

Independent Health's 2025

# SMALL GROUP PORTFOLIO



## Independent Health Brings You High Quality and Trusted Support

**No surprises, less hassle — for you and your employees.  
That's the RedShirt® Treatment.**

Our experienced Sales team works hard to get the answers you need and make things easier so you can concentrate on the health of your business. Just like we have for **45 years as WNY's locally-focused** health plan.



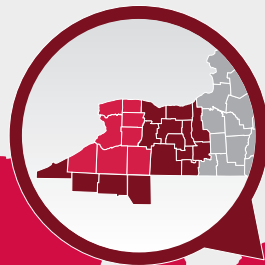
THIRD QUARTER

# AN ENHANCED NATIONAL NETWORK, BACKED BY A LOCAL TEAM OF REDSHIRTS.<sup>SM</sup>

PEACE OF MIND AT HOME  
*and* ACROSS THE COUNTRY.

**Our local and national network agreements have your employees covered** when and where they need it — regardless of their location, no matter where they live or travel.

Our local network covers the 8 counties of WNY, plus 15 surrounding counties in NY/PA.



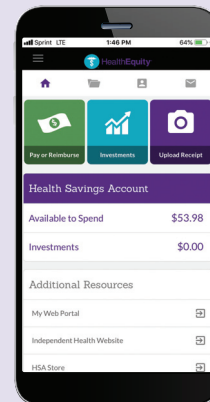
- Our enhanced national network through UnitedHealthcare covers out-of-area — with 1.6 million doctors/providers, 6,200 hospitals and 13,500 labs<sup>1</sup>
- Supports employers' benefits strategy with a highly-competitive option outside of WNY
  - All backed by the RedShirt<sup>®</sup> Treatment every step of the way

## HealthEquity<sup>®</sup>

The HealthEquity<sup>®</sup> HSA is built into all HSA-qualified (HSAQ) plans.

The convenient way to enjoy all the pre-tax benefits of paying for qualified health care expenses directly through members' HSA account.

Everything is automated and integrated with your Independent Health plan, including enrollment, claims, payment and tracking and a variety of investment options — all with no monthly administration fee.



**9 OUT OF 10**

MEMBERS ARE SATISFIED<sup>2</sup>

**9 OUT OF 10**

EMPLOYERS WOULD RECOMMEND INDEPENDENT HEALTH<sup>2</sup>

**100%**

OF BROKERS WOULD RECOMMEND INDEPENDENT HEALTH<sup>2</sup>

Data is current as of publication and is subject to change without notification.

1. UnitedHealthcare Network Analysis, August 2024.

2. 2023 Consumer and Employer Third Party Blinded Stakeholder Studies and 2024 Broker Stakeholder Study.

# 2025 Small Group Plans



## PLATINUM LEVEL

PLATINUM LEVEL PLANS CONTINUED ON NEXT PAGE »

	FlexFit Platinum	FlexFit Platinum Option 2
<b>IN-NETWORK (IN)</b>		
First Dollar Coverage	N/A	N/A
Deductible	\$0	\$0
Coinsurance	0%	0%
Out-of-Pocket Max.	\$5,250/\$10,500 (E)	<b>\$4,000/\$8,000 (E)</b>
<b>OUT-OF-NETWORK (OON)<sup>1</sup></b>		
Deductible	\$5,000/\$10,000 (T)	\$5,000/\$10,000 (T)
Coinsurance	Deductible then 20%	Deductible then 20%
Out-of-Pocket Max.	\$10,000/\$20,000 (E)	\$10,000/\$20,000 (E)
<b>MEDICAL SERVICES</b>		
Primary Care Office Visit	\$10	\$10
Specialist Office Visit	\$40	\$25
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc® providers only) For Dermatology telemedicine refer to the plan's benefit summary	\$0	\$0
Urgent Care	\$75	\$75
Emergency Room Services	<b>\$250</b>	<b>\$250</b>
Outpatient Procedures Performed in an Ambulatory Surgery Center	<b>\$150</b>	<b>\$150</b>
Outpatient Procedures Performed in a Hospital	<b>\$200</b>	<b>\$200</b>
Inpatient Hospital Services (per admission)	\$500	\$500
<b>PRESCRIPTION DRUGS</b>		
Pharmacy <sup>2</sup>	\$5/\$30/50%	\$5/\$30/\$100
<b>PRODUCT DETAILS</b>		
Wellness Benefits	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition
Network	IHC	IHC
<b>Q3 RATES</b>		
Employee Rate	\$970.99	\$993.77
Employee & Child(ren) Rate	\$1,650.68	\$1,689.41
Employee & Spouse Rate	\$1,941.98	\$1,987.54
Family Rate	\$2,767.32	\$2,832.24

