



Insurance
Payroll
HR Solutions

2024 Quarter 1: Small Group Rates Independent Health-Platinum Plans

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health FlexFit Platinum | Independent Health FlexFit Platinum Option 2 |
|--|--|---|
| Plan Type | Copay | Copay |
| Individual Deductible | n/a | n/a |
| Family Deductible | n/a | n/a |
| Individual OoP Max | \$5,250 | \$3,500 |
| Family OoP Max | \$10,500 | \$7,000 |
| Accumulator Type | Embedded | Embedded |
| PCP Office Visit | \$10 | \$10 |
| Specialist Visit | \$40 | \$25 |
| Telemedicine (Teladoc) | \$0 | \$0 |
| Hospital Inpatient | \$500 | \$500 |
| Outpatient Surgery | \$100 | \$100 |
| Emergency Room Care | \$150 | \$150 |
| Urgent Care | \$75 | \$75 |
| Outpatient Mental Health | \$10 | \$10 |
| Diabetic Supplies (per 30 days) | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$5 Tier 2 \$30 Tier 3 50% | Tier 1 \$5 Tier 2 \$30 Tier 3 \$100 |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit |
| Monthly Premium Information | | |
| Single | \$782.37 | \$801.44 |
| Subscriber and Spouse | \$1,564.74 | \$1,602.88 |
| Subscriber and Child(ren) | \$1,330.03 | \$1,362.45 |
| Family | \$2,229.75 | \$2,284.10 |

*Replacement for Platinum thRed

This comparison is intended to be a brief summary of benefits only.
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Bene-Care, Inc
800.333.1673
www.bene-care.com



2024 Quarter 1: Small Group Rates Independent Health-Gold Plans

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*Services subject to deductible

| Plan Name | Independent Health iDirect Gold Copay | Independent Health iDirect Gold Copay Option 2 | Independent Health iDirect Gold Copay Option 3 (new) | Independent Health iDirect Gold Copay HSAQ | Independent Health Activate Gold |
|--|--|---|---|---|--|
| Plan Type | Hybrid | Hybrid | Hybrid | Qualified HDHP | Hybrid |
| Individual Deductible | \$1,250 | \$1,250 | \$600 | \$1,600 | \$1,500 |
| Family Deductible | \$2,500 | \$2,500 | \$1,200 | \$3,200 | \$3,000 |
| Individual OoP Max | \$6,750 | \$6,750 | \$5,900 | \$4,500 | \$7,950 |
| Family OoP Max | \$13,500 | \$13,500 | \$11,800 | \$9,000 | \$15,900 |
| Accumulator Type | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Embedded |
| PCP Office Visit | \$20 | \$20 | \$25* | \$20* | 1st dollar and deductible then \$20 |
| Specialist Visit | \$50* | \$50* | \$40* | \$50* | 1st dollar and deductible then \$50 |
| Telemedicine (Teladoc) | \$0 | \$0* | \$0 | \$0* | Covered in Full |
| Hospital Inpatient | \$1,000* | \$750* | \$1,000* | \$750* | 1st dollar and deductible then 25% |
| Outpatient Surgery | \$125* | \$125* | \$100* | \$125* | 1st dollar and deductible then 25% |
| Emergency Room Care | \$150* | \$150* | \$150* | \$150* | 1st dollar and deductible then 25% |
| Urgent Care | \$75* | \$75 | \$75* | \$75* | 1st dollar and deductible then \$75 |
| Outpatient Mental Health | \$20 | \$20 | \$25* | \$20* | 1st dollar and deductible then \$0 |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | \$0 | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$10 Tier 2 \$40 Tier 3 50% | Tier 1 \$10 Tier 2 \$40 Tier 3 \$100 | Tier 1 \$10 Tier 2 \$35 Tier 3 50% | Tier 1 \$10* Tier 2 \$40* Tier 3 50%* | Tier 1 \$10* Tier 2 25%* Tier 3 50%* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | 1st Dollar: \$750/\$1,500 Health Extras or Nutrition Benefit |
| Monthly Premium Information | | | | | |
| Single | \$670.55 | \$681.64 | \$687.39 | \$646.67 | \$636.94 |
| Subscriber and Spouse | \$1,341.10 | \$1,363.28 | \$1,374.78 | \$1,293.34 | \$1,273.88 |
| Subscriber and Child(ren) | \$1,139.94 | \$1,158.79 | \$1,168.56 | \$1,099.34 | \$1,082.80 |
| Family | \$1,911.07 | \$1,942.67 | \$1,959.06 | \$1,843.01 | \$1,815.28 |

*Replacement for Gold thRed

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2024 Quarter 1: Small Group Rates Independent Health-Silver Plans

BOLD print represent a cost share change

This was Standard Silver, now iDirect
Silver Copay Option 2(NEW)

