

INDEPENDENT HEALTH'S 2026

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# SMALL GROUP PORTFOLIO

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SECOND QUARTER

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## Our RedShirts<sup>SM</sup> Are Here To Help.

Rely on our experienced RedShirts<sup>SM</sup> 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<sup>®</sup> 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

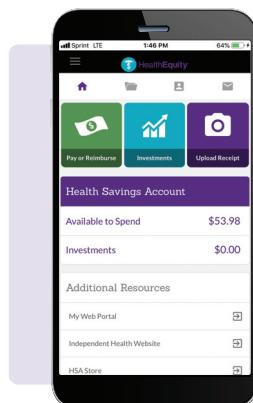
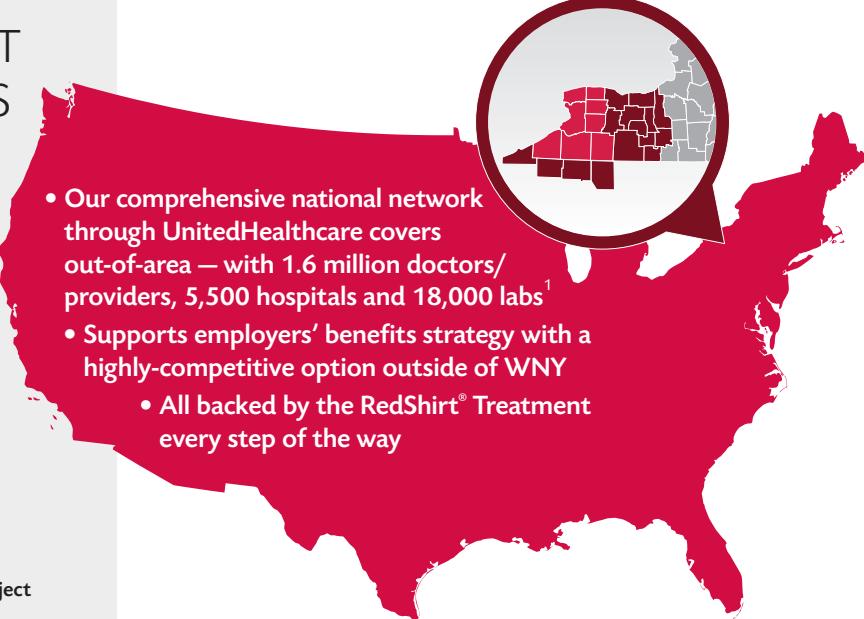
**BRONZE LEVEL**

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.



**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®**

# 2026 Small Group Plans



## PLATINUM LEVEL

### 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

### Q2 RATES

Employee Rate

Employee & Child(ren) Rate

Employee & Spouse Rate

Family Rate

FlexFit  
Platinum

**NEW!**  
iDirect  
Platinum  
Coinsurance

**NEW!**  
Passport Plan  
Local  
Platinum<sup>4</sup>

N/A

\$0

0%

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

N/A

\$125/\$250 (T)

20%

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

N/A

\$125/\$250 (T)

20%

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

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

Deductible then 20%

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

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

Deductible then 50%

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

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

Deductible then 50%

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

\$10

Deductible then 20%

\$40

Deductible then 20%

\$0

Deductible then 20%

\$100

Deductible then 20%

\$250

Deductible then 20%

\$250

Deductible then 20%

\$300

Deductible then 20%

\$500

Deductible then 20%

\$5/\$45/50%

\$5/\$50/50%

\$5/\$50/50%

Health Extras<sup>SM</sup>  
or Nutrition

IHC

Health Extras<sup>SM</sup>  
or Nutrition

IHC

Health Extras<sup>SM</sup>  
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 »

### 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<sup>®</sup> 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