1. OON coverage applies to non-participating providers outside Independent Health's service area.  
 2. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.  
 3. Specific qualifications must be met.  
 4. Subscribers must reside within Independent Health's 23-county network area.

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

**Bolded items** indicate updated changes since the 2024 plan year.

# 2025 Small Group Plans



## PLATINUM LEVEL

(CONTINUED)

### Passport Plan National Platinum

### Passport Plan Local Platinum<sup>4</sup>

	Passport Plan National Platinum	Passport Plan Local Platinum <sup>4</sup>
<b>IN-NETWORK (IN)</b>		
First Dollar Coverage	N/A	N/A
Deductible	\$0	\$0
Coinsurance	0%	0%
Out-of-Pocket Max.	<b>\$4,500/\$9,000 (E)</b>	<b>\$4,500/\$9,000 (E)</b>
<b>OUT-OF-NETWORK (OON)<sup>1</sup></b>		
Deductible	\$5,000/\$10,000 (T)	\$5,000/\$10,000 (T)
Coinsurance	Deductible then 50%	Deductible then 50%
Out-of-Pocket Max.	\$10,000/\$20,000 (E)	\$10,000/\$20,000 (E)
<b>MEDICAL SERVICES</b>		
Primary Care Office Visit	\$15	\$15
Specialist Office Visit	\$45	\$45
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc® providers only) For Dermatology telemedicine refer to the plan's benefit summary	\$0	\$0
Urgent Care	\$75	\$75
Emergency Room Services	<b>\$200</b>	<b>\$200</b>
Outpatient Procedures Performed in an Ambulatory Surgery Center	<b>\$150</b>	<b>\$150</b>
Outpatient Procedures Performed in a Hospital	<b>\$200</b>	<b>\$200</b>
Inpatient Hospital Services (per admission)	\$500	\$500
<b>PRESCRIPTION DRUGS</b>		
Pharmacy <sup>2</sup>	\$5/\$30/50%	\$5/\$30/50%
<b>PRODUCT DETAILS</b>		
Wellness Benefits	Health Extras <sup>SM</sup>	Health Extras <sup>SM</sup> or Nutrition
Network	IHC + United Nationally	IHC + United Nationally
<b>Q3 RATES</b>		
Employee Rate	\$1,408.64	\$1,269.32
Employee & Child(ren) Rate	\$2,394.69	\$2,157.84
Employee & Spouse Rate	\$2,817.28	\$2,538.64
Family Rate	\$4,014.62	\$3,617.56

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# 2025 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	
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc® providers only) 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	
Q3 RATES	
Employee Rate	
Employee & Child(ren) Rate	
Employee & Spouse Rate	
Family Rate	

