

INDEPENDENT HEALTH'S 2026

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# SMALL GROUP PORTFOLIO

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FIRST QUARTER

## Our RedShirts<sup>SM</sup> Are Here To Help.

Rely on our experienced RedShirts<sup>SM</sup> to help you get the right plans for your employees and the answers you need — making it easier for you to focus on the health of your business. Just like we have for over 45 years as WNY's local health plan.

That's what you can continue to count on. That's your RedShirt<sup>®</sup> Treatment.



# WE HAVE YOU COVERED.

A Comprehensive National Network With New Low-Cost Plans — All Backed by Your Local RedShirt Team.

**NEW for 2026**

**FlexFit® Gold**

No Deductible with Copays

Lower Cost Alternate to Platinum

**GOLD LEVEL**

**NEW for 2026**

**iDirect® Bronze MV**

Lowest Cost Plan for 2026

**BRONZE LEVEL**

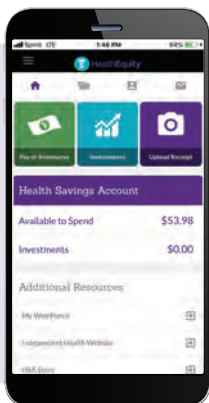
## PEACE OF MIND AT HOME *and* ACROSS THE COUNTRY.

**Our local and national network agreements have your employees covered** when and where they need it — regardless of their location, no matter where they live or travel.

Our local network covers the 8 counties of WNY, plus 15 surrounding counties in NY/PA.

Data is current as of publication and is subject to change without notification.

- Our comprehensive national network through UnitedHealthcare covers out-of-area — with 1.6 million doctors/providers, 5,500 hospitals and 18,000 labs<sup>1</sup>
- Supports employers' benefits strategy with a highly-competitive option outside of WNY
- All backed by the RedShirt® Treatment every step of the way



**The HealthEquity® HSA** is built into all HSA-qualified (HSAQ) plans.

The convenient way to enjoy all the pre-tax benefits of paying for qualified health care expenses directly through members' HSA account.

Everything is automated and integrated with your Independent Health plan, including enrollment, claims, payment and tracking and a variety of investment options — all with no monthly administration fee.

**HealthEquity®**

1. UnitedHealthcare network analysis.

# 2026 Small Group Plans



## PLATINUM LEVEL

### FlexFit Platinum

### NEW! iDirect Platinum Coinsurance

### NEW! Passport Plan Local Platinum<sup>4</sup>

#### 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

#### Q1 RATES

Employee Rate

Employee & Child(ren) Rate

Employee & Spouse Rate

Family Rate

N/A

\$0

0%

\$5,500/\$11,000 (E)

\$5,000/\$10,000 (T)

Deductible then 20%

\$10,000/\$20,000 (E)

\$10

\$40

\$0

\$100

\$250

\$250

\$300

\$500

\$5/\$45/50%

Health Extras<sup>SM</sup>  
or Nutrition

IHC

\$1,078.68

\$1,833.76

\$2,157.36

\$3,074.24

N/A

\$125/\$250 (T)

20%

\$5,250/\$10,500 (E)

\$5,000/\$10,000 (T)

Deductible then 50%

\$10,000/\$20,000 (E)

Deductible then 20%

Deductible then 20%

\$0

Deductible then 20%

Deductible then 20%

Deductible then 20%

Deductible then 20%

Deductible then 20%

\$5/\$50/50%

Health Extras<sup>SM</sup>  
or Nutrition

IHC

\$1,016.58

\$1,728.19

\$2,033.16

\$2,897.25

N/A

\$125/\$250 (T)

20%

\$5,250/\$10,500 (E)

\$5,000/\$10,000 (T)

Deductible then 50%

\$10,000/\$20,000 (E)

Deductible then 20%

Deductible then 20%

\$0

Deductible then 20%

Deductible then 20%

Deductible then 20%

Deductible then 20%

Deductible then 20%

\$5/\$50/50%

Health Extras<sup>SM</sup>  
or Nutrition

IHC + United  
Nationally

\$1,108.08

\$1,883.74

\$2,216.16

\$3,158.03

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 NYS qualifications must be met.

