INDEPENDENT HEALTH'S 2027

SMALL GROUP PORTFOLIO

FIRST QUARTER

The RedShirt® Difference.

Making a difference starts with being there for you and your employees with the right plans and one-on-one support that helps drive the health of your business. Backed by more than 45 years of experience and deep roots in the Western New York community, we're committed to supporting you every step of the way.

It's all part of the RedShirt® Treatment.

Independent Health®

COST-SAVING BENEFITS

More Ways to Get Care and Save — All Backed by Local RedShirts℠

NEW *for* 2027

3 PRIMARY CARE OFFICE VISITS NOW AT $0 — NOT SUBJECT TO THE DEDUCTIBLE

for Nine (9) Non-HSA Non-Standard Plans

IDIRECT® BRONZE – OPTION 2 NON-HSAQ PLAN

- Three $0 PCP Visits, then $30 Visits
- Tier 1 Rx at $10 Copay

Not Subject to the Deductible

TELADOC® SERVICES — NOW $0 MEMBER COST SHARE FOR ALL PLANS*

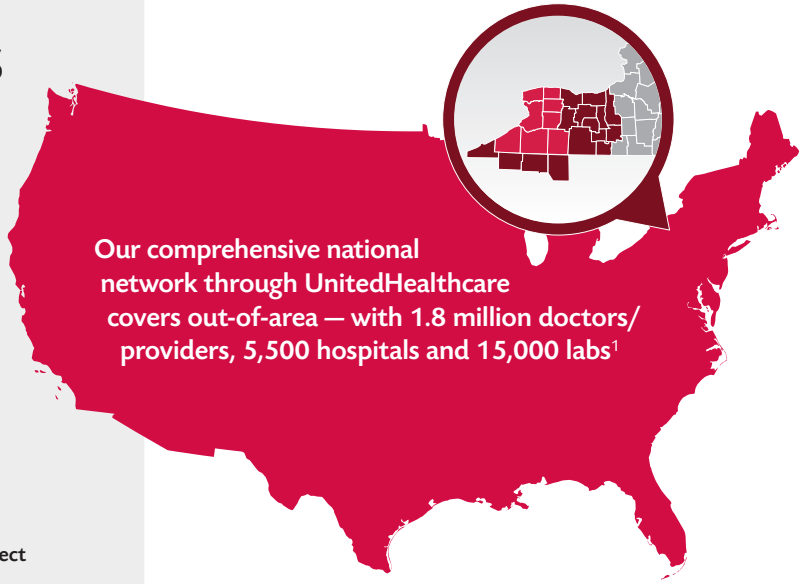
- Access to General Medical, Behavioral Health and Dermatology Services

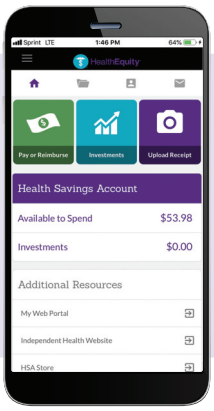
PEACE OF MIND AT HOME *and* ACROSS THE COUNTRY.

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.

It's the hassle-free way to pay for qualified health expenses that's easy for employers and their employees — **with no admin fees,** robust investment options and integrated enrollment, claims, payment and tracking.