	Activate Gold	Standard Healthy NY Gold <sup>3</sup>	iDirect Gold Copay	iDirect Gold Copay Option 3
First Dollar Coverage	\$750/\$1,500	N/A	N/A	N/A
Deductible	\$1,500/\$3,000 (E)	\$600/\$1,200 (E)	\$1,250/\$2,500 (T)	\$600/\$1,200 (T)
Coinsurance	25% Coinsurance after first dollar and deductible	0%	0%	0%
Out-of-Pocket Max.	\$7,950/\$15,900 (E)	<b>\$7,900/\$15,800 (E)</b>	\$6,750/\$13,500 (E)	<b>\$6,250/\$12,500 (E)</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)
Primary Care Office Visit	\$20 Copayment after first dollar and deductible	Deductible then \$25	\$20	Deductible then \$25
Specialist Office Visit	\$50 Copayment after first dollar and deductible	Deductible then \$40	Deductible then \$50	Deductible then \$40
Telemedicine	\$0	\$0	\$0	\$0
Urgent Care	\$75 Copayment after first dollar and deductible	Deductible then \$60	\$75	Deductible then \$75
Emergency Room Services	25% Coinsurance after first dollar and deductible	Deductible then \$150	<b>Deductible then \$200</b>	<b>Deductible then \$250</b>
Outpatient Procedures Performed in an Ambulatory Surgery Center	25% Coinsurance after first dollar and deductible	Deductible then \$100	<b>Deductible then \$200</b>	<b>Deductible then \$200</b>
Outpatient Procedures Performed in a Hospital	25% Coinsurance after first dollar and deductible	Deductible then \$100	<b>Deductible then \$250</b>	<b>Deductible then \$250</b>
Inpatient Hospital Services (per admission)	25% Coinsurance after first dollar and deductible	Deductible then \$1,000	Deductible then \$1,000	Deductible then \$1,000
Pharmacy <sup>2</sup>	\$10/25%/50% after first dollar and deductible	\$10/\$35/\$70	\$10/\$40/ <b>\$100</b>	\$10/\$35/50%
Wellness Benefits	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
Network	IHC	IHC	IHC	IHC
Employee Rate	\$792.56	\$718.70	\$851.66	\$854.70
Employee & Child(ren) Rate	\$1,347.35	\$1,221.79	\$1,447.82	\$1,452.99
Employee & Spouse Rate	\$1,585.12	\$1,437.40	\$1,703.32	\$1,709.40
Family Rate	\$2,258.80	\$2,048.30	\$2,427.23	\$2,435.90

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# 2025 Small Group Plans



## GOLD LEVEL

(CONTINUED)

	iDirect Gold Copay HSAQ	Passport Plan National Gold HSAQ	Passport Plan Local Gold HSAQ <sup>4</sup>
<b>IN-NETWORK (IN)</b>	<b>HealthEquity</b>	<b>HealthEquity</b>	<b>HealthEquity</b>
First Dollar Coverage	N/A	N/A	N/A
Deductible	<b>\$1,650/\$3,300 (T)</b>	<b>\$1,650/\$3,300 (T)</b>	<b>\$1,650/\$3,300 (T)</b>
Coinsurance	0%	Deductible then 20%	Deductible then 20%
Out-of-Pocket Max.	<b>\$5,500/\$11,000 (E)</b>	\$6,750/\$13,500 (E)	\$6,750/\$13,500 (E)
<b>OUT-OF-NETWORK (OON)<sup>1</sup></b>			
Deductible	\$5,000/\$10,000 (T)	\$5,000/\$10,000 (T)	\$5,000/\$10,000 (T)
Coinsurance	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)
<b>MEDICAL SERVICES</b>			
Primary Care Office Visit	Deductible then \$20	Deductible then 20%	Deductible then 20%
Specialist Office Visit	Deductible then \$50	Deductible then 20%	Deductible then 20%
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc® providers only) For Dermatology telemedicine refer to the plan's benefit summary	Deductible then \$0	Deductible then \$0	Deductible then \$0
Urgent Care	Deductible then \$75	Deductible then 20%	Deductible then 20%
Emergency Room Services	<b>Deductible then \$200</b>	Deductible then 20%	Deductible then 20%
Outpatient Procedures Performed in an Ambulatory Surgery Center	<b>Deductible then \$200</b>	Deductible then 20%	Deductible then 20%
Outpatient Procedures Performed in a Hospital	<b>Deductible then \$250</b>	Deductible then 20%	Deductible then 20%
Inpatient Hospital Services (per admission)	Deductible then \$750	Deductible then 20%	Deductible then 20%
<b>PRESCRIPTION DRUGS</b>			
Pharmacy <sup>2</sup>	Deductible then \$10/\$40/50%	Deductible then \$10/20%/50%	Deductible then \$10/20%/50%
<b>PRODUCT DETAILS</b>			
Wellness Benefits	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup>	Health Extras <sup>SM</sup> or Nutrition
Network	IHC	IHC + United Nationally	IHC + United Nationally
<b>Q3 RATES</b>			
Employee Rate	\$804.82	\$1,097.99	\$990.90
Employee & Child(ren) Rate	\$1,368.19	\$1,866.58	\$1,684.53
Employee & Spouse Rate	\$1,609.64	\$2,195.98	\$1,981.80
Family Rate	\$2,293.74	\$3,129.27	\$2,824.07

