INDEPENDENT HEALTH'S 2027

INDIVIDUAL PRODUCTS

The RedShirt® Difference.

Making a difference starts with being there for you and your family with high-quality plans and the one-on-one support you deserve. With over 45 years of caring for the Western New York community, we remain committed to supporting you every step of the way.

It's all part of the RedShirt® Treatment.

Independent Health®

HOW TO ENROLL

Contact us to schedule a personal appointment with one of our RedShirts℠. 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

The Open Enrollment Period starts November 1, 2026 and ends January 31, 2027.

- **November 1** is when individuals applying as a **new member for the first time** may begin open enrollment.
- **November 16** is when **existing members renewing or changing** their plan may begin enrollment.
- For coverage **effective January 1, 2027:** Enroll on or before December 15, 2026.
- For coverage effective February 1, 2027: Enroll December 16, 2026 – January 15, 2027.
- For coverage effective March 1, 2027: Enroll January 16, 2027 – January 31, 2027.

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.

BENEFITS BACKED BY THE REDSHIRT® DIFFERENCE.

The RedShirt Difference combines quality coverage, personalized support, unique health benefits, helpful resources and exclusive savings to make it easier for members to get the care they need and stay on track with their health goals.

$250 HEALTH EXTRAS℠ VISA®

A debit card to pay for healthy goods and services.



EARN $1,000 BACK

Nutrition Benefit[7] pays members back for buying fresh fruits and vegetables.



EARN UP TO $30 IN REDSHIRT REWARDS℠

Get rewarded[8] 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.



TELEMEDICINE

Teladoc® is ready to help when members can't reach their primary care physician or other provider — now with **$0 copays** for common medical, mental health and dermatology consultations.

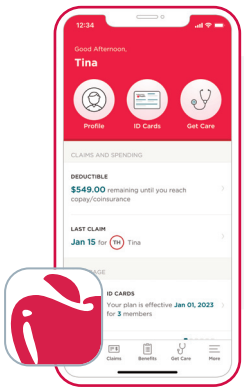
VISION AND DENTAL

Routine eye and dental care is important for your overall health. Enjoy vision discounts with EyeMed providers and an offering of 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

INDEPENDENT HEALTH'S PROVIDER NETWORK

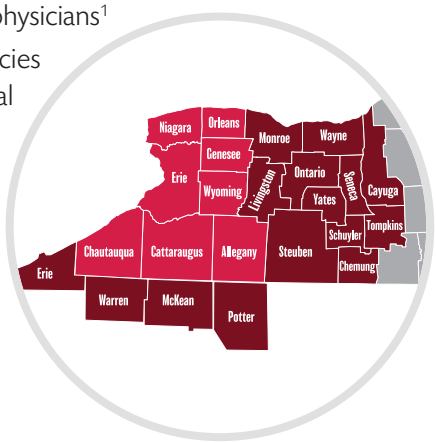
Independent Health's network has you covered when you need it and it's all backed by the RedShirt® Treatment.

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 in the core service area
- Approximately 98% of WNY physicians[1]
- More than 275 WNY pharmacies and more than 50,000 national pharmacies[2]



Regional New York

- Access to 13 hospitals and over 10,000 providers[3]

Regional Pennsylvania

- Access to 10 hospitals and over 2,500 providers[3]

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

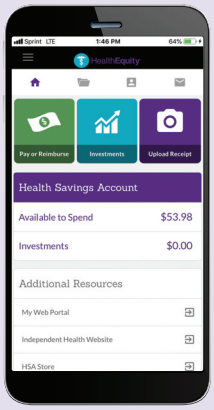


HealthEquity®

The HealthEquity® HSA is built into most[6] HSA-qualified (HSAQ) plans.

The convenient way to enjoy all the pre-tax benefits of paying for qualified health care expenses directly through your 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 satisfied and would re-enroll with **Independent Health**[4]

9 OUT OF 10
EMPLOYERS
are satisfied with **Independent Health**[5]

9 OUT OF 10
EMPLOYERS
would recommend **Independent Health**[5]

1. New York State Office of the Professions data and Independent Health contracted physicians.
2. Independent Health's participating pharmacy network.
3. Regional New York and Regional Pennsylvania networks.
4. Independent Health Voice of Customer Research, five-year average 2021-2025, all lines of business.
5. Independent Health Stakeholder Research, five-year average 2021-2025, Commercial and Self-funded lines of business.
6. Excludes Standard Bronze plans. Due to New York State regulations, these plans are not eligible for HealthEquity's integrated claims experience through Independent Health. Members using these plans may still create a standalone HealthEquity HSA account.
7. Canned or frozen fruits and vegetables are excluded. Money back is in the form of store credit for future purchases.
8. 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.

