

Independent Health's

2023 SMALL GROUP PORTFOLIO

FIRST QUARTER



INDEPENDENT HEALTH IS THE SMART BUSINESS DECISION

Making it easy for the health of your business and your employees with low-cost plans and less hassle. All with the RedShirt® Treatment.

With an average of nearly 20 years' experience², our tenured Sales team works hard to get the answers you need and make things easier so you can concentrate on the health of your business. Just like we have for **over 40 years as WNY's locally-focused** health plan.



A HEALTHIER BUSINESS. THAT'S THE REDSHIRT TREATMENT.

LOWEST RATES FOR THE PLANS PEOPLE WANT

On average, Independent Health has the lowest rates for plans in the Platinum and Gold tiers for 2023¹. That means less money out of the pockets of small business employers and employees, without reducing the benefits employees rely on.



NEW 2023 LOW-Deductible PLAN

IDIRECT[®] GOLD COPAY OPTION 3

- Very Low \$600 Deductible
- Lower Cost Alternative to Platinum

CONVENIENT, INNOVATIVE APP-BASED PLAN



thRedSM connects care, service and rewards

- Smartphone Friendly for Employees' Busy Lifestyles
- thRed Coordinator Helps With Integrated Care Navigation
- Access to More Than 30 General Physician, PC (GPPC) Doctors
- Earn up to \$550 in Healthy thRed Rewards

9 OUT OF 10

MEMBERS ARE
SATISFIED³

9 OUT OF 10

EMPLOYERS WOULD
RECOMMEND
INDEPENDENT HEALTH³

100%

OF BROKERS WOULD
RECOMMEND
INDEPENDENT HEALTH³

OUR NETWORK HAS EMPLOYEES COVERED

- Access to all WNY hospitals, labs and pharmacies — along with more than 64,000 national pharmacies⁴
- Enhanced access in **Rochester and Northern PA**
- **National Network** — Access across the country to more than 845,000 providers, more than 131,000 ancillary care facilities and 6,000+ hospitals⁵

1. 2023 New York State Department of Financial Services rate adjustments.

2. Independent Health commercial sales.

3. 2021 Consumer, Broker and Employer Third Party Blinded Stakeholder Studies.

4. Independent Health's participating pharmacy directory as of August 2022.

5. Specific coverage may vary based on client needs. Data according to PHCS and First Health as of August 2022.

Data subject to change without notification.

2023 Small Group Plans



PLATINUM LEVEL

PLATINUM 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

FlexFit Platinum

FlexFit Platinum Option 2

Choice Plus Platinum³

	FlexFit Platinum	FlexFit Platinum Option 2	Choice Plus Platinum ³
IN-NETWORK (IN)			
First Dollar Coverage	N/A	N/A	N/A
Deductible	\$0	\$0	A: \$0 B: \$1,500/\$3,000 (T)
Coinsurance	0%	0%	A: 0% B: Deductible then 50%
Out-of-Pocket Max.	\$5,250/ \$10,500 (E)	\$3,500/ \$7,000 (E)	A: \$4,500/\$9,000 (E) B: \$4,500/\$9,000 (E)
OUT-OF-NETWORK (OON) ¹			
Deductible	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)
Coinsurance	Deductible then 20%	Deductible then 20%	Deductible then 50%
Out-of-Pocket Max.	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)
MEDICAL SERVICES			
Primary Care Office Visit	\$10	\$5	A: \$10 B: Deductible then 50%
Specialist Office Visit	\$40	\$25	A: \$40 B: Deductible then 50%
Telemedicine – General Medical & Behavioral Health Services (participating Teladoc® providers only) For Dermatology telemedicine refer to the plan's benefit summary	\$0	\$0	\$0
Urgent Care	\$75	\$75	A: \$75 B: Deductible then 50%
Emergency Room Services	\$150	\$150	A: \$150 B: \$150
Outpatient Procedures Performed in an Ambulatory Surgery Center	\$75	\$75	A: \$50 B: Deductible then 50%
Outpatient Procedures Performed in a Hospital	\$100	\$100	A: \$75 B: Deductible then 50%
Inpatient Hospital Services (per admission)	\$500	\$500	A: \$500 B: Deductible then 50%
PRESCRIPTION DRUGS			
Pharmacy ²	\$5/\$30/50%	\$5/\$30/\$100	\$5/\$30/50%
PRODUCT DETAILS			
Wellness Benefits	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition
Network	IHC	IHC	Choice Plus
Q1 RATES			
Employee Rate	\$683.70	\$697.21	\$650.12
Employee & Child(ren) Rate	\$1,162.29	\$1,185.26	\$1,105.20
Employee & Spouse Rate	\$1,367.40	\$1,394.42	\$1,300.24
Family Rate	\$1,948.55	\$1,987.05	\$1,852.84