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# 2025 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
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc® providers only) 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
Q3 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

Activate Silver	iDirect Silver Copay	iDirect Silver Copay Option 2	iDirect Silver Copay HSAQ
<b>HealthEquity</b>			
\$500/\$1,000	N/A	N/A	N/A
\$3,100/\$6,200 (E)	\$2,000/\$4,000 (T)	\$2,100/\$4,200 (E)	\$2,000/\$4,000 (T)
40% Coinsurance after first dollar and deductible	0%	0%	0%
\$8,500/\$17,000 (E)	\$8,000/\$16,000 (E)	<b>\$9,200/\$18,400 (E)</b>	\$7,500/\$15,000 (E)
\$5,000/\$10,000 (E)	\$5,000/\$10,000 (T)	\$5,000/\$10,000 (E)	\$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)
\$35 Copayment after first dollar and deductible	Deductible then \$35	<b>Deductible then \$30</b>	Deductible then \$35
\$60 Copayment after first dollar and deductible	Deductible then \$60	<b>Deductible then \$65</b>	Deductible then \$60
\$0	\$0	\$0	Deductible then \$0
\$75 Copayment after first dollar and deductible	\$75	Deductible then \$70	Deductible then \$75
40% Coinsurance after first dollar and deductible	<b>Deductible then \$300</b>	Deductible then \$500	<b>Deductible then \$300</b>
40% Coinsurance after first dollar and deductible	<b>Deductible then \$200</b>	<b>Deductible then \$250</b>	<b>Deductible then \$200</b>
40% Coinsurance after first dollar and deductible	<b>Deductible then \$250</b>	<b>Deductible then \$300</b>	<b>Deductible then \$250</b>
40% Coinsurance after first dollar and deductible	Deductible then \$1,000	Deductible then \$1,500	Deductible then \$1,000
\$15/40%/50% after first dollar and deductible	\$15/\$50/50%	\$15/\$40/ <b>\$125</b>	Deductible then \$15/\$50/50%
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
\$706.18	\$760.86	\$769.93	\$750.64
\$1,200.51	\$1,293.46	\$1,308.88	\$1,276.09
\$1,412.36	\$1,521.72	\$1,539.86	\$1,501.28
\$2,012.61	\$2,168.45	\$2,194.30	\$2,139.32

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 4. Subscribers must reside within Independent Health's 23-county network area.

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# 2025 Small Group Plans



## SILVER LEVEL

(CONTINUED)