HealthEquity®

2027 Small Group Plans

PLATINUM LEVEL

Independent Health

	FlexFit Platinum	iDirect Platinum Coinsurance	Passport Plan Local Platinum[4]
IN-NETWORK (IN)			
First Dollar Coverage	N/A	N/A	N/A
Deductible	$0	$125/$250 (T)	$125/$250 (T)
Coinsurance	0%	20%	20%
Out-of-Pocket Max.	**$6,000/$12,000 (E)**	$5,250/$10,500 (E)	$5,250/$10,500 (E)
OUT-OF-NETWORK (OON)[1]			
Deductible	$5,000/$10,000 (T)	$5,000/$10,000 (T)	$5,000/$10,000 (T)
Coinsurance	20%	50%	50%
Out-of-Pocket Max.	$10,000/$20,000 (E)	$10,000/$20,000 (E)	$10,000/$20,000 (E)
MEDICAL SERVICES			
Primary Care Office Visit	**3 PCP visits at $0,** then $10	**3 PCP visits at $0,** then deductible then 20%	Deductible then 20%
Specialist Office Visit	$40	Deductible then 20%	Deductible then 20%
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)	$0	$0	$0
Urgent Care	$100	Deductible then 20%	Deductible then 20%
Emergency Room Services	$250	Deductible then 20%	Deductible then 20%
Outpatient Procedures Performed in an Ambulatory Surgery Center	$250	Deductible then 20%	Deductible then 20%
Outpatient Procedures Performed in a Hospital	$300	Deductible then 20%	Deductible then 20%
Inpatient Hospital Services (per admission)	**$750**	Deductible then 20%	Deductible then 20%
PRESCRIPTION DRUGS			
Pharmacy[2]	**$10/$50/**50%	$5/$50/50%	$5/$50/50%
PRODUCT DETAILS			
Wellness Benefits	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition
Network	IHC	IHC	IHC + United Nationally
Q1 RATES			
Employee Rate	$1,142.64	$1,095.62	$1,186.02
Employee & Child(ren) Rate	$1,942.49	$1,862.55	$2,016.23
Employee & Spouse Rate	$2,285.28	$2,191.24	$2,372.04
Family Rate	$3,256.52	$3,122.52	$3,380.16

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 2026 plan year.

2027 Small Group Plans

GOLD LEVEL

GOLD LEVEL PLANS CONTINUED ON NEXT PAGE »

Independent Health

	Activate Gold	FlexFit Gold	iDirect Gold Copay
IN-NETWORK (IN)			
First Dollar Coverage	$750/$1,500	N/A	N/A
Deductible	$1,700/$3,400 (E)	$0	**$1,700/$3,400 (T)**
Coinsurance	25%	0%	0%
Out-of-Pocket Max.	$7,950/$15,900 (E)	$8,500/$17,000 (E)	**$7,000/$14,000 (E)**
OUT-OF-NETWORK (OON)[1]			
Deductible	$7,500/$15,000 (E)	$7,500/$15,000 (T)	$7,500/$15,000 (T)
Coinsurance	50%	50%	50%
Out-of-Pocket Max.	$15,000/$30,000 (E)	$15,000/$30,000 (E)	$15,000/$30,000 (E)
MEDICAL SERVICES			
Primary Care Office Visit	$20 Copayment after first dollar and deductible	**3 PCP visits at $0,** then $40	**3 PCP visits at $0,** then $20
Specialist Office Visit	$50 Copayment after first dollar and deductible	$75	Deductible then $50
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)	$0	$0	$0
Urgent Care	$75 Copayment after first dollar and deductible	$100	$75
Emergency Room Services	25% Coinsurance after first dollar and deductible	$300	Deductible then $200
Outpatient Procedures Performed in an Ambulatory Surgery Center	25% Coinsurance after first dollar and deductible	$950	Deductible then $325
Outpatient Procedures Performed in a Hospital	25% Coinsurance after first dollar and deductible	$1,000	Deductible then $375
Inpatient Hospital Services (per admission)	25% Coinsurance after first dollar and deductible	$3,000	Deductible then $1,000
PRESCRIPTION DRUGS			
Pharmacy[2]	$10/25%/50% after first dollar and deductible	$10/**$75**/50%	$10/**$75/50%**
PRODUCT DETAILS			
Wellness Benefits	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition
Network	IHC	IHC	IHC
Q1 RATES			
Employee Rate	$943.00	$1,038.92	$988.72
Employee & Child(ren) Rate	$1,603.10	$1,766.16	$1,680.82
Employee & Spouse Rate	$1,886.00	$2,077.84	$1,977.44
Family Rate	$2,687.55	$2,960.92	$2,817.85

