



Independent Health's 2024 INDIVIDUAL PRODUCTS

REV 12212023

Independent Health Is the Smart Choice

Making it easy for you to get and stay healthy with low-cost plans and less hassle. All with the RedShirt® Treatment.

Our tenured Sales team works hard to get the answers you need and make things easier so you can concentrate on getting and staying healthy. Just like we have for **over 40 years as WNY's locally-focused** health plan.

You Deserve the RedShirt Treatment.®
Call our RedShirtsSM today at **(716) 505-8515**
or **1-855-210-9930** (TTY: 711).



HOW TO ENROLL

Contact us to schedule a personal appointment with one of our RedShirtsSM. We're always ready to assist you! Our RedShirts will help you understand all the plan options available to you, answer any questions and assist you with your enrollment. When you're ready, you can **enroll directly through Independent Health or the NY State of Health Marketplace**. Each enrollment option will walk you through all the required information you need to provide. If you need help at any step of the way, our RedShirts are here for you! Contact a helpful RedShirt[®] today!

ENROLLING DIRECTLY WITH INDEPENDENT HEALTH

At Independent Health, we make it easy for you to enroll directly with us in the health plan of your choice. A copy of Independent Health's enrollment application can be found in your sales kit, or you can print a copy at www.independenthealth.com/individualapp. Once completed, send the application with your first month's premium payment (by check or money order) to Independent Health, P.O. Box 710, Buffalo, NY 14231. If you want to speak with a RedShirt or schedule an appointment, call (716) 505-8515 or 1-855-210-9930 (TTY: 711).

Did you know you're required to have pediatric dental coverage? Under the Essential Health Benefits provision of the Affordable Care Act, New York state requires the purchase of pediatric dental coverage when medical insurance is purchased outside of the Marketplace. You will be asked to verify that you have obtained pediatric dental coverage through a Marketplace-certified stand-alone dental plan, as this is not included in Independent Health's medical insurance.

ENROLLING THROUGH THE MARKETPLACE



The Marketplace acts as an online store for individuals. By providing some basic information, such as demographic information and current household income, the Marketplace will determine if you're eligible for financial assistance to help make coverage more affordable and for which health plans you or a family member qualify. This includes Medicaid, Child Health Plus (for children under the age of 19), the Essential Plan or a Qualified Health Plan.

If eligible for financial assistance, you could receive either the **Advanced Premium Tax Credit (APTC)**, which would reduce your monthly premium; or a **Cost Share Reduction (CSR)**, which would reduce your out-of-pocket expenses.

For questions about financial assistance or enrolling for health insurance coverage through the Marketplace, please call the NY State of Health Customer Service Center at 1-855-355-5777, Monday – Friday, 8 a.m. – 8 p.m., and Saturday, 9 a.m. – 1 p.m., or visit nystateofhealth.ny.gov. To seek assistance enrolling through the Marketplace with the help of an Independent Health RedShirt, call (716) 505-8515 or 1-855-210-9930 (TTY: 711).

WHEN TO ENROLL

Open Enrollment Period starts November 1, 2023 for New Members, November 16, 2023 for Existing Members — and ends January 31, 2024.

- If you enroll as a new member starting November 1 or change your health plan between November 16 and December 15, 2023, your new plan will become effective on January 1, 2024.
- If you enroll as a new member for the first time or change your health plan between December 16, 2023, and January 31, 2024, and your selection is made by the 15th of the month, your new plan will become effective on the 1st of the following month. Otherwise, your plan will become effective on the 1st of the subsequent month.

Special Enrollment Period (SEP) is a time outside of the Open Enrollment Period in which you are allowed to enroll in a health plan for the first time or change your health plan.

- You qualify for an SEP if you have a qualifying life event such as marriage, birth, or adoption of a child; loss of other health coverage; permanent move to New York or within New York from one county to another; or you're aging out of coverage.
- You have 60 days from the date of the qualifying event to select a health plan.
- If you do not qualify for an SEP you will be able to enroll in or change your health plan during the next Open Enrollment Period.
- If your SEP falls within the Open Enrollment Period, you may have to contact NY State of Health.

