

Independent Health's 2024 SMALL GROUP PORTFOLIO

FOURTH QUARTER

Independent Health Is the Smart Business Decision

Making it easy for the health of your business and your employees with low-cost plans and less hassle. All with the RedShirt[®] Treatment.

With an average of nearly 20 years' experience¹, our tenured Sales team works hard to get the answers you need and make things easier so you can concentrate on the health of your business. Just like we have for **over 40 years as WNY's locally-focused** health plan.



AN ENHANCED NATIONAL NETWORK, A LOCAL TEAM AND THE REDSHIRT TREATMENT.

THERE ARE EVEN MORE REASONS TO CHOOSE INDEPENDENT HEALTH.

Our local and national network agreements have your employees covered when and where they need it, regardless of their location. Plus access to tools, resources, member discounts, community programs and a wide range of unique health benefits. And it's all backed by the RedShirt[®] Treatment.

OUR PROVIDER NETWORK HAS MEMBERS COVERED

No Matter Where They Live or Travel

- Our local network covers the eight counties of WNY, plus 15 surrounding counties in NY/PA
 - NEW enhanced national network through UnitedHealthcare covers out-of-area — with 1.6 million doctors/ providers, 6,200 hospitals and 13,500 labs
 - Supports employers' benefits strategy with a new, highly-competitive option outside of WNY
 - All backed by the RedShirt[®] Treatment every step of the way

NEW FOR 2024

IDIRECT® SILVER COPAY OPTION 2

Lower Cost Alternative to Platinum or Gold Tier

Lower Deductible

Copayments on Rx

9 OUT **10** MEMBERS ARE **SATISFIED**³

9 OUT **10** EMPLOYERS WOULD **RECOMMEND** INDEPENDENT HEALTH³

100% OF BROKERS WOULD **RECOMMEND** INDEPENDENT HEALTH³

1. Independent Health commercial sales.

2. UnitedHealthcare network analysis, March 31, 2023.

3. 2022 Consumer and Employer Third Party Blinded Stakeholder Studies and 2023 Broker Stakeholder Study. Data subject to change without notification.

PLATINUM LEVEL



PLATINUM LEVEL PLANS CONTINUED ON NEXT PAGE »	FlexFit Platinum	FlexFit Platinum Option 2	Choice Plus Platinum ³
IN-NETWORK (IN)			
First Dollar Coverage	N/A	N/A	N/A
Deductible	\$0	\$0	A: \$0 B: \$1,500/\$3,000 (T)
Coinsurance	0%	0%	A: 0% B: Deductible then 50%
Out-of-Pocket Max.	\$5,250/\$10,500 (E)	\$3,500/\$7,000 (E)	A: \$4,500/\$9,000 (E) B: \$4,500/\$9,000 (E)
OUT-OF-NETWORK (OON) ¹			
Deductible	\$5,000/\$10,000 (T)	\$5,000/\$10,000 (T)	\$5,000/\$10,000 (T)
Coinsurance	Deductible then 20%	Deductible then 20%	Deductible then 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	\$10	\$10	A: \$10 B: Deductible then 50%
Specialist Office Visit	\$40	\$25	A: \$40 B: Deductible then 50%
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc [®] providers only) For Dermatology telemedicine refer to the plan's benefit summary	\$0	\$0	\$0
Urgent Care	\$75	\$75	A: \$75 B: Deductible then 50%
Emergency Room Services	\$150	\$150	A: \$150 B: \$150
Outpatient Procedures Performed in an Ambulatory Surgery Center	\$75	\$75	A: \$50 B: Deductible then 50%
Outpatient Procedures Performed in a Hospital	\$100	\$100	A: \$75 B: Deductible then 50%
Inpatient Hospital Services (per admission)	\$500	\$500	A: \$500 B: Deductible then 50%
PRESCRIPTION DRUGS			
Pharmacy ²	\$5/\$30/50%	\$5/\$30/\$100	\$5/\$30/50%
PRODUCT DETAILS			
Wellness Benefits	Health Extras sM or Nutrition	Health Extras sm or Nutrition	Health Extras sM or Nutrition
Network	IHC	IHC	Choice Plus
Q4 RATES			
Employee Rate	\$826.66	\$846.79	\$760.98
Employee & Child(ren) Rate	\$1,405.32	\$1,439.54	\$1,293.67
Employee & Spouse Rate	\$1,653.32	\$1,693.58	\$1,521.96
Family Rate	\$2,355.98	\$2,413.35	\$2,168.79