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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
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2027 Small Group Plans

GOLD LEVEL

(CONTINUED)

Independent Health

	iDirect Gold Copay Option 3	iDirect Gold Copay HSAQ	iDirect Gold Copay HSAQ Option 2
IN-NETWORK (IN)		HealthEquity	HealthEquity
First Dollar Coverage	N/A	N/A	N/A
Deductible	**$1,050/$2,100 (T)**	**$1,750/$3,500 (T)**	**$2,250/$4,500 (T)**
Coinsurance	0%	0%	0%
Out-of-Pocket Max.	**$8,500/$17,000 (E)**	**$6,000/$12,000 (E)**	**$6,250/$12,500 (E)**
OUT-OF-NETWORK (OON)[1]			
Deductible	$7,500/$15,000 (T)	$7,500/$15,000 (T)	$7,500/$15,000 (T)
Coinsurance	50%	50%	50%
Out-of-Pocket Max.	$15,000/$30,000 (E)	$15,000/$30,000 (E)	$15,000/$30,000 (E)
MEDICAL SERVICES			
Primary Care Office Visit	**3 PCP visits at $0,** then deductible then $25	Deductible then $20	Deductible then $20
Specialist Office Visit	Deductible then $40	Deductible then $50	Deductible then $50
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)	$0	**$0**	**$0**
Urgent Care	Deductible then $75	Deductible then $75	Deductible then $75
Emergency Room Services	Deductible then $250	Deductible then $200	Deductible then $200
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then $300	Deductible then $325	Deductible then $325
Outpatient Procedures Performed in a Hospital	Deductible then $350	Deductible then $375	Deductible then $375
Inpatient Hospital Services (per admission)	Deductible then **$1,500**	Deductible then $750	Deductible then $750
PRESCRIPTION DRUGS			
Pharmacy[2]	$10/**$50**/50%	Deductible then $10/$40/50%	Deductible then $10/$40/50%
PRODUCT DETAILS			
Wellness Benefits	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition
Network	IHC	IHC	IHC
Q1 RATES			
Employee Rate	$1,000.62	$961.63	$938.52
Employee & Child(ren) Rate	$1,701.05	$1,634.77	$1,595.48
Employee & Spouse Rate	$2,001.24	$1,923.26	$1,877.04
Family Rate	$2,851.77	$2,740.65	$2,674.78

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2027 Small Group Plans

GOLD LEVEL

(CONTINUED)

Independent Health

	iDirect Gold Coinsurance HSAQ	Passport Plan National Gold HSAQ	Passport Plan Local Gold HSAQ[4]
IN-NETWORK (IN)	HealthEquity	HealthEquity	HealthEquity
First Dollar Coverage	N/A	N/A	N/A
Deductible	**$1,750/$3,500 (T)**	**$1,750/$3,500 (T)**	**$1,750/$3,500 (T)**
Coinsurance	20%	20%	20%
Out-of-Pocket Max.	$6,750/$13,500 (E)	$6,750/$13,500 (E)	$6,750/$13,500 (E)
OUT-OF-NETWORK (OON)[1]			
Deductible	$7,500/$15,000 (T)	$7,500/$15,000 (T)	$7,500/$15,000 (T)
Coinsurance	50%	50%	50%
Out-of-Pocket Max.	$15,000/$30,000 (E)	$15,000/$30,000 (E)	$15,000/$30,000 (E)
MEDICAL SERVICES			
Primary Care Office Visit	Deductible then 20%	Deductible then 20%	Deductible then 20%
Specialist Office Visit	Deductible then 20%	Deductible then 20%	Deductible then 20%
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)	**$0**	**$0**	**$0**
Urgent Care	Deductible then 20%	Deductible then 20%	Deductible then 20%
Emergency Room Services	Deductible then 20%	Deductible then 20%	Deductible then 20%
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then 20%	Deductible then 20%	Deductible then 20%
Outpatient Procedures Performed in a Hospital	Deductible then 20%	Deductible then 20%	Deductible then 20%
Inpatient Hospital Services (per admission)	Deductible then 20%	Deductible then 20%	Deductible then 20%
PRESCRIPTION DRUGS			
Pharmacy[2]	Deductible then $10/20%/50%	Deductible then $10/20%/50%	Deductible then $10/20%/50%
PRODUCT DETAILS			
Wellness Benefits	Health Extras℠ or Nutrition	Health Extras℠	Health Extras℠ or Nutrition
Network	IHC	IHC + United Nationally	IHC + United Nationally
Q1 RATES			
Employee Rate	$919.20	$1,255.51	$1,002.67
Employee & Child(ren) Rate	$1,562.64	$2,134.37	$1,704.54
Employee & Spouse Rate	$1,838.40	$2,511.02	$2,005.34
Family Rate	$2,619.72	$3,578.20	$2,857.61