YOU GET MORE WITH THE REDSHIRT® TREATMENT.

The benefits of being an Independent Health member goes well beyond affordable, high-quality coverage. It's convenient access to tools, resources, member savings, community programs and a wide range of unique health benefits³ — all backed by leading service and support.

\$250 HEALTH EXTRASSM VISA[®]

A debit card to pay for healthy goods and services.



EARN \$1,000 BACK

Nutrition Benefit⁴ 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.

EARN UP TO \$30 IN REDSHIRT REWARDSSM

Get rewarded⁵ 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.



\$0 PREVENTIVE RX

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

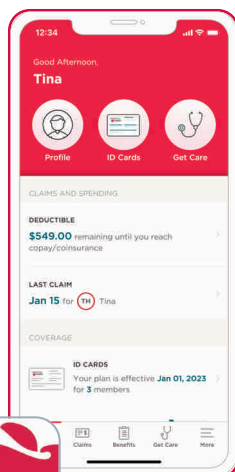


Plus — Get Vision Discounts with EyeMed providers.

Also available, **Pediatric 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

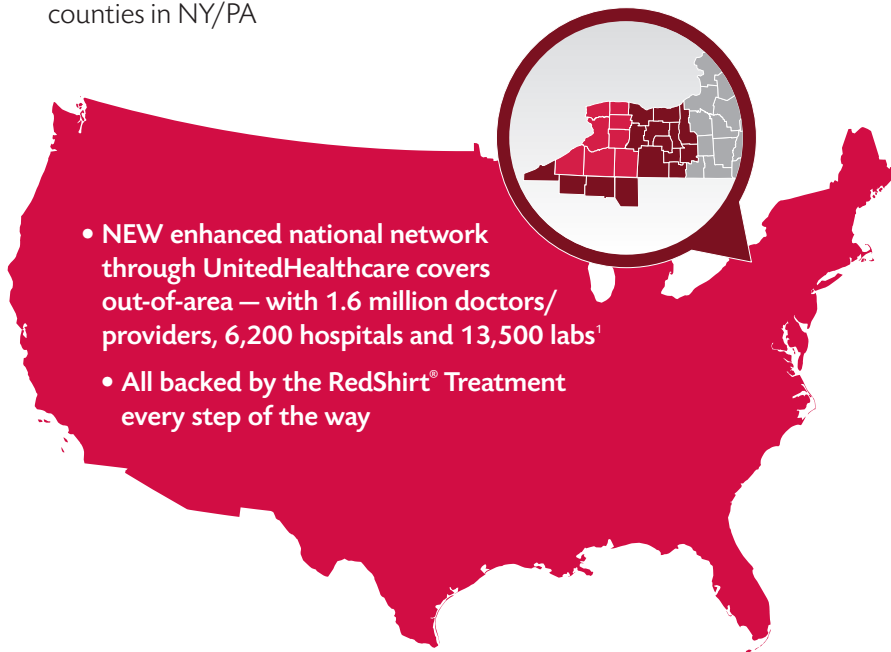
It's all a tap away! **Brook and Brook+** (health coaching, diabetes/weight management), **Compare Medical and Rx Costs** (online compare tools), **e-pay** (pay plan bills electronically) and more!

OUR PROVIDER NETWORK HAS MEMBERS COVERED

No Matter Where They Live or Travel

Independent Health's local and national networks have members covered when and where they need it.