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3. Offered in Erie and Niagara counties only.

4. Specific qualifications must be met.

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6. Members must reside or work in Erie County.

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8. **Deductible does not apply to first visit**

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

Bolded items indicate updated changes since the 2022 plan year.

2023 Small Group Plans



PLATINUM LEVEL

(CONTINUED)

	Passport Plan National Platinum	Passport Plan Local Platinum ⁵	thRed Platinum ⁶
IN-NETWORK (IN)			
First Dollar Coverage	N/A	N/A	N/A
Deductible	\$0	\$0	\$0
Coinsurance	0%	0%	0%
Out-of-Pocket Max.	\$5,250/ \$10,500 (E)	\$5,250/ \$10,500 (E)	\$5,250/ \$10,500 (E)
OUT-OF-NETWORK (OON)¹			
Deductible	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)
Coinsurance	Deductible then 50%	Deductible then 50%	Deductible then 50%
Out-of-Pocket Max.	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)
MEDICAL SERVICES			
Primary Care Office Visit	\$10	\$10	\$0
Specialist Office Visit	\$40	\$40	\$40
Telemedicine – General Medical & Behavioral Health Services (participating Teladoc [®] providers only) For Dermatology telemedicine refer to the plan's benefit summary	\$0	\$0	\$0
Urgent Care	\$75	\$75	\$100
Emergency Room Services	\$150	\$150	\$150
Outpatient Procedures Performed in an Ambulatory Surgery Center	\$75	\$75	\$75
Outpatient Procedures Performed in a Hospital	\$100	\$100	\$100
Inpatient Hospital Services (per admission)	\$500	\$500	\$500
PRESCRIPTION DRUGS			
Pharmacy ²	\$5/\$30/50%	\$5/\$30/50%	\$5/\$30/50%
PRODUCT DETAILS			
Wellness Benefits	Health Extras SM	Health Extras SM or Nutrition	Health Extras SM and \$50 for completing onboarding process ⁷
Network	IHC + First Health Nationally	IHC + First Health Nationally	thRed
Q1 RATES			
Employee Rate	\$838.94	\$696.92	\$625.19
Employee & Child(ren) Rate	\$1,426.20	\$1,184.76	\$1,062.82
Employee & Spouse Rate	\$1,677.88	\$1,393.84	\$1,250.38
Family Rate	\$2,390.98	\$1,986.22	\$1,781.79

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2023 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 (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

