

Independent Health's 2025

INDIVIDUAL PRODUCTS



Independent Health Brings You High Quality and Trusted Support

**Making it easy for you to get and stay healthy.
That's the RedShirt® Treatment.**

Our experienced Sales team works hard to get the answers you need and make things easier so you can concentrate on getting and staying healthy. Just like we have for

45 years as WNY's locally-focused health plan.



HOW TO ENROLL

Contact us to schedule a personal appointment with one of our RedShirtsSM. We're always ready to assist you! Our RedShirts will help you understand all the plan options available to you, answer any questions and assist you with your enrollment. When you're ready, you can **enroll directly through Independent Health or the NY State of Health Marketplace**. Each enrollment option will walk you through all the required information you need to provide. If you need help at any step of the way, our RedShirts are here for you! Contact a helpful RedShirt[®] today!

ENROLLING DIRECTLY WITH INDEPENDENT HEALTH

At Independent Health, we make it easy for you to enroll directly with us in the health plan of your choice. A copy of Independent Health's enrollment application can be found in your sales kit, or you can print a copy at www.independenthealth.com/individualapp. Once completed, send the application with your first month's premium payment (by check or money order) to Independent Health, P.O. Box 710, Buffalo, NY 14231. If you want to speak with a RedShirt or schedule an appointment, call (716) 505-8515 or 1-855-210-9930 (TTY: 711).

Did you know you're required to have pediatric dental coverage? Under the Essential Health Benefits provision of the Affordable Care Act, New York state requires the purchase of pediatric dental coverage when medical insurance is purchased outside of the Marketplace. You will be asked to verify that you have obtained pediatric dental coverage through a Marketplace-certified stand-alone dental plan, as this is not included in Independent Health's medical insurance.

ENROLLING THROUGH THE MARKETPLACE



The Marketplace acts as an online store for individuals. By providing some basic information, such as demographic information and current household income, the Marketplace will determine if you're eligible for financial assistance to help make coverage more affordable and for which health plans you or a family member qualify. This includes Medicaid, Child Health Plus (for children under the age of 19), the Essential Plan or a Qualified Health Plan.

If eligible for financial assistance, you could receive either the **Advanced Premium Tax Credit (APTC)**, which would reduce your monthly premium; or a **Cost Share Reduction (CSR)**, which would reduce your out-of-pocket expenses.

For questions about financial assistance or enrolling for health insurance coverage through the Marketplace, please call the NY State of Health Customer Service Center at 1-855-355-5777, Monday – Friday, 8 a.m. – 8 p.m., and Saturday, 9 a.m. – 1 p.m., or visit nystateofhealth.ny.gov. To seek assistance enrolling through the Marketplace with the help of an Independent Health RedShirt, call (716) 505-8515 or 1-855-210-9930 (TTY: 711).

WHEN TO ENROLL

Open Enrollment Period starts November 1, 2024 for New Members, November 16, 2024 for Existing Members – and ends January 31, 2025.

- If you enroll as a new member starting November 1 or change your health plan between November 16 and December 15, 2024, your new plan will become effective on January 1, 2025.
- If you enroll as a new member for the first time or change your health plan between December 16, 2024, and January 31, 2025, and your selection is made by the 15th of the month, your new plan will become effective on the 1st of the following month. Otherwise, your plan will become effective on the 1st of the subsequent month.

Special Enrollment Period (SEP) is a time outside of the Open Enrollment Period in which you are allowed to enroll in a health plan for the first time or change your health plan.

- You qualify for an SEP if you have a qualifying life event such as marriage, birth, or adoption of a child; loss of other health coverage; permanent move to New York or within New York from one county to another; or you're aging out of coverage.
- You have 60 days from the date of the qualifying event to select a health plan.
- If you do not qualify for an SEP you will be able to enroll in or change your health plan during the next Open Enrollment Period.
- If your SEP falls within the Open Enrollment Period, you may have to contact NY State of Health.

BRINGING YOU MORE REASONS TO REDSHIRT.®

Independent Health members can rely on the high-quality coverage they need, backed by the leading RedShirt service and support they deserve. With convenient access to tools, resources, member savings, community programs and a wide range of unique health benefits⁴, we make it even easier to get and stay healthy all year long.

\$250 HEALTH EXTRASSM VISA[®]

A debit card to pay for healthy goods and services.