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

PLATINUM LEVEL

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CONTINUED)	Passport Plan National Platinum	Passport Plan Local Platinum⁵
IN-NETWORK (IN)		
First Dollar Coverage	N/A	N/A
Deductible	\$0	\$0
Coinsurance	0%	0%
Out-of-Pocket Max.	\$6,000/\$12,000 (E)	\$6,000/\$12,000 (E)
OUT-OF-NETWORK (OON) ¹		
Deductible	\$5,000/\$10,000 (T)	\$5,000/\$10,000 (T)
Coinsurance	Deductible then 50%	Deductible then 50%
Out-of-Pocket Max.	\$10,000/\$20,000 (E)	\$10,000/\$20,000 (E)
MEDICAL SERVICES		
Primary Care Office Visit	\$15	\$15
Specialist Office Visit	\$45	\$45
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc [®] providers only) For Dermatology telemedicine refer to the plan's benefit summary	\$0	\$0
Urgent Care	\$75	\$75
Emergency Room Services	\$150	\$150
Outpatient Procedures Performed in an Ambulatory Surgery Center	\$75	\$75
Outpatient Procedures Performed in a Hospital	\$100	\$100
Inpatient Hospital Services (per admission)	\$500	\$500
PRESCRIPTION DRUGS		
Pharmacy ²	\$5/\$30/50%	\$5/\$30/50%
PRODUCT DETAILS		
Wellness Benefits	Health Extras SM	Health Extras [™] or Nutrition
Network	IHC + United National	IHC + United National
Q4 RATES		
Employee Rate	\$1,155.17	\$859.72
Employee & Child(ren) Rate	\$1,963.79	\$1,461.52
Employee & Spouse Rate	\$2,310.34	\$1,719.44
Family Rate	\$3,292.23	\$2,450.20

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GOLD LEVEL



GOLD LEVEL PLANS CONTINUED ON NEXT PAGE »	Activate Gold	Standard Healthy NY Gold⁴	iDirect Gold Copay	iDirect Gold Copay Option 2
IN-NETWORK (IN)				
First Dollar Coverage	\$750/\$1,500	N/A	N/A	N/A
Deductible	\$1,500/\$3,000 (E)	\$600/\$1,200 (E)	\$1,250/\$2,500 (T)	\$1,250/\$2,500 (T)
Coinsurance	25% Coinsurance after first dollar and deductible	0%	0%	0%
Out-of-Pocket Max.	\$7,950/\$15,900 (E)	\$5,900/\$11,800 (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 (E)	\$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	\$20 Copayment after first dollar and deductible	Deductible then \$25	\$20	\$20
Specialist Office Visit	\$50 Copayment after first dollar and deductible	Deductible then \$40	Deductible then \$50	Deductible then \$50
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc [®] providers only) For Dermatology telemedicine refer to the plan's benefit summary	\$0	\$0	\$0	\$0
Urgent Care	\$75 Copayment after first dollar and deductible	Deductible then \$60	\$75	\$75
Emergency Room Services	25% Coinsurance after first dollar and deductible	Deductible then \$150	Deductible then \$150	Deductible then \$150
Outpatient Procedures Performed in an Ambulatory Surgery Center	25% Coinsurance after first dollar and deductible	Deductible then \$100	Deductible then \$100	Deductible then \$100
Outpatient Procedures Performed in a Hospital	25% Coinsurance after first dollar and deductible	Deductible then \$100	Deductible then \$125	Deductible then \$125
Inpatient Hospital Services (per admission)	25% Coinsurance after first dollar and deductible	Deductible then \$1,000	Deductible then \$1,000	Deductible then \$750
PRESCRIPTION DRUGS				
Pharmacy ²	\$10/25%/50% after first dollar and deductible	\$10/\$35/\$70	\$10/\$40/50%	\$10/\$40/\$100
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
Q4 RATES				
Employee Rate	\$672.98	\$609.93	\$708.49	\$720.21
Employee & Child(ren) Rate	\$1,144.07	\$1,036.88	\$1,204.43	\$1,224.36
Employee & Spouse Rate	\$1,345.96	\$1,219.86	\$1,416.98	\$1,440.42
Family Rate	\$1,917.99	\$1,738.30	\$2,019.20	\$2,052.60

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GOLD LEVEL

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Independent Health.

