \$175 B: 50%	Deductible then 20%	Deductible then 20%
	Deductible then A: \$200 B: 50%	Deductible then 20%	Deductible then 20%
	Deductible then A: \$1,000 B: 50%	Deductible then 20%	Deductible then 20%
	Deductible then \$15/\$50/50%	Deductible then 20%/20%/50%	Deductible then 20%/20%/50%
	Health Extras <sup>SM</sup> or Nutrition	<b>Health Extras<sup>SM</sup></b>	Health Extras <sup>SM</sup> or Nutrition
	Choice Plus	IHC + First Health Nationally	IHC + First Health Nationally

6. Members must reside or work in Erie County.  
 7. thRed subscriber is eligible for \$200 in account activation rewards and up to \$300 in wellness rewards, while a spouse is eligible for a \$50 account activation reward.  
 (E) = Embedded Deductible (T) = True Family (Non Embedded) Deductible

**Bolded items** indicate updated changes since the 2021 plan year.

# 2022 Small Group Plans



## BRONZE LEVEL

BRONZE LEVEL PLANS CONTINUED ON NEXT PAGE »

### IN-NETWORK (IN)

First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.

### OUT-OF-NETWORK (OON)<sup>1</sup>

Deductible
Coinsurance
Out-of-Pocket Max.

### MEDICAL SERVICES

Primary Care Office Visit
Specialist Office Visit
<b>Telemedicine — General Medical &amp; Behavioral Health Services (participating Teladoc<sup>®</sup> providers only)</b> For Dermatology telemedicine refer to the plan's benefit summary
Urgent Care
Emergency Room Services
Outpatient Procedures Performed in an Ambulatory Surgery Center
Outpatient Procedures Performed in a Hospital
Inpatient Hospital Services (per admission)

### PRESCRIPTION DRUGS

Pharmacy <sup>2</sup>
-----------------------

### PRODUCT DETAILS

Wellness Benefits
Network

1. OON coverage only applies to non-participating providers outside the 8 counties of WNY.  
 2. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.  
 3. Offered in Erie and Niagara counties only.  
 4. Specific qualifications must be met.  
 5. Members must reside in the 8 counties of WNY.

	thRed Bronze <sup>6</sup>	iDirect Bronze Blended HSAQ	iDirect Bronze Coinsurance HSAQ
	HealthEquity		HealthEquity
	N/A	N/A	N/A
	\$8,550/ \$17,100 (E)	\$6,000/ \$12,000 (E)	\$5,600/ \$11,200 (E)
	0%	Deductible then 30%	Deductible then 50%
	\$8,550/ \$17,100 (E)	\$6,950/ \$13,900 (E)	\$6,950/ \$13,900 (E)
	\$10,000/ \$20,000 (E)	\$7,500/ \$15,000 (E)	\$7,500/ \$15,000 (E)
	Deductible then 50%	Deductible then 50%	Deductible then 50%
	\$20,000/ \$40,000 (E)	\$15,000/ \$30,000 (E)	\$15,000/ \$30,000 (E)
	Deductible then \$0	Deductible then \$40	Deductible then 50%
	Deductible then \$0	Deductible then \$60	Deductible then 50%
	<b>\$0</b>	<b>Deductible then \$0</b>	<b>Deductible then \$0</b>
	Deductible then \$0	Deductible then \$75	Deductible then 50%
	Deductible then \$0	Deductible then 30%	Deductible then 50%
	Deductible then \$0	Deductible then 30%	Deductible then 50%
	Deductible then \$0	Deductible then 30%	Deductible then 50%
	Deductible then \$0	Deductible then 30%	Deductible then 50%
	Deductible then \$0	Deductible then \$20/30%/50%	Deductible then 50%
	Health Extras <sup>SM</sup> and \$50 for completing onboarding process <sup>7</sup>	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition
	thRed	IHC	IHC

6. Members must reside or work in Erie County.  
 7. thRed subscriber is eligible for \$200 in account activation rewards and up to \$300 in wellness rewards, while a spouse is eligible for a \$50 account activation reward.  
 (E) = Embedded Deductible (T) = True Family (Non Embedded) Deductible

**Bolded items** indicate updated changes since the 2021 plan year.

# 2022 Small Group Plans



## BRONZE LEVEL

(CONTINUED)

### IN-NETWORK (IN)

First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.

### OUT-OF-NETWORK (OON)<sup>1</sup>

Deductible
Coinsurance
Out-of-Pocket Max.

