

2024 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
Q3 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

iDirect Bronze Blended HSAQ	iDirect Bronze Coinsurance HSAQ	iDirect Bronze MV HSAQ
HealthEquity	HealthEquity	HealthEquity
N/A	N/A	N/A
\$6,000/\$12,000 (E)	\$5,600/\$11,200 (E)	\$7,500/\$15,000 (E)
Deductible then 30%	Deductible then 50%	0%
\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)
\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)	\$10,000/\$20,000 (E)
Deductible then 50%	Deductible then 50%	Deductible then 50%
\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)	\$20,000/\$40,000 (E)
Deductible then \$40	Deductible then 50%	Deductible then \$0
Deductible then \$60	Deductible then 50%	Deductible then \$0
Deductible then \$0	Deductible then \$0	Deductible then \$0
Deductible then \$75	Deductible then 50%	Deductible then \$0
Deductible then 30%	Deductible then 50%	Deductible then \$0
Deductible then 30%	Deductible then 50%	Deductible then \$0
Deductible then 30%	Deductible then 50%	Deductible then \$0
Deductible then 30%	Deductible then 50%	Deductible then \$0
Deductible then \$20/30%/50%	Deductible then 50%	Deductible then \$0
Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	IHC	IHC
\$512.11	\$505.74	\$511.74
\$870.59	\$859.76	\$869.96
\$1,024.22	\$1,011.48	\$1,023.48
\$1,459.51	\$1,441.36	\$1,458.46

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. Offered in Erie and Niagara counties only.
 4. Specific qualifications must be met.

5. Subscribers must reside within Independent Health's 23-county network area.
 6. Deductible does not apply to first visit.
 (E) = Embedded Deductible
 (T) = True Family (Non Embedded) Deductible

Bolded items indicate updated changes since the 2023 plan year.

2024 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
Q3 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

	Passport Plan National Bronze HSAQ	Passport Plan Local Bronze HSAQ ⁵
	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 SM	Health Extras SM or Nutrition
	IHC + United National	IHC + United National
	\$700.39	\$531.21
	\$1,190.66	\$903.06
	\$1,400.78	\$1,062.42
	\$1,996.11	\$1,513.95

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. Offered in Erie and Niagara counties only.
 4. Specific qualifications must be met.

5. Subscribers must reside within Independent Health's 23-county network area.
 6. Deductible does not apply to first visit.
 (E) = Embedded Deductible
 (T) = True Family (Non Embedded) Deductible

Bolded items indicate updated changes since the 2023 plan year.