N/AN/AN/AN/AN/ADeductible\$4,600/\$1,200 (1)\$1,600/\$3,200 (1)\$1,600/\$3,200 (1)\$1,600/\$3,200 (1)Deductible0%0%0%Deductible then 20%Deductible then 20%Dut-of-Pocket Max.0%0%0%5,750/\$13,500 (2)\$7,500/\$13,500 (2)Dut-of-Pocket Max.55,000/\$10,000 (1)\$5,000/\$10,000 (1)\$5,000/\$10,000 (1)\$5,000/\$10,000 (1)\$5,000/\$10,000 (1)Deductible55,000/\$10,000 (1)\$5,000/\$10,000 (1)\$5,000/\$10,000 (2)\$10,000/\$20,000 (2)\$10,000/\$20,000 (2)Dut-of-Pocket Max.Deductible then 50%Deductible then 50%Deductible then 50%Deductible then 50%Deductible then 50%Dut-of-Pocket Max.S10,000/\$20,000 (2)\$10,000/\$20,000 (2)\$10,000/\$20,000 (2)\$10,000/\$20,000 (2)\$10,000/\$20,000 (2)Specialist Office VisitDeductible then 50%Deductible then 52%Deductible then 52%Deductible then 20%Deductible then 20%Dut-office VisitDeductible then 51%Deductible then 51%Deductible then 20%Deductible then 20%Deductible then 20%Dutpatient Procedures Performed in an Ambulatory Surgery CenterDeductible then 51%Deductible then 21%Deductible then 20%Deductible then 20%Dutpatient Procedures Performed in an Ambulatory Surgery CenterDeductible then 51%Deductible then 20%Deductible then 20%Deductible then 20%Patientible Strates [®] Deductible then 51%Deductible then 51%Deductible then 20%Deductible then 20%Deductible then 2	DNTINUED)	iDirect Gold Copay Option 3	iDirect Gold Copay HSAQ	Passport Plan National Gold HSAQ	Passport Plar Local Gold HSAQ⁵
ConsuranceSecond/s1.200 (T)St.600/S3.200 (T)St.600/S1.200 (T)St.600/S1	IN-NETWORK (IN)		Health Equity	Health Equity	Health Equity
Coinsurance0%0%Deductible then 20%Deductible then 20%Dut-of-Pocket Max.55,000/51,000 (1)54,500/51,000 (1)55,000/51,0,000 (1)55,000/51,0,000 (1)55,000/51,0,000 (1)Dut-of-Pocket Max.55,000/51,0,000 (1)55,000/51,0,000 (1)55,000/51,0,000 (1)55,000/51,0,000 (1)55,000/51,0,000 (1)CoinsuranceDeductible then 50%Deductible then 50%Deductible then 50%Deductible then 50%Deductible then 50%Dut-of-Pocket Max.S10,000/520,000 (E)510,000/520,000 (E)510,000/520,000 (E)510,000/520,000 (E)510,000/520,000 (E)Primary Care Office VisitDeductible then 520Deductible then 520Deductible then 20%Deductible then 20%Deductible then 20%Specialist Office VisitDeductible then 510Deductible then 520Deductible then 20%Deductible then 20%Deductible then 20%Specialist Office VisitDeductible then 510Deductible then 510Deductible then 20%Deductible then 20%Deductible then 20%Specialist Office VisitDeductible then 510Deductible then 210Deductible then 20%Deductible then 20%Deductible then 20%Specialist Office VisitDeductible then 510Deductible then 510Deductible then 20%Deductible then 20%Specialist Office VisitDeductible then 510Deductible then 20%Deductible then 20%Deductible then 20%Specialist Office VisitPoeloctible then 510Deductible then 20%Deductible then 20%Deductible then 20%Dutpatient Procedures Performed in an Ambula	First Dollar Coverage	N/A	N/A	N/A	N/A
Autor AreaSS,900/\$11,800 (b)S4,500/\$9,000 (c)S6,750/\$13,500 (c)S6,750/\$13,500 (c)Dut-of-Pocket Max.S5,000/\$10,000 (T)S5,000/\$10,000 (T)S5,000/\$10,000 (T)S5,000/\$10,000 (T)S5,000/\$10,000 (T)ColuctibleS5,000/\$10,000 (T)S5,000/\$10,000 (T)S5,000/\$10,000 (T)S5,000/\$10,000 (T)S5,000/\$10,000 (T)ColuctibleS5,000/\$10,000 (T)S5,000/\$10,000 (T)S5,000/\$20,000 (E)\$10,000/\$20,000 (E)\$10,000/\$20,000 (E)ColuctibleS10,000/\$20,000 (E)S10,000/\$20,000 (E)\$10,000/\$20,000 (E)\$10,000/\$20,000 (E)\$10,000/\$20,000 (E)Primary Care Office VisitDeductible then 525Deductible then 525Deductible then 525Deductible then 526Deductible then 20%Signaliato Office VisitDeductible then 510Deductible then 525Deductible then 525Deductible then 526Deductible then 20%Signaliator ServicesDeductible then 515Deductible then 515Deductible then 20%Deductible then 20%Dutatient Procedures Performed in an Ambulatory Surgery CenterDeductible then 510Deductible then 210%Deductible then 20%Dutatient Procedures Performed in an Ambulatory Surgery CenterDeductible then 510Deductible then 510Deductible then 20%Deductible then 20%Phatter Into ExerciseS10/\$35/50%Deductible then 510Deductible then 20%Deductible then 20%Deductible then 20%Surgery CenterDeductible then 510Deductible then 510Deductible then 20%Deductible then 20%Deductible then 20%Surgery Center	Deductible	\$600/\$1,200 (T)	\$1,600/\$3,200 (T)	\$1,600/\$3,200 (T)	\$1,600/\$3,200 (
