

Independent Health's

2023 INDIVIDUAL PRODUCTS



INDEPENDENT HEALTH IS THE SMART CHOICE

Making it easy for you to get and stay healthy 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 getting and staying healthy. Just like we have for **over 40 years as WNY's locally-focused** health plan.

You Deserve the RedShirt Treatment.®
Call our RedShirtsSM today at **(716) 505-8515**
or **1-855-210-9930** (TTY: 711).



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, 2022 for New Members, November 16, 2022 for Existing Members — and ends January 31, 2023.

- If you enroll as a new member starting November 1 or change your health plan between November 16 and December 15, 2022, your new plan will become effective on January 1, 2023.
- If you enroll as a new member for the first time or change your health plan between December 16 and January 31, 2023, 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.

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.



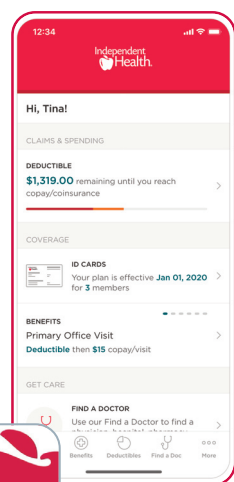
\$0 PREVENTIVE RX

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), **Foodsmart™** (healthy eating support), **Compare Rx Costs** (online compare tool), **e-pay** (pay plan bills electronically) and more!

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.

INDEPENDENT HEALTH IS A SMART HEALTH CARE DECISION.

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 YOU 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

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
- Tifft Nature Preserve

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

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 Individual Products



PLATINUM LEVEL

PLATINUM LEVEL PLANS CONTINUED ON NEXT PAGE »

Available On Exchange?

IN-NETWORK (IN)

First Dollar Coverage

Deductible

Coinsurance

Out-of-Pocket Max.

OUT-OF-NETWORK (OON)⁴

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

Pharmacy³

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

Standard Platinum

FlexFit Platinum

| Yes | Yes |
|--|--|
| N/A | N/A |
| \$0 | \$0 |
| 0% | 0% |
| \$2,000/\$4,000 (E) | \$5,250/\$10,500 (E) |
| \$5,000/\$10,000 (E) | \$5,000/\$10,000 (T) |
| Deductible then 50% | Deductible then 50% |
| Unlimited | Unlimited |
| \$15 | \$10 |
| \$35 | \$40 |
| \$0 | \$0 |
| \$55 | \$75 |
| \$100 | \$150 |
| \$100 | \$50 |
| \$100 | \$75 |
| \$500 | \$500 |
| \$40 | \$40 |
| \$10/\$30/\$60 | \$5/\$30/50% |
| Health Extras SM or Nutrition | Health Extras SM or Nutrition |
| IHC | IHC |
| \$793.68 | \$743.08 |
| \$1,349.26 | \$1,263.24 |
| \$1,587.36 | \$1,486.16 |
| \$327.00 | N/A |
| \$2,261.99 | \$2,117.78 |

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2. Offered in Erie and Niagara counties only and not available through NY State of Health, The Official Health Plan Marketplace. Available only when purchased directly through Independent Health.

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

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

5. Members must reside or work in Erie County.

6. 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.

7. Deductible does not apply on first visit.

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

Bolded items indicate updated changes since the 2022 plan year.

2023 Individual Products



PLATINUM LEVEL

(CONTINUED)

Available On Exchange?

IN-NETWORK (IN)

First Dollar Coverage

Deductible

Coinsurance

Out-of-Pocket Max.

OUT-OF-NETWORK (OON)⁴

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

Pharmacy³

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

Choice Plus Platinum²

thRed Platinum⁵

No

No

N/A

N/A

A: \$0
B: \$1,500/\$3,000 (T)

\$0

A: 0%
B: Deductible then 50%

0%

A: \$4,500/\$9,000 (E)
B: \$4,500/\$9,000 (E)

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

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

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

Deductible then 50%

Deductible then 50%

Unlimited

Unlimited

A: \$10
B: Deductible then 50%

\$0

A: \$40
B: Deductible then 50%

\$40

\$0

\$0

A: \$75
B: Deductible then 50%

\$100

A: \$150 B: \$150

\$150

A: \$50
B: Deductible then 50%

\$50

A: \$75
B: Deductible then 50%

\$75

A: \$500
B: Deductible then 50%

\$500

A: \$40
B: Not Applicable

\$40

\$5/\$30/50%

\$5/\$30/50%

Health ExtrasSM or Nutrition

Health ExtrasSM and \$50 for completing onboarding process⁶

Choice Plus

thRed

\$721.96

\$659.95

\$1,227.33

\$1,121.92

\$1,443.92

\$1,319.90

N/A

N/A

\$2,057.59

\$1,880.86

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

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

5. Members must reside or work in Erie County.

6. 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.