EARN \$1,000 BACK

Nutrition Benefit⁵ pays members back for buying fresh fruits and vegetables.



EARN UP TO \$30 IN REDSHIRT REWARDSSM

Get rewarded⁶ 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

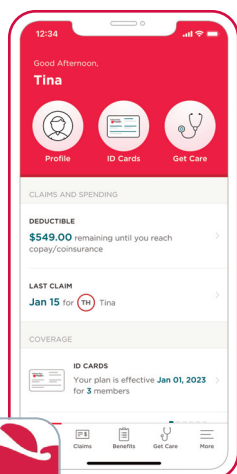
For cholesterol, blood pressure, diabetes, antidepressants and so much more.



Plus — Get **Vision Discounts** with EyeMed providers. Also available, **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), **Compare Medical and Rx Costs** (online compare tools), **e-pay** (pay plan bills electronically) and more!

INDEPENDENT HEALTH'S PROVIDER NETWORK

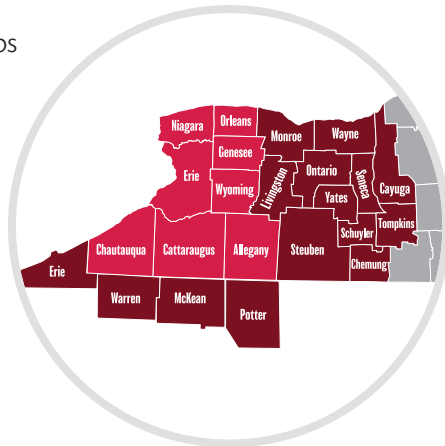
Independent Health's network has you covered when you need it and it's all backed by the RedShirt® Treatment.

The Independent Health Network

Provides in-network access to local providers in the 8 core counties of Western New York, plus 15 surrounding counties:

Western New York

- Access to all hospitals and labs
- More than 98% of WNY physicians¹
- Nearly all WNY pharmacies and more than 64,000 national pharmacies²



Regional New York

- Access to 15 hospitals and over 9,300 providers[†]

Regional Pennsylvania

- Access to 8 hospitals and over 1,500 providers[†]

 To search for a participating provider, facility or pharmacy, visit independenthealth.com/findadoctor

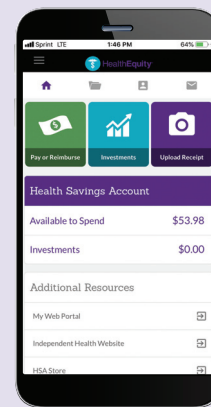


HealthEquity®

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.



9 OUT OF 10
MEMBERS ARE SATISFIED³

9 OUT OF 10
EMPLOYERS WOULD RECOMMEND
INDEPENDENT HEALTH³

100%
OF BROKERS WOULD RECOMMEND
INDEPENDENT HEALTH³

1. New York State Office of the Professions data and Independent Health contracted physicians.
2. Independent Health's participating pharmacy network as of August 2024.
3. 2023 Consumer and Employer Third Party Blinded Stakeholder Studies and 2024 Broker Stakeholder Study.
4. Benefits vary by plan.

Data subject to change without notification.

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

† Regional New York and Regional Pennsylvania networks as of August 2024.

2025 Individual Products



PLATINUM LEVEL

Available On Exchange?	Standard Platinum	FlexFit Platinum
	Yes	No
IN-NETWORK (IN)		
First Dollar Coverage	N/A	N/A
Deductible	\$0	\$0
Coinsurance	0%	0%
Out-of-Pocket Max.	\$2,000/\$4,000 (E)	\$5,250/\$10,500 (E)
MEDICAL SERVICES		
Primary Care	\$15	\$10
Specialist Office Visit	\$35	\$40
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc® providers only); For Dermatology telemedicine refer to the plan's benefit summary	\$0	\$0
Urgent Care	\$55	\$75
Emergency Room Services	\$100	\$250
Outpatient Procedures Performed in an Ambulatory Surgery Center	\$100	\$150
Outpatient Procedures Performed in a Hospital	\$100	\$200
Inpatient Hospital Services (per admission)	\$500	\$500
Routine/Refractive Exam	\$40	\$40
PRESCRIPTION DRUGS		
Pharmacy ⁸	\$10/\$30/\$60	\$5/\$30/50%
PRODUCT DETAILS		
Wellness Benefits	Health Extras SM or Nutrition	Health Extras SM or Nutrition
Network	IHC	IHC
RATES		
Individual Rate	\$1,246.93	\$1,182.68
Individual and Child(ren) Rate	\$2,119.78	\$2,010.56
Individual and Spouse Rate	\$2,493.86	\$2,365.36
Child Only Rate (covered up to the end of the year in which the child turns 21)	\$513.74	N/A
Family Rate	\$3,553.75	\$3,370.64
AGE 29 RATES		
Individual Rate	\$1,258.95	\$1,194.07
Individual and Child(ren) Rate	\$2,140.22	\$2,029.92
Individual and Spouse Rate	\$2,517.90	\$2,388.14
Family Rate	\$3,588.01	\$3,403.10

