

INDEPENDENT HEALTH'S 2020 Small Group Portfolio



Meet your RedShirt Team with over 83 years of combined experience with Independent Health (L-R):
Carly (5 years), Angelo (13 years), Tracy (19 years), Brian (9 years), Kari (26 years), Gina (11 years).

New Products, Lower Rates, Same Great Team.

At Independent Health, we're more than just a health plan. We're a team of RedShirtsSM focused on giving our members the support they need to make the right choices to get and stay healthy. Call your experienced Independent Health account manager today to learn more about our lower rates for 2020 and new innovative plan designs.

New for 2020:

- **Activate Gold** – fully covers initial \$750 (single)/\$1,500 (family) of medical/pharmacy expenses
- **Passport Plan Local** – access care locally or nationally for the same low copay/coinsurance



2020 Small Group Plans



PLATINUM LEVEL

	FlexFit Platinum	Choice Plus Platinum ³	iShare Platinum	NEW! Passport Plan Local Platinum ⁵
IN-NETWORK (IN)				
First Dollar Coverage	N/A	N/A	N/A	N/A
Deductible	\$0	A: \$0 B: \$1,500/\$3,000 (T)	\$0	\$0
Coinsurance	0%	A: 0% B: Deductible then 50%	20%	0%
Out-of-Pocket Max.	\$5,250/ \$10,500 (E)	A: \$5,250/\$10,500 (E) B: \$5,250/\$10,500 (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)	\$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)
MEDICAL SERVICES				
Primary Care Office Visit	\$10	A: \$10 B: Deductible then 50%	20%	\$10
Specialist Office Visit	\$40	A: \$40 B: Deductible then 50%	20%	\$40
Telemedicine including Mental Health and Substance Use Disorder (participating Teladoc [®] providers only)	\$0	\$0	\$0	\$0
Urgent Care	\$75	A: \$75 B: Deductible then 50%	20%	\$75
Emergency Room Services	\$150	A: \$150 B: \$150	20%	\$150
Outpatient Procedures Performed in an Ambulatory Surgery Center	\$50	A: \$50 B: Deductible then 50%	20%	\$50
Outpatient Procedures Performed in a Hospital	\$75	A: \$75 B: Deductible then 50%	20%	\$75
Inpatient Hospital Services (per admission)	\$500	A: \$500 B: Deductible then 50%	20%	\$500
PRESCRIPTION DRUGS				
Pharmacy ²	\$5/\$30/50%	\$5/\$30/50%	20%/20%/50%	\$5/\$30/50%
PRODUCT DETAILS				
Wellness Benefits	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition
Network	IHC	Choice Plus	IHC	IHC + First Health Nationally

1. OON coverage only applies to non-participating providers outside the 8 counties of WNY.
 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. Members must reside in the 8 counties of WNY. National plans available upon request.
 6. Wearable Wireless Activity Tracker Reimbursement – Get 50% off the cost; up to \$50 each for you and your covered spouse or domestic partner, if applicable.
 (E) = Embedded Deductible (T) = True Family (Non Embedded) Deductible

Bolded items indicate updated changes since the 2019 plan year.

2020 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) ¹
Deductible
Coinsurance
Out-of-Pocket Max.
MEDICAL SERVICES
Primary Care Office Visit
Specialist Office Visit
Telemedicine including Mental Health and Substance Use Disorder (participating Teladoc® providers only)
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