Activate Gold	thRed Gold ⁶	Standard Healthy NY Gold ⁴	iDirect Gold Copay	iDirect Gold Copay Option 2
\$750/ \$1,500	N/A	N/A	N/A	N/A
\$1,500/ \$3,000 (E)	\$1,500/ \$3,000 (T)	\$600/ \$1,200 (E)	\$1,250/ \$2,500 (T)	\$1,250/ \$2,500 (T)
25% Coinsurance after first dollar and deductible	0%	0%	0%	0%
\$7,950/ \$15,900 (E)	\$6,750/ \$13,500 (E)	\$4,750/ \$9,500 (E)	\$6,750/ \$13,500 (E)	\$6,000/ \$12,000 (E)
\$5,000/ \$10,000 (E)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (E)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)
Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%
\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)
\$20 Copayment after first dollar and deductible	\$0	Deductible then \$25	\$20	\$20
\$50 Copayment after first dollar and deductible	Deductible then \$50	Deductible then \$40	Deductible then \$50	Deductible then \$50
\$0	\$0	\$0	\$0	\$0
\$75 Copayment after first dollar and deductible	Deductible then \$100	Deductible then \$60	\$75	\$75
25% Coinsurance after first dollar and deductible	Deductible then \$150	Deductible then \$150	Deductible then \$150	Deductible then \$150
25% Coinsurance after first dollar and deductible	Deductible then \$100	Deductible then \$100	Deductible then \$100	Deductible then \$100
25% Coinsurance after first dollar and deductible	Deductible then \$125	Deductible then \$100	Deductible then \$125	Deductible then \$125
25% Coinsurance after first dollar and deductible	Deductible then \$1,000	Deductible then \$1,000	Deductible then \$1,000	Deductible then \$750
\$10/25%/50% after first dollar and deductible	\$10/\$40/50%	\$10/\$35/\$70	\$10/\$40/50%	\$10/\$40/\$100
Health Extras SM or Nutrition	Health Extras SM and \$50 for completing onboarding process ⁷	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	thRed	IHC	IHC	IHC
\$564.16	\$540.80	\$523.88	\$594.70	\$601.81
\$959.07	\$919.36	\$890.60	\$1,010.99	\$1,023.08
\$1,128.32	\$1,081.60	\$1,047.76	\$1,189.40	\$1,203.62
\$1,607.86	\$1,541.28	\$1,493.06	\$1,694.90	\$1,715.16

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2023 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 (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

	NEW! iDirect Gold Copay Option 3	iDirect Gold Copay HSAQ	Passport Plan National Gold HSAQ	Passport Plan Local Gold HSAQ ⁵
	HealthEquity	HealthEquity	HealthEquity	HealthEquity
	N/A	N/A	N/A	N/A
	\$600/ \$1,200 (T)	\$1,500/ \$3,000 (T)	\$1,500/ \$3,000 (T)	\$1,500/ \$3,000 (T)
	0%	0%	Deductible then 20%	Deductible then 20%
	\$4,750/ \$9,500 (E)	\$4,500/ \$9,000 (E)	\$6,750/\$13,500 (E)	\$6,750/\$13,500 (E)
	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)
	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%
	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)
	Deductible then \$25	Deductible then \$20	Deductible then 20%	Deductible then 20%
	Deductible then \$40	Deductible then \$50	Deductible then 20%	Deductible then 20%
	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
	Deductible then \$75	Deductible then \$75	Deductible then 20%	Deductible then 20%
	Deductible then \$150	Deductible then \$150	Deductible then 20%	Deductible then 20%
	Deductible then \$75	Deductible then \$100	Deductible then 20%	Deductible then 20%
	Deductible then \$100	Deductible then \$125	Deductible then 20%	Deductible then 20%
	Deductible then \$1,000	Deductible then \$750	Deductible then 20%	Deductible then 20%
	\$10/\$35/50%	Deductible then \$10/\$40/50%	Deductible then 20%/20%/50%	Deductible then 20%/20%/50%
	Health ExtrasSM or Nutrition	Health Extras SM or Nutrition	Health Extras SM	Health Extras SM or Nutrition
	IHC	IHC	IHC + First Health Nationally	IHC + First Health Nationally
	\$612.29	\$579.09	\$667.34	\$562.02
	\$1,040.89	\$984.45	\$1,134.48	\$955.43
	\$1,224.58	\$1,158.18	\$1,334.68	\$1,124.04
	\$1,745.03	\$1,650.41	\$1,901.92	\$1,601.76