- Our local network covers the eight counties of WNY, plus 15 surrounding counties in NY/PA



**INDEPENDENT
HEALTH IS
A SMART
HEALTH CARE
DECISION.**

**9 OUT
OF 10**
MEMBERS ARE
SATISFIED²

**9 OUT
OF 10**
EMPLOYERS WOULD
RECOMMEND
INDEPENDENT HEALTH²

100%
OF BROKERS WOULD
RECOMMEND
INDEPENDENT HEALTH²

CONNECT WITH OUR COMMUNITY

Our goal is to improve the health and well-being of every Western New Yorker, not just our members. That's why we partner with local organizations to offer programs and events that promote the importance of healthy choices and easy access to healthy activities. Bringing healthy to WNY — year-round:

- Buffalo Bills
- Buffalo Museum of Science
- Buffalo Outer Harbor
- Buffalo P.A.L. PlayStreets
- Buffalo RiverWorks
- First Night® Buffalo
- Fitness for Kids Challenge
- Fitness in the Parks
- Good for the Neighborhood®
- Healthy Options®
- Kids Run
- Larkin Square Food Truck Tuesdays
- Reddy Bikeshare
- GObike Buffalo's SkyRide
- Soccer for Success
- Tiff Nature Preserve

To learn about community partnerships, visit independenthealth.com/in-the-community.

1. UnitedHealthcare network analysis, March 31, 2023.

2. 2022 Consumer and Employer Third Party Blinded Stakeholder Studies and 2023 Broker Stakeholder Study.

3. Benefits vary by plan.

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

5. 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.

Data subject to change without notification.

2024 Individual Products



PLATINUM LEVEL

PLATINUM LEVEL PLANS CONTINUED ON NEXT PAGE »

Available On Exchange?

IN-NETWORK (IN)

First Dollar Coverage

Deductible

Coinsurance

Out-of-Pocket Max.

OUT-OF-NETWORK (OON)⁴

Deductible

Coinsurance

Out-of-Pocket Max.

MEDICAL SERVICES

Primary Care

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)

Routine/Refractive Exam

PRESCRIPTION DRUGS

Pharmacy³

PRODUCT DETAILS

Wellness Benefits

Network

RATES

Individual Rate

Individual and Child(ren) Rate

Individual and Spouse Rate

Child Only Rate (covered up to the end of the year in which the child turns 21)

Family Rate

Standard Platinum

FlexFit Platinum

Standard Platinum	FlexFit Platinum
Yes	Yes
N/A	N/A
\$0	\$0
0%	0%
\$2,000/\$4,000 (E)	\$5,250/\$10,500 (E)
\$5,000/\$10,000 (E)	\$5,000/\$10,000 (T)
Deductible then 50%	Deductible then 50%
Unlimited	Unlimited
\$15	\$10
\$35	\$40
\$0	\$0
\$55	\$75
\$100	\$150
\$100	\$50
\$100	\$75
\$500	\$500
\$40	\$40
\$10/\$30/\$60	\$5/\$30/50%
Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	IHC
\$989.59	\$941.57
\$1,682.30	\$1,600.67
\$1,979.18	\$1,883.14
\$407.71	N/A
\$2,820.33	\$2,683.47

1. Subscriber must be under the age of 30 at the beginning of the plan year or meet federal eligibility requirements.
 2. Offered in Erie and Niagara counties only and not available through NY State of Health, The Official Health Plan Marketplace. Available only when purchased directly through Independent Health.
 3. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.
 4. OON coverage only applies to non-participating providers outside the 8 counties of WNY.

5. Deductible does not apply on first visit.
 6. Deductible does not apply on first three visits.
 (E) = Embedded Deductible
 (T) = True Family (Non Embedded) Deductible

Bolded items indicate updated changes since the 2023 plan year.

