

INDEPENDENT HEALTH'S 2026

SMALL GROUP PORTFOLIO

SECOND QUARTER

Our RedShirtsSM Are Here To Help.

Rely on our experienced RedShirtsSM to help you get the right plans for your employees and the answers you need — making it easier for you to focus on the health of your business. Just like we have for over 45 years as WNY's local health plan.

That's what you can continue to count on. That's your RedShirt[®] Treatment.



WE HAVE YOU COVERED.

A Comprehensive National Network With New Low-Cost Plans — All Backed by Your Local RedShirt Team.

NEW for 2026

FlexFit[®] Gold

No Deductible with Copays

Lower Cost Alternate to Platinum

GOLD LEVEL

NEW for 2026

iDirect[®] Bronze MV

Lowest Cost Plan for 2026

BRONZE LEVEL

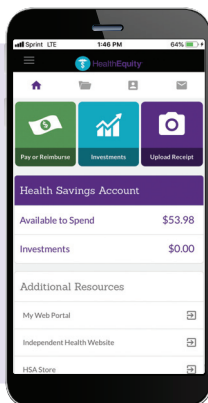
PEACE OF MIND AT HOME *and* ACROSS THE COUNTRY.

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.

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

- Our comprehensive national network through UnitedHealthcare covers out-of-area — with 1.6 million doctors/providers, 5,500 hospitals and 18,000 labs¹
- Supports employers' benefits strategy with a highly-competitive option outside of WNY
- All backed by the RedShirt[®] Treatment every step of the way



The HealthEquity[®] 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.

HealthEquity[®]

1. UnitedHealthcare network analysis.

2026 Small Group Plans

PLATINUM LEVEL



FlexFit Platinum

NEW! iDirect Platinum Coinsurance

NEW! Passport Plan Local Platinum⁴

IN-NETWORK (IN)

First Dollar Coverage

Deductible

Coinsurance

Out-of-Pocket Max.

OUT-OF-NETWORK (OON)¹

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

Pharmacy²

PRODUCT DETAILS

Wellness Benefits

Network

Q2 RATES

Employee Rate

Employee & Child(ren) Rate

Employee & Spouse Rate

Family Rate

N/A

\$0

0%

\$5,500/\$11,000 (E)

\$5,000/\$10,000 (T)

Deductible then 20%

\$10,000/\$20,000 (E)

\$10

\$40

\$0

\$100

\$250

\$250

\$300

\$500

N/A

\$125/\$250 (T)

20%

\$5,250/\$10,500 (E)

\$5,000/\$10,000 (T)

Deductible then 50%

\$10,000/\$20,000 (E)

Deductible then 20%

Deductible then 20%

\$0

Deductible then 20%

Deductible then 20%

Deductible then 20%

Deductible then 20%

Deductible then 20%

N/A

\$125/\$250 (T)

20%

\$5,250/\$10,500 (E)

\$5,000/\$10,000 (T)

Deductible then 50%

\$10,000/\$20,000 (E)

Deductible then 20%

Deductible then 20%

\$0

Deductible then 20%

Deductible then 20%

Deductible then 20%

Deductible then 20%

Deductible then 20%

Health ExtrasSM
or Nutrition

IHC

Health ExtrasSM
or Nutrition

IHC

Health ExtrasSM
or Nutrition

IHC + United
Nationally

\$1,102.96

\$1,875.03

\$2,205.92

\$3,143.44

\$1,039.45

\$1,767.07

\$2,078.90

\$2,962.43

\$1,133.02

\$1,926.13

\$2,266.04

\$3,229.11

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 NYS qualifications must be met.

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

(E) = Embedded Deductible or Out-of-Pocket Maximum

(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

Bolded items indicate updated changes since the 2025 plan year.

2026 Small Group Plans



GOLD LEVEL

GOLD LEVEL PLANS CONTINUED ON NEXT PAGE »

Activate
Gold

NEW!
FlexFit
Gold

iDirect
Gold
Copay

IN-NETWORK (IN)

First Dollar Coverage

Deductible

Coinsurance

Out-of-Pocket Max.