### Q2 RATES

Employee Rate

Employee & Child(ren) Rate

Employee & Spouse Rate

Family Rate

Activate Gold

**NEW!**  
FlexFit Gold

iDirect Gold Copay

	Activate Gold	FlexFit Gold	iDirect Gold Copay
First Dollar Coverage	\$750/\$1,500	N/A	N/A
Deductible	<b>\$1,700/\$3,400 (E)</b>	<b>\$0</b>	<b>\$1,500/\$3,000 (T)</b>
Coinsurance	25% Coinsurance after first dollar and deductible	<b>0%</b>	0%
Out-of-Pocket Max.	\$7,950/\$15,900 (E)	<b>\$8,500/\$17,000 (E)</b>	\$6,750/\$13,500 (E)
Primary Care Office Visit	\$7,500/\$15,000 (E)	<b>\$7,500/\$15,000 (T)</b>	<b>\$7,500/\$15,000 (T)</b>
Specialist Office Visit	Deductible then 50%	<b>Deductible then 50%</b>	Deductible then 50%
Telemedicine	<b>\$15,000/\$30,000 (E)</b>	<b>\$15,000/\$30,000 (E)</b>	<b>\$15,000/\$30,000 (E)</b>
Urgent Care	\$20 Copayment after first dollar and deductible	<b>\$40</b>	\$20
Emergency Room Services	\$50 Copayment after first dollar and deductible	<b>\$75</b>	Deductible then \$50
Outpatient Procedures Performed in an Ambulatory Surgery Center	\$0	<b>\$0</b>	\$0
Outpatient Procedures Performed in a Hospital	\$75 Copayment after first dollar and deductible	<b>\$100</b>	\$75
Inpatient Hospital Services (per admission)	25% Coinsurance after first dollar and deductible	<b>\$300</b>	Deductible then \$200
Pharmacy <sup>2</sup>	25% Coinsurance after first dollar and deductible	<b>\$950</b>	Deductible then \$325
Product Details	25% Coinsurance after first dollar and deductible	<b>\$1,000</b>	Deductible then \$375
Q2 Rates	25% Coinsurance after first dollar and deductible	<b>\$3,000</b>	Deductible then \$1,000
Employee Rate	\$10/25%/50% after first dollar and deductible	<b>\$10/\$40/50%</b>	\$10/\$40/\$100
Employee & Child(ren) Rate	Health Extras <sup>SM</sup> or Nutrition	<b>Health Extras<sup>SM</sup> or Nutrition</b>	Health Extras <sup>SM</sup> or Nutrition
Employee & Spouse Rate	IHC	<b>IHC</b>	IHC
Family Rate			
Employee Rate	\$896.86	\$975.13	\$964.89
Employee & Child(ren) Rate	\$1,524.66	\$1,657.72	\$1,640.31
Employee & Spouse Rate	\$1,793.72	\$1,950.26	\$1,929.78
Family Rate	\$2,556.05	\$2,779.12	\$2,749.94

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# 2026 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

**Telemedicine** — General Medical & Behavioral Health Services (participating Teladoc<sup>®</sup> 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

### 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<sup>®</sup>

### HealthEquity<sup>®</sup>

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)**

**\$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 \$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**

**\$10/\$35/50%**

Deductible then  
**\$10/\$40/50%**

**Deductible then  
\$10/\$40/50%**

Health Extras<sup>SM</sup>  
or Nutrition

Health Extras<sup>SM</sup>  
or Nutrition

**Health Extras<sup>SM</sup>  
or Nutrition**

IHC

IHC

**IHC**

**\$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**

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(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) <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 <sup>®</sup> 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		
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 <sup>4</sup>
HealthEquity <sup>®</sup>	HealthEquity <sup>®</sup>	HealthEquity <sup>®</sup>
N/A	N/A	N/A
\$1,700/\$3,400 (T)	\$1,700/\$3,400 (T)	\$1,700/\$3,400 (T)
<b>20%</b>	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)
<b>Deductible then 50%</b>	Deductible then 50%	Deductible then 50%
\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)
<b>Deductible then 20%</b>	Deductible then 20%	Deductible then 20%
<b>Deductible then 20%</b>	Deductible then 20%	Deductible then 20%
<b>Deductible then \$0</b>	Deductible then \$0	Deductible then \$0
<b>Deductible then 20%</b>	Deductible then 20%	Deductible then 20%
<b>Deductible then 20%</b>	Deductible then 20%	Deductible then 20%
<b>Deductible then 20%</b>	Deductible then 20%	Deductible then 20%
<b>Deductible then 20%</b>	Deductible then 20%	Deductible then 20%
<b>Deductible then 20%</b>	Deductible then 20%	Deductible then 20%
<b>Deductible then 20%</b>	Deductible then 20%	Deductible then 20%
<b>Deductible then 20%</b>	Deductible then 20%	Deductible then 20%
<b>Deductible then \$10/20%/50%</b>	Deductible then \$10/20%/50%	Deductible then \$10/20%/50%
<b>Health Extras<sup>SM</sup> or Nutrition</b>	Health Extras <sup>SM</sup>	Health Extras <sup>SM</sup> or Nutrition
<b>IHC</b>	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

