

INDEPENDENT HEALTH'S 2027

SMALL GROUP PORTFOLIO

FIRST QUARTER

The RedShirt® Difference.

Making a difference starts with being there for you and your employees with the right plans and one-on-one support that helps drive the health of your business. Backed by more than 45 years of experience and deep roots in the Western New York community, we're committed to supporting you every step of the way.

It's all part of the RedShirt® Treatment.



COST-SAVING BENEFITS

More Ways to Get Care and Save — All Backed by Local RedShirtsSM

NEW *for* **2027**

3 PRIMARY CARE OFFICE VISITS NOW AT \$0 — NOT SUBJECT TO THE DEDUCTIBLE

for Nine (9) Non-HSA
Non-Standard Plans

IDIRECT[®] BRONZE — OPTION 2 NON-HSAQ PLAN

- Three \$0 PCP Visits,
then \$30 Visits
- Tier 1 Rx at \$10 Copay
Not Subject to the Deductible

TELADOC[®] SERVICES — NOW \$0 MEMBER COST SHARE FOR ALL PLANS*

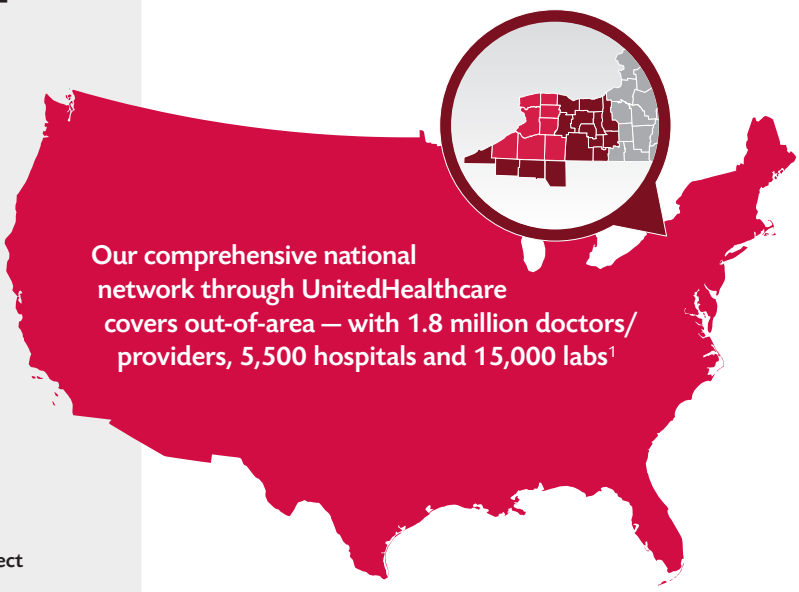
- Access to General Medical,
Behavioral Health and
Dermatology Services

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

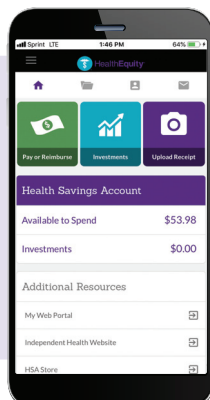
**Our local and national
network agreements have
your employees covered**
when and where they need it —
regardless of their location, no
matter where they live or travel.

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 1.8 million doctors/
providers, 5,500 hospitals and 15,000 labs¹



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

It's the hassle-free way to pay for qualified health expenses that's easy for employers and their employees — **with no admin fees**, robust investment options and integrated enrollment, claims, payment and tracking.