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

(E) = Embedded Deductible or Out-of-Pocket Maximum

(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

**Bolded items** indicate updated changes since the 2025 plan year.

# 2026 Small Group Plans



## GOLD LEVEL

GOLD LEVEL PLANS CONTINUED ON NEXT PAGE »

Activate  
Gold

**NEW!**  
FlexFit  
Gold

iDirect  
Gold  
Copay

### 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

### Q1 RATES

Employee Rate

Employee & Child(ren) Rate

Employee & Spouse Rate

Family Rate

\$750/\$1,500

N/A

N/A

**\$1,700/\$3,400 (E)**

**\$0**

**\$1,500/\$3,000 (T)**

25% Coinsurance after first dollar and deductible

**0%**

0%

\$7,950/\$15,900 (E)

**\$8,500/\$17,000 (E)**

\$6,750/\$13,500 (E)

**\$7,500/\$15,000 (E)**

**\$7,500/\$15,000 (T)**

**\$7,500/\$15,000 (T)**

Deductible then 50%

**Deductible then 50%**

Deductible then 50%

**\$15,000/\$30,000 (E)**

**\$15,000/\$30,000 (E)**

**\$15,000/\$30,000 (E)**

\$20 Copayment after first dollar and deductible

**\$40**

\$20

\$50 Copayment after first dollar and deductible

**\$75**

Deductible then \$50

\$0

**\$0**

\$0

\$75 Copayment after first dollar and deductible

**\$100**

\$75

25% Coinsurance after first dollar and deductible

**\$300**

Deductible then \$200

25% Coinsurance after first dollar and deductible

**\$950**

Deductible then **\$325**

25% Coinsurance after first dollar and deductible

**\$1,000**

Deductible then **\$375**

25% Coinsurance after first dollar and deductible

**\$3,000**

Deductible then \$1,000

\$10/25%/50% after first dollar and deductible

**\$10/\$40/50%**

\$10/\$40/\$100

Health Extras<sup>SM</sup>  
or Nutrition

**Health Extras<sup>SM</sup>  
or Nutrition**

Health Extras<sup>SM</sup>  
or Nutrition

IHC

**IHC**

IHC

\$877.12

\$953.67

\$943.65

\$1,491.10

\$1,621.24

\$1,604.21

\$1,754.24

\$1,907.34

\$1,887.30

\$2,499.79

\$2,717.96

\$2,689.40

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# 2026 Small Group Plans



## GOLD 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
Q1 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

iDirect Gold Copay Option 3	iDirect Gold Copay HSAQ	<b>NEW!</b> iDirect Gold Copay HSAQ Option 2
HealthEquity		
N/A	N/A	N/A
<b>\$775/\$1,550 (T)</b>	<b>\$1,700/\$3,400 (T)</b>	<b>\$1,950/\$3,900 (T)</b>
0%	0%	0%
<b>\$7,500/\$15,000 (E)</b>	\$5,500/\$11,000 (E)	<b>\$6,000/\$12,000 (E)</b>
HealthEquity		
<b>\$7,500/\$15,000 (T)</b>	<b>\$7,500/\$15,000 (T)</b>	<b>\$7,500/\$15,000 (T)</b>
Deductible then 50%	Deductible then 50%	<b>Deductible then 50%</b>
<b>\$15,000/\$30,000 (E)</b>	<b>\$15,000/\$30,000 (E)</b>	<b>\$15,000/\$30,000 (E)</b>
HealthEquity		
Deductible then \$25	Deductible then \$20	<b>Deductible then \$20</b>
Deductible then \$40	Deductible then \$50	<b>Deductible then \$50</b>
\$0	Deductible then \$0	<b>Deductible then \$0</b>
Deductible then \$75	Deductible then \$75	<b>Deductible then \$75</b>
Deductible then \$250	Deductible then \$200	<b>Deductible then \$200</b>
Deductible then <b>\$300</b>	Deductible then <b>\$325</b>	<b>Deductible then \$325</b>
Deductible then <b>\$350</b>	Deductible then <b>\$375</b>	<b>Deductible then \$375</b>
Deductible then \$1,000	Deductible then \$750	<b>Deductible then \$750</b>
HealthEquity		
\$10/\$35/50%	Deductible then \$10/\$40/50%	<b>Deductible then \$10/\$40/50%</b>
HealthEquity		
Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition	<b>Health Extras<sup>SM</sup> or Nutrition</b>
IHC	IHC	<b>IHC</b>
HealthEquity		
\$932.09	\$894.62	\$876.32
\$1,584.55	\$1,520.85	\$1,489.74
\$1,864.18	\$1,789.24	\$1,752.64
\$2,656.46	\$2,549.67	\$2,497.51