7. Deductible does not apply on first visit.

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2023 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.

OUT-OF-NETWORK (OON)⁴

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

Pharmacy³

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

Standard Gold

iDirect Gold Copay

| Yes | Yes |
|--|--|
| N/A | N/A |
| \$600/\$1,200 (E) | \$1,250/\$2,500 (T) |
| 0% | 0% |
| \$4,750/\$9,500 (E) | \$6,750/\$13,500 (E) |
| \$5,000/\$10,000 (E) | \$5,000/\$10,000 (T) |
| Deductible then 50% | Deductible then 50% |
| Unlimited | Unlimited |
| Deductible then \$25 | \$20 |
| Deductible then \$40 | Deductible then \$50 |
| \$0 | \$0 |
| Deductible then \$60 | \$75 |
| Deductible then \$150 | Deductible then \$150 |
| Deductible then \$100 | Deductible then \$50 |
| Deductible then \$100 | Deductible then \$125 |
| 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 |
| \$655.06 | \$634.89 |
| \$1,113.60 | \$1,079.31 |
| \$1,310.12 | \$1,269.78 |
| \$269.88 | N/A |
| \$1,866.92 | \$1,809.44 |

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5. Members must reside or work in Erie County.
6. 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.
7. **Deductible does not apply on first visit.**
(E) = Embedded Deductible (T) = True Family (Non Embedded) Deductible

Bolded items indicate updated changes since the 2022 plan year.

2023 Individual Products

GOLD LEVEL

(CONTINUED)

Available On Exchange?

IN-NETWORK (IN)

First Dollar Coverage

Deductible

Coinsurance

Out-of-Pocket Max.

OUT-OF-NETWORK (OON)⁴

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

Pharmacy³

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

iDirect Gold
Copay HSAQ

HealthEquity[™]

Independent
Health[®]

Activate
Gold

| Yes | No |
|--|---|
| N/A | \$750/\$1,500 |
| \$1,500/\$3,000 (T) | \$1,500/\$3,000 (E) |
| 0% | 25% Coinsurance after first dollar and deductible |
| \$6,750/\$13,500 (E) | \$7,950/\$15,900 (E) |
| \$5,000/\$10,000 (T) | \$5,000/\$10,000 (E) |
| Deductible then 50% | 50% Coinsurance after deductible |
| Unlimited | Unlimited |
| Deductible then \$20 | \$20 Copayment after first dollar and deductible |
| Deductible then \$50 | \$50 Copayment after first dollar and deductible |
| Deductible then \$0 | \$0 |
| Deductible then \$75 | \$75 Copayment after first dollar and deductible |
| Deductible then \$150 | 25% Coinsurance after first dollar and deductible |
| Deductible then \$50 | 25% Coinsurance after first dollar and deductible |
| Deductible then \$75 | 25% Coinsurance after first dollar and deductible |
| Deductible then \$1,000 | 25% Coinsurance after first dollar and deductible |
| \$40 | \$40 |
| Deductible then \$10/\$40/50% | \$10/25%/50% after first dollar and deductible |
| Health Extras SM or Nutrition | Health Extras SM or Nutrition |
| IHC | IHC |
| \$615.03 | \$613.30 |
| \$1,045.55 | \$1,042.61 |
| \$1,230.06 | \$1,226.60 |
| N/A | N/A |
| \$1,752.84 | \$1,747.91 |

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7. Deductible does not apply on first visit.

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2023 Individual Products



SILVER LEVEL

SILVER LEVEL PLANS CONTINUED ON NEXT PAGE »

Available On Exchange?

IN-NETWORK (IN)

First Dollar Coverage

Deductible

Coinsurance

Out-of-Pocket Max.