Data is current as of publication and is subject to change without notification.

©2026 Independent Health Association, Inc. IH36323

Independent Health

2027 Individual Products

PLATINUM LEVEL	Standard Platinum	FlexFit Platinum
HSA Qualified	No	No
Available On Exchange?	Yes	No
IN-NETWORK (IN)		
Deductible	$0	$0
Coinsurance	0%	0%
Out-of-Pocket Maximum	**$4,000/$8,000 (E)**	**$6,000/$12,000 (E)**
MEDICAL SERVICES		
Primary Care	$15	$10
Specialist Office Visit	$35	$40
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)	$0	$0
Urgent Care	$55	$100
Emergency Room Services	$100	$250
Outpatient Procedures Performed in an Ambulatory Surgery Center	$100	$250
Outpatient Procedures Performed in a Hospital	$100	$300
Inpatient Hospital Services (per admission)	$500	**$750**
Routine/Refractive Exam	$40	$40
PRESCRIPTION DRUGS		
Pharmacy [1]	$10/$30/$60	**$10/$50/**50%
PRODUCT DETAILS		
Wellness Benefits	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition
Network	IHC	IHC
RATES		
Individual Rate	$1,495.68	$1,389.34
Individual and Child(ren) Rate	$2,542.66	$2,361.88
Individual and Spouse Rate	$2,991.36	$2,778.68
Child Only Rate (covered up to the end of the year in which the child turns 21)	$616.22	N/A
Family Rate	$4,262.69	$3,959.62
AGE 29 RATES		
Individual Rate	$1,510.06	$1,402.70
Individual and Child(ren) Rate	$2,567.10	$2,384.59
Individual and Spouse Rate	$3,020.12	$2,805.40
Family Rate	$4,303.67	$3,997.70

1. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.
2. Deductible does not apply on first visit.
3. 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 or Out-of-Pocket Maximum
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

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 2026 plan year.

Independent Health

2027 Individual Products

GOLD LEVEL PLANS
CONTINUED ON NEXT PAGE »

GOLD LEVEL	Standard Gold	iDirect Gold Copay
HSA Qualified	No	No
Available On Exchange?	Yes	No
IN-NETWORK (IN)		
Deductible	**$1,200/$2,400 (E)**	**$1,700/$3,400 (T)**
Coinsurance	0%	0%
Out-of-Pocket Maximum	**$12,000/$24,000 (E)**	**$11,000/$22,000 (E)**
MEDICAL SERVICES		
Primary Care	Deductible then $25	$30
Specialist Office Visit	Deductible then $40	Deductible then $50
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)	$0	$0
Urgent Care	Deductible then $60	$75
Emergency Room Services	Deductible then $150	Deductible then $300
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then $100	Deductible then $325
Outpatient Procedures Performed in a Hospital	Deductible then $100	Deductible then $375
Inpatient Hospital Services (per admission)	Deductible then $1,000	Deductible then $1,000
Routine/Refractive Exam	$40	$40
PRESCRIPTION DRUGS		
Pharmacy [1]	$10/$35/$70	$10/**$75**/50%
PRODUCT DETAILS		
Wellness Benefits	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition
Network	IHC	IHC
RATES		
Individual Rate	$1,234.59	$1,152.37
Individual and Child(ren) Rate	$2,098.80	$1,959.03
Individual and Spouse Rate	$2,469.18	$2,304.74
Child Only Rate (covered up to the end of the year in which the child turns 21)	$508.65	N/A
Family Rate	$3,518.58	$3,284.25
AGE 29 RATES		
Individual Rate	$1,246.46	$1,163.47
Individual and Child(ren) Rate	$2,118.98	$1,977.90
Individual and Spouse Rate	$2,492.92	$2,326.94
Family Rate	$3,552.41	$3,315.89

1. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.
2. Deductible does not apply on first visit.
3. 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 or Out-of-Pocket Maximum
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

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 2026 plan year.