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

(E) = Embedded Deductible or Out-of-Pocket Maximum  
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# 2026 Small Group Plans



## GOLD 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
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Emergency Room Services
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Outpatient Procedures Performed in a Hospital
Inpatient Hospital Services (per admission)
PRESCRIPTION DRUGS
Pharmacy <sup>2</sup>
PRODUCT DETAILS
Wellness Benefits
Network
Q1 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

NEW! iDirect Gold Coinsurance HSAQ	Passport Plan National Gold HSAQ	Passport Plan Local Gold HSAQ <sup>4</sup>
HealthEquity	HealthEquity	HealthEquity
N/A	N/A	N/A
<b>\$1,700/\$3,400 (T)</b>	<b>\$1,700/\$3,400 (T)</b>	<b>\$1,700/\$3,400 (T)</b>
<b>20%</b>	Deductible then 20%	Deductible then 20%
<b>\$6,750/\$13,500 (E)</b>	\$6,750/\$13,500 (E)	\$6,750/\$13,500 (E)
<b>\$7,500/\$15,000 (T)</b>	<b>\$7,500/\$15,000 (T)</b>	<b>\$7,500/\$15,000 (T)</b>
<b>Deductible then 50%</b>	Deductible then 50%	Deductible then 50%
<b>\$15,000/\$30,000 (E)</b>	<b>\$15,000/\$30,000 (E)</b>	<b>\$15,000/\$30,000 (E)</b>
<b>Deductible then 20%</b>	Deductible then 20%	Deductible then 20%
<b>Deductible then 20%</b>	Deductible then 20%	Deductible then 20%
<b>Deductible then \$0</b>	Deductible then \$0	Deductible then \$0
<b>Deductible then 20%</b>	Deductible then 20%	Deductible then 20%
<b>Deductible then 20%</b>	Deductible then 20%	Deductible then 20%
<b>Deductible then 20%</b>	Deductible then 20%	Deductible then 20%
<b>Deductible then 20%</b>	Deductible then 20%	Deductible then 20%
<b>Deductible then 20%</b>	Deductible then 20%	Deductible then 20%
<b>Deductible then \$10/20%/50%</b>	Deductible then \$10/20%/50%	Deductible then \$10/20%/50%
<b>Health Extras<sup>SM</sup> or Nutrition</b>	Health Extras <sup>SM</sup>	Health Extras <sup>SM</sup> or Nutrition
<b>IHC</b>	IHC + United Nationally	IHC + United Nationally
\$854.76	\$1,089.73	\$933.93
\$1,453.09	\$1,852.54	\$1,587.68
\$1,709.52	\$2,179.46	\$1,867.86
\$2,436.07	\$3,105.73	\$2,661.70

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

(E) = Embedded Deductible or Out-of-Pocket Maximum  
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