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2023 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
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Pharmacy ²
PRODUCT DETAILS
Wellness Benefits
Network
Q1 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

Standard Silver	Activate Silver	thRed Silver ⁶	iDirect Silver Copay	iDirect Silver Copay HSAQ
HealthEquity				
N/A	\$500/\$1,000	N/A	N/A	N/A
\$1,750/ \$3,500 (E)	\$3,100/ \$6,200 (E)	\$4,000/ \$8,000 (T)	\$2,000/ \$4,000 (T)	\$2,000/ \$4,000 (T)
0%	40% Coinsurance after first dollar and deductible	0%	0%	0%
\$9,100/ \$18,200 (E)	\$7,950/ \$15,900 (E)	\$9,100/ \$18,200 (E)	\$7,550/ \$15,100 (E)	\$6,950/ \$13,900 (E)
\$5,000/ \$10,000 (E)	\$5,000/ \$10,000 (E)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)
Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%
\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)
Deductible then \$30⁸	\$35 Copayment after first dollar and deductible	\$0	Deductible then \$35	Deductible then \$35
Deductible then \$65⁸	\$60 Copayment after first dollar and deductible	Deductible then \$60	Deductible then \$60	Deductible then \$60
\$0	\$0	\$0	\$0	Deductible then \$0
Deductible then \$70	\$75 Copayment after first dollar and deductible	Deductible then \$100	\$75	Deductible then \$75
Deductible then \$500	40% Coinsurance after first dollar and deductible	Deductible then \$250	Deductible then \$250	Deductible then \$250
Deductible then \$150	40% Coinsurance after first dollar and deductible	Deductible then \$175	Deductible then \$175	Deductible then \$175
Deductible then \$150	40% Coinsurance after first dollar and deductible	Deductible then \$200	Deductible then \$200	Deductible then \$200
Deductible then \$1,500	40% Coinsurance after first dollar and deductible	Deductible then \$1,500	Deductible then \$1,000	Deductible then \$1,000
\$15/\$40/\$75	\$15/40%/50% after first dollar and deductible	\$15/\$50/50%	\$15/\$50/50%	Deductible then \$15/\$50/50%
Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM and \$50 for completing onboarding process ⁷	Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	IHC	thRed	IHC	IHC
\$545.14	\$497.38	\$475.34	\$533.24	\$525.39
\$926.74	\$845.55	\$808.08	\$906.51	\$893.16
\$1,090.28	\$994.76	\$950.68	\$1,066.48	\$1,050.78
\$1,553.65	\$1,417.53	\$1,354.72	\$1,519.73	\$1,497.36

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2023 Small Group Plans



SILVER LEVEL

(CONTINUED)

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First Dollar Coverage
Deductible
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Out-of-Pocket Max.
OUT-OF-NETWORK (OON) ¹
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Employee & Spouse Rate
Family Rate

iDirect Silver Coinsurance HSAQ	Choice Plus Silver HSAQ ³	Passport Plan National Silver HSAQ	Passport Plan Local Silver HSAQ ⁵
HealthEquity	HealthEquity	HealthEquity	HealthEquity
N/A	N/A	N/A	N/A
\$3,000/ \$6,000 (T)	A: \$2,000/\$4,000 (T) B: \$3,500/\$7,000 (T)	\$3,000/ \$6,000 (E)	\$3,000/ \$6,000 (E)
Deductible then 20%	A: 0% B: Deductible then 50%	Deductible then 20%	Deductible then 20%
\$6,950/ \$13,900 (E)	A: \$6,950/\$13,900 (E) B: \$6,950/\$13,900 (E)	\$6,950/ \$13,900 (E)	\$6,950/ \$13,900 (E)
\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (E)	\$5,000/ \$10,000 (E)
Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%
\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)
Deductible then 20%	Deductible then A: \$35 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then A: \$60 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Deductible then 20%	Deductible then A: \$75 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then A: \$250 B: \$250	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then A: \$175 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then A: \$200 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then A: \$1,000 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then 20%/20%/50%	Deductible then \$15/\$50/50%	Deductible then 20%/20%/50%	Deductible then 20%/20%/50%
Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM	Health Extras SM or Nutrition
IHC	Choice Plus	IHC + First Health Nationally	IHC + First Health Nationally
\$492.17	\$500.96	\$594.17	\$502.57
\$836.69	\$851.63	\$1,010.09	\$854.37
\$984.34	\$1,001.92	\$1,188.34	\$1,005.14
\$1,402.68	\$1,427.74	\$1,693.38	\$1,432.32