NEW! Activate Gold	Standard Healthy NY Gold ⁴	iDirect Gold Copay	iDirect Gold Copay HSAQ	Max Gold
\$750/\$1,500	N/A	N/A	N/A	N/A
\$1,500/ \$3,000 (E)	\$600/ \$1,200 (E)	\$1,250/ \$2,500 (T)	\$1,400/ \$2,800 (T)	\$1,500/ \$3,000 (T)
25% Coinsurance after first dollar and deductible	0%	0%	0%	0%
\$6,750/ \$13,500 (E)	\$4,000/ \$8,000 (E)	\$6,750/ \$13,500 (E)	\$6,750/ \$13,500 (E)	\$6,750/ \$13,500 (E)
\$5,000/ \$10,000 (E)	\$5,000/ \$10,000 (E)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)
Deductible then 50%	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)	\$10,000/ \$20,000 (E)
\$20 Copayment after first dollar and deductible	Deductible then \$25	\$20	Deductible then \$20	\$20
\$50 Copayment after first dollar and deductible	Deductible then \$40	Deductible then \$50	Deductible then \$50	Deductible then \$50
\$0	\$0	\$0	Deductible then \$0	\$0
\$75 Copayment after first dollar and deductible	Deductible then \$60	\$75	Deductible then \$75	\$75
25% Coinsurance after first dollar and deductible	Deductible then \$150	\$150	Deductible then \$150	Deductible then \$150
25% Coinsurance after first dollar and deductible	Deductible then \$100	Deductible then \$50	Deductible then \$50	Deductible then \$50
25% Coinsurance after first dollar and deductible	Deductible then \$100	Deductible then \$75	Deductible then \$75	Deductible then \$75
25% Coinsurance after first dollar and deductible	Deductible then \$1,000	Deductible then \$1,000	Deductible then \$1,000	Deductible then \$1,000
\$10/25%/50% after first dollar and deductible	\$10/\$35/\$70	\$10/ \$40 /50%	Deductible then \$10/\$40/50%	\$10/ Deductible then \$40/ Deductible then 50%
Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition w/ Activity Tracker ⁶
IHC	IHC	IHC	IHC	IHC

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2020 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 including Mental Health and Substance Use Disorder (participating Teladoc [®] providers only)
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

	HealthEquity	HealthEquity		
	iDirect Gold Coinsurance HSAQ	Choice Plus Gold ³	iShare Gold	NEW! Passport Plan Local Gold HSAQ ⁵
	N/A	N/A	N/A	N/A
	\$1,400/ \$2,800 (T)	A: \$1,250/\$2,500 (T) B: \$2,750/\$5,500 (T)	\$0	\$1,400/ \$2,800 (T)
	Deductible then 20%	A: 0% B: Deductible then 50%	40%	Deductible then 20%
	\$6,750/ \$13,500 (E)	A: \$6,750/\$13,500 (E) B: \$6,750/\$13,500 (E)	\$6,750/ \$13,500 (E)	\$6,750/ \$13,500 (E)
	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$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)
	Deductible then 20%	A: \$20 B: Deductible then 50%	40%	Deductible then 20%
	Deductible then 20%	Deductible then A: \$50 B: 50%	40%	Deductible then 20%
	Deductible then \$0	\$0	\$0	Deductible then \$0
	Deductible then 20%	A: \$75 B: Deductible then 50%	40%	Deductible then 20%
	Deductible then 20%	A: \$150 B: \$150	40%	Deductible then 20%
	Deductible then 20%	Deductible then A: \$50 B: 50%	40%	Deductible then 20%
	Deductible then 20%	Deductible then A: \$75 B: 50%	40%	Deductible then 20%
	Deductible then 20%	Deductible then A: \$1,000 B: 50%	40%	Deductible then 20%
	Deductible then 20%/20%/50%	\$10/ \$40 /50%	40%/40%/50%	Deductible then 20%/20%/50%
	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition
	IHC	Choice Plus	IHC	IHC + First Health Nationally

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2020 Small Group Plans



SILVER LEVEL

SILVER LEVEL PLANS CONTINUED ON NEXT PAGE »