HealthEquity[®]

2027 Small Group Plans



PLATINUM LEVEL

FlexFit Platinum

iDirect Platinum Coinsurance

Passport Plan Local Platinum⁴

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 & Dermatology Services (participating Teladoc® providers only)

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

Q1 RATES

Employee Rate

Employee & Child(ren) Rate

Employee & Spouse Rate

Family Rate

N/A

\$0

0%

\$6,000/\$12,000 (E)

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

20%

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

3 PCP visits at \$0,
then \$10

\$40

\$0

\$100

\$250

\$250

\$300

\$750

\$10/\$50/50%

Health ExtrasSM
or Nutrition

IHC

\$1,142.64

\$1,942.49

\$2,285.28

\$3,256.52

N/A

\$125/\$250 (T)

20%

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

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

50%

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

3 PCP visits at \$0,
then 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 ExtrasSM
or Nutrition

IHC

\$1,095.62

\$1,862.55

\$2,191.24

\$3,122.52

N/A

\$125/\$250 (T)

20%

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

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

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 ExtrasSM
or Nutrition

IHC + United
Nationally

\$1,186.02

\$2,016.23

\$2,372.04

\$3,380.16

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 2026 plan year.

2027 Small Group Plans



GOLD LEVEL

GOLD LEVEL PLANS CONTINUED ON NEXT PAGE »

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 & Dermatology Services (participating Teladoc® providers only)
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 ²
PRODUCT DETAILS
Wellness Benefits
Network
Q1 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

Activate Gold	FlexFit Gold	iDirect Gold Copay
\$750/\$1,500	N/A	N/A
\$1,700/\$3,400 (E)	\$0	\$1,700/\$3,400 (T)
25%	0%	0%
\$7,950/\$15,900 (E)	\$8,500/\$17,000 (E)	\$7,000/\$14,000 (E)
\$7,500/\$15,000 (E)	\$7,500/\$15,000 (T)	\$7,500/\$15,000 (T)
50%	50%	50%
\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)
\$20 Copayment after first dollar and deductible	3 PCP visits at \$0 , then \$40	3 PCP visits at \$0 , then \$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/\$75/50%	\$10/\$75/50%
Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	IHC	IHC
\$943.00	\$1,038.92	\$988.72
\$1,603.10	\$1,766.16	\$1,680.82
\$1,886.00	\$2,077.84	\$1,977.44
\$2,687.55	\$2,960.92	\$2,817.85

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2027 Small Group Plans



GOLD 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 & Dermatology Services (participating Teladoc® providers only)
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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 ²
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	iDirect Gold Copay HSAQ Option 2
HealthEquity		
N/A	N/A	N/A
\$1,050/\$2,100 (T)	\$1,750/\$3,500 (T)	\$2,250/\$4,500 (T)
0%	0%	0%
\$8,500/\$17,000 (E)	\$6,000/\$12,000 (E)	\$6,250/\$12,500 (E)
HealthEquity		
\$7,500/\$15,000 (T)	\$7,500/\$15,000 (T)	\$7,500/\$15,000 (T)
50%	50%	50%
\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)
HealthEquity		
3 PCP visits at \$0 , then deductible then \$25	Deductible then \$20	Deductible then \$20
Deductible then \$40	Deductible then \$50	Deductible then \$50
\$0	\$0	\$0
Deductible then \$75	Deductible then \$75	Deductible then \$75
Deductible then \$250	Deductible then \$200	Deductible then \$200
Deductible then \$300	Deductible then \$325	Deductible then \$325
Deductible then \$350	Deductible then \$375	Deductible then \$375
Deductible then \$1,500	Deductible then \$750	Deductible then \$750
HealthEquity		
\$10/ \$50 /50%	Deductible then \$10/\$40/50%	Deductible then \$10/\$40/50%
HealthEquity		
Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	IHC	IHC
HealthEquity		
\$1,000.62	\$961.63	\$938.52
\$1,701.05	\$1,634.77	\$1,595.48
\$2,001.24	\$1,923.26	\$1,877.04
\$2,851.77	\$2,740.65	\$2,674.78