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

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2027 Small Group Plans

SILVER LEVEL

SILVER LEVEL PLANS CONTINUED ON NEXT PAGE »

Independent Health

	Activate Silver	iDirect Silver Copay	iDirect Silver Copay Option 2	iDirect Silver Copay HSAQ
IN-NETWORK (IN)				HealthEquity
First Dollar Coverage	$500/$1,000	N/A	N/A	N/A
Deductible	$3,500/$7,000 (E)	**$4,000/$8,000 (T)**	**$3,500/$7,000 (E)**	**$3,000/$6,000 (T)**
Coinsurance	40%	0%	0%	0%
Out-of-Pocket Max.	**$10,600/$21,200 (E)**	**$12,000/$24,000 (E)**	**$10,600/$21,200 (E)**	**$8,500/$17,000 (E)**
OUT-OF-NETWORK (OON)[1]				
Deductible	$7,500/$15,000 (E)	$7,500/$15,000 (T)	$7,500/$15,000 (E)	$7,500/$15,000 (T)
Coinsurance	50%	50%	50%	50%
Out-of-Pocket Max.	$15,000/$30,000 (E)	$15,000/$30,000 (E)	$15,000/$30,000 (E)	$15,000/$30,000 (E)
MEDICAL SERVICES				
Primary Care Office Visit	$35 Copayment after first dollar and deductible	**3 PCP visits at $0,** then deductible then $35	**3 PCP visits at $0,** then deductible then $30	Deductible then $35
Specialist Office Visit	$65 Copayment after first dollar and deductible	Deductible then $65	Deductible then $65	Deductible then $65
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)	$0	$0	$0	**$0**
Urgent Care	$75 Copayment after first dollar and deductible	Deductible then $75	Deductible then $70	Deductible then $75
Emergency Room Services	40% Coinsurance after first dollar and deductible	Deductible then $300	Deductible then $500	Deductible then $300
Outpatient Procedures Performed in an Ambulatory Surgery Center	40% Coinsurance after first dollar and deductible	Deductible then $350	Deductible then **$425**	Deductible then $350
Outpatient Procedures Performed in a Hospital	40% Coinsurance after first dollar and deductible	Deductible then $400	Deductible then **$475**	Deductible then $400
Inpatient Hospital Services (per admission)	40% Coinsurance after first dollar and deductible	Deductible then $1,500	Deductible then $1,500	Deductible then $1,500
PRESCRIPTION DRUGS				
Pharmacy[2]	$15/40%/50% after first dollar and deductible	$15/$50/50%	$15/$75**/50%**	Deductible then $15/$50/50%
PRODUCT DETAILS				
Wellness Benefits	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition
Network	IHC	IHC	IHC	IHC
Q1 RATES				
Employee Rate	$813.55	$850.33	$873.54	$854.68
Employee & Child(ren) Rate	$1,383.04	$1,445.56	$1,485.02	$1,452.96
Employee & Spouse Rate	$1,627.10	$1,700.66	$1,747.08	$1,709.36
Family Rate	$2,318.62	$2,423.44	$2,489.59	$2,435.84