	iDirect Silver Coinsurance HSAQ	Passport Plan National Silver HSAQ	Passport Plan Local Silver HSAQ <sup>4</sup>
<b>IN-NETWORK (IN)</b>	<b>HealthEquity</b>	<b>HealthEquity</b>	<b>HealthEquity</b>
First Dollar Coverage	N/A	N/A	N/A
Deductible	\$3,000/\$6,000 (T)	\$3,000/\$6,000 (T)	\$3,000/\$6,000 (T)
Coinsurance	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>
Out-of-Pocket Max.	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)
<b>OUT-OF-NETWORK (OON)<sup>1</sup></b>			
Deductible	\$5,000/\$10,000 (T)	\$5,000/\$10,000 (T)	\$5,000/\$10,000 (T)
Coinsurance	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)
<b>MEDICAL SERVICES</b>			
Primary Care Office Visit	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>
Specialist Office Visit	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc® providers only) For Dermatology telemedicine refer to the plan's benefit summary	Deductible then \$0	Deductible then \$0	Deductible then \$0
Urgent Care	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>
Emergency Room Services	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>
Outpatient Procedures Performed in an Ambulatory Surgery Center	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>
Outpatient Procedures Performed in a Hospital	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>
Inpatient Hospital Services (per admission)	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>
<b>PRESCRIPTION DRUGS</b>			
Pharmacy <sup>2</sup>	Deductible then \$15/ <b>\$50</b> /50%	Deductible then \$15/ <b>\$50</b> /50%	Deductible then \$15/ <b>\$50</b> /50%
<b>PRODUCT DETAILS</b>			
Wellness Benefits	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup>	Health Extras <sup>SM</sup> or Nutrition
Network	IHC	IHC + United Nationally	IHC + United Nationally
<b>Q3 RATES</b>			
Employee Rate	\$699.81	\$994.84	\$898.29
Employee & Child(ren) Rate	\$1,189.68	\$1,691.23	\$1,527.09
Employee & Spouse Rate	\$1,399.62	\$1,989.68	\$1,796.58
Family Rate	\$1,994.46	\$2,835.29	\$2,560.13

1. OON coverage applies to non-participating providers outside Independent Health's service area.  
 2. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.  
 3. Specific qualifications must be met.  
 4. Subscribers must reside within Independent Health's 23-county network area.

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# 2025 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
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc® providers only) 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
Q3 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

iDirect Bronze Coinsurance HSAQ	iDirect Bronze MV HSAQ
HealthEquity	HealthEquity
N/A	N/A
\$5,600/\$11,200 (E)	<b>\$8,050/\$16,100 (E)</b>
Deductible then 50%	0%
\$7,500/\$15,000 (E)	<b>\$8,050/\$16,100 (E)</b>
\$7,500/\$15,000 (E)	\$10,000/\$20,000 (E)
Deductible then 50%	Deductible then 50%
\$15,000/\$30,000 (E)	\$20,000/\$40,000 (E)
Deductible then 50%	Deductible then \$0
Deductible then 50%	Deductible then \$0
Deductible then \$0	Deductible then \$0
Deductible then 50%	Deductible then \$0
Deductible then 50%	Deductible then \$0
Deductible then 50%	Deductible then \$0
Deductible then 50%	Deductible then \$0
Deductible then 50%	Deductible then \$0
Deductible then 50%	Deductible then \$0
Deductible then 50%	Deductible then \$0
Deductible then 50%	Deductible then \$0
Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition
IHC	IHC
\$619.29	\$607.86
\$1,052.79	\$1,033.36
\$1,238.58	\$1,215.72
\$1,764.98	\$1,732.40

1. OON coverage applies to non-participating providers outside Independent Health's service area.  
 2. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.  
 3. Specific qualifications must be met.  
 4. Subscribers must reside within Independent Health's 23-county network area.

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

**Bolded items** indicate updated changes since the 2024 plan year.

# 2025 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

Telemedicine — General Medical & Behavioral Health Services (participating Teladoc® providers only) 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