7. Subscriber must be under the age of 30 at the beginning of the plan year or meet federal eligibility requirements.

8. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.

9. Deductible does not apply on first visit.

10. Deductible does not apply on first three visits.

*For all policies — Non-Participating Provider services are not Covered except as required for Emergency Care and Urgent Care

(E) = Embedded Deductible

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

Embedded — On a single policy, the single deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. On a family policy, once a family member meets the single deductible/out-of-pocket maximum, the deductible/out-of-pocket maximum is satisfied for that member.

Non-Embedded (True Family) — On a single policy, the single deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. On a family policy, the entire family deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. An individual on a family policy will NOT stop at the single deductible/out-of-pocket maximum.

2025 Individual Products



GOLD LEVEL

GOLD LEVEL PLANS CONTINUED ON NEXT PAGE »

Available On Exchange?
IN-NETWORK (IN)
First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.
MEDICAL SERVICES
Primary Care
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)
Routine/Refractive Exam
PRESCRIPTION DRUGS
Pharmacy ⁸
PRODUCT DETAILS
Wellness Benefits
Network
RATES
Individual Rate
Individual and Child(ren) Rate
Individual and Spouse Rate
Child Only Rate (covered up to the end of the year in which the child turns 21)
Family Rate
AGE 29 RATES
Individual Rate
Individual and Child(ren) Rate
Individual and Spouse Rate
Family Rate

Standard Gold	iDirect Gold Copay
Yes	No
N/A	N/A
\$600/\$1,200 (E)	\$1,250/\$2,500 (T)
0%	0%
\$7,900/\$15,800 (E)	\$6,750/\$13,500 (E)
Deductible then \$25	\$20
Deductible then \$40	Deductible then \$50
\$0	\$0
Deductible then \$60	\$75
Deductible then \$150	Deductible then \$300
Deductible then \$100	Deductible then \$150
Deductible then \$100	Deductible then \$200
Deductible then \$1,000	Deductible then \$1,000
\$40	\$40
\$10/\$35/\$70	\$10/\$40/50%
Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	IHC
\$1,034.86	\$1,013.90
\$1,759.26	\$1,723.63
\$2,069.72	\$2,027.80
\$426.36	N/A
\$2,949.35	\$2,889.62
\$1,044.82	\$1,023.66
\$1,776.19	\$1,740.22
\$2,089.64	\$2,047.32
\$2,977.74	\$2,917.43

7. Subscriber must be under the age of 30 at the beginning of the plan year or meet federal eligibility requirements.

8. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.

9. Deductible does not apply on first visit.

10. Deductible does not apply on first three visits.

*For all policies — Non-Participating Provider services are not Covered except as required for Emergency Care and Urgent Care

(E) = Embedded Deductible

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

Embedded — On a single policy, the single deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. On a family policy, once a family member meets the single deductible/out-of-pocket maximum, the deductible/out-of-pocket maximum is satisfied for that member.

Non-Embedded (True Family) — On a single policy, the single deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. On a family policy, the entire family deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. An individual on a family policy will NOT stop at the single deductible/out-of-pocket maximum.