DUT-OF-NETWORK (00N) ¹ Specialized Construction Speciali	Coinsurance	0%	0%	Deductible then 20%	Deductible then 20
Deductible\$5,000/\$10,000(T)\$5,000/\$1	Out-of-Pocket Max.	\$5,900/\$11,800 (E)	\$4,500/\$9,000 (E)	\$6,750/\$13,500 (E)	\$6,750/\$13,500
CoinsuranceDeductible then 50%Deductible then 50% <td>OUT-OF-NETWORK (OON)¹</td> <td></td> <td></td> <td></td> <td></td>	OUT-OF-NETWORK (OON) ¹				
Dut-of-Pocket Max. S10,000/\$20,000(E) \$10,000/\$20,000(E) \$10,000/\$20,0	Deductible	\$5,000/\$10,000 (T)	\$5,000/\$10,000 (T)	\$5,000/\$10,000 (T)	\$5,000/\$10,000(
MEDICAL SERVICES Deductible then \$22 Deductible then \$22 Deductible then 200 Deductible then 200 <td>Coinsurance</td> <td>Deductible then 50%</td> <td>Deductible then 50%</td> <td>Deductible then 50%</td> <td>Deductible then 5</td>	Coinsurance	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 5
Primary Care Office Visit Deductible then \$22 Deductible then \$20 Deductible then 200 Deductible the	Out-of-Pocket Max.	\$10,000/\$20,000 (E)	\$10,000/\$20,000 (E)	\$10,000/\$20,000 (E)	\$10,000/\$20,000
Special St Office Visit Deductible then \$40 Deductible then \$50 Deductible then 200 Deductible then 200 Special St Office Visit S0 Deductible then \$50 Deductible then 200 Deductible then 200 Special State S0 Deductible then \$50 Deductible then 200 Deductible then 200 Special State Deductible then \$10 Deductible then \$100 Deductible then 200 Deductible then 200 Dutpatient Procedures Performed in an Ambulatory Surgery Center Deductible then \$100 Deductible then \$100 Deductible then 210 Deductible then 200 Deductible then 200 Dutpatient Procedures Performed in a Hospital Deductible then \$100 Deductible then \$100 Deductible then 2100 Deductible then 200 Deductible then 200 Deductible then 200 PRESCRIPTION DRUGS Deductible then \$100 Deductible then \$100 Deductible then 200 Deducti	MEDICAL SERVICES				
Interfere 	Primary Care Office Visit	Deductible then \$25	Deductible then \$20	Deductible then 20%	Deductible then 20
Itelade providers only) for Dermatology telemediate refer to the plan's benefit summaryDeductible then \$75Deductible then \$75Deductible then \$20Deductible then 20%Deductible then 20%Urgent CareDeductible then \$150Deductible then \$150Deductible then \$150Deductible then 20%Deductible then 20%Dutpatient Procedures Performed in an Ambulatory Surgery CenterDeductible then \$100Deductible then \$100Deductible then 20%Deductible then 20%Dutpatient Procedures Performed in a HospitalDeductible then \$100Deductible then \$120Deductible then 20%Deductible then 20%Pharmacy2Defunctible then \$100Deductible then \$100Deductible then \$100Deductible then 20%Deductible then 20%Pharmacy2S10/\$35/50%Deductible then \$100Deductible then \$100Deductible then \$100Deductible then \$100Pharmacy2S10/\$35/50%Deductible then \$100Deductible then \$100Deductible then \$100Deductible then \$100Pharmacy2S10/\$35/50%Deductible then \$100Deductible then \$100Deductible then \$100Deductible then \$100Pharmacy2S10/\$35/50%Deductible then \$100Deductible then \$100Deductible then \$100Deductible then \$100Pharmacy2Health Extras ^{5M} Health Extras ^{5M} Pharmacy2IHCIHCIHCIHCIHCIHC + United NationalPharmacy2S10/\$262.8\$683.27\$895.09\$675.19 <tr<tr>Employee & Child(ren)</tr<tr>	Specialist Office Visit	Deductible then \$40	Deductible then \$50	Deductible then 20%	Deductible then 2