OUT-OF-NETWORK (OON)⁴

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

Pharmacy³

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

Standard
Silver

iDirect Silver
Copay HSAQ
HealthEquity[™]

Max
Silver

| Yes | Yes | Yes |
|--|--|---|
| N/A | N/A | N/A |
| \$1,750/\$3,500 (E) | \$2,400/\$4,800 (T) | \$2,800/\$5,600 (T) |
| 0% | 0% | 0% |
| \$9,100/\$18,200 (E) | \$7,100/\$14,200 (E) | \$7,550/\$15,100 (E) |
| \$5,000/\$10,000 (E) | \$5,000/\$10,000 (T) | \$5,000/\$10,000 (T) |
| Deductible then 50% | Deductible then 50% | Deductible then 50% |
| Unlimited | Unlimited | Unlimited |
| Deductible then \$30⁷ | Deductible then \$35 | \$35 |
| Deductible then \$65⁷ | Deductible then \$60 | Deductible then \$60 |
| \$0 | Deductible then \$0 | \$0 |
| Deductible then \$70 | Deductible then \$75 | \$75 |
| Deductible then \$500 | Deductible then \$250 | Deductible then \$250 |
| Deductible then \$150 | Deductible then \$75 | Deductible then \$175 |
| Deductible then \$150 | Deductible then \$100 | Deductible then \$200 |
| Deductible then \$1,500 | Deductible then \$1,000 | Deductible then \$1,000 |
| \$40 | \$40 | \$40 |
| \$15/\$40/\$75 | Deductible then \$15/\$50/50% | \$15/Deductible then \$50/ Deductible then 50% |
| Health Extras SM or Nutrition | Health Extras SM or Nutrition | Health Extras SM or Nutrition |
| IHC | IHC | IHC |
| \$543.62 | \$502.98 | \$508.96 |
| \$924.15 | \$855.07 | \$865.23 |
| \$1,087.24 | \$1,005.96 | \$1,017.92 |
| \$223.97 | N/A | N/A |
| \$1,549.32 | \$1,433.49 | \$1,450.54 |

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2023 Individual Products

SILVER LEVEL

(CONTINUED)

Available On Exchange?

IN-NETWORK (IN)

First Dollar Coverage

Deductible

Coinsurance

Out-of-Pocket Max.

OUT-OF-NETWORK (OON)⁴

Deductible

Coinsurance

Out-of-Pocket Max.

MEDICAL SERVICES

Primary Care

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PRESCRIPTION DRUGS

Pharmacy³

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

Choice Plus
Silver HSAQ²

HealthEquity⁵

Independent
Health[®]

thRed
Silver⁵

| No | No |
|--|---|
| | |
| N/A | N/A |
| A: \$2,400/\$4,800 (T) B: \$3,900/\$7,800 (T) | \$4,000/\$8,000 (T) |
| A: 0% B: Deductible then 50% | 0% |
| A: \$7,100/\$14,200 (E) B: \$7,100/\$14,200 (E) | \$9,100/\$18,200 (E) |
| | |
| \$5,000/\$10,000 (T) | \$5,000/\$10,000 (T) |
| Deductible then 50% | Deductible then 50% |
| Unlimited | Unlimited |
| | |
| Deductible then A: \$35 B: 50% | \$0 |
| Deductible then A: \$60 B: 50% | Deductible then \$60 |
| Deductible then \$0 | \$0 |
| Deductible then A: \$75 B: 50% | Deductible then \$100 |
| Deductible then A: \$250 B: \$250 | Deductible then \$250 |
| Deductible then A: \$75 B: 50% | Deductible then \$175 |
| Deductible then A: \$100 B: 50% | Deductible then \$200 |
| Deductible then A: \$1,000 B: 50% | Deductible then \$1,500 |
| A: \$40 B: Not Applicable | \$40 |
| | |
| Deductible then \$15/\$50/50% | \$15/\$50/50% |
| | |
| Health Extras SM or Nutrition | Health Extras SM and \$50 for completing onboarding process ⁶ |
| Choice Plus | thRed |
| | |
| \$494.49 | \$452.02 |
| \$840.63 | \$768.43 |
| \$988.98 | \$904.04 |
| N/A | N/A |
| \$1,409.30 | \$1,288.26 |

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6. 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.
7. Deductible does not apply on first visit.
(E) = Embedded Deductible (T) = True Family (Non Embedded) Deductible

Bolded items indicate updated changes since the 2022 plan year.