2025 Individual Products



GOLD LEVEL

iDirect Gold Copay HSAQ

HealthEquity

(CONTINUED)

Available On Exchange?	No
IN-NETWORK (IN)	
First Dollar Coverage	N/A
Deductible	\$1,650/\$3,300 (T)
Coinsurance	0%
Out-of-Pocket Max.	\$6,750/\$13,500 (E)
MEDICAL SERVICES	
Primary Care	Deductible then \$20
Specialist Office Visit	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
Urgent Care	Deductible then \$75
Emergency Room Services	Deductible then \$200
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then \$100
Outpatient Procedures Performed in a Hospital	Deductible then \$150
Inpatient Hospital Services (per admission)	Deductible then \$1,000
Routine/Refractive Exam	\$40
PRESCRIPTION DRUGS	
Pharmacy ⁸	Deductible then \$10/\$40/50%
PRODUCT DETAILS	
Wellness Benefits	Health Extras SM or Nutrition
Network	IHC
RATES	
Individual Rate	\$981.55
Individual and Child(ren) Rate	\$1,668.64
Individual and Spouse Rate	\$1,963.10
Child Only Rate (covered up to the end of the year in which the child turns 21)	N/A
Family Rate	\$2,797.42
AGE 29 RATES	
Individual Rate	\$990.99
Individual and Child(ren) Rate	\$1,684.68
Individual and Spouse Rate	\$1,981.98
Family Rate	\$2,824.32

7. Subscriber must be under the age of 30 at the beginning of the plan year or meet federal eligibility requirements.

8. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.

9. Deductible does not apply on first visit.

10. Deductible does not apply on first three visits.

*For all policies — Non-Participating Provider services are not Covered except as required for Emergency Care and Urgent Care

(E) = Embedded Deductible

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

Embedded — On a single policy, the single deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. On a family policy, once a family member meets the single deductible/out-of-pocket maximum, the deductible/out-of-pocket maximum is satisfied for that member.

Non-Embedded (True Family) — On a single policy, the single deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. On a family policy, the entire family deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. An individual on a family policy will NOT stop at the single deductible/out-of-pocket maximum.

2025 Individual Products



iDirect Silver Copay HSAQ

HealthEquity

SILVER LEVEL

SILVER LEVEL PLANS CONTINUED ON NEXT PAGE >

Available On Exchange?
IN-NETWORK (IN)
First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.
MEDICAL SERVICES
Primary Care
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)
Routine/Refractive Exam
PRESCRIPTION DRUGS
Pharmacy ⁸
PRODUCT DETAILS
Wellness Benefits
Network
RATES
Individual Rate
Individual and Child(ren) Rate
Individual and Spouse Rate
Child Only Rate (covered up to the end of the year in which the child turns 21)
Family Rate
AGE 29 RATES
Individual Rate
Individual and Child(ren) Rate
Individual and Spouse Rate
Family Rate

Standard Silver	No
Yes	No
N/A	N/A
\$2,100/\$4,200 (E)	\$2,000/\$4,000 (T)
0%	0%
\$9,200/\$18,400 (E)	\$7,500/\$15,000 (E)
Deductible then \$30 ⁹	Deductible then \$35
Deductible then \$65 ⁹	Deductible then \$60
\$0	Deductible then \$0
Deductible then \$70	Deductible then \$75
Deductible then \$500	Deductible then \$300
Deductible then \$150	Deductible then \$250
Deductible then \$150	Deductible then \$300
Deductible then \$1,500	Deductible then \$1,000
\$40	\$40
\$15/\$40/\$75	Deductible then \$15/\$50/50%
Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	IHC
\$848.25	\$810.18
\$1,442.03	\$1,377.31
\$1,696.50	\$1,620.36
\$349.47	N/A
\$2,417.51	\$2,309.01
\$856.42	\$818.00
\$1,455.91	\$1,390.60
\$1,712.84	\$1,636.00
\$2,440.80	\$2,331.30

7. Subscriber must be under the age of 30 at the beginning of the plan year or meet federal eligibility requirements.
 8. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.
 9. Deductible does not apply on first visit.
 10. Deductible does not apply on first three visits.

*For all policies — Non-Participating Provider services are not Covered except as required for Emergency Care and Urgent Care
 (E) = Embedded Deductible
 (T) = True Family (Non-Embedded) Deductible

Embedded — On a single policy, the single deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. On a family policy, once a family member meets the single deductible/out-of-pocket maximum, the deductible/out-of-pocket maximum is satisfied for that member.
 Non-Embedded (True Family) — On a single policy, the single deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. On a family policy, the entire family deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. An individual on a family policy will NOT stop at the single deductible/out-of-pocket maximum.

Bolded items indicate updated changes since the 2024 plan year.