OUT-OF-NETWORK (OON)¹

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

Pharmacy²

PRODUCT DETAILS

Wellness Benefits

Network

Q2 RATES

Employee Rate

Employee & Child(ren) Rate

Employee & Spouse Rate

Family Rate

\$750/\$1,500

N/A

N/A

\$1,700/\$3,400 (E)

\$0

\$1,500/\$3,000 (T)

25% Coinsurance after first dollar and deductible

0%

0%

\$7,950/\$15,900 (E)

\$8,500/\$17,000 (E)

\$6,750/\$13,500 (E)

\$7,500/\$15,000 (E)

\$7,500/\$15,000 (T)

\$7,500/\$15,000 (T)

Deductible then 50%

Deductible then 50%

Deductible then 50%

\$15,000/\$30,000 (E)

\$15,000/\$30,000 (E)

\$15,000/\$30,000 (E)

\$20 Copayment after first dollar and deductible

\$40

\$20

\$50 Copayment after first dollar and deductible

\$75

Deductible then \$50

\$0

\$0

\$0

\$75 Copayment after first dollar and deductible

\$100

\$75

25% Coinsurance after first dollar and deductible

\$300

Deductible then \$200

25% Coinsurance after first dollar and deductible

\$950

Deductible then **\$325**

25% Coinsurance after first dollar and deductible

\$1,000

Deductible then **\$375**

25% Coinsurance after first dollar and deductible

\$3,000

Deductible then \$1,000

\$10/25%/50% after first dollar and deductible

\$10/\$40/50%

\$10/\$40/\$100

Health ExtrasSM
or Nutrition

**Health ExtrasSM
or Nutrition**

Health ExtrasSM
or Nutrition

IHC

IHC

IHC

\$896.86

\$975.13

\$964.89

\$1,524.66

\$1,657.72

\$1,640.31

\$1,793.72

\$1,950.26

\$1,929.78

\$2,556.05

\$2,779.12

\$2,749.94

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 NYS qualifications must be met.

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

(E) = Embedded Deductible or Out-of-Pocket Maximum

(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

Bolded items indicate updated changes since the 2025 plan year.

2026 Small Group Plans



GOLD LEVEL

(CONTINUED)

IN-NETWORK (IN)
First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.
OUT-OF-NETWORK (OON) ¹
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 ²
PRODUCT DETAILS
Wellness Benefits
Network
Q2 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

iDirect Gold Copay Option 3	iDirect Gold Copay HSAQ	NEW! iDirect Gold Copay HSAQ Option 2
HealthEquity		
N/A	N/A	N/A
\$775/\$1,550 (T)	\$1,700/\$3,400 (T)	\$1,950/\$3,900 (T)
0%	0%	0%
\$7,500/\$15,000 (E)	\$5,500/\$11,000 (E)	\$6,000/\$12,000 (E)
HealthEquity		
\$7,500/\$15,000 (T)	\$7,500/\$15,000 (T)	\$7,500/\$15,000 (T)
Deductible then 50%	Deductible then 50%	Deductible then 50%
\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)
HealthEquity		
Deductible then \$25	Deductible then \$20	Deductible then \$20
Deductible then \$40	Deductible then \$50	Deductible then \$50
\$0	Deductible then \$0	Deductible then \$0
Deductible then \$75	Deductible then \$75	Deductible then \$75
Deductible then \$250	Deductible then \$200	Deductible then \$200
Deductible then \$300	Deductible then \$325	Deductible then \$325
Deductible then \$350	Deductible then \$375	Deductible then \$375
Deductible then \$1,000	Deductible then \$750	Deductible then \$750
HealthEquity		
\$10/\$35/50%	Deductible then \$10/\$40/50%	Deductible then \$10/\$40/50%
HealthEquity		
Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health ExtrasSM or Nutrition
IHC	IHC	IHC
HealthEquity		
\$953.06	\$914.75	\$896.04
\$1,620.20	\$1,555.08	\$1,523.27
\$1,906.12	\$1,829.50	\$1,792.08
\$2,716.22	\$2,607.04	\$2,553.71

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 NYS qualifications must be met.
4. Subscribers must reside within Independent Health's 23-county network area.

(E) = Embedded Deductible or Out-of-Pocket Maximum
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

Bolded items indicate updated changes since the 2025 plan year.