Compose of the second		\$0	Deductible then \$0	Deductible then \$0	Deductible then s
Dutpatient Procedures Performed in an Ambulatory Surgery Center Deductible then \$75 Deductible then \$100 Deductible then 200 Deductible	Urgent Care	Deductible then \$75	Deductible then \$75	Deductible then 20%	Deductible then 20
Dutpatient Procedures Performed in a Hospital npatient Hospital Services (per admission)Deductible then \$100Deductible then \$125Deductible then 200Deductible then 2PRESCRIPTION DRUGSDeductible then \$100Deductible then \$100Deductible then \$100Deductible then 200Deductible then 2Pharmacy2\$10/\$35/50%Deductible then \$10/\$40/50%Deductible then \$10/20%/50%Deductible then \$10/20%/50%PRODUCT DETAILSHealth Extras ^{5M} or NutritionHealth Extras ^{5M} or NutritionHealth Extras ^{5M} or NutritionHealth Extras ^{5M} or NutritionNetworkIHCIHCIHCIHC + United National story NutritionIHC + United National or NutritionParmacy2\$12,334.68\$1,161.56\$1,521.65\$1,147.82Propoge & Child(ren) Rate\$1,452.56\$1,366.54\$1,790.18\$1,350.38	Emergency Room Services	Deductible then \$150	Deductible then \$150	Deductible then 20%	Deductible then 2
Inpatient Hospital Services (per admission) Deductible then Deductible then Stock Deductible then Stock Stock Deductible then Stock St	Dutpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then \$75	Deductible then \$100	Deductible then 20%	Deductible then 20
still still beductible then \$750 beductible then 20% beductible t	Outpatient Procedures Performed in a Hospital	Deductible then \$100	Deductible then \$125	Deductible then 20%	Deductible then 2
Pharmacy ² PRODUCT DETAILS Wellness Benefits Network Q4 RATES Employee Rate Employee Rate	Inpatient Hospital Services (per admission)		Deductible then \$750	Deductible then 20%	Deductible then 20
Pharmacy\$10/\$33/30%\$10/\$40/50%\$10/20%/50%\$10/20%/50%PRODUCT DETAILSWellness BenefitsWellness BenefitsNetworkIHCIHCIHCIHC + United NationalIHC + United NationalIHC + United NationalEmployee Rate\$10/\$20%/50%Employee & Child(ren) RateEmployee & Spouse RateState <t< td=""><td>PRESCRIPTION DRUGS</td><td></td><td></td><td></td><td></td></t<>	PRESCRIPTION DRUGS				
Wellness Benefits Health Extras SM or Nutrition Network IHC IHC IHC + United National IHC + United National Q4 RATES \$726.28 \$683.27 \$895.09 \$675.19 Employee & Child(ren) Rate \$1,234.68 \$1,161.56 \$1,521.65 \$1,147.82 Employee & Spouse Rate \$1,452.56 \$1,366.54 \$1,790.18 \$1,350.38	Pharmacy ²	\$10/\$35/50%			Deductible then \$10 /20%/50%
Weilness Benefits or Nutrition Health Extrast or Nutrition Network IHC IHC IHC IHC + United National Q4 RATES Employee Rate \$726.28 \$683.27 \$895.09 \$675.19 Employee & Child(ren) Rate \$1,234.68 \$1,161.56 \$1,521.65 \$1,147.82 Employee & Spouse Rate \$1,452.56 \$1,366.54 \$1,790.18 \$1,350.38	PRODUCT DETAILS				
Q4 RATES Image: Constraint of the second	Wellness Benefits			Health Extras sm	Health Extras sm or Nutrition
Employee Rate \$726.28 \$683.27 \$895.09 \$675.19 Employee & Child(ren) Rate \$1,234.68 \$1,161.56 \$1,521.65 \$1,147.82 Employee & Spouse Rate \$1,452.56 \$1,366.54 \$1,790.18 \$1,350.38	Network	IHC	IHC	IHC + United National	IHC + United Nation
Employee & Child(ren) Rate \$1,234.68 \$1,161.56 \$1,521.65 \$1,147.82 Employee & Spouse Rate \$1,452.56 \$1,366.54 \$1,790.18 \$1,350.38	Q4 RATES				
Employee & Spouse Rate \$1,452.56 \$1,366.54 \$1,790.18 \$1,350.38	Employee Rate	\$726.28	\$683.27	\$895.09	\$675.19
	Employee & Child(ren) Rate	\$1,234.68	\$1,161.56	\$1,521.65	\$1,147.82
Family Rate \$2,069.90 \$1,947.32 \$2,551.01 \$1,924.29	Employee & Spouse Rate	\$1,452.56	\$1,366.54	\$1,790.18	\$1,350.38
	Family Rate	\$2,069.90	\$1,947.32	\$2,551.01	\$1,924.29