2024 Individual Products



PLATINUM LEVEL

(CONTINUED)

Available On Exchange?
IN-NETWORK (IN)
First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.
OUT-OF-NETWORK (OON)⁴
Deductible
Coinsurance
Out-of-Pocket Max.
MEDICAL SERVICES
Primary Care
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)
Routine/Refractive Exam
PRESCRIPTION DRUGS
Pharmacy ³
PRODUCT DETAILS
Wellness Benefits
Network
RATES
Individual Rate
Individual and Child(ren) Rate
Individual and Spouse Rate
Child Only Rate (covered up to the end of the year in which the child turns 21)
Family Rate

Choice Plus Platinum²

No
N/A
A: \$0 B: \$1,500/\$3,000 (T)
A: 0% B: Deductible then 50%
A: \$4,500/\$9,000 (E) B: \$4,500/\$9,000 (E)
\$5,000/\$10,000 (T)
Deductible then 50%
Unlimited
A: \$10 B: Deductible then 50%
A: \$40 B: Deductible then 50%
\$0
A: \$75 B: Deductible then 50%
A: \$150 B: \$150
A: \$50 B: Deductible then 50%
A: \$75 B: Deductible then 50%
A: \$500 B: Deductible then 50%
A: \$40 B: Not Applicable
\$5/\$30/50%
Health Extras SM or Nutrition
Choice Plus
\$913.08
\$1,552.24
\$1,826.16
N/A
\$2,602.28

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2024 Individual Products



GOLD LEVEL

GOLD LEVEL PLANS CONTINUED ON NEXT PAGE »

Available On Exchange?
IN-NETWORK (IN)
First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.
OUT-OF-NETWORK (OON)⁴
Deductible
Coinsurance
Out-of-Pocket Max.
MEDICAL SERVICES
Primary Care
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)
Routine/Refractive Exam
PRESCRIPTION DRUGS
Pharmacy ³
PRODUCT DETAILS
Wellness Benefits
Network
RATES
Individual Rate
Individual and Child(ren) Rate
Individual and Spouse Rate
Child Only Rate (covered up to the end of the year in which the child turns 21)
Family Rate

Standard Gold	iDirect Gold Copay
Yes	Yes
N/A	N/A
\$600/\$1,200 (E)	\$1,250/\$2,500 (T)
0%	0%
\$5,900/\$11,800 (E)	\$6,750/\$13,500 (E)
\$5,000/\$10,000 (E)	\$5,000/\$10,000 (T)
Deductible then 50%	Deductible then 50%
Unlimited	Unlimited
Deductible then \$25	\$20
Deductible then \$40	Deductible then \$50
\$0	\$0
Deductible then \$60	\$75
Deductible then \$150	Deductible then \$150
Deductible then \$100	Deductible then \$100
Deductible then \$100	Deductible then \$125
Deductible then \$1,000	Deductible then \$1,000
\$40	\$40
\$10/\$35/\$70	\$10/\$40/50%
Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	IHC
\$816.75	\$802.80
\$1,388.48	\$1,364.76
\$1,633.50	\$1,605.60
\$336.50	N/A
\$2,327.74	\$2,287.98

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2024 Individual Products



GOLD LEVEL

(CONTINUED)

Available On Exchange?
IN-NETWORK (IN)
First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.
OUT-OF-NETWORK (OON)⁴
Deductible
Coinsurance
Out-of-Pocket Max.
MEDICAL SERVICES
Primary Care
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)
Routine/Refractive Exam
PRESCRIPTION DRUGS
Pharmacy ³
PRODUCT DETAILS
Wellness Benefits
Network
RATES
Individual Rate
Individual and Child(ren) Rate
Individual and Spouse Rate
Child Only Rate (covered up to the end of the year in which the child turns 21)
Family Rate