**Bolded items** indicate updated changes since the 2025 plan year.

# 2026 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
Q1 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
HealthEquity			
\$500/\$1,000	N/A	N/A	N/A
<b>\$3,500/\$7,000 (E)</b>	<b>\$2,250/\$4,500 (T)</b>	<b>\$2,500/\$5,000 (E)</b>	<b>\$2,250/\$4,500 (T)</b>
40% Coinsurance after first dollar and deductible	0%	0%	0%
<b>\$9,200/\$18,400 (E)</b>	<b>\$10,150/\$20,300 (E)</b>	\$9,200/\$18,400 (E)	<b>\$8,300/\$16,600 (E)</b>
<b>\$7,500/\$15,000 (E)</b>	<b>\$7,500/\$15,000 (T)</b>	<b>\$7,500/\$15,000 (E)</b>	<b>\$7,500/\$15,000 (T)</b>
Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%
<b>\$15,000/\$30,000 (E)</b>	<b>\$15,000/\$30,000 (E)</b>	<b>\$15,000/\$30,000 (E)</b>	<b>\$15,000/\$30,000 (E)</b>
\$35 Copayment after first dollar and deductible	Deductible then \$35	Deductible then \$30	Deductible then \$35
<b>\$65</b> Copayment after first dollar and deductible	Deductible then <b>\$65</b>	Deductible then \$65	Deductible then <b>\$65</b>
\$0	\$0	\$0	Deductible then \$0
\$75 Copayment after first dollar and deductible	<b>Deductible then \$75</b>	Deductible then \$70	Deductible then \$75
40% Coinsurance after first dollar and deductible	Deductible then \$300	Deductible then \$500	Deductible then \$300
40% Coinsurance after first dollar and deductible	Deductible then <b>\$350</b>	Deductible then \$250	Deductible then <b>\$350</b>
40% Coinsurance after first dollar and deductible	Deductible then <b>\$400</b>	Deductible then \$300	Deductible then <b>\$400</b>
40% Coinsurance after first dollar and deductible	Deductible then <b>\$1,500</b>	Deductible then \$1,500	Deductible then <b>\$1,500</b>
\$15/40%/50% after first dollar and deductible	\$15/\$50/50%	\$15/ <b>\$75</b> /125	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
\$768.79	\$817.25	\$841.55	\$815.26
\$1,306.94	\$1,389.33	\$1,430.64	\$1,385.94
\$1,537.58	\$1,634.50	\$1,683.10	\$1,630.52
\$2,191.05	\$2,329.16	\$2,398.42	\$2,323.49

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

(E) = Embedded Deductible or Out-of-Pocket Maximum  
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

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# 2026 Small Group Plans

## SILVER 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
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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
Q1 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

NEW! iDirect Silver Copay HSAQ Option 2	iDirect Silver Coinsurance HSAQ	Passport Plan National Silver HSAQ	Passport Plan Local Silver HSAQ <sup>4</sup>
HealthEquity	HealthEquity	HealthEquity	HealthEquity
N/A	N/A	N/A	N/A
<b>\$4,000/\$8,000 (T)</b>	<b>\$3,500/\$7,000 (T)</b>	<b>\$3,500/\$7,000 (T)</b>	<b>\$3,500/\$7,000 (T)</b>
<b>0%</b>	Deductible then 25%	Deductible then 25%	Deductible then 25%
<b>\$8,300/\$16,600 (E)</b>	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)
<b>\$7,500/\$15,000 (T)</b>	<b>\$7,500/\$15,000 (T)</b>	<b>\$7,500/\$15,000 (T)</b>	<b>\$7,500/\$15,000 (T)</b>
<b>Deductible then 50%</b>	Deductible then 50%	Deductible then 50%	Deductible then 50%
<b>\$15,000/\$30,000 (E)</b>	<b>\$15,000/\$30,000 (E)</b>	<b>\$15,000/\$30,000 (E)</b>	<b>\$15,000/\$30,000 (E)</b>
<b>Deductible then \$35</b>	Deductible then 25%	Deductible then 25%	Deductible then 25%
<b>Deductible then \$65</b>	Deductible then 25%	Deductible then 25%	Deductible then 25%
<b>Deductible then \$0</b>	Deductible then \$0	Deductible then \$0	Deductible then \$0
<b>Deductible then \$75</b>	Deductible then 25%	Deductible then 25%	Deductible then 25%
<b>Deductible then \$300</b>	Deductible then 25%	Deductible then 25%	Deductible then 25%
<b>Deductible then \$350</b>	Deductible then 25%	Deductible then 25%	Deductible then 25%
<b>Deductible then \$400</b>	Deductible then 25%	Deductible then 25%	Deductible then 25%
<b>Deductible then \$1,500</b>	Deductible then 25%	Deductible then 25%	Deductible then 25%
<b>Deductible then \$15/\$50/50%</b>	Deductible then \$15/\$50/50%	Deductible then \$15/\$50/50%	Deductible then \$15/\$50/50%
<b>Health Extras<sup>SM</sup> or Nutrition</b>	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup>	Health Extras <sup>SM</sup> or Nutrition
<b>IHC</b>	IHC	IHC + United Nationally	IHC + United Nationally
\$744.06	\$762.06	\$969.90	\$832.79
\$1,264.90	\$1,295.50	\$1,648.83	\$1,415.74
\$1,488.12	\$1,524.12	\$1,939.80	\$1,665.58
\$2,120.57	\$2,171.87	\$2,764.22	\$2,373.45

1. OON coverage applies to non-participating providers outside Independent Health's service area.  
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4. Subscribers must reside within Independent Health's 23-county network area.

