2025 Small Group Plans

PLATINUM LEVEL

PLATINUM LEVEL PLANS CONTINUED ON NEXT PAGE »

Independent Health

	FlexFit Platinum	FlexFit Platinum Option 2
IN-NETWORK (IN)		
First Dollar Coverage	N/A	N/A
Deductible	$0	$0
Coinsurance	0%	0%
Out-of-Pocket Max.	$5,250/$10,500 (E)	**$4,000/$8,000 (E)**
OUT-OF-NETWORK (OON)[1]		
Deductible	$5,000/$10,000 (T)	$5,000/$10,000 (T)
Coinsurance	Deductible then 20%	Deductible then 20%
Out-of-Pocket Max.	$10,000/$20,000 (E)	$10,000/$20,000 (E)
MEDICAL SERVICES		
Primary Care Office Visit	$10	$10
Specialist Office Visit	$40	$25
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc® providers only) For Dermatology telemedicine refer to the plan's benefit summary	$0	$0
Urgent Care	$75	$75
Emergency Room Services	**$250**	**$250**
Outpatient Procedures Performed in an Ambulatory Surgery Center	**$150**	**$150**
Outpatient Procedures Performed in a Hospital	**$200**	**$200**
Inpatient Hospital Services (per admission)	$500	$500
PRESCRIPTION DRUGS		
Pharmacy[2]	$5/$30/50%	$5/$30/$100
PRODUCT DETAILS		
Wellness Benefits	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition
Network	IHC	IHC
Q1 RATES		
Employee Rate	$933.29	$955.18
Employee & Child(ren) Rate	$1,586.59	$1,623.81
Employee & Spouse Rate	$1,866.58	$1,910.36
Family Rate	$2,659.88	$2,722.26

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

PLATINUM LEVEL

(CONTINUED)

Independent Health

	Passport Plan National Platinum	Passport Plan Local Platinum[4]
IN-NETWORK (IN)		
First Dollar Coverage	N/A	N/A
Deductible	$0	$0
Coinsurance	0%	0%
Out-of-Pocket Max.	**$4,500/$9,000 (E)**	**$4,500/$9,000 (E)**
OUT-OF-NETWORK (OON)[1]		
Deductible	$5,000/$10,000 (T)	$5,000/$10,000 (T)
Coinsurance	Deductible then 50%	Deductible then 50%
Out-of-Pocket Max.	$10,000/$20,000 (E)	$10,000/$20,000 (E)
MEDICAL SERVICES		
Primary Care Office Visit	$15	$15
Specialist Office Visit	$45	$45
Telemedicine — General Medical & Behavioral Health Services (participating Teladoc® providers only) For Dermatology telemedicine refer to the plan's benefit summary	$0	$0
Urgent Care	$75	$75
Emergency Room Services	**$200**	**$200**
Outpatient Procedures Performed in an Ambulatory Surgery Center	**$150**	**$150**
Outpatient Procedures Performed in a Hospital	**$200**	**$200**
Inpatient Hospital Services (per admission)	$500	$500
PRESCRIPTION DRUGS		
Pharmacy[2]	$5/$30/50%	$5/$30/50%
PRODUCT DETAILS		
Wellness Benefits	Health Extras℠	Health Extras℠ or Nutrition
Network	IHC + United Nationally	IHC + United Nationally
Q1 RATES		
Employee Rate	$1,353.95	$1,220.03
Employee & Child(ren) Rate	$2,301.72	$2,074.05
Employee & Spouse Rate	$2,707.90	$2,440.06
Family Rate	$3,858.76	$3,477.09

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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.