iDirect Gold
Copay HSAQ
HealthEquity

Activate
Gold

Yes	No
N/A	\$750/\$1,500
\$1,600/\$3,200 (T)	\$1,500/\$3,000 (E)
0%	25% Coinsurance after first dollar and deductible
\$6,750/\$13,500 (E)	\$7,950/\$15,900 (E)
\$5,000/\$10,000 (T)	\$5,000/\$10,000 (E)
Deductible then 50%	50% Coinsurance after deductible
Unlimited	Unlimited
Deductible then \$20	\$20 Copayment after first dollar and deductible
Deductible then \$50	\$50 Copayment after first dollar and deductible
Deductible then \$0	\$0
Deductible then \$75	\$75 Copayment after first dollar and deductible
Deductible then \$150	25% Coinsurance after first dollar and deductible
Deductible then \$50	25% Coinsurance after first dollar and deductible
Deductible then \$75	25% Coinsurance after first dollar and deductible
Deductible then \$1,000	25% Coinsurance after first dollar and deductible
\$40	\$40
Deductible then \$10/\$40/50%	\$10/25%/50% after first dollar and deductible
Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	IHC
\$777.11	\$778.65
\$1,321.09	\$1,323.71
\$1,554.22	\$1,557.30
N/A	N/A
\$2,214.76	\$2,219.15

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 6. Deductible does not apply on first three visits.
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2024 Individual Products



SILVER LEVEL

SILVER LEVEL PLANS CONTINUED ON NEXT PAGE >

iDirect Silver Copay HSAQ

HealthEquity

Available On Exchange?

IN-NETWORK (IN)

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

OUT-OF-NETWORK (OON)⁴

Deductible
Coinsurance
Out-of-Pocket Max.

MEDICAL SERVICES

Primary Care
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)
Routine/Refractive Exam

PRESCRIPTION DRUGS

Pharmacy ³

PRODUCT DETAILS

Wellness Benefits
Network

RATES

Individual Rate
Individual and Child(ren) Rate
Individual and Spouse Rate
Child Only Rate (covered up to the end of the year in which the child turns 21)
Family Rate

Standard Silver	iDirect Silver Copay HSAQ HealthEquity
Yes	Yes
N/A	N/A
\$2,100/\$4,200 (E)	\$2,000/\$4,000 (T)
0%	0%
\$9,450/\$18,900 (E)	\$7,500/\$15,000 (E)
\$5,000/\$10,000 (E)	\$5,000/\$10,000 (T)
Deductible then 50%	Deductible then 50%
Unlimited	Unlimited
Deductible then \$30 ⁵	Deductible then \$35
Deductible then \$65 ⁵	Deductible then \$60
\$0	Deductible then \$0
Deductible then \$70	Deductible then \$75
Deductible then \$500	Deductible then \$250
Deductible then \$150	Deductible then \$175
Deductible then \$150	Deductible then \$200
Deductible then \$1,500	Deductible then \$1,000
\$40	\$40
\$15/\$40/\$75	Deductible then \$15/\$50/50%
Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	IHC
\$677.80	\$649.76
\$1,152.26	\$1,104.59
\$1,355.60	\$1,299.52
\$279.25	N/A
\$1,931.73	\$1,851.82

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 4. OON coverage only applies to non-participating providers outside the 8 counties of WNY.

5. Deductible does not apply on first visit.
 6. Deductible does not apply on first three visits.
 (E) = Embedded Deductible
 (T) = True Family (Non Embedded) Deductible

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2024 Individual Products



Choice Plus Silver HSAQ²

HealthEquity

SILVER LEVEL

(CONTINUED)

Available On Exchange?

IN-NETWORK (IN)

First Dollar Coverage

Deductible

Coinsurance

Out-of-Pocket Max.

OUT-OF-NETWORK (OON)⁴

Deductible

Coinsurance

Out-of-Pocket Max.