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2023 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
Pharmacy ²
PRODUCT DETAILS
Wellness Benefits
Network
Q1 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

	thRed Bronze ⁶	iDirect Bronze Blended HSAQ	iDirect Bronze Coinsurance HSAQ
	HealthEquity		HealthEquity
	N/A	N/A	N/A
	\$9,100/ \$18,200 (E)	\$6,000/ 12,000 (E)	\$5,600/ \$11,200 (E)
	0%	Deductible then 30%	Deductible then 50%
	\$9,100/ \$18,200 (E)	\$6,950/ \$13,900 (E)	\$6,950/ \$13,900 (E)
	\$10,000/ \$20,000 (E)	\$7,500/ \$15,000 (E)	\$7,500/ \$15,000 (E)
	Deductible then 50%	Deductible then 50%	Deductible then 50%
	\$20,000/ \$40,000 (E)	\$15,000/ \$30,000 (E)	\$15,000/ \$30,000 (E)
	Deductible then \$0	Deductible then \$40	Deductible then 50%
	Deductible then \$0	Deductible then \$60	Deductible then 50%
	\$0	Deductible then \$0	Deductible then \$0
	Deductible then \$0	Deductible then \$75	Deductible then 50%
	Deductible then \$0	Deductible then 30%	Deductible then 50%
	Deductible then \$0	Deductible then 30%	Deductible then 50%
	Deductible then \$0	Deductible then 30%	Deductible then 50%
	Deductible then \$0	Deductible then 30%	Deductible then 50%
	Deductible then \$0	Deductible then \$20/30%/50%	Deductible then 50%
	Health Extras SM and \$50 for completing onboarding process ⁷	Health Extras SM or Nutrition	Health Extras SM or Nutrition
	thRed	IHC	IHC
	\$386.92	\$453.26	\$453.09
	\$657.76	\$770.54	\$770.25
	\$773.84	\$906.52	\$906.18
	\$1,102.72	\$1,291.79	\$1,291.31

1. OON coverage only applies to non-participating providers outside the 8 counties of WNY.

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

3. Offered in Erie and Niagara counties only.

4. Specific qualifications must be met.

5. Members must reside in the 8 counties of WNY.

6. Members must reside or work in Erie County.

7. thRed subscriber is eligible for \$200 in account activation rewards and up to \$300 in wellness rewards, while a spouse is eligible for a \$50 account activation reward.

8. **Deductible does not apply to first visit**

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

Bolded items indicate updated changes since the 2022 plan year.

2023 Small Group Plans



BRONZE LEVEL

(CONTINUED)