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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)<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<sup>®</sup> 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

### 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	
<b>\$3,500/\$7,000 (E)</b>	<b>\$2,250/\$4,500 (T)</b>	<b>\$2,500/\$5,000 (E)</b>	<b>\$2,250/\$4,500 (T)</b>	
40% Coinsurance after first dollar and deductible	0%	0%	0%	
<b>\$9,200/\$18,400 (E)</b>	<b>\$10,150/\$20,300 (E)</b>	<b>\$9,200/\$18,400 (E)</b>	<b>\$8,300/\$16,600 (E)</b>	
<b>\$7,500/\$15,000 (E)</b>	<b>\$7,500/\$15,000 (T)</b>	<b>\$7,500/\$15,000 (E)</b>	<b>\$7,500/\$15,000 (T)</b>	
Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	
<b>\$15,000/\$30,000 (E)</b>	<b>\$15,000/\$30,000 (E)</b>	<b>\$15,000/\$30,000 (E)</b>	<b>\$15,000/\$30,000 (E)</b>	
\$35 Copayment after first dollar and deductible	Deductible then \$35	Deductible then \$30	Deductible then \$35	
<b>\$65</b> Copayment after first dollar and deductible	<b>Deductible then \$65</b>	<b>Deductible then \$65</b>	<b>Deductible then \$65</b>	
\$0	\$0	\$0	Deductible then \$0	
\$75 Copayment after first dollar and deductible	<b>Deductible then \$75</b>	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 <b>\$1,500</b>	Deductible then \$1,500	Deductible then <b>\$1,500</b>	
\$15/40%/50% after first dollar and deductible	\$15/\$50/50%	<b>\$15/\$75/\$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	
\$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

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# 2026 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

**Telemedicine** — General Medical & Behavioral Health Services (participating Teladoc<sup>®</sup> 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

### 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 <sup>4</sup>
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HealthEquity	HealthEquity	HealthEquity	HealthEquity
N/A	N/A	N/A	N/A
<b>\$4,000/\$8,000 (T)</b>	<b>\$3,500/\$7,000 (T)</b>	<b>\$3,500/\$7,000 (T)</b>	<b>\$3,500/\$7,000 (T)</b>
<b>0%</b>	Deductible then 25%	Deductible then 25%	Deductible then 25%
<b>\$8,300/\$16,600 (E)</b>	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)
<b>\$7,500/\$15,000 (T)</b>	<b>\$7,500/\$15,000 (T)</b>	<b>\$7,500/\$15,000 (T)</b>	<b>\$7,500/\$15,000 (T)</b>
<b>Deductible then 50%</b>	Deductible then 50%	Deductible then 50%	Deductible then 50%
<b>\$15,000/ \$30,000 (E)</b>	<b>\$15,000/ \$30,000 (E)</b>	<b>\$15,000/ \$30,000 (E)</b>	<b>\$15,000/ \$30,000 (E)</b>
<b>Deductible then \$35</b>	Deductible then 25%	Deductible then 25%	Deductible then 25%
<b>Deductible then \$65</b>	Deductible then 25%	Deductible then 25%	Deductible then 25%
<b>Deductible then \$0</b>	Deductible then \$0	Deductible then \$0	Deductible then \$0
<b>Deductible then \$75</b>	Deductible then 25%	Deductible then 25%	Deductible then 25%
<b>Deductible then \$300</b>	Deductible then 25%	Deductible then 25%	Deductible then 25%
<b>Deductible then \$350</b>	Deductible then 25%	Deductible then 25%	Deductible then 25%
<b>Deductible then \$400</b>	Deductible then 25%	Deductible then 25%	Deductible then 25%
<b>Deductible then \$1,500</b>	Deductible then 25%	Deductible then 25%	Deductible then 25%
<b>Deductible then \$15/\$50/50%</b>	Deductible then \$15/\$50/50%	Deductible then \$15/\$50/50%	Deductible then \$15/\$50/50%
<b>Health Extras<sup>SM</sup> or Nutrition</b>	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup>	Health Extras <sup>SM</sup> or Nutrition
<b>IHC</b>	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

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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

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# 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)<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<sup>®</sup> 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

