

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)¹

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

Pharmacy²

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

HealthEquity	HealthEquity
N/A	N/A
\$5,600/\$11,200 (E)	\$8,050/\$16,100 (E)
Deductible then 50%	0%
\$7,500/\$15,000 (E)	\$8,050/\$16,100 (E)
\$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 SM or Nutrition	Health Extras SM or Nutrition
IHC	IHC
\$595.25	\$584.26
\$1,011.93	\$993.24
\$1,190.50	\$1,168.52
\$1,696.46	\$1,665.14

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)¹

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 ²

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 HSAQ⁴

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 SM	Health Extras SM or Nutrition
IHC + United Nationally	IHC + United Nationally
\$845.84	\$763.58
\$1,437.93	\$1,298.09
\$1,691.68	\$1,527.16
\$2,410.64	\$2,176.20

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