2025 Individual Products



SILVER LEVEL

(CONTINUED)

Available On Exchange?	Max Silver
IN-NETWORK (IN)	No
First Dollar Coverage	N/A
Deductible	\$2,800/\$5,600 (T)
Coinsurance	0%
Out-of-Pocket Max.	\$8,000/\$16,000 (E)
MEDICAL SERVICES	
Primary Care	\$35
Specialist Office Visit	Deductible then \$60
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc [®] providers only); For Dermatology telemedicine refer to the plan's benefit summary	\$0
Urgent Care	\$75
Emergency Room Services	Deductible then \$300
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then \$250
Outpatient Procedures Performed in a Hospital	Deductible then \$300
Inpatient Hospital Services (per admission)	Deductible then \$1,000
Routine/Refractive Exam	\$40
PRESCRIPTION DRUGS	
Pharmacy ⁸	\$15/Deductible then \$50/Deductible then 50%
PRODUCT DETAILS	
Wellness Benefits	Health Extras SM or Nutrition
Network	IHC
RATES	
Individual Rate	\$804.55
Individual and Child(ren) Rate	\$1,367.74
Individual and Spouse Rate	\$1,609.10
Child Only Rate (covered up to the end of the year in which the child turns 21)	N/A
Family Rate	\$2,292.97
AGE 29 RATES	
Individual Rate	\$812.29
Individual and Child(ren) Rate	\$1,380.89
Individual and Spouse Rate	\$1,624.58
Family Rate	\$2,315.03

7. Subscriber must be under the age of 30 at the beginning of the plan year or meet federal eligibility requirements.

8. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.

9. Deductible does not apply on first visit.

10. Deductible does not apply on first three visits.

*For all policies — Non-Participating Provider services are not Covered except as required for Emergency Care and Urgent Care

(E) = Embedded Deductible

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

Embedded — On a single policy, the single deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. On a family policy, once a family member meets the single deductible/out-of-pocket maximum, the deductible/out-of-pocket maximum is satisfied for that member.

Non-Embedded (True Family) — On a single policy, the single deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. On a family policy, the entire family deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. An individual on a family policy will NOT stop at the single deductible/out-of-pocket maximum.

2025 Individual Products



BRONZE LEVEL

BRONZE LEVEL PLANS CONTINUED ON NEXT PAGE >

Available On Exchange?
IN-NETWORK (IN)
First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.
MEDICAL SERVICES
Primary Care
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)
Routine/Refractive Exam
PRESCRIPTION DRUGS
Pharmacy ⁸
PRODUCT DETAILS
Wellness Benefits
Network
RATES
Individual Rate
Individual and Child(ren) Rate
Individual and Spouse Rate
Child Only Rate (covered up to the end of the year in which the child turns 21)
Family Rate
AGE 29 RATES
Individual Rate
Individual and Child(ren) Rate
Individual and Spouse Rate
Family Rate

	Standard Bronze	iDirect Bronze MV
	Yes	No
	N/A	N/A
	\$3,800/\$7,600 (E)	\$9,200/\$18,400 (E)
	0%	0%
	\$9,200/\$18,400 (E)	\$9,200/\$18,400 (E)
	Deductible then \$50 ¹⁰	Deductible then \$0
	Deductible then \$75 ¹⁰	Deductible then \$0
	\$0	\$0
	Deductible then \$75	Deductible then \$0
	Deductible then \$500	Deductible then \$0
	Deductible then \$150	Deductible then \$0
	Deductible then \$150	Deductible then \$0
	Deductible then \$1,500	Deductible then \$0
	\$40	\$40
	Deductible then \$10/\$35/\$70	Deductible then \$0
	Health Extras SM or Nutrition	Health Extras SM or Nutrition
	IHC	IHC
	\$636.19	\$581.31
	\$1,081.52	\$988.23
	\$1,272.38	\$1,162.62
	\$262.11	N/A
	\$1,813.14	\$1,656.73
	\$642.32	\$586.91
	\$1,091.94	\$997.75
	\$1,284.64	\$1,173.82
	\$1,830.61	\$1,672.69

7. Subscriber must be under the age of 30 at the beginning of the plan year or meet federal eligibility requirements.

8. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.

9. Deductible does not apply on first visit.

10. Deductible does not apply on first three visits.

*For all policies — Non-Participating Provider services are not Covered except as required for Emergency Care and Urgent Care

(E) = Embedded Deductible

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

Embedded — On a single policy, the single deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. On a family policy, once a family member meets the single deductible/out-of-pocket maximum, the deductible/out-of-pocket maximum is satisfied for that member.