2026 Small Group Plans



GOLD LEVEL

(CONTINUED)

IN-NETWORK (IN)
First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.
OUT-OF-NETWORK (OON) ¹
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 ²
PRODUCT DETAILS
Wellness Benefits
Network
Q2 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

NEW! iDirect Gold Coinsurance HSAQ	Passport Plan National Gold HSAQ	Passport Plan Local Gold HSAQ ⁴
HealthEquity	HealthEquity	HealthEquity
N/A	N/A	N/A
\$1,700/\$3,400 (T)	\$1,700/\$3,400 (T)	\$1,700/\$3,400 (T)
20%	Deductible then 20%	Deductible then 20%
\$6,750/\$13,500 (E)	\$6,750/\$13,500 (E)	\$6,750/\$13,500 (E)
\$7,500/\$15,000 (T)	\$7,500/\$15,000 (T)	\$7,500/\$15,000 (T)
Deductible then 50%	Deductible then 50%	Deductible then 50%
\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)
Deductible then 20%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then 20%	Deductible then 20%
Deductible then \$0	Deductible then \$0	Deductible then \$0
Deductible then 20%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then 20%	Deductible then 20%
Deductible then \$10/20%/50%	Deductible then \$10/20%/50%	Deductible then \$10/20%/50%
Health ExtrasSM or Nutrition	Health Extras SM	Health Extras SM or Nutrition
IHC	IHC + United Nationally	IHC + United Nationally
\$874.00	\$1,114.25	\$954.94
\$1,485.80	\$1,894.23	\$1,623.40
\$1,748.00	\$2,228.50	\$1,909.88
\$2,490.90	\$3,175.61	\$2,721.58

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 NYS qualifications must be met.
4. Subscribers must reside within Independent Health's 23-county network area.

(E) = Embedded Deductible or Out-of-Pocket Maximum
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

Bolded items indicate updated changes since the 2025 plan year.

2026 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) ¹
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 ²
PRODUCT DETAILS
Wellness Benefits
Network
Q2 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
HealthEquity			
\$500/\$1,000	N/A	N/A	N/A
\$3,500/\$7,000 (E)	\$2,250/\$4,500 (T)	\$2,500/\$5,000 (E)	\$2,250/\$4,500 (T)
40% Coinsurance after first dollar and deductible	0%	0%	0%
\$9,200/\$18,400 (E)	\$10,150/\$20,300 (E)	\$9,200/\$18,400 (E)	\$8,300/\$16,600 (E)
\$7,500/\$15,000 (E)	\$7,500/\$15,000 (T)	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (T)
Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%
\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)
\$35 Copayment after first dollar and deductible	Deductible then \$35	Deductible then \$30	Deductible then \$35
\$65 Copayment after first dollar and deductible	Deductible then \$65	Deductible then \$65	Deductible then \$65
\$0	\$0	\$0	Deductible then \$0
\$75 Copayment after first dollar and deductible	Deductible then \$75	Deductible then \$70	Deductible then \$75
40% Coinsurance after first dollar and deductible	Deductible then \$300	Deductible then \$500	Deductible then \$300
40% Coinsurance after first dollar and deductible	Deductible then \$350	Deductible then \$250	Deductible then \$350
40% Coinsurance after first dollar and deductible	Deductible then \$400	Deductible then \$300	Deductible then \$400
40% Coinsurance after first dollar and deductible	Deductible then \$1,500	Deductible then \$1,500	Deductible then \$1,500
\$15/40%/50% after first dollar and deductible	\$15/\$50/50%	\$15/ \$75 /125	Deductible then \$15/\$50/50%
Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	IHC	IHC	IHC
\$786.08	\$835.64	\$860.48	\$833.60
\$1,336.34	\$1,420.59	\$1,462.82	\$1,417.12
\$1,572.16	\$1,671.28	\$1,720.96	\$1,667.20
\$2,240.33	\$2,381.57	\$2,452.37	\$2,375.76

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 NYS qualifications must be met.
4. Subscribers must reside within Independent Health's 23-county network area.

(E) = Embedded Deductible or Out-of-Pocket Maximum
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

Bolded items indicate updated changes since the 2025 plan year.

2026 Small Group Plans



SILVER LEVEL

(CONTINUED)

IN-NETWORK (IN)
First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.
OUT-OF-NETWORK (OON) ¹
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 ²
PRODUCT DETAILS
Wellness Benefits
Network
Q2 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