IN-NETWORK (IN)
First Dollar Coverage
Deductible
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Out-of-Pocket Max.
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Deductible
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Q1 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

iDirect Bronze MV HSAQ	Passport Plan National Bronze HSAQ	Passport Plan Local Bronze HSAQ ⁵
HealthEquity	HealthEquity	HealthEquity
N/A	N/A	N/A
\$7,100/ \$14,200 (E)	\$5,600/ \$11,200 (E)	\$5,600/ \$11,200 (E)
0%	Deductible then 50%	Deductible then 50%
\$7,100/ \$14,200 (E)	\$6,950/ \$13,900 (E)	\$6,950/ \$13,900 (E)
\$7,500/ \$15,000 (E)	\$7,500/ \$15,000 (E)	\$7,500/ \$15,000 (E)
Deductible then 50%	Deductible then 50%	Deductible then 50%
\$15,000/ \$30,000 (E)	\$15,000/ \$30,000 (E)	\$15,000/ \$30,000 (E)
Deductible then \$0	Deductible then 50%	Deductible then 50%
Deductible then \$0	Deductible then 50%	Deductible then 50%
Deductible then \$0	Deductible then \$0	Deductible then \$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%
Deductible then \$0	Deductible then 50%	Deductible then 50%
Deductible then \$0	Deductible then 50%	Deductible then 50%
Health Extras SM or Nutrition	Health Extras SM	Health Extras SM or Nutrition
IHC	IHC + First Health Nationally	IHC + First Health Nationally
\$449.66	\$545.09	\$462.83
\$764.42	\$926.65	\$786.81
\$899.32	\$1,090.18	\$925.66
\$1,281.53	\$1,553.51	\$1,319.07

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THE REDSHIRT® TREATMENT GOES WELL BEYOND INSURANCE.

The benefits of being an Independent Health member goes well beyond affordable, high-quality coverage. It's convenient access to tools, resources, member savings, community programs and a wide range of unique health benefits⁶ – all backed by leading service and support.

NEW! EARN UP TO \$30 IN REDSHIRT REWARDSSM

The new program that rewards members and their family⁷ just for completing preventive care services and activities that help them get and stay healthy. Earn incentives for things like annual well visits, flu shots and health screenings and redeem them at Amazon, Nike and more!

\$250 HEALTH EXTRASSM VISA[®]

A debit card to pay for healthy goods and services.



EARN \$1,000 BACK

Nutrition Benefit⁸ pays members back for buying fresh fruits and vegetables.



\$0 PREVENTIVE CARE

More than 60 FREE services — from checkups and screenings to vaccines.



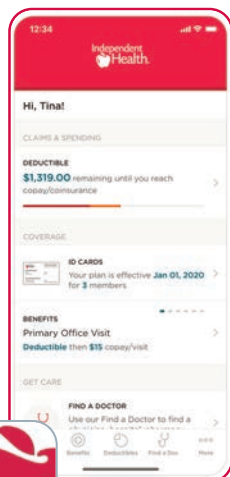
\$0 PREVENTIVE RX

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



Plus — Enjoy **Dental Coverage** (Delta Dental), **Vision Discounts** (EyeMed providers) and **500+ Wellness Discounts** at a wide range of local businesses.

DIGITAL HEALTH TOOLS AND APPS



Download the **FREE 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), **FoodsmartTM** (healthy eating support), **Compare Rx Costs** (online compare tool), **e-pay** (pay plan bills electronically) and more!



CONNECT WITH OUR COMMUNITY

Our goal is to improve the health and well-being of every Western New Yorker, not just our members. That's why we partner with local organizations to offer programs and events that promote the importance of healthy choices and easy access to healthy activities. Bringing healthy to WNY — year-round:

- Buffalo Bills
- Buffalo Museum of Science
- Buffalo Outer Harbor
- Buffalo P.A.L. PlayStreets
- Buffalo RiverWorks
- First Night® Buffalo
- Fitness for Kids Challenge
- Fitness in the Parks
- Good for the Neighborhood®
- Healthy Options®
- Kids Run
- Larkin Square Food Truck Tuesdays
- Reddy Bikeshare
- GObike Buffalo's SkyRide
- Soccer for Success
- Tiff Nature Preserve

To learn about community partnerships, visit independenthealth.com/in-the-community.

You Deserve the RedShirt Treatment.®

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



independenthealth.com

6. Benefits vary by plan.

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