5. Subscribers must reside within Independent Health's 23-county network area. 6. Deductible does not apply to first visit.

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(T) = True Family (Non Embedded) Deductible

Bolded items indicate updated changes since the 2023 plan year.

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.

4. Specific qualifications must be met.

SILVER LEVEL

SILVER LEVEL PLANS CONT

Independent Health.

NUED ON NEXT PAGE »	Activate Silver	iDirect Silver Copay	NEW! iDirect Silver Copay Option 2	iDirect Silver Copay HSAQ
				Health Equity
	\$500/\$1,000	N/A	N/A	N/A
	\$3,100/\$6,200 (E)	\$2,000/\$4,000 (T)	\$2,100/\$4,200 (E)	\$2,000/\$4,000 (T)
	40% Coinsurance after first dollar and deductible	0%	0%	0%
	\$8,500/\$17,000 (E)	\$8,000/\$16,000 (E)	\$9,450/\$18,900 (E)	\$7,500/\$15,000 (E)
V) ¹				
	\$5,000/\$10,000 (E)	\$5,000/\$10,000 (T)	\$5,000/\$10,000 (E)	\$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)
			\$20,000 (E)	
	\$35 Copayment after	Deductible then \$35	Deductible then \$30°	Deductible then \$35
	first dollar and deductible \$60 Copayment after			
	first dollar and deductible	Deductible then \$60	Deductible then \$65°	Deductible then \$60
cal & Behavioral Health Services (participating logy telemedicine refer to the plan's benefit summary	\$0	\$0	\$0	Deductible then \$0
	\$75 Copayment after first dollar and deductible	\$75	Deductible then \$70	Deductible then \$75
25	40% Coinsurance after first dollar and deductible	Deductible then \$250	Deductible then \$500	Deductible then \$250
ormed in an Ambulatory Surgery Center	40% Coinsurance after first dollar and deductible	Deductible then \$175	Deductible then \$150	Deductible then \$175
Performed in a Hospital	40% Coinsurance after first dollar and deductible	Deductible then \$200	Deductible then \$150	Deductible then \$200
es (per admission)	40% Coinsurance after first dollar and deductible	Deductible then \$1,000	Deductible then \$1,500	Deductible then \$1,000
	\$15/40%/50% after first dollar and deductible	\$15/\$50/50%	\$15/\$40/\$75	Deductible then \$15/\$50/50%
	Health Extras sm or Nutrition	Health Extras sm or Nutrition	Health Extras sm or Nutrition	Health Extras sm or Nutrition
	IHC	IHC	IHC	IHC
	\$582.06	\$626.24	\$633.84	\$614.81
Rate	\$989.50	\$1,064.61	\$1,077.53	\$1,045.18
e	\$1,164.12	\$1,252.48	\$1,267.68	\$1,229.62
	\$1,658.87	\$1,784.78	\$1,806.44	\$1,752.21