NEW! iDirect Silver Copay HSAQ Option 2	iDirect Silver Coinsurance HSAQ	Passport Plan National Silver HSAQ	Passport Plan Local Silver HSAQ ⁴
HealthEquity	HealthEquity	HealthEquity	HealthEquity
N/A	N/A	N/A	N/A
\$4,000/\$8,000 (T)	\$3,500/\$7,000 (T)	\$3,500/\$7,000 (T)	\$3,500/\$7,000 (T)
0%	Deductible then 25%	Deductible then 25%	Deductible then 25%
\$8,300/\$16,600 (E)	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)
\$7,500/\$15,000 (T)	\$7,500/\$15,000 (T)	\$7,500/\$15,000 (T)	\$7,500/\$15,000 (T)
Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%
\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)
Deductible then \$35	Deductible then 25%	Deductible then 25%	Deductible then 25%
Deductible then \$65	Deductible then 25%	Deductible then 25%	Deductible then 25%
Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Deductible then \$75	Deductible then 25%	Deductible then 25%	Deductible then 25%
Deductible then \$300	Deductible then 25%	Deductible then 25%	Deductible then 25%
Deductible then \$350	Deductible then 25%	Deductible then 25%	Deductible then 25%
Deductible then \$400	Deductible then 25%	Deductible then 25%	Deductible then 25%
Deductible then \$1,500	Deductible then 25%	Deductible then 25%	Deductible then 25%
Deductible then \$15/\$50/50%	Deductible then \$15/\$50/50%	Deductible then \$15/\$50/50%	Deductible then \$15/\$50/50%
Health ExtrasSM or Nutrition	Health Extras SM or Nutrition	Health Extras SM	Health Extras SM or Nutrition
IHC	IHC	IHC + United Nationally	IHC + United Nationally
\$760.80	\$779.21	\$991.72	\$851.53
\$1,293.36	\$1,324.66	\$1,685.92	\$1,447.60
\$1,521.60	\$1,558.42	\$1,983.44	\$1,703.06
\$2,168.28	\$2,220.75	\$2,826.40	\$2,426.86

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 NYS qualifications must be met.
4. Subscribers must reside within Independent Health's 23-county network area.

(E) = Embedded Deductible or Out-of-Pocket Maximum
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

Bolded items indicate updated changes since the 2025 plan year.

2026 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)¹	
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 ²	
PRODUCT DETAILS	
Wellness Benefits	
Network	
Q2 RATES	
Employee Rate	
Employee & Child(ren) Rate	
Employee & Spouse Rate	
Family Rate	

iDirect Bronze Coinsurance HSAQ	iDirect Bronze MV HSAQ	NEW! iDirect Bronze MV
HealthEquity [®]	HealthEquity [®]	
N/A	N/A	N/A
\$6,000/\$12,000 (E)	\$8,450/\$16,900 (E)	\$10,600/\$21,200 (E)
Deductible then 50%	0%	0%
\$7,500/\$15,000 (E)	\$8,450/\$16,900 (E)	\$10,600/\$21,200 (E)
\$12,500/\$25,000 (E)	\$12,500/\$25,000 (E)	\$12,500/\$25,000 (E)
Deductible then 50%	Deductible then 50%	Deductible then 50%
\$25,000/\$50,000 (E)	\$25,000/\$50,000 (E)	\$25,000/\$50,000 (E)
Deductible then 50%	Deductible then \$0	\$30
Deductible then 50%	Deductible then \$0	Deductible then \$0
Deductible then \$0	Deductible then \$0	\$0
Deductible then 50%	Deductible then \$0	Deductible then \$0
Deductible then 50%	Deductible then \$0	Deductible then \$0
Deductible then 50%	Deductible then \$0	Deductible then \$0
Deductible then 50%	Deductible then \$0	Deductible then \$0
Deductible then 50%	Deductible then \$0	Deductible then \$0
Deductible then 50%	Deductible then \$0	Deductible then \$0
Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health ExtrasSM or Nutrition
IHC	IHC	IHC
\$706.69	\$693.80	\$665.62
\$1,201.37	\$1,179.46	\$1,131.55
\$1,413.38	\$1,387.60	\$1,331.24
\$2,014.07	\$1,977.33	\$1,897.02

1. OON coverage applies to non-participating providers outside Independent Health's service area.

1. COB coverage applies to non-participating providers outside independent
2. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.

3. Specific NYS qualifications must be met.

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

(E) = Embedded Deductible or Out-of-Pocket Maximum

(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

Bolded items indicate updated changes since the 2025 plan year.