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# 2026 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
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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
Q1 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

iDirect Bronze Coinsurance HSAQ	iDirect Bronze MV HSAQ	<b>NEW!</b> iDirect Bronze MV
HealthEquity	HealthEquity	
N/A	N/A	N/A
<b>\$6,000/\$12,000 (E)</b>	<b>\$8,450/\$16,900 (E)</b>	<b>\$10,600/\$21,200 (E)</b>
Deductible then 50%	0%	0%
\$7,500/\$15,000 (E)	<b>\$8,450/\$16,900 (E)</b>	<b>\$10,600/\$21,200 (E)</b>
<b>\$12,500/\$25,000 (E)</b>	<b>\$12,500/\$25,000 (E)</b>	<b>\$12,500/\$25,000 (E)</b>
Deductible then 50%	Deductible then 50%	<b>Deductible then 50%</b>
<b>\$25,000/\$50,000 (E)</b>	<b>\$25,000/\$50,000 (E)</b>	<b>\$25,000/\$50,000 (E)</b>
Deductible then 50%	Deductible then \$0	<b>\$30</b>
Deductible then 50%	Deductible then \$0	<b>Deductible then \$0</b>
Deductible then \$0	Deductible then \$0	<b>\$0</b>
Deductible then 50%	Deductible then \$0	<b>Deductible then \$0</b>
Deductible then 50%	Deductible then \$0	<b>Deductible then \$0</b>
Deductible then 50%	Deductible then \$0	<b>Deductible then \$0</b>
Deductible then 50%	Deductible then \$0	<b>Deductible then \$0</b>
Deductible then 50%	Deductible then \$0	<b>Deductible then \$0</b>
Deductible then 50%	Deductible then \$0	<b>Deductible then \$0</b>
Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition	<b>Health Extras<sup>SM</sup> or Nutrition</b>
IHC	IHC	<b>IHC</b>
\$691.14	\$678.54	\$650.98
\$1,174.94	\$1,153.52	\$1,106.67
\$1,382.28	\$1,357.08	\$1,301.96
\$1,969.75	\$1,933.84	\$1,855.29

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

(E) = Embedded Deductible or Out-of-Pocket Maximum  
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

**Bolded items** indicate updated changes since the 2025 plan year.

# 2026 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
Q1 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
<b>\$6,000/\$12,000 (E)</b>	<b>\$6,000/\$12,000 (E)</b>
Deductible then 50%	Deductible then 50%
\$7,500/\$15,000 (E)	\$7,500/\$15,000 (E)
HealthEquity	HealthEquity
<b>\$12,500/\$25,000 (E)</b>	<b>\$12,500/\$25,000 (E)</b>
Deductible then 50%	Deductible then 50%
<b>\$25,000/\$50,000 (E)</b>	<b>\$25,000/\$50,000 (E)</b>
HealthEquity	HealthEquity
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%
HealthEquity	HealthEquity
Deductible then 50%	Deductible then 50%
HealthEquity	HealthEquity
Health Extras <sup>SM</sup>	Health Extras <sup>SM</sup> or Nutrition
IHC + United Nationally	IHC + United Nationally
HealthEquity	HealthEquity
\$880.13	\$755.75
\$1,496.22	\$1,284.78
\$1,760.26	\$1,511.50
\$2,508.37	\$2,153.89

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

(E) = Embedded Deductible or Out-of-Pocket Maximum  
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