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3. Specific NYS qualifications must be met.
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2027 Small Group Plans

SILVER LEVEL

(CONTINUED)

Independent Health

	iDirect Silver Copay HSAQ Option 2	iDirect Silver Coinsurance HSAQ	Passport Plan National Silver HSAQ	Passport Plan Local Silver HSAQ[4]
IN-NETWORK (IN)	HealthEquity	HealthEquity	HealthEquity	HealthEquity
First Dollar Coverage	N/A	N/A	N/A	N/A
Deductible	$4,000/$8,000 (T)	**$3,600/$7,200 (T)**	**$3,600/$7,200 (T)**	**$3,600/$7,200 (T)**
Coinsurance	0%	25%	25%	25%
Out-of-Pocket Max.	**$8,500/$17,000 (E)**	**$8,000/$16,000 (E)**	**$8,000/$16,000 (E)**	**$8,000/$16,000 (E)**
OUT-OF-NETWORK (OON)[1]				
Deductible	$7,500/$15,000 (T)	$7,500/$15,000 (T)	$7,500/$15,000 (T)	$7,500/$15,000 (T)
Coinsurance	50%	50%	50%	50%
Out-of-Pocket Max.	$15,000/$30,000 (E)	$15,000/$30,000 (E)	$15,000/$30,000 (E)	$15,000/$30,000 (E)
MEDICAL SERVICES				
Primary Care Office Visit	Deductible then $35	Deductible then 25%	Deductible then 25%	Deductible then 25%
Specialist Office Visit	Deductible then $65	Deductible then 25%	Deductible then 25%	Deductible then 25%
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)	**$0**	**$0**	**$0**	**$0**
Urgent Care	Deductible then $75	Deductible then 25%	Deductible then 25%	Deductible then 25%
Emergency Room Services	Deductible then $300	Deductible then 25%	Deductible then 25%	Deductible then 25%
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then $350	Deductible then 25%	Deductible then 25%	Deductible then 25%
Outpatient Procedures Performed in a Hospital	Deductible then $400	Deductible then 25%	Deductible then 25%	Deductible then 25%
Inpatient Hospital Services (per admission)	Deductible then $1,500	Deductible then 25%	Deductible then 25%	Deductible then 25%
PRESCRIPTION DRUGS				
Pharmacy[2]	Deductible then $15/$50/50%	Deductible then $15/$50/50%	Deductible then $15/$50/50%	Deductible then $15/$50/50%
PRODUCT DETAILS				
Wellness Benefits	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition	Health Extras℠	Health Extras℠ or Nutrition
Network	IHC	IHC	IHC + United Nationally	IHC + United Nationally
Q1 RATES				
Employee Rate	$823.29	$816.07	$1,111.26	$889.68
Employee & Child(ren) Rate	$1,399.59	$1,387.32	$1,889.14	$1,512.46
Employee & Spouse Rate	$1,646.58	$1,632.14	$2,222.52	$1,779.36
Family Rate	$2,346.38	$2,325.80	$3,167.09	$2,535.59

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

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2027 Small Group Plans

Independent Health

BRONZE LEVEL

BRONZE LEVEL PLANS CONTINUED ON NEXT PAGE »