	Standard Silver	iDirect Silver Copay	iDirect Silver Copay HSAQ	iDirect Silver Coinsurance HSAQ
IN-NETWORK (IN)				
First Dollar Coverage	N/A	N/A	N/A	N/A
Deductible	\$1,300/ \$2,600 (E)	\$2,250/ \$4,500 (T)	\$2,250/ \$4,500 (T)	\$3,000/ \$6,000 (T)
Coinsurance	0%	0%	0%	Deductible then 20%
Out-of-Pocket Max.	\$7,900/ \$15,800 (E)	\$7,550/ \$15,100 (E)	\$6,750/ \$13,500 (E)	\$6,750/ \$13,500 (E)
OUT-OF-NETWORK (OON)¹				
Deductible	\$5,000/ \$10,000 (E)	\$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%	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)
MEDICAL SERVICES				
Primary Care Office Visit	Deductible then \$30	Deductible then \$35	Deductible then \$35	Deductible then 20%
Specialist Office Visit	Deductible then \$50	Deductible then \$60	Deductible then \$60	Deductible then 20%
Telemedicine including Mental Health and Substance Use Disorder (participating Teladoc [®] providers only)	\$0	\$0	Deductible then \$0	Deductible then \$0
Urgent Care	Deductible then \$70	\$75	Deductible then \$75	Deductible then 20%
Emergency Room Services	Deductible then \$250	Deductible then \$250	Deductible then \$250	Deductible then 20%
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then \$150	Deductible then \$175	Deductible then \$175	Deductible then 20%
Outpatient Procedures Performed in a Hospital	Deductible then \$150	Deductible then \$200	Deductible then \$200	Deductible then 20%
Inpatient Hospital Services (per admission)	Deductible then \$1,500	Deductible then \$1,000	Deductible then \$1,000	Deductible then 20%
PRESCRIPTION DRUGS				
Pharmacy ²	\$10/\$35/\$70	\$15/\$50/50%	Deductible then \$15/\$50/50%	Deductible then 20%/20%/50%
PRODUCT DETAILS				
Wellness Benefits	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition
Network	IHC	IHC	IHC	IHC

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2020 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 including Mental Health and Substance Use Disorder (participating Teladoc[®] providers only)

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

	Max Silver	iDirect Silver Blended HSAQ	Choice Plus Silver HSAQ ³	NEW! Passport Plan Local Silver HSAQ ⁵
	N/A	N/A	N/A	N/A
Deductible	\$2,800/ \$5,600 (T)	\$3,000/ \$6,000 (T)	A: \$2,250/\$4,500 (E) B: \$3,750/\$7,500 (E)	\$3,000/ \$6,000 (T)
Coinsurance	0%	Deductible then 25%	A: 0% B: Deductible then 50%	Deductible then 20%
Out-of-Pocket Max.	\$7,550/ \$15,100 (E)	\$6,750/ \$13,500 (E)	A: \$6,750/\$13,500 (E) B: \$6,750/\$13,500 (E)	\$6,750/ \$13,500 (E)
Deductible	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (E)	\$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	\$35	Deductible then \$35	Deductible then A: \$35 B: 50%	Deductible then 20%
Specialist Office Visit	Deductible then \$60	Deductible then \$60	Deductible then A: \$60 B: 50%	Deductible then 20%
Telemedicine including Mental Health and Substance Use Disorder (participating Teladoc [®] providers only)	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Urgent Care	\$75	Deductible then \$75	Deductible then A: \$75 B: 50%	Deductible then 20%
Emergency Room Services	Deductible then \$250	Deductible then 25%	Deductible then A: \$250 B: \$250	Deductible then 20%
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then \$175	Deductible then 25%	Deductible then A: \$175 B: 50%	Deductible then 20%
Outpatient Procedures Performed in a Hospital	Deductible then \$200	Deductible then 25%	Deductible then A: \$200 B: 50%	Deductible then 20%
Inpatient Hospital Services (per admission)	Deductible then \$1,000	Deductible then 25%	Deductible then A: \$1,000 B: 50%	Deductible then 20%
Pharmacy ²	\$15/ Deductible then \$50/ Deductible then 50%	Deductible then \$15/25%/50%	Deductible then \$15/\$50/50%	Deductible then 20%/20%/50%
Wellness Benefits	Health Extras SM or Nutrition w/ Activity Tracker ⁶	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition
Network	IHC	IHC	Choice Plus	IHC + First Health Nationally

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2020 Small Group Plans



BRONZE LEVEL

BRONZE LEVEL PLANS CONTINUED ON NEXT PAGE »