2023 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.

OUT-OF-NETWORK (OON)⁴

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

Pharmacy³

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

Standard
Bronze HSAQ

HealthEquity[™]

iDirect
Bronze MV

| Yes | Yes |
|--|--|
| N/A | N/A |
| \$6,100/\$12,200 (E) | \$9,100/\$18,200 (E) |
| Deductible then 50% | Deductible then 50% |
| \$6,900/\$13,800 (E) | \$9,100/\$18,200 (E) |
| \$7,500/\$15,000 (E) | \$10,000/\$20,000 (E) |
| Deductible then 50% | Deductible then 50% |
| Unlimited | Unlimited |
| Deductible then 50% | Deductible then \$0 |
| Deductible then 50% | Deductible then \$0 |
| Deductible then \$0 | \$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 |
| \$40 | \$40 |
| Deductible then \$10/\$35/\$70 | Deductible then \$0 |
| Health Extras SM or Nutrition | Health Extras SM or Nutrition |
| IHC | IHC |
| \$418.58 | \$363.30 |
| \$711.59 | \$617.61 |
| \$837.16 | \$726.60 |
| \$172.45 | N/A |
| \$1,192.95 | \$1,035.41 |

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

2. Offered in Erie and Niagara counties only and not available through NY State of Health, The Official Health Plan Marketplace. Available only when purchased directly through Independent Health.

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

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

5. Members must reside or work in Erie County.

6. 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.

7. Deductible does not apply on first visit.

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Bolded items indicate updated changes since the 2022 plan year.

2023 Individual Products

BRONZE LEVEL

(CONTINUED)

Available On Exchange?

IN-NETWORK (IN)

First Dollar Coverage

Deductible

Coinsurance

Out-of-Pocket Max.

OUT-OF-NETWORK (OON)⁴

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

Pharmacy³

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

iDirect Bronze
Coinsurance HSAQ

HealthEquity

Independent
Health[®]

thRed
Bronze⁵

| Yes | No |
|--|---|
| | |
| N/A | N/A |
| \$5,600/\$11,200 (E) | \$9,100/\$18,200 (E) |
| Deductible then 50% | 0% |
| \$6,950/\$13,900 (E) | \$9,100/\$18,200 (E) |
| | |
| \$7,500/\$15,000 (E) | \$10,000/\$20,000 (E) |
| Deductible then 50% | Deductible then 50% |
| Unlimited | Unlimited |
| | |
| Deductible then 50% | Deductible then \$0 |
| Deductible then 50% | Deductible then \$0 |
| Deductible then \$0 | \$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 |
| \$40 | \$40 |
| | |
| Deductible then 50% | Deductible then \$0 |
| | |
| Health Extras SM or Nutrition | Health Extras SM and \$50 for completing onboarding process ⁶ |
| IHC | thRed |
| | |
| \$391.90 | \$348.05 |
| \$666.23 | \$591.69 |
| \$783.80 | \$696.10 |
| N/A | N/A |
| \$1,116.92 | \$991.94 |

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5. Members must reside or work in Erie County.

6. 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.

7. Deductible does not apply on first visit.

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2023 Individual Products

CATASTROPHIC



Standard Catastrophic¹

Available On Exchange?

IN-NETWORK (IN)

First Dollar Coverage

Deductible

Coinsurance

Out-of-Pocket Max.

OUT-OF-NETWORK (OON)⁴

Deductible

Coinsurance

Out-of-Pocket Max.

MEDICAL SERVICES

Primary Care

Specialist Office Visit

Telemedicine — General Medical & Behavioral Health Services (participating Teladoc⁵ 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

Pharmacy³

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

Yes

N/A

\$9,100/\$18,200 (E)

0%

\$9,100/\$18,200 (E)

Non-Participating Provider services are not Covered except as required for Emergency Care and Urgent Care

Non-Participating Provider services are not Covered and You pay the full cost

Not applicable

Deductible then \$0 after 3 visits for Primary Care Allowance

Deductible then \$0

Deductible then \$0

Deductible then \$0

Deductible then \$0

Deductible then \$0

Deductible then \$0

Deductible then \$0

\$40

Deductible then \$0

Health ExtrasSM or Nutrition

IHC

\$255.73

\$434.74

\$511.46

N/A

\$728.83

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