	iDirect Bronze Coinsurance HSAQ	iDirect Bronze MV HSAQ	iDirect Bronze MV
IN-NETWORK (IN)	HealthEquity	HealthEquity	
First Dollar Coverage	N/A	N/A	N/A
Deductible	**$6,250/$12,500 (E)**	**$8,700/$17,400 (E)**	**$11,750/$23,500 (E)**
Coinsurance	50%	0%	0%
Out-of-Pocket Max.	**$8,000/$16,000 (E)**	**$8,700/$17,400 (E)**	**$11,750/$23,500 (E)**
OUT-OF-NETWORK (OON)[1]			
Deductible	$12,500/$25,000 (E)	$12,500/$25,000 (E)	$12,500/$25,000 (E)
Coinsurance	50%	50%	50%
Out-of-Pocket Max.	$25,000/$50,000 (E)	$25,000/$50,000 (E)	$25,000/$50,000 (E)
MEDICAL SERVICES			
Primary Care Office Visit	Deductible then 50%	Deductible then $0	**3 PCP visits at $0,** then deductible then $0
Specialist Office Visit	Deductible then 50%	Deductible then $0	Deductible then $0
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)	**$0**	**$0**	$0
Urgent Care	Deductible then 50%	Deductible then $0	Deductible then $0
Emergency Room Services	Deductible then 50%	Deductible then $0	Deductible then $0
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then 50%	Deductible then $0	Deductible then $0
Outpatient Procedures Performed in a Hospital	Deductible then 50%	Deductible then $0	Deductible then $0
Inpatient Hospital Services (per admission)	Deductible then 50%	Deductible then $0	Deductible then $0
PRESCRIPTION DRUGS			
Pharmacy[2]	Deductible then 50%	Deductible then $0	Deductible then $0
PRODUCT DETAILS			
Wellness Benefits	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition
Network	IHC	IHC	IHC
Q1 RATES			
Employee Rate	$737.27	$731.63	$694.53
Employee & Child(ren) Rate	$1,253.36	$1,243.77	$1,180.70
Employee & Spouse Rate	$1,474.54	$1,463.26	$1,389.06
Family Rate	$2,101.22	$2,085.15	$1,979.41

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

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2027 Small Group Plans

BRONZE LEVEL

(CONTINUED)

Independent Health

	NEW! iDirect Bronze Option 2	Passport Plan National Bronze HSAQ	Passport Plan Local Bronze HSAQ[4]
IN-NETWORK (IN)		HealthEquity	HealthEquity
First Dollar Coverage	**N/A**	N/A	N/A
Deductible	**$10,500/$21,000 (E)**	**$6,250/$12,500 (E)**	**$6,250/$12,500 (E)**
Coinsurance	**0%**	50%	50%
Out-of-Pocket Max.	**$10,500/$21,000 (E)**	**$8,000/$16,000 (E)**	**$8,000/$16,000 (E)**
OUT-OF-NETWORK (OON)[1]			
Deductible	**$12,500/$25,000 (E)**	$12,500/$25,000 (E)	$12,500/$25,000 (E)
Coinsurance	**50%**	50%	50%
Out-of-Pocket Max.	**$25,000/$50,000 (E)**	$25,000/$50,000 (E)	$25,000/$50,000 (E)
MEDICAL SERVICES			
Primary Care Office Visit	**3 PCP visits at $0, then $30**	Deductible then 50%	Deductible then 50%
Specialist Office Visit	**Deductible then $0**	Deductible then 50%	Deductible then 50%
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)	**$0**	**$0**	**$0**
Urgent Care	**Deductible then $0**	Deductible then 50%	Deductible then 50%
Emergency Room Services	**Deductible then $0**	Deductible then 50%	Deductible then 50%
Outpatient Procedures Performed in an Ambulatory Surgery Center	**Deductible then $0**	Deductible then 50%	Deductible then 50%
Outpatient Procedures Performed in a Hospital	**Deductible then $0**	Deductible then 50%	Deductible then 50%
Inpatient Hospital Services (per admission)	**Deductible then $0**	Deductible then 50%	Deductible then 50%
PRESCRIPTION DRUGS			
Pharmacy[2]	**$10/Deductible then $0/ Deductible then $0**	Deductible then 50%	Deductible then 50%
PRODUCT DETAILS			
Wellness Benefits	**Health Extras℠ or Nutrition**	Health Extras℠	Health Extras℠ or Nutrition
Network	**IHC**	IHC + United Nationally	IHC + United Nationally
Q1 RATES			
Employee Rate	$733.17	$1,005.82	$805.01
Employee & Child(ren) Rate	$1,246.39	$1,709.89	$1,368.52
Employee & Spouse Rate	$1,466.34	$2,011.64	$1,610.02
Family Rate	$2,089.53	$2,866.59	$2,294.28

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 2026 plan year.