**Bolded items** indicate updated changes since the 2025 plan year.

# 2026 Small Group Plans

## HEALTHY NY



### Standard Healthy NY Gold<sup>3</sup>

IN-NETWORK (IN)	
First Dollar Coverage	N/A
Deductible	<b>\$775/\$1,550 (E)</b>
Coinsurance	0%
Out-of-Pocket Max.	<b>\$10,150/\$20,300 (E)</b>
OUT-OF-NETWORK (OON) <sup>1</sup>	
Deductible	<b>\$7,500/\$15,000 (E)</b>
Coinsurance	Deductible then 50%
Out-of-Pocket Max.	<b>\$15,000/\$30,000 (E)</b>
MEDICAL SERVICES	
Primary Care Office Visit	Deductible then \$25
Specialist Office Visit	Deductible then \$40
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc® providers only) For Dermatology telemedicine refer to the plan's benefit summary	\$0
Urgent Care	Deductible then \$60
Emergency Room Services	Deductible then \$150
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then \$100
Outpatient Procedures Performed in a Hospital	Deductible then \$100
Inpatient Hospital Services (per admission)	Deductible then \$1,000
PRESCRIPTION DRUGS	
Pharmacy <sup>2</sup>	\$10/\$35/\$70
PRODUCT DETAILS	
Wellness Benefits	Health Extras <sup>SM</sup> or Nutrition
Network	IHC
Q1 RATES	
Employee Rate	\$796.44
Employee & Child(ren) Rate	\$1,353.95
Employee & Spouse Rate	\$1,592.88
Family Rate	\$2,269.85

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

(E) = Embedded Deductible or Out-of-Pocket Maximum  
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

**Bolded items** indicate updated changes since the 2025 plan year.

## MORE REASONS TO REDSHIRT.

Supporting the health and well-being of your employees means providing the high-quality coverage they need, the leading RedShirt service they deserve and going above and beyond with a wide range of unique health benefits<sup>5</sup> they want. With convenient access to tools, resources, savings and more, we make achieving better health easier.

### \$250 HEALTH EXTRAS<sup>SM</sup> VISA<sup>®</sup>

A debit card to pay for healthy goods and services.



### EARN \$1,000 BACK

Nutrition Benefit<sup>6</sup> pays members back for buying fresh fruits and vegetables.



### EARN UP TO \$30 IN REDSHIRT REWARDS<sup>SM</sup>

Get rewarded<sup>7</sup> 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!

### 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.



### \$0 PREVENTIVE RX

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



### TELEMEDICINE<sup>5</sup>

When members can't reach their primary care physician, Teladoc<sup>®</sup> puts them in touch with a board-certified doctor by phone, mobile app or online video.

**PLUS** — **Vision Discounts** with EyeMed providers and **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), **e-pay** (pay plan bills electronically) and more!

# WHERE DEDICATION AND VALUE DRIVE RESULTS.

At Independent Health, our focus is on the personalized, one-on-one attention our members, employers and brokers have come to count on. It starts with an unwavering commitment to doing what's right and working hard to make health care experiences easier through an extensive product portfolio, high-quality coverage and the market-leading RedShirt service you deserve.

**9 OUT OF 10**  
**EMPLOYERS**  
are satisfied with  
**Independent Health<sup>8</sup>**

**9 OUT OF 10**  
**MEMBERS**  
are satisfied and  
would re-enroll with  
**Independent Health<sup>8</sup>**

**96%**  
of **EMPLOYERS**  
would recommend  
**Independent Health<sup>8</sup>**



**THREE YEARS IN A ROW!**  
Independent Health was rated  
**5 OUT OF 5**  
in NCQA's commercial Health  
Plan Ratings from 2023 to 2025.



**RANKED 4 STARS**  
in the NYS Consumer Rating  
Guide for **Medicaid** and  
**Child Health Plus** health plans.



Independent Health's  
Commercial Employer  
**NET PROMOTER  
SCORE (NPS)<sup>9</sup>**

**You Deserve the RedShirt Treatment.<sup>®</sup>**  
Call our RedShirts today at **1-800-453-1910**.  
**[independenthealth.com](https://independenthealth.com)**



5. Benefits vary by plan.

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

7. 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.

8. 2024 Consumer and Employer Blinded Stakeholder Studies and 2025 Broker Stakeholder Study.

9. 2024 Independent Health EmployerStakeholder Survey, Large Group NPS.