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2027 Small Group Plans



GOLD 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 & Dermatology Services (participating Teladoc® providers only)
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 ²
PRODUCT DETAILS
Wellness Benefits
Network
Q1 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

iDirect Gold Coinsurance HSAQ	Passport Plan National Gold HSAQ	Passport Plan Local Gold HSAQ ⁴
HealthEquity	HealthEquity	HealthEquity
N/A	N/A	N/A
\$1,750/\$3,500 (T)	\$1,750/\$3,500 (T)	\$1,750/\$3,500 (T)
20%	20%	20%
\$6,750/\$13,500 (E)	\$6,750/\$13,500 (E)	\$6,750/\$13,500 (E)
HealthEquity	HealthEquity	HealthEquity
\$7,500/\$15,000 (T)	\$7,500/\$15,000 (T)	\$7,500/\$15,000 (T)
50%	50%	50%
\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)
HealthEquity	HealthEquity	HealthEquity
Deductible then 20%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then 20%	Deductible then 20%
\$0	\$0	\$0
Deductible then 20%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then 20%	Deductible then 20%
HealthEquity	HealthEquity	HealthEquity
Deductible then \$10/20%/50%	Deductible then \$10/20%/50%	Deductible then \$10/20%/50%
HealthEquity	HealthEquity	HealthEquity
Health Extras SM or Nutrition	Health Extras SM	Health Extras SM or Nutrition
IHC	IHC + United Nationally	IHC + United Nationally
HealthEquity	HealthEquity	HealthEquity
\$919.20	\$1,255.51	\$1,002.67
\$1,562.64	\$2,134.37	\$1,704.54
\$1,838.40	\$2,511.02	\$2,005.34
\$2,619.72	\$3,578.20	\$2,857.61

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2027 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) ¹
Deductible
Coinsurance
Out-of-Pocket Max.
MEDICAL SERVICES
Primary Care Office Visit
Specialist Office Visit
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)
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 ²
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
\$3,500/\$7,000 (E)	\$4,000/\$8,000 (T)	\$3,500/\$7,000 (E)	\$3,000/\$6,000 (T)
40%	0%	0%	0%
\$10,600/\$21,200 (E)	\$12,000/\$24,000 (E)	\$10,600/\$21,200 (E)	\$8,500/\$17,000 (E)
\$7,500/\$15,000 (E)	\$7,500/\$15,000 (T)	\$7,500/\$15,000 (E)	\$7,500/\$15,000 (T)
50%	50%	50%	50%
\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)
\$35 Copayment after first dollar and deductible	3 PCP visits at \$0 , then deductible then \$35	3 PCP visits at \$0 , then deductible then \$30	Deductible then \$35
\$65 Copayment after first dollar and deductible	Deductible then \$65	Deductible then \$65	Deductible then \$65
\$0	\$0	\$0	\$0
\$75 Copayment after first dollar and deductible	Deductible then \$75	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 \$350	Deductible then \$425	Deductible then \$350
40% Coinsurance after first dollar and deductible	Deductible then \$400	Deductible then \$475	Deductible then \$400
40% Coinsurance after first dollar and deductible	Deductible then \$1,500	Deductible then \$1,500	Deductible then \$1,500
\$15/40%/50% after first dollar and deductible	\$15/\$50/50%	\$15/\$75/ 50%	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
\$813.55	\$850.33	\$873.54	\$854.68
\$1,383.04	\$1,445.56	\$1,485.02	\$1,452.96
\$1,627.10	\$1,700.66	\$1,747.08	\$1,709.36
\$2,318.62	\$2,423.44	\$2,489.59	\$2,435.84

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2027 Small Group Plans

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 & Dermatology Services (participating Teladoc® providers only)
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 ²
PRODUCT DETAILS
Wellness Benefits
Network
Q1 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