Standard Bronze

iDirect Bronze Blended HSAQ

iDirect Bronze Coinsurance HSAQ

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 including Mental Health and Substance Use Disorder (participating Teladoc® providers only)
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

	Standard Bronze	iDirect Bronze Blended HSAQ	iDirect Bronze Coinsurance HSAQ
First Dollar Coverage	N/A	N/A	N/A
Deductible	\$4,425/ \$8,850 (E)	\$4,000/ \$8,000 (E)	\$5,150/ \$10,300 (E)
Coinsurance	Deductible then 50%	Deductible then 30%	Deductible then 50%
Out-of-Pocket Max.	\$8,150/ \$16,300 (E)	\$6,750/ \$13,500 (E)	\$6,750/ \$13,500 (E)
Deductible	\$5,000/ \$10,000 (E)	\$5,000/ \$10,000 (E)	\$7,500/ \$15,000 (E)
Coinsurance	Deductible then 50%	Deductible then 50%	Deductible then 50%
Out-of-Pocket Max.	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$15,000/ \$30,000 (E)
Primary Care Office Visit	Deductible then 50% after 3 visits for Primary Care Allowance	Deductible then \$40	Deductible then 50%
Specialist Office Visit	Deductible then 50%	Deductible then \$60	Deductible then 50%
Telemedicine including Mental Health and Substance Use Disorder (participating Teladoc® providers only)	\$0	Deductible then \$0	Deductible then \$0
Urgent Care	Deductible then 50%	Deductible then \$75	Deductible then 50%
Emergency Room Services	Deductible then 50%	Deductible then 30%	Deductible then 50%
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then 50%	Deductible then 30%	Deductible then 50%
Outpatient Procedures Performed in a Hospital	Deductible then 50%	Deductible then 30%	Deductible then 50%
Inpatient Hospital Services (per admission)	Deductible then 50%	Deductible then 30%	Deductible then 50%
Pharmacy ²	Deductible then \$10/\$35/\$70	Deductible then \$20/30%/50%	Deductible then 50%
Wellness Benefits	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition
Network	IHC	IHC	IHC

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2020 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 including Mental Health and Substance Use Disorder (participating Teladoc® providers only)
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



	iDirect Bronze MV HSAQ	NEW! iDirect Bronze MV	NEW! Passport Plan Local Bronze HSAQ ⁵
First Dollar Coverage	N/A	N/A	N/A
Deductible	\$6,750/ \$13,500 (E)	\$8,150/ \$16,300 (E)	\$5,150/ \$10,300 (E)
Coinsurance	0%	0%	Deductible then 50%
Out-of-Pocket Max.	\$6,750/ \$13,500 (E)	\$8,150/ \$16,300 (E)	\$6,750/ \$13,500 (E)
Deductible	\$7,500/ \$15,000 (E)	\$10,000/ \$20,000 (E)	\$7,500/ \$15,000 (E)
Coinsurance	Deductible then 50%	Deductible then 50%	Deductible then 50%
Out-of-Pocket Max.	\$15,000/ \$30,000 (E)	\$20,000/ \$40,000 (E)	\$15,000/ \$30,000 (E)
Primary Care Office Visit	Deductible then \$0	Deductible then \$0	Deductible then 50%
Specialist Office Visit	Deductible then \$0	Deductible then \$0	Deductible then 50%
Telemedicine including Mental Health and Substance Use Disorder (participating Teladoc® providers only)	Deductible then \$0	\$0	Deductible then \$0
Urgent Care	Deductible then \$0	Deductible then \$0	Deductible then 50%
Emergency Room Services	Deductible then \$0	Deductible then \$0	Deductible then 50%
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then \$0	Deductible then \$0	Deductible then 50%
Outpatient Procedures Performed in a Hospital	Deductible then \$0	Deductible then \$0	Deductible then 50%
Inpatient Hospital Services (per admission)	Deductible then \$0	Deductible then \$0	Deductible then 50%
Pharmacy ²	Deductible then \$0	Deductible then \$0	Deductible then 50%
Wellness Benefits	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition
Network	IHC	IHC	IHC + First Health Nationally

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