Independent Health

2027 Individual Products

GOLD LEVEL

	iDirect Gold Copay HSAQ HealthEquity
HSA Qualified	Yes
Available On Exchange?	No
IN-NETWORK (IN)	
Deductible	$1,750/$3,500 (T)
Coinsurance	0%
Out-of-Pocket Maximum	**$8,500/$17,000 (E)**
MEDICAL SERVICES	
Primary Care	Deductible then $20
Specialist Office Visit	Deductible then $50
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)	**$0**
Urgent Care	Deductible then $75
Emergency Room Services	Deductible then $200
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then $325
Outpatient Procedures Performed in a Hospital	Deductible then $375
Inpatient Hospital Services (per admission)	Deductible then $1,000
Routine/Refractive Exam	$40
PRESCRIPTION DRUGS	
Pharmacy [1]	Deductible then $10/$40/50%
PRODUCT DETAILS	
Wellness Benefits	Health Extras℠ or Nutrition
Network	IHC
RATES	
Individual Rate	$1,146.78
Individual and Child(ren) Rate	$1,949.53
Individual and Spouse Rate	$2,293.56
Child Only Rate (covered up to the end of the year in which the child turns 21)	N/A
Family Rate	$3,268.32
AGE 29 RATES	
Individual Rate	$1,157.81
Individual and Child(ren) Rate	$1,968.28
Individual and Spouse Rate	$2,315.62
Family Rate	$3,299.76

1. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.
2. Deductible does not apply on first visit.
3. 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 or Out-of-Pocket Maximum
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

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 2026 plan year.

Independent Health

2027 Individual Products

SILVER LEVEL PLANS
CONTINUED ON NEXT PAGE »

SILVER LEVEL

	Standard Silver	iDirect Silver Copay HSAQ HealthEquity
HSA Qualified	No	Yes
Available On Exchange?	Yes	No
IN-NETWORK (IN)		
Deductible	**$3,750/$7,500 (E)**	**$4,800/$9,600 (T)**
Coinsurance	0%	0%
Out-of-Pocket Maximum	**$12,000/$24,000 (E)**	**$8,700/$17,400 (E)**
MEDICAL SERVICES		
Primary Care	Deductible then $30[2]	Deductible then $35
Specialist Office Visit	Deductible then $65[2]	Deductible then $65
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)	$0	**$0**
Urgent Care	Deductible then $70	Deductible then $75
Emergency Room Services	Deductible then $500	Deductible then $300
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then $150	Deductible then $350
Outpatient Procedures Performed in a Hospital	Deductible then $150	Deductible then $400
Inpatient Hospital Services (per admission)	Deductible then $1,500	Deductible then $1,500
Routine/Refractive Exam	$40	$40
PRESCRIPTION DRUGS		
Pharmacy [1]	$15/$40/$75	Deductible then $15/$50/50%
PRODUCT DETAILS		
Wellness Benefits	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition
Network	IHC	IHC
RATES		
Individual Rate	$1,024.69	$951.78
Individual and Child(ren) Rate	$1,741.97	$1,618.03
Individual and Spouse Rate	$2,049.38	$1,903.56
Child Only Rate (covered up to the end of the year in which the child turns 21)	$422.18	N/A
Family Rate	$2,920.37	$2,712.57
AGE 29 RATES		
Individual Rate	$1,034.55	$960.94
Individual and Child(ren) Rate	$1,758.74	$1,633.60
Individual and Spouse Rate	$2,069.10	$1,921.88
Family Rate	$2,948.47	$2,738.68

1. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.
2. Deductible does not apply on first visit.
3. 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 or Out-of-Pocket Maximum
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

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 2026 plan year.

Independent Health

2027 Individual Products

SILVER LEVEL

	Max Silver
HSA Qualified	No
Available On Exchange?	No
IN-NETWORK (IN)	
Deductible	**$3,500/$7,000 (T)**
Coinsurance	0%
Out-of-Pocket Maximum	**$12,000/$24,000 (E)**
MEDICAL SERVICES	
Primary Care	$35
Specialist Office Visit	Deductible then $60
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)	$0
Urgent Care	$75
Emergency Room Services	Deductible then $300
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then $350
Outpatient Procedures Performed in a Hospital	Deductible then $400
Inpatient Hospital Services (per admission)	Deductible then $1,500
Routine/Refractive Exam	$40
PRESCRIPTION DRUGS	
Pharmacy [1]	$15/Deductible then $50/Deductible then 50%
PRODUCT DETAILS	
Wellness Benefits	Health Extras℠ or Nutrition
Network	IHC
RATES	
Individual Rate	$989.22
Individual and Child(ren) Rate	$1,681.67
Individual and Spouse Rate	$1,978.44
Child Only Rate (covered up to the end of the year in which the child turns 21)	N/A
Family Rate	$2,819.28
AGE 29 RATES	
Individual Rate	$998.73
Individual and Child(ren) Rate	$1,697.84
Individual and Spouse Rate	$1,997.46
Family Rate	$2,846.38

1. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.
2. Deductible does not apply on first visit.
3. 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 or Out-of-Pocket Maximum
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

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 2026 plan year.