iDirect Silver Copay HSAQ Option 2	iDirect Silver Coinsurance HSAQ	Passport Plan National Silver HSAQ	Passport Plan Local Silver HSAQ ⁴
HealthEquity	HealthEquity	HealthEquity	HealthEquity
N/A	N/A	N/A	N/A
\$4,000/\$8,000 (T)	\$3,600/\$7,200 (T)	\$3,600/\$7,200 (T)	\$3,600/\$7,200 (T)
0%	25%	25%	25%
\$8,500/\$17,000 (E)	\$8,000/\$16,000 (E)	\$8,000/\$16,000 (E)	\$8,000/\$16,000 (E)
\$7,500/\$15,000 (T)	\$7,500/\$15,000 (T)	\$7,500/\$15,000 (T)	\$7,500/\$15,000 (T)
50%	50%	50%	50%
\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)	\$15,000/\$30,000 (E)
Deductible then \$35	Deductible then 25%	Deductible then 25%	Deductible then 25%
Deductible then \$65	Deductible then 25%	Deductible then 25%	Deductible then 25%
\$0	\$0	\$0	\$0
Deductible then \$75	Deductible then 25%	Deductible then 25%	Deductible then 25%
Deductible then \$300	Deductible then 25%	Deductible then 25%	Deductible then 25%
Deductible then \$350	Deductible then 25%	Deductible then 25%	Deductible then 25%
Deductible then \$400	Deductible then 25%	Deductible then 25%	Deductible then 25%
Deductible then \$1,500	Deductible then 25%	Deductible then 25%	Deductible then 25%
Deductible then \$15/\$50/50%	Deductible then \$15/\$50/50%	Deductible then \$15/\$50/50%	Deductible then \$15/\$50/50%
Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM	Health Extras SM or Nutrition
IHC	IHC	IHC + United Nationally	IHC + United Nationally
\$823.29	\$816.07	\$1,111.26	\$889.68
\$1,399.59	\$1,387.32	\$1,889.14	\$1,512.46
\$1,646.58	\$1,632.14	\$2,222.52	\$1,779.36
\$2,346.38	\$2,325.80	\$3,167.09	\$2,535.59

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2027 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) ¹
Deductible
Coinsurance
Out-of-Pocket Max.
MEDICAL SERVICES
Primary Care Office Visit
Specialist Office Visit
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)
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 ²
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	iDirect Bronze MV
HealthEquity	HealthEquity	
N/A	N/A	N/A
\$6,250/\$12,500 (E)	\$8,700/\$17,400 (E)	\$11,750/\$23,500 (E)
50%	0%	0%
\$8,000/\$16,000 (E)	\$8,700/\$17,400 (E)	\$11,750/\$23,500 (E)
\$12,500/\$25,000 (E)	\$12,500/\$25,000 (E)	\$12,500/\$25,000 (E)
50%	50%	50%
\$25,000/\$50,000 (E)	\$25,000/\$50,000 (E)	\$25,000/\$50,000 (E)
Deductible then 50%	Deductible then \$0	3 PCP visits at \$0, then deductible then \$0
Deductible then 50%	Deductible then \$0	Deductible then \$0
\$0	\$0	\$0
Deductible then 50%	Deductible then \$0	Deductible then \$0
Deductible then 50%	Deductible then \$0	Deductible then \$0
Deductible then 50%	Deductible then \$0	Deductible then \$0
Deductible then 50%	Deductible then \$0	Deductible then \$0
Deductible then 50%	Deductible then \$0	Deductible then \$0
Deductible then 50%	Deductible then \$0	Deductible then \$0
Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	IHC	IHC
\$737.27	\$731.63	\$694.53
\$1,253.36	\$1,243.77	\$1,180.70
\$1,474.54	\$1,463.26	\$1,389.06
\$2,101.22	\$2,085.15	\$1,979.41

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2027 Small Group Plans



BRONZE 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 & Dermatology Services (participating Teladoc® providers only)
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Inpatient Hospital Services (per admission)
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Q1 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