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.

Deductible

IN-NETWORK (IN)

First Dollar Coverage

Coinsurance

Out-of-Pocket Max.

OUT-OF-NETWORK (OC

Deductible

Coinsurance

Out-of-Pocket Max.

MEDICAL SERVICES

Primary Care Office Vis

Specialist Office Visit

Telemedicine - General Me Teladoc[®] providers only) For Derma

Urgent Care

Emergency Room Servi

Outpatient Procedures Pe

Outpatient Procedures

Inpatient Hospital Servi

PRESCRIPTION DRUGS

Pharmacy²

PRODUCT DETAILS

Wellness Benefits

Network

Q4 RATES

Employee Rate

Employee & Child(ren)

Employee & Spouse Ra

Family Rate

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.

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 – 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

Pharmacy²

PRODUCT DETAILS

Wellness Benefits

Network

Q4 RATES
Employee Rate
Employee & Child(ren) Rate

Employee & Spouse Rate

Family Rate

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.

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4. Specific qualifications must be met.

iDirect Silver Coinsurance HSAQ	Choice Plus Silver HSAQ ³	Passport Plan National Silver HSAQ	Passport Plan Local Silver HSAQ⁵
Health Equity	Health Equity	Health Equity	Health Equity
N/A	N/A	N/A	N/A
\$3,000/\$6,000 (T)	A: \$2,000/\$4,000 (T) B: \$3,500/\$7,000 (T)	\$3,000/\$6,000 (T)	\$3,000/\$6,000 (T)
Deductible then 20%	A: 0% B: Deductible then 50%	Deductible then 20%	Deductible then 20%
\$7,500/\$15,000 (E)	A: \$6,950/\$13,900 (E) B: \$6,950/\$13,900 (E)	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)
\$5,000/\$10,000 (T)	\$5,000/\$10,000 (T)	\$5,000/\$10,000 (E)	\$5,000/\$10,000 (E)
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%	Deductible then A: \$35 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then A: \$60 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Deductible then 20%	Deductible then A: \$75 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then A: \$250 B: \$250	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then A: \$175 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then A: \$200 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then A: \$1,000 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then \$15 /20%/50%	Deductible then \$15/\$50/50%	Deductible then \$15 /20%/50%	Deductible then \$15 /20%/50%
Health Extras sm or Nutrition	Health Extras sm or Nutrition	Health Extras sm	Health Extras sm or Nutrition
IHC	Choice Plus	IHC + United National	IHC + United National
\$569.69	\$568.31	\$790.56	\$597.46
\$968.47	\$966.13	\$1,343.95	\$1,015.68
\$1,139.38	\$1,136.62	\$1,581.12	\$1,194.92
\$1,623.62	\$1,619.68	\$2,253.10	\$1,702.76

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

Independent Health.

