

# 2025 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) <sup>1</sup>
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 <sup>2</sup>
PRODUCT DETAILS
Wellness Benefits
Network
Q2 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

iDirect Bronze Coinsurance HSAQ	iDirect Bronze MV HSAQ
HealthEquity	HealthEquity
N/A	N/A
\$5,600/\$11,200 (E)	<b>\$8,050/\$16,100 (E)</b>
Deductible then 50%	0%
\$7,500/\$15,000 (E)	<b>\$8,050/\$16,100 (E)</b>
\$7,500/\$15,000 (E)	\$10,000/\$20,000 (E)
Deductible then 50%	Deductible then 50%
\$15,000/\$30,000 (E)	\$20,000/\$40,000 (E)
Deductible then 50%	Deductible then \$0
Deductible then 50%	Deductible then \$0
Deductible then \$0	Deductible then \$0
Deductible then 50%	Deductible then \$0
Deductible then 50%	Deductible then \$0
Deductible then 50%	Deductible then \$0
Deductible then 50%	Deductible then \$0
Deductible then 50%	Deductible then \$0
Deductible then 50%	Deductible then \$0
Deductible then 50%	Deductible then \$0
Deductible then 50%	Deductible then \$0
Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition
IHC	IHC
\$607.15	\$595.95
\$1,032.16	\$1,013.12
\$1,214.30	\$1,191.90
\$1,730.38	\$1,698.46

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. 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)

### IN-NETWORK (IN)

First Dollar Coverage

Deductible

Coinsurance

Out-of-Pocket Max.

### OUT-OF-NETWORK (OON)<sup>1</sup>

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<sup>2</sup>

### PRODUCT DETAILS

Wellness Benefits

Network

### Q2 RATES

Employee Rate

Employee & Child(ren) Rate

Employee & Spouse Rate

Family Rate

Passport Plan  
National  
Bronze  
HSAQ

Passport Plan  
Local  
Bronze  
HSAQ<sup>4</sup>

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 <sup>SM</sup>	Health Extras <sup>SM</sup> or Nutrition
IHC + United Nationally	IHC + United Nationally
\$862.76	\$778.86
\$1,466.69	\$1,324.06
\$1,725.52	\$1,557.72
\$2,458.87	\$2,219.75

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