### Q3 RATES

Employee Rate

Employee & Child(ren) Rate

Employee & Spouse Rate

Family Rate

Passport Plan  
National  
Bronze  
HSAQ

Passport Plan  
Local  
Bronze  
HSAQ<sup>4</sup>

HealthEquity	HealthEquity
N/A	N/A
\$5,600/\$11,200 (E)	\$5,600/\$11,200 (E)
Deductible then 50%	Deductible then 50%
\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)
\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)
Deductible then 50%	Deductible then 50%
\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)
Deductible then 50%	Deductible then 50%
Deductible then 50%	Deductible then 50%
Deductible then \$0	Deductible then \$0
Deductible then 50%	Deductible then 50%
Deductible then 50%	Deductible then 50%
Deductible then 50%	Deductible then 50%
Deductible then 50%	Deductible then 50%
Deductible then 50%	Deductible then 50%
Deductible then 50%	Deductible then 50%
Deductible then 50%	Deductible then 50%
Deductible then 50%	Deductible then 50%
Health Extras <sup>SM</sup>	Health Extras <sup>SM</sup> or Nutrition
IHC + United Nationally	IHC + United Nationally
\$880.01	\$794.43
\$1,496.02	\$1,350.53
\$1,760.02	\$1,588.86
\$2,508.03	\$2,264.13

1. OON coverage applies to non-participating providers outside Independent Health's service area.  
 2. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.  
 3. Specific qualifications must be met.  
 4. Subscribers must reside within Independent Health's 23-county network area.

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

**Bolded items** indicate updated changes since the 2024 plan year.

# BRINGING YOU MORE REASONS TO REDSHIRT.®

Independent Health members can rely on the high-quality coverage they need, backed by the leading RedShirt service and support they deserve. With convenient access to tools, resources, member savings, community programs and a wide range of unique health benefits<sup>3</sup>, we make it even easier to get and stay healthy all year long.

## \$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>4</sup> pays members back for buying fresh fruits and vegetables.



## EARN UP TO \$30 IN REDSHIRT REWARDS<sup>SM</sup>

Get rewarded<sup>5</sup> for completing healthy actions like annual checkups, flu shots and health screenings — and choose a gift card at a wide range of retailers, including Amazon.com Gift Card, Target and more!

## 600+ WELLNESS DISCOUNTS

Members can show their member ID card for exclusive health and wellness discounts — up to 30% off — at a wide range of local businesses.

## \$0 PREVENTIVE CARE

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



## \$0 PREVENTIVE RX

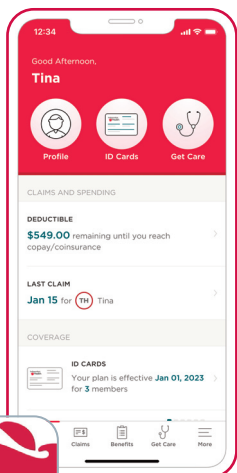
For cholesterol, blood pressure, diabetes, antidepressants and so much more.



**Plus** — Get **Vision Discounts** with EyeMed providers. Also available, **Dental Coverage** through Delta Dental.



## DIGITAL HEALTH TOOLS AND APPS



Download the **MyIH app** to get started with personalized plan information and access to a wide range of easy-to-use digital tools and resources. Chat with a RedShirt, search for a doctor or pharmacy, view member ID card, track balances and so much more.



Scan here to download the MyIH app

**It's all a tap away!** **Brook and Brook+** (health coaching, diabetes/weight management), **Compare Medical and Rx Costs** (online compare tools), **e-pay** (pay plan bills electronically) and more!

# CONNECT 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. Bringing healthy to WNY — year-round:

- Buffalo Outer Harbor
- Buffalo RiverWorks
- Community Health Day
- First Night® Buffalo
- Fitness for Kids Challenge
- Fitness in the Parks
- Food Truck Tuesdays
- GObike
- Good for the Neighborhood®
- Healthy Options®
- Kids Run
- PlayStreets
- Reddy Bikeshare
- Soccer for Success
- Wellness Walks

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



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**You Deserve the RedShirt Treatment.®**

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

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Independent  
 Health<sup>®</sup>

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

3. Benefits vary by plan.

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

5. Rewards will be issued when Independent Health receives notification of a claim for each service, which may take up to 90 days for a provider to submit the claim(s). \$30.00 limit per eligible member (subscriber, spouse and dependents 18 years of age and older) per plan year.