Independent Health

2027 Individual Products

BRONZE LEVEL PLANS
CONTINUED ON NEXT PAGE »

BRONZE LEVEL

	Standard Bronze	iDirect Bronze MV
HSA Qualified	Yes	No
Available On Exchange?	Yes	No
IN-NETWORK (IN)		
Deductible	**$5,025/$10,050 (E)**	**$11,750/$23,500 (E)**
Coinsurance	0%	0%
Out-of-Pocket Maximum	**$12,000/$24,000 (E)**	**$11,750/$23,500 (E)**
MEDICAL SERVICES		
Primary Care	Deductible then $50[3]	Deductible then $0
Specialist Office Visit	Deductible then $75[3]	Deductible then $0
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)	$0	$0
Urgent Care	Deductible then $75	Deductible then $0
Emergency Room Services	Deductible then $500	Deductible then $0
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then $150	Deductible then $0
Outpatient Procedures Performed in a Hospital	Deductible then $150	Deductible then $0
Inpatient Hospital Services (per admission)	Deductible then $1,500	Deductible then $0
Routine/Refractive Exam	$40	$40
PRESCRIPTION DRUGS		
Pharmacy[1]	Deductible then $10/$35/$70	Deductible then $0
PRODUCT DETAILS		
Wellness Benefits	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition
Network	IHC	IHC
RATES		
Individual Rate	$789.28	$687.94
Individual and Child(ren) Rate	$1,341.78	$1,169.50
Individual and Spouse Rate	$1,578.56	$1,375.88
Child Only Rate (covered up to the end of the year in which the child turns 21)	$325.18	N/A
Family Rate	$2,249.45	$1,960.63
AGE 29 RATES		
Individual Rate	$796.86	$694.54
Individual and Child(ren) Rate	$1,354.66	$1,180.72
Individual and Spouse Rate	$1,593.72	$1,389.08
Family Rate	$2,271.05	$1,979.44

1. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.
2. Deductible does not apply on first visit.
3. 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 or Out-of-Pocket Maximum
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

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 2026 plan year.

Independent Health

2027 Individual Products

BRONZE LEVEL

	iDirect Bronze MV HSAQ HealthEquity	iDirect Bronze Coinsurance HSAQ HealthEquity
HSA Qualified	Yes	Yes
Available On Exchange?	No	No
IN-NETWORK (IN)		
Deductible	**$8,700/$17,400 (E)**	**$6,250/$12,500 (E)**
Coinsurance	0%	50%
Out-of-Pocket Maximum	**$8,700/$17,400 (E)**	**$8,700/$17,400 (E)**
MEDICAL SERVICES		
Primary Care	Deductible then $0	Deductible then 50%
Specialist Office Visit	Deductible then $0	Deductible then 50%
Telemedicine — General Medical, Behavioral Health Services & Dermatology Services (participating Teladoc® providers only)	**$0**	**$0**
Urgent Care	Deductible then $0	Deductible then 50%
Emergency Room Services	Deductible then $0	Deductible then 50%
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then $0	Deductible then 50%
Outpatient Procedures Performed in a Hospital	Deductible then $0	Deductible then 50%
Inpatient Hospital Services (per admission)	Deductible then $0	Deductible then 50%
Routine/Refractive Exam	$40	$40
PRESCRIPTION DRUGS		
Pharmacy [1]	Deductible then $0	Deductible then 50%
PRODUCT DETAILS		
Wellness Benefits	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition
Network	IHC	IHC
RATES		
Individual Rate	$733.22	$724.92
Individual and Child(ren) Rate	$1,246.47	$1,232.36
Individual and Spouse Rate	$1,466.44	$1,449.84
Child Only Rate (covered up to the end of the year in which the child turns 21)	N/A	N/A
Family Rate	$2,089.68	$2,066.02
AGE 29 RATES		
Individual Rate	$740.26	$731.87
Individual and Child(ren) Rate	$1,258.44	$1,244.18
Individual and Spouse Rate	$1,480.52	$1,463.74
Family Rate	$2,109.74	$2,085.83

1. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.
2. Deductible does not apply on first visit.
3. 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 or Out-of-Pocket Maximum
(T) = True Family (Non Embedded) Deductible or Out-of-Pocket Maximum

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 2026 plan year.