2027 Small Group Plans

HEALTHY NY

Independent Health

	Standard Healthy NY Gold[3]
IN-NETWORK (IN)	
First Dollar Coverage	N/A
Deductible	**$1,200/$2,400 (E)**
Coinsurance	0%
Out-of-Pocket Max.	**$12,000/$24,000 (E)**
OUT-OF-NETWORK (OON)[1]	
Deductible	$7,500/$15,000 (E)
Coinsurance	50%
Out-of-Pocket Max.	$15,000/$30,000 (E)
MEDICAL SERVICES	
Primary Care Office Visit	Deductible then $25
Specialist Office Visit	Deductible then $40
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)	$0
Urgent Care	Deductible then $60
Emergency Room Services	Deductible then $150
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then $100
Outpatient Procedures Performed in a Hospital	Deductible then $100
Inpatient Hospital Services (per admission)	Deductible then $1,000
PRESCRIPTION DRUGS	
Pharmacy[2]	$10/$35/$70
PRODUCT DETAILS	
Wellness Benefits	Health Extras℠ or Nutrition
Network	IHC
Q1 RATES	
Employee Rate	$829.70
Employee & Child(ren) Rate	$1,410.49
Employee & Spouse Rate	$1,659.40
Family Rate	$2,364.65

1. OON coverage applies to non-participating providers outside Independent Health's service area.
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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 2026 plan year.

BENEFITS BACKED BY THE REDSHIRT® DIFFERENCE.

The RedShirt Difference combines quality coverage, personalized support, unique health benefits,[2] helpful resources and exclusive savings to make it easier for employees to get the care they need and stay on track with their health goals.

$250 HEALTH EXTRAS℠ VISA®

A debit card to pay for healthy goods and services.



EARN $1,000 BACK

Nutrition Benefit[3] pays members back for buying fresh fruits and vegetables.



EARN UP TO $30 IN REDSHIRT REWARDS℠

Get rewarded[4] 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.



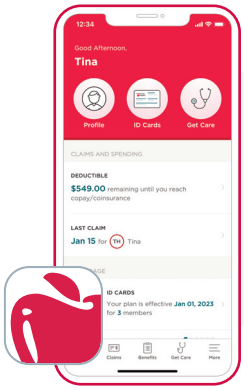
TELEMEDICINE

Teladoc® is ready to help when members can't reach their primary care physician or other provider — now with **$0 copays** for common medical, mental health and dermatology consultations.

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

WHERE COMMITMENT DRIVES 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[5]

9 OUT OF 10

MEMBERS
are satisfied and
would re-enroll with
Independent Health[6]

9 OUT OF 10

EMPLOYERS
would recommend
Independent Health[5]

ACCREDITED NCQA HEALTH PLAN ACCREDITED

★★★★★

FOUR YEARS IN A ROW!

Independent Health was rated

5 OUT OF 5

in NCQA's commercial Health Plan Ratings from 2023 to 2026.



RANKED 4 STARS
in the NYS Consumer Rating Guide for **Medicaid** and **Child Health Plus** health plans.



Independent Health's Consumer Net Promoter Score (NPS)[7]

Compared to the 2026 JD Power Commercial Member Health Plan national average of 21 NPS.

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

Independent Health®

* Effective upon plan renewal. $0 visits for non-HSAQ and HSAQ plans — not subject to the deductible.

1. UnitedHealthcare network analysis.
2. Benefits vary by plan.
3. Canned or frozen fruits and vegetables are excluded. Money back is in the form of store credit for future purchases.
4. 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.
5. Independent Health Stakeholder Research, five-year average 2021-2025, Commercial and Self-funded lines of business.
6. Independent Health Voice of Customer Research, five-year average 2021-2025, all lines of business.
7. Independent Health Voice of Customer Research, five-year average 2022-2026, all lines of business.

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