2025 Small Group Plans

BRONZE LEVEL

BRONZE LEVEL PLANS CONTINUED ON NEXT PAGE »

Independent Health®

	iDirect Bronze Coinsurance HSAQ	iDirect Bronze MV HSAQ
	Health**Equity**	Health**Equity**
IN-NETWORK (IN)		
First Dollar Coverage	N/A	N/A
Deductible	$5,600/$11,200 (E)	**$8,050/$16,100 (E)**
Coinsurance	Deductible then 50%	0%
Out-of-Pocket Max.	$7,500/$15,000 (E)	**$8,050/$16,100 (E)**
OUT-OF-NETWORK (OON)[1]		
Deductible	$7,500/$15,000 (E)	$10,000/$20,000 (E)
Coinsurance	Deductible then 50%	Deductible then 50%
Out-of-Pocket Max.	$15,000/$30,000 (E)	$20,000/$40,000 (E)
MEDICAL SERVICES		
Primary Care Office Visit	Deductible then 50%	Deductible then $0
Specialist Office Visit	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
Urgent Care	Deductible then 50%	Deductible then $0
Emergency Room Services	Deductible then 50%	Deductible then $0
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then 50%	Deductible then $0
Outpatient Procedures Performed in a Hospital	Deductible then 50%	Deductible then $0
Inpatient Hospital Services (per admission)	Deductible then 50%	Deductible then $0
PRESCRIPTION DRUGS		
Pharmacy[2]	Deductible then 50%	Deductible then $0
PRODUCT DETAILS		
Wellness Benefits	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition
Network	IHC	IHC
Q3 RATES		
Employee Rate	$619.29	$607.86
Employee & Child(ren) Rate	$1,052.79	$1,033.36
Employee & Spouse Rate	$1,238.58	$1,215.72
Family Rate	$1,764.98	$1,732.40

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

(E) = Embedded Deductible
(T) = True Family (Non Embedded) Deductible

Bolded items indicate updated changes since the 2024 plan year.

2025 Small Group Plans

BRONZE LEVEL
(CONTINUED)

	Passport Plan National Bronze HSAQ	Passport Plan Local Bronze HSAQ[4]
	Health**Equity**	Health**Equity**
IN-NETWORK (IN)		
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℠	Health Extras℠ or Nutrition
Network	IHC + United Nationally	IHC + United Nationally
Q3 RATES		
Employee Rate	$880.01	$794.43
Employee & Child(ren) Rate	$1,496.02	$1,350.53
Employee & Spouse Rate	$1,760.02	$1,588.86
Family Rate	$2,508.03	$2,264.13

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

(E) = Embedded Deductible
(T) = True Family (Non Embedded) Deductible

Bolded items indicate updated changes since the 2024 plan year.