NEW!
iDirect
Bronze
Option 2

Passport Plan
National
Bronze
HSAQ

Passport Plan
Local
Bronze
HSAQ⁴

	HealthEquity	HealthEquity
N/A	N/A	N/A
\$10,500/\$21,000 (E)	\$6,250/\$12,500 (E)	\$6,250/\$12,500 (E)
0%	50%	50%
\$10,500/\$21,000 (E)	\$8,000/\$16,000 (E)	\$8,000/\$16,000 (E)
\$12,500/\$25,000 (E)	\$12,500/\$25,000 (E)	\$12,500/\$25,000 (E)
50%	50%	50%
\$25,000/\$50,000 (E)	\$25,000/\$50,000 (E)	\$25,000/\$50,000 (E)
3 PCP visits at \$0, then \$30	Deductible then 50%	Deductible then 50%
Deductible then \$0	Deductible then 50%	Deductible then 50%
\$0	\$0	\$0
Deductible then \$0	Deductible then 50%	Deductible then 50%
Deductible then \$0	Deductible then 50%	Deductible then 50%
Deductible then \$0	Deductible then 50%	Deductible then 50%
Deductible then \$0	Deductible then 50%	Deductible then 50%
Deductible then \$0	Deductible then 50%	Deductible then 50%
\$10/Deductible then \$0/ Deductible then \$0	Deductible then 50%	Deductible then 50%
Health ExtrasSM or Nutrition	Health Extras SM	Health Extras SM or Nutrition
IHC	IHC + United Nationally	IHC + United Nationally
\$733.17	\$1,005.82	\$805.01
\$1,246.39	\$1,709.89	\$1,368.52
\$1,466.34	\$2,011.64	\$1,610.02
\$2,089.53	\$2,866.59	\$2,294.28

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 2026 plan year.

2027 Small Group Plans

HEALTHY NY



Standard Healthy NY Gold³

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 & Dermatology Services (participating Teladoc® providers only)
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 ²
PRODUCT DETAILS
Wellness Benefits
Network
Q1 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

N/A
\$1,200/\$2,400 (E)
0%
\$12,000/\$24,000 (E)
\$7,500/\$15,000 (E)
50%
\$15,000/\$30,000 (E)
Deductible then \$25
Deductible then \$40
\$0
Deductible then \$60
Deductible then \$150
Deductible then \$100
Deductible then \$100
Deductible then \$1,000
\$10/\$35/\$70
Health Extras SM or Nutrition
IHC
\$829.70
\$1,410.49
\$1,659.40
\$2,364.65

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 2026 plan year.

BENEFITS BACKED BY THE REDSHIRT® DIFFERENCE.

The **RedShirt Difference** combines quality coverage, personalized support, unique health benefits,² helpful resources and exclusive savings to make it easier for employees to get the care they need and stay on track with their health goals.

\$250 HEALTH EXTRASSM VISA[®]

A debit card to pay for healthy goods and services.



EARN \$1,000 BACK

Nutrition Benefit³ pays members back for buying fresh fruits and vegetables.



EARN UP TO \$30 IN REDSHIRT REWARDSSM

Get rewarded⁴ 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.



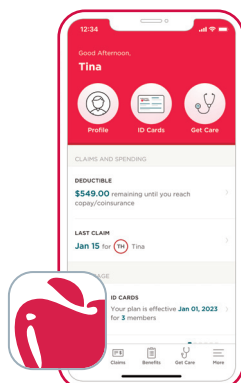
TELEMEDICINE

Teladoc[®] is ready to help when members can't reach their primary care physician or other provider — now with **\$0 copays** for common medical, mental health and dermatology consultations.

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

WHERE COMMITMENT DRIVES 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 Health⁵

9 OUT OF 10

MEMBERS

are satisfied and
would re-enroll with
Independent Health⁶

9 OUT OF 10

EMPLOYERS

would recommend
Independent Health⁵



FOUR YEARS IN A ROW!

Independent Health was rated

5 OUT OF 5

in NCQA's commercial Health
Plan Ratings from 2023 to 2026.



RANKED 4 STARS

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



**Independent Health's
Consumer Net Promoter
Score (NPS)⁷**

Compared to the 2026 JD Power
Commercial Member Health Plan
national average of 21 NPS.

You Deserve the RedShirt Treatment.®

Call our RedShirts today at **1-800-453-1910**.

independenthealth.com



* Effective upon plan renewal. \$0 visits for non-HSAQ and HSAQ plans — not subject to the deductible.

1. UnitedHealthcare network analysis.

2. Benefits vary by plan.

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

4. 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.

5. Independent Health Stakeholder Research, five-year average 2021-2025, Commercial and Self-funded lines of business.

6. Independent Health Voice of Customer Research, five-year average 2021-2025, all lines of business.

7. Independent Health Voice of Customer Research, five-year average 2022-2026, all lines of business.