Non-Embedded (True Family) — On a single policy, the single deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. On a family policy, the entire family deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. An individual on a family policy will NOT stop at the single deductible/out-of-pocket maximum.

2025 Individual Products



iDirect Bronze Coinsurance HSAQ

HealthEquity

BRONZE LEVEL

(CONTINUED)

Available On Exchange?	No
IN-NETWORK (IN)	
First Dollar Coverage	N/A
Deductible	\$5,600/\$11,200 (E)
Coinsurance	50%
Out-of-Pocket Max.	\$7,500/\$15,000 (E)
MEDICAL SERVICES	
Primary Care	Deductible then 50%
Specialist Office Visit	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
Urgent Care	Deductible then 50%
Emergency Room Services	Deductible then 50%
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then 50%
Outpatient Procedures Performed in a Hospital	Deductible then 50%
Inpatient Hospital Services (per admission)	Deductible then 50%
Routine/Refractive Exam	\$40
PRESCRIPTION DRUGS	
Pharmacy ⁸	Deductible then 50%
PRODUCT DETAILS	
Wellness Benefits	Health Extras SM or Nutrition
Network	IHC
RATES	
Individual Rate	\$603.41
Individual and Child(ren) Rate	\$1,025.80
Individual and Spouse Rate	\$1,206.82
Child Only Rate (covered up to the end of the year in which the child turns 21)	N/A
Family Rate	\$1,719.72
AGE 29 RATES	
Individual Rate	\$609.21
Individual and Child(ren) Rate	\$1,035.66
Individual and Spouse Rate	\$1,218.42
Family Rate	\$1,736.25

7. Subscriber must be under the age of 30 at the beginning of the plan year or meet federal eligibility requirements.

8. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.

9. Deductible does not apply on first visit.

10. Deductible does not apply on first three visits.

*For all policies — Non-Participating Provider services are not Covered except as required for Emergency Care and Urgent Care

(E) = Embedded Deductible

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

Embedded — On a single policy, the single deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. On a family policy, once a family member meets the single deductible/out-of-pocket maximum, the deductible/out-of-pocket maximum is satisfied for that member.

Non-Embedded (True Family) — On a single policy, the single deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. On a family policy, the entire family deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. An individual on a family policy will NOT stop at the single deductible/out-of-pocket maximum.

CATASTROPHIC

Standard Catastrophic⁷

Available On Exchange?	Yes
IN-NETWORK (IN)	
First Dollar Coverage	N/A
Deductible	\$9,200/\$18,400 (E)
Coinsurance	0%
Out-of-Pocket Max.	\$9,200/\$18,400 (E)
MEDICAL SERVICES	
Primary Care	Deductible then \$0 ¹⁰
Specialist Office Visit	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
Urgent Care	Deductible then \$0
Emergency Room Services	Deductible then \$0
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then \$0
Outpatient Procedures Performed in a Hospital	Deductible then \$0
Inpatient Hospital Services (per admission)	Deductible then \$0
Routine/Refractive Exam	\$40
PRESCRIPTION DRUGS	
Pharmacy ⁸	Deductible then \$0
PRODUCT DETAILS	
Wellness Benefits	Health Extras SM or Nutrition
Network	IHC
RATES	
Individual Rate	\$371.85
Individual and Child(ren) Rate	\$632.15
Individual and Spouse Rate	\$743.70
Child Only Rate (covered up to the end of the year in which the child turns 21)	N/A
Family Rate	\$1,059.77
AGE 29 RATES	
Individual Rate	N/A
Individual and Child(ren) Rate	N/A
Individual and Spouse Rate	N/A
Family Rate	N/A

7. Subscriber must be under the age of 30 at the beginning of the plan year or meet federal eligibility requirements.

8. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.

9. Deductible does not apply on first visit.

10. Deductible does not apply on first three visits.

*For all policies — Non-Participating Provider services are not Covered except as required for Emergency Care and Urgent Care

(E) = Embedded Deductible

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

Embedded — On a single policy, the single deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. On a family policy, once a family member meets the single deductible/out-of-pocket maximum, the deductible/out-of-pocket maximum is satisfied for that member.

Non-Embedded (True Family) — On a single policy, the single deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. On a family policy, the entire family deductible/out-of-pocket maximum must be met before Independent Health provides reimbursement for covered services. An individual on a family policy will NOT stop at the single deductible/out-of-pocket maximum.