BRONZE LEVEL



BRONZE LEVEL PLANS CONTINUED ON NEXT PAGE »	iDirect Bronze Blended HSAQ	iDirect Bronze Coinsurance HSAQ	iDirect Bronze MV HSAQ
IN-NETWORK (IN)	Health Equity	Health Equity	Health Equity
First Dollar Coverage	N/A	N/A	N/A
Deductible	\$6,000/\$12,000 (E)	\$5,600/\$11,200 (E)	\$7,500/\$15,000 (E)
Coinsurance	Deductible then 30%	Deductible then 50%	0%
Out-of-Pocket Max.	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)
OUT-OF-NETWORK (OON) ¹			
Deductible	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)	\$10,000/\$20,000 (E)
Coinsurance	Deductible then 50%	Deductible then 50%	Deductible then 50%
Out-of-Pocket Max.	\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)	\$20,000/\$40,000 (E)
MEDICAL SERVICES			
Primary Care Office Visit	Deductible then \$40	Deductible then 50%	Deductible then \$0
Specialist Office Visit	Deductible then \$60	Deductible then 50%	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	Deductible then \$0	Deductible then \$0
Urgent Care	Deductible then \$75	Deductible then 50%	Deductible then \$0
Emergency Room Services	Deductible then 30%	Deductible then 50%	Deductible then \$0
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then 30%	Deductible then 50%	Deductible then \$0
Outpatient Procedures Performed in a Hospital	Deductible then 30%	Deductible then 50%	Deductible then \$0
Inpatient Hospital Services (per admission)	Deductible then 30%	Deductible then 50%	Deductible then \$0
PRESCRIPTION DRUGS			
Pharmacy ²	Deductible then \$20/30%/50%	Deductible then 50%	Deductible then \$0
PRODUCT DETAILS			
Wellness Benefits	Health Extras sm or Nutrition	Health Extras sM or Nutrition	Health Extras sM or Nutrition
Network	IHC	IHC	IHC
Q4 RATES			
Employee Rate	\$521.60	\$515.11	\$521.22
Employee & Child(ren) Rate	\$886.72	\$875.69	\$886.07
Employee & Spouse Rate	\$1,043.20	\$1,030.22	\$1,042.44
Family Rate	\$1,486.56	\$1,468.06	\$1,485.48

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

BRONZE LEVEL

(CONTINUED)



CONTINUED)	Passport Plan National Bronze HSAQ	Passport Plan Local Bronze HSAQ ⁵
IN-NETWORK (IN)	Health Equity	Health Equity
First Dollar Coverage	N/A	N/A
Deductible	\$5,600/\$11,200 (E)	\$5,600/\$11,200 (E)
Coinsurance	Deductible then 50%	Deductible then 50%
Out-of-Pocket Max.	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)
OUT-OF-NETWORK (OON) ¹		
Deductible	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)
Coinsurance	Deductible then 50%	Deductible then 50%
Out-of-Pocket Max.	\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)
MEDICAL SERVICES		
Primary Care Office Visit	Deductible then 50%	Deductible then 50%
Specialist Office Visit	Deductible then 50%	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	Deductible then \$0
Urgent Care	Deductible then 50%	Deductible then 50%
Emergency Room Services	Deductible then 50%	Deductible then 50%
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then 50%	Deductible then 50%
Outpatient Procedures Performed in a Hospital	Deductible then 50%	Deductible then 50%
Inpatient Hospital Services (per admission)	Deductible then 50%	Deductible then 50%
PRESCRIPTION DRUGS		
Pharmacy ²	Deductible then 50%	Deductible then 50%
PRODUCT DETAILS		
Wellness Benefits	Health Extras SM	Health Extras sM or Nutrition
Network	IHC + United National	IHC + United National
Q4 RATES		
Employee Rate	\$713.36	\$541.05
Employee & Child(ren) Rate	\$1,212.71	\$919.79
Employee & Spouse Rate	\$1,426.72	\$1,082.10
Family Rate	\$2,033.08	\$1,541.99

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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

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 benefits¹ – all backed by leading service and support.

\$250 HEALTH EXTRAS[™] VISA[®]

A debit card to pay for healthy goods and services.



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.



EARN \$1,000 BACK

Nutrition Benefit² pays members back for buying fresh fruits and vegetables.



EARN UP TO \$30 IN REDSHIRT REWARDS™

Get rewarded³ 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 RX

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



Plus – Get **Vision Discounts** with EyeMed providers. Also available, **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!

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 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
- Tifft Nature Preserve

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





You Deserve the RedShirt Treatment.[®] Call our RedShirts[™] today at **1-800-453-1910**.



independenthealth.com

- 1. Benefits vary by plan.
- 2. Canned or frozen fruits and vegetables are excluded. Money back is in the form of store credit for future purchases.
- 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.