### MEDICAL SERVICES

Primary Care Office Visit
Specialist Office Visit
<b>Telemedicine — General Medical &amp; Behavioral Health Services (participating Teladoc<sup>®</sup> providers only)</b> For Dermatology telemedicine refer to the plan's benefit summary
Urgent Care
Emergency Room Services
Outpatient Procedures Performed in an Ambulatory Surgery Center
Outpatient Procedures Performed in a Hospital
Inpatient Hospital Services (per admission)

### PRESCRIPTION DRUGS

Pharmacy <sup>2</sup>
-----------------------

### PRODUCT DETAILS

Wellness Benefits
Network

iDirect  
Bronze MV  
HSAQ

Passport Plan  
National Bronze  
HSAQ

Passport Plan  
Local Bronze  
HSAQ<sup>5</sup>

HealthEquity	HealthEquity	HealthEquity
N/A	N/A	N/A
\$6,950/ \$13,900 (E)	\$5,600/ \$11,200 (E)	\$5,600/ \$11,200 (E)
0%	Deductible then 50%	Deductible then 50%
\$6,950/ \$13,900 (E)	\$6,950/ \$13,900 (E)	\$6,950/ \$13,900 (E)
<b>OUT-OF-NETWORK (OON)<sup>1</sup></b>		
\$7,500/ \$15,000 (E)	\$7,500/ \$15,000 (E)	\$7,500/ \$15,000 (E)
Deductible then 50%	Deductible then 50%	Deductible then 50%
\$15,000/ \$30,000 (E)	\$15,000/ \$30,000 (E)	\$15,000/ \$30,000 (E)
<b>MEDICAL SERVICES</b>		
Deductible then \$0	Deductible then 50%	Deductible then 50%
Deductible then \$0	Deductible then 50%	Deductible then 50%
Deductible then \$0	<b>Deductible then \$0</b>	<b>Deductible then \$0</b>
Deductible then \$0	Deductible then 50%	Deductible then 50%
Deductible then \$0	Deductible then 50%	Deductible then 50%
Deductible then \$0	Deductible then 50%	Deductible then 50%
Deductible then \$0	Deductible then 50%	Deductible then 50%
<b>PRESCRIPTION DRUGS</b>		
Deductible then \$0	Deductible then 50%	Deductible then 50%
<b>PRODUCT DETAILS</b>		
Health Extras <sup>SM</sup> or Nutrition	<b>Health Extras<sup>SM</sup></b>	Health Extras <sup>SM</sup> or Nutrition
IHC	IHC + First Health Nationally	IHC + First Health Nationally

1. OON coverage only applies to non-participating providers outside the 8 counties of WNY.  
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 (E) = Embedded Deductible (T) = True Family (Non Embedded) Deductible

**Bolded items** indicate updated changes since the 2021 plan year.

# THE REDSHIRT® TREATMENT, AND SO MUCH MORE.

Independent Health's extensive portfolio of products offers a wide range of unique health benefits and services† to choose from – all backed by our leading service and support. Speak with an Independent Health sales representative for details.

## \$250 HEALTH EXTRAS<sup>SM</sup> VISA<sup>®</sup>

A debit card to pay for healthy goods and services.



## EARN \$1,000 BACK

Nutrition Benefit<sup>††</sup> pays members back for buying fresh fruits and vegetables.



## \$0 PREVENTIVE CARE

More than 60 FREE services – from checkups and screenings to vaccines.



## \$0 PREVENTIVE RX

For cholesterol, blood pressure, diabetes, antidepressants and so much more.



### Dental Coverage

Maintain healthy teeth by visiting participating Delta Dental providers.

### Vision Discounts

Save on eyeglass frames, lenses and contacts at any EyeMed provider.

### 500+ Wellness Discounts

Members can show their member ID card and save at a wide range of local businesses.

## DIGITAL HEALTH TOOLS AND APPS

Helping employees manage their health and their health plan – wherever they go with a range of easy-to-use digital tools and resources.



### MYIH

Download the FREE MyIH app for personalized plan information. Chat with a RedShirt, search for a doctor or pharmacy, view member ID card, track balances and so much more.



### FOODSMART<sup>™</sup>

Healthy eating made easy with recipes, meal planning, meal kit delivery, \$0 virtual nutrition counseling with a registered dietitian and more.



### BROOK AND BROOK+

Chat-based health coaching, meal planning, activity and food logging, diabetes prevention support and more.



### COMPARE RX COSTS

Easy-to-use online tool to look up medication uses, alternatives, compare costs, shop and save.

## BEING LOCAL MAKES A DIFFERENCE.

As the **only locally-owned** and operated health plan, for **over 40 years** we have remained here driven by our mission of providing affordable access to quality coverage.

## ENGAGE WITH OUR COMMUNITY

Our goal is to improve the health and well-being of every Western New Yorker, not just our members. That's why we partner with local organizations to offer programs and events that promote the importance of healthy choices and easy access to healthy activities.

To learn about community partnerships, visit [independenthealth.com/inthecommunity](https://independenthealth.com/inthecommunity).



**You Deserve the RedShirt Treatment.®**

Call our RedShirts<sup>SM</sup> today at **1-800-453-1910**.



[independenthealth.com](https://independenthealth.com)

† Benefits vary by plan.

†† Canned or frozen fruits and vegetables are excluded. Money back is in the form of store credit for future purchases.

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