MEDICAL SERVICES

Primary Care

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)

Routine/Refractive Exam

PRESCRIPTION DRUGS

Pharmacy³

PRODUCT DETAILS

Wellness Benefits

Network

RATES

Individual Rate

Individual and Child(ren) Rate

Individual and Spouse Rate

Child Only Rate (covered up to the end of the year in which the child turns 21)

Family Rate

Max Silver

Yes	No
N/A	N/A
\$2,800/\$5,600 (T)	A: \$2,400/\$4,800 (T) B: \$3,900/\$7,800 (T)
0%	A: 0% B: Deductible then 50%
\$8,000/\$16,000 (E)	A: \$7,500/\$15,000 (E) B: \$7,500/\$15,000 (E)
\$5,000/\$10,000 (T)	\$5,000/\$10,000 (T)
Deductible then 50%	Deductible then 50%
Unlimited	Unlimited
\$35	Deductible then A: \$35 B: 50%
Deductible then \$60	Deductible then A: \$60 B: 50%
\$0	Deductible then \$0
\$75	Deductible then A: \$75 B: 50%
Deductible then \$250	Deductible then A: \$250 B: \$250
Deductible then \$175	Deductible then A: \$75 B: 50%
Deductible then \$200	Deductible then A: \$100 B: 50%
Deductible then \$1,000	Deductible then A: \$1,000 B: 50%
\$40	A: \$40 B: Not Applicable
\$15/Deductible then \$50/Deductible then 50%	Deductible then \$15/\$50/50%
Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	Choice Plus
\$644.90	\$625.39
\$1,096.33	\$1,063.16
\$1,289.80	\$1,250.78
N/A	N/A
\$1,837.97	\$1,782.36

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3. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.
4. OON coverage only applies to non-participating providers outside the 8 counties of WNY.

5. Deductible does not apply on first visit.
6. Deductible does not apply on first three visits.
(E) = Embedded Deductible
(T) = True Family (Non Embedded) Deductible

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2024 Individual Products



BRONZE LEVEL

BRONZE LEVEL PLANS CONTINUED ON NEXT PAGE >

Available On Exchange?

IN-NETWORK (IN)

First Dollar Coverage

Deductible

Coinsurance

Out-of-Pocket Max.

OUT-OF-NETWORK (OON)⁴

Deductible

Coinsurance

Out-of-Pocket Max.

MEDICAL SERVICES

Primary Care

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)

Routine/Refractive Exam

PRESCRIPTION DRUGS

Pharmacy³

PRODUCT DETAILS

Wellness Benefits

Network

RATES

Individual Rate

Individual and Child(ren) Rate

Individual and Spouse Rate

Child Only Rate (covered up to the end of the year in which the child turns 21)

Family Rate

NEW! Standard Bronze

iDirect Bronze MV

Yes	Yes
N/A	N/A
\$4,600/\$9,200 (E)	\$9,450/\$18,900 (E)
0%	0%
\$9,450/\$18,900 (E)	\$9,450/\$18,900 (E)
\$5,000/\$10,000 (E)	\$10,000/\$20,000 (E)
Deductible then 50%	Deductible then 50%
Unlimited	Unlimited
Deductible then \$50 ⁶	Deductible then \$0
Deductible then \$75 ⁶	Deductible then \$0
\$0	\$0
Deductible then \$75	Deductible then \$0
Deductible then \$500	Deductible then \$0
Deductible then \$150	Deductible then \$0
Deductible then \$150	Deductible then \$0
Deductible then \$1,500	Deductible then \$0
\$40	\$40
Deductible then \$10/\$35/\$70	Deductible then \$0
Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	IHC
\$521.90	\$475.42
\$887.23	\$808.21
\$1,043.80	\$950.84
\$215.03	N/A
\$1,487.42	\$1,354.95

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 2. Offered in Erie and Niagara counties only and not available through NY State of Health, The Official Health Plan Marketplace. Available only when purchased directly through Independent Health.
 3. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.
 4. OON coverage only applies to non-participating providers outside the 8 counties of WNY.

5. Deductible does not apply on first visit.
 6. Deductible does not apply on first three visits.
 (E) = Embedded Deductible
 (T) = True Family (Non Embedded) Deductible

Bolded items indicate updated changes since the 2023 plan year.

