

# 2025 Small Group Plans



## SILVER LEVEL

SILVER 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

Activate Silver	iDirect Silver Copay	iDirect Silver Copay Option 2	iDirect Silver Copay HSAQ
<b>HealthEquity</b>			
\$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)	<b>\$9,200/\$18,400 (E)</b>	\$7,500/\$15,000 (E)
\$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)
\$35 Copayment after first dollar and deductible	Deductible then \$35	<b>Deductible then \$30</b>	Deductible then \$35
\$60 Copayment after first dollar and deductible	Deductible then \$60	<b>Deductible then \$65</b>	Deductible then \$60
\$0	\$0	\$0	Deductible then \$0
\$75 Copayment after first dollar and deductible	\$75	Deductible then \$70	Deductible then \$75
40% Coinsurance after first dollar and deductible	<b>Deductible then \$300</b>	Deductible then \$500	<b>Deductible then \$300</b>
40% Coinsurance after first dollar and deductible	<b>Deductible then \$200</b>	<b>Deductible then \$250</b>	<b>Deductible then \$200</b>
40% Coinsurance after first dollar and deductible	<b>Deductible then \$250</b>	<b>Deductible then \$300</b>	<b>Deductible then \$250</b>
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/ <b>\$125</b>	Deductible then \$15/\$50/50%
Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition
IHC	IHC	IHC	IHC
\$692.34	\$745.94	\$754.84	\$735.93
\$1,176.98	\$1,268.10	\$1,283.23	\$1,251.08
\$1,384.68	\$1,491.88	\$1,509.68	\$1,471.86
\$1,973.17	\$2,125.93	\$2,151.29	\$2,097.40

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.

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## SILVER LEVEL

(CONTINUED)

IN-NETWORK (IN)
First Dollar Coverage
Deductible
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Out-of-Pocket Max.
OUT-OF-NETWORK (OON) <sup>1</sup>
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Q2 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

iDirect Silver Coinsurance HSAQ	Passport Plan National Silver HSAQ	Passport Plan Local Silver HSAQ <sup>4</sup>
HealthEquity	HealthEquity	HealthEquity
N/A	N/A	N/A
\$3,000/\$6,000 (T)	\$3,000/\$6,000 (T)	\$3,000/\$6,000 (T)
<b>Deductible then 25%</b>	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>
\$7,500/\$15,000 (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 (T)
Deductible then 50%	Deductible then 50%	Deductible then 50%
\$10,000/\$20,000 (E)	\$10,000/\$20,000 (E)	\$10,000/\$20,000 (E)
<b>Deductible then 25%</b>	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>
<b>Deductible then 25%</b>	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>
Deductible then \$0	Deductible then \$0	Deductible then \$0
<b>Deductible then 25%</b>	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>
<b>Deductible then 25%</b>	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>
<b>Deductible then 25%</b>	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>
<b>Deductible then 25%</b>	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>
<b>Deductible then 25%</b>	<b>Deductible then 25%</b>	<b>Deductible then 25%</b>
Deductible then \$15/ <b>\$50</b> /50%	Deductible then \$15/ <b>\$50</b> /50%	Deductible then \$15/ <b>\$50</b> /50%
Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup>	Health Extras <sup>SM</sup> or Nutrition
IHC	IHC + United Nationally	IHC + United Nationally
\$686.09	\$975.33	\$880.68
\$1,166.35	\$1,658.06	\$1,497.16
\$1,372.18	\$1,950.66	\$1,761.36
\$1,955.36	\$2,779.69	\$2,509.94

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