### 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 <sup>®</sup>	HealthEquity <sup>®</sup>	
N/A	N/A	N/A
<b>\$6,000/\$12,000 (E)</b>	<b>\$8,450/\$16,900 (E)</b>	<b>\$10,600/\$21,200 (E)</b>
Deductible then 50%	0%	<b>0%</b>
\$7,500/\$15,000 (E)	<b>\$8,450/\$16,900 (E)</b>	<b>\$10,600/\$21,200 (E)</b>
<b>\$12,500/\$25,000 (E)</b>	<b>\$12,500/\$25,000 (E)</b>	<b>\$12,500/\$25,000 (E)</b>
Deductible then 50%	Deductible then 50%	<b>Deductible then 50%</b>
<b>\$25,000/\$50,000 (E)</b>	<b>\$25,000/\$50,000 (E)</b>	<b>\$25,000/\$50,000 (E)</b>
Deductible then 50%	Deductible then \$0	<b>\$30</b>
Deductible then 50%	Deductible then \$0	<b>Deductible then \$0</b>
Deductible then \$0	Deductible then \$0	<b>\$0</b>
Deductible then 50%	Deductible then \$0	<b>Deductible then \$0</b>
Deductible then 50%	Deductible then \$0	<b>Deductible then \$0</b>
Deductible then 50%	Deductible then \$0	<b>Deductible then \$0</b>
Deductible then 50%	Deductible then \$0	<b>Deductible then \$0</b>
Deductible then 50%	Deductible then \$0	<b>Deductible then \$0</b>
Deductible then 50%	Deductible then \$0	<b>Deductible then \$0</b>
Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition	<b>Health Extras<sup>SM</sup> or Nutrition</b>
IHC	IHC	<b>IHC</b>
\$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.

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)<sup>1</sup>

Deductible

Coinsurance

Out-of-Pocket Max.

### MEDICAL SERVICES

Primary Care Office Visit

Specialist Office Visit

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### PRESCRIPTION DRUGS

Pharmacy<sup>2</sup>

### 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<sup>4</sup>

### HealthEquity

N/A

**\$6,000/\$12,000 (E)**

Deductible then 50%

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

**\$12,500/\$25,000 (E)**

Deductible then 50%

**\$25,000/\$50,000 (E)**

Deductible then 50%

Deductible then 50%

Deductible then \$0

Deductible then 50%

**\$899.94**

**\$1,529.90**

**\$1,799.88**

**\$2,564.83**

### HealthEquity

N/A

**\$6,000/\$12,000 (E)**

Deductible then 50%

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

**\$12,500/\$25,000 (E)**

Deductible then 50%

**\$25,000/\$50,000 (E)**

Deductible then 50%

Deductible then 50%

Deductible then \$0

Deductible then 50%

**\$772.76**

**\$1,313.69**

**\$1,545.52**

**\$2,202.37**

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# 2026 Small Group Plans

**HEALTHY NY**



Standard  
Healthy NY  
Gold<sup>3</sup>

## 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

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Inpatient Hospital Services (per admission)

## PRESCRIPTION DRUGS

Pharmacy<sup>2</sup>

## 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<sup>SM</sup> or Nutrition

IHC

**\$814.36**

**\$1,384.41**

**\$1,628.72**

**\$2,320.93**

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# 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 benefits<sup>5</sup> they want. With convenient access to tools, resources, savings and more, we make achieving better health easier.

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

A debit card to pay for healthy goods and services.



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

Get rewarded<sup>7</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!

## \$0 PREVENTIVE CARE

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



## TELEMEDICINE<sup>5</sup>

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

## EARN \$1,000 BACK

Nutrition Benefit<sup>6</sup> pays members back for buying fresh fruits and vegetables.



## 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 RX

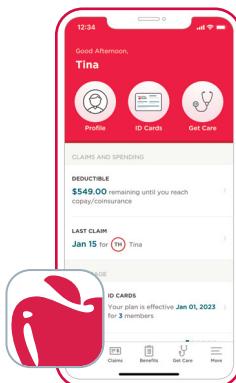
For cholesterol, blood pressure, diabetes, antidepressants and so much more.



**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 Health<sup>8</sup>**

**9 OUT OF 10**  
**MEMBERS**  
are satisfied and  
would re-enroll with  
**Independent Health<sup>8</sup>**

**96%**  
**EMPLOYERS**  
would recommend  
**Independent Health<sup>8</sup>**



## 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)<sup>9</sup>**

**You Deserve the RedShirt Treatment.<sup>®</sup>**  
Call our RedShirts today at **1-800-453-1910**.  
**independenthealth.com**

**Independent**  
**Health**<sup>®</sup>

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 Employer Stakeholder Survey, Large Group NPS.