2024 Individual Products



iDirect Bronze
Coinsurance HSAQ

HealthEquity

BRONZE LEVEL

(CONTINUED)

Available On Exchange?	Yes
IN-NETWORK (IN)	
First Dollar Coverage	N/A
Deductible	\$5,600/\$11,200 (E)
Coinsurance	Deductible then 50%
Out-of-Pocket Max.	\$7,500/\$15,000 (E)
OUT-OF-NETWORK (OON)⁴	
Deductible	\$7,500/\$15,000 (E)
Coinsurance	Deductible then 50%
Out-of-Pocket Max.	Unlimited
MEDICAL SERVICES	
Primary Care	Deductible then 50%
Specialist Office Visit	Deductible then 50%
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc [®] providers only) For Dermatology telemedicine refer to the plan's benefit summary	Deductible then \$0
Urgent Care	Deductible then 50%
Emergency Room Services	Deductible then 50%
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then 50%
Outpatient Procedures Performed in a Hospital	Deductible then 50%
Inpatient Hospital Services (per admission)	Deductible then 50%
Routine/Refractive Exam	\$40
PRESCRIPTION DRUGS	
Pharmacy ³	Deductible then 50%
PRODUCT DETAILS	
Wellness Benefits	Health Extras SM or Nutrition
Network	IHC
RATES	
Individual Rate	\$496.57
Individual and Child(ren) Rate	\$844.17
Individual and Spouse Rate	\$993.14
Child Only Rate (covered up to the end of the year in which the child turns 21)	N/A
Family Rate	\$1,415.22

1. Subscriber must be under the age of 30 at the beginning of the plan year or meet federal eligibility requirements.
 2. Offered in Erie and Niagara counties only and not available through NY State of Health, The Official Health Plan Marketplace. Available only when purchased directly through Independent Health.
 3. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.
 4. OON coverage only applies to non-participating providers outside the 8 counties of WNY.

5. Deductible does not apply on first visit.
 6. Deductible does not apply on first three visits.
 (E) = Embedded Deductible
 (T) = True Family (Non Embedded) Deductible

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CATASTROPHIC

Standard Catastrophic¹

Available On Exchange?	Yes
IN-NETWORK (IN)	
First Dollar Coverage	N/A
Deductible	\$9,450/\$18,900 (E)
Coinsurance	0%
Out-of-Pocket Max.	\$9,450/\$18,900 (E)
OUT-OF-NETWORK (OON)⁴	
Deductible	Non-Participating Provider services are not Covered except as required for Emergency Care and Urgent Care
Coinsurance	Non-Participating Provider services are not Covered and You pay the full cost
Out-of-Pocket Max.	Not applicable
MEDICAL SERVICES	
Primary Care	Deductible then \$0 ⁶
Specialist Office Visit	Deductible then \$0
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc [®] providers only) For Dermatology telemedicine refer to the plan's benefit summary	Deductible then \$0
Urgent Care	Deductible then \$0
Emergency Room Services	Deductible then \$0
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then \$0
Outpatient Procedures Performed in a Hospital	Deductible then \$0
Inpatient Hospital Services (per admission)	Deductible then \$0
Routine/Refractive Exam	\$40
PRESCRIPTION DRUGS	
Pharmacy ³	Deductible then \$0
PRODUCT DETAILS	
Wellness Benefits	Health Extras SM or Nutrition
Network	IHC
RATES	
Individual Rate	\$341.17
Individual and Child(ren) Rate	\$579.99
Individual and Spouse Rate	\$682.34
Child Only Rate (covered up to the end of the year in which the child turns 21)	N/A
Family Rate	\$972.33

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 2. Offered in Erie and Niagara counties only and not available through NY State of Health, The Official Health Plan Marketplace. Available only when purchased directly through Independent Health.
 3. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.
 4. OON coverage only applies to non-participating providers outside the 8 counties of WNY.

5. Deductible does not apply on first visit.
 6. Deductible does not apply on first three visits.
 (E) = Embedded Deductible
 (T) = True Family (Non Embedded) Deductible

Bolded items indicate updated changes since the 2023 plan year.