2026 Small Group Plans



BRONZE LEVEL

(CONTINUED)

IN-NETWORK (IN)
First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.
OUT-OF-NETWORK (OON) ¹
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 ²
PRODUCT DETAILS
Wellness Benefits
Network
Q2 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

Passport Plan National Bronze HSAQ	Passport Plan Local Bronze HSAQ ⁴
HealthEquity	HealthEquity
N/A	N/A
\$6,000/\$12,000 (E)	\$6,000/\$12,000 (E)
Deductible then 50%	Deductible then 50%
\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)
\$12,500/\$25,000 (E)	\$12,500/\$25,000 (E)
Deductible then 50%	Deductible then 50%
\$25,000/\$50,000 (E)	\$25,000/\$50,000 (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%
Health Extras SM	Health Extras SM or Nutrition
IHC + United Nationally	IHC + United Nationally
\$899.94	\$772.76
\$1,529.90	\$1,313.69
\$1,799.88	\$1,545.52
\$2,564.83	\$2,202.37

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 NYS qualifications must be met.
4. Subscribers must reside within Independent Health's 23-county network area.

(E) = Embedded Deductible or Out-of-Pocket Maximum
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

Bolded items indicate updated changes since the 2025 plan year.

2026 Small Group Plans

HEALTHY NY



Standard Healthy NY Gold³

IN-NETWORK (IN)

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

OUT-OF-NETWORK (OON)¹

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 ²

PRODUCT DETAILS

Wellness Benefits
Network

Q2 RATES

Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

N/A
\$775/\$1,550 (E)
0%
\$10,150/\$20,300 (E)
\$7,500/\$15,000 (E)
Deductible then 50%
\$15,000/\$30,000 (E)
Deductible then \$25
Deductible then \$40
\$0
Deductible then \$60
Deductible then \$150
Deductible then \$100
Deductible then \$100
Deductible then \$1,000
\$10/\$35/\$70
Health Extras SM or Nutrition
IHC
\$814.36
\$1,384.41
\$1,628.72
\$2,320.93

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 NYS qualifications must be met.
4. Subscribers must reside within Independent Health's 23-county network area.

(E) = Embedded Deductible or Out-of-Pocket Maximum
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

Bolded items indicate updated changes since the 2025 plan year.

MORE REASONS TO REDSHIRT.

Supporting the health and well-being of your employees means providing the high-quality coverage they need, the leading RedShirt service they deserve and going above and beyond with a wide range of unique health benefits⁵ they want. With convenient access to tools, resources, savings and more, we make achieving better health easier.

\$250 HEALTH EXTRASSM VISA[®]

A debit card to pay for healthy goods and services.



EARN \$1,000 BACK

Nutrition Benefit⁶ pays members back for buying fresh fruits and vegetables.



EARN UP TO \$30 IN REDSHIRT REWARDSSM

Get rewarded⁷ 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.



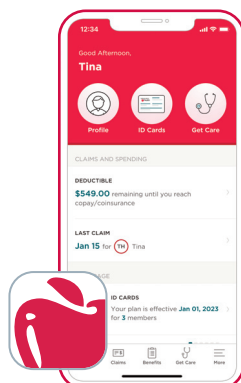
TELEMEDICINE⁵

When members can't reach their primary care physician, Teladoc[®] puts them in touch with a board-certified doctor by phone, mobile app or online video.

PLUS — **Vision Discounts** with EyeMed providers and **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), **e-pay** (pay plan bills electronically) and more!

WHERE DEDICATION AND VALUE DRIVE RESULTS.

At Independent Health, our focus is on the personalized, one-on-one attention our members, employers and brokers have come to count on. It starts with an unwavering commitment to doing what's right and working hard to make health care experiences easier through an extensive product portfolio, high-quality coverage and the market-leading RedShirt service you deserve.

9 OUT OF 10

EMPLOYERS
are satisfied with
Independent Health⁸

9 OUT OF 10

MEMBERS
are satisfied and
would re-enroll with
Independent Health⁸

96%

of **EMPLOYERS**
would recommend
Independent Health⁸



THREE YEARS IN A ROW!

Independent Health was rated

5 OUT OF 5

in NCQA's commercial Health
Plan Ratings from 2023 to 2025.



RANKED 4 STARS

in the NYS Consumer Rating
Guide for **Medicaid** and
Child Health Plus health plans.



Independent Health's
Commercial Employer
**NET PROMOTER
SCORE (NPS)⁹**

You Deserve the RedShirt Treatment.[®]
Call our RedShirts today at **1-800-453-1910**.
independenthealth.com



5. Benefits vary by plan.

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

7. 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.

8. 2024 Consumer and Employer Blinded Stakeholder Studies and 2025 Broker Stakeholder Study.

9. 2024 Independent Health EmployerStakeholder Survey, Large Group NPS.