*Services subject to deductible

| Plan Name | Independent Health iDirect Silver Copay | Independent Health iDirect Silver Copay HSAQ | Independent Health iDirect Silver Coinsurance HSAQ | Independent Health iDirect Silver Copay Option 2 | Independent Health Activate Silver |
|--|--|---|---|---|---|
| Plan Type | Hybrid | Qualified HDHP | Qualified HDHP | Hybrid | Hybrid |
| Individual Deductible | \$2,000 | \$2,000 | \$3,000 | \$2,100 | \$3,100 |
| Family Deductible | \$4,000 | \$4,000 | \$6,000 | \$4,200 | \$6,200 |
| Individual OoP Max | \$8,000 | \$7,500 | \$7,500 | \$9,450 | \$8,500 |
| Family OoP Max | \$16,000 | \$15,000 | \$15,000 | \$18,900 | \$17,000 |
| Accumulator Type | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Embedded | Embedded |
| PCP Office Visit | \$35* | \$35* | 20%* | 1st visit \$30 then \$30* | 1st dollar and deductible then \$35 |
| Specialist Visit | \$60* | \$60* | 20%* | 1st visit \$65 then \$65* | 1st dollar and deductible then \$60 |
| Telemedicine (Teladoc) | \$0 | \$0* | \$0* | \$0 | \$0 |
| Hospital Inpatient | \$1,000* | \$1,000* | 20%* | \$1,500* | 1st dollar and deductible then 40% Coinsurance |
| Outpatient Surgery | \$200* | \$200* | 20%* | \$150* | 1st dollar and deductible then 40% Coinsurance |
| Emergency Room Care | \$250* | \$250* | 20%* | \$500* | 1st dollar and deductible then 40% Coinsurance |
| Urgent Care | \$75 | \$75* | 20%* | \$70* | 1st dollar and deductible then \$75 |
| Outpatient Mental Health | \$35* | \$35* | 20%* | 1st visit \$30 then \$30* | 1st dollar and deductible then \$0 |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | \$0 | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$15 Tier 2 \$50 Tier 3 50% | Tier 1 \$15* Tier 2 \$50* Tier 3 50%* | Tier 1 \$15* Tier 2 20%* Tier 3 50%* | Tier 1 \$15 Tier 2 \$40 Tier 3 \$75 | Tier 1 \$15* Tier 2 40%* Tier 3 50%* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit 1st Dollar Amount: \$500 / \$1000 |
| Monthly Premium Information | | | | | |
| Single | \$592.69 | \$581.88 | \$539.18 | \$599.89 | \$550.89 |
| Subscriber and Spouse | \$1,185.38 | \$1,163.76 | \$1,078.36 | \$1,199.78 | \$1,101.78 |
| Subscriber and Child(ren) | \$1,007.57 | \$989.20 | \$916.61 | \$1,019.81 | \$936.51 |
| Family | \$1,689.17 | \$1,658.36 | \$1,536.66 | \$1,709.69 | \$1,570.04 |

*Replacement for Silver thRed

This was Standard Silver, now iDirect
Silver Copay Option 2(NEW)

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2024 Quarter 1: Small Group Rates Independent Health-Bronze Plans

BOLD print represent a cost share change

*Services subject to deductible

| | Independent Health iDirect Bronze Blended HSAQ | Independent Health iDirect Bronze Coinsurance HSAQ | Independent Health iDirect Bronze MV HSAQ (Minimum Value) |
|--|---|---|--|
| Plan Name | | | |
| Plan Type | Qualified HDHP | Qualified HDHP | Qualified HDHP |
| Individual Deductible | \$6,000 | \$5,600 | \$7,500 |
| Family Deductible | \$12,000 | \$11,200 | \$15,000 |
| Individual OoP Max | \$7,500 | \$7,500 | \$7,500 |
| Family OoP Max | \$15,000 | \$15,000 | \$15,000 |
| Accumulator Type | Embedded | Embedded | Embedded |
| PCP Office Visit | \$40* | 50%* | Covered in Full* |
| Specialist Visit | \$60* | 50%* | Covered in Full* |
| Telemedicine (Teladoc) | Covered in Full* | Covered in Full* | Covered in Full* |
| Hospital Inpatient | 30%* | 50%* | Covered in Full* |
| Outpatient Surgery | 30%* | 50%* | Covered in Full* |
| Emergency Room Care | 30%* | 50%* | Covered in Full* |
| Urgent Care | \$75* | 50%* | Covered in Full* |
| Outpatient Mental Health | 30%* | \$25* | Covered in Full* |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | Covered in Full* |
| Prescription Coverage | Tier 1 \$20* Tier 2 30%* Tier 3 50%* | Tier 1 50%* Tier 2 50%* Tier 3 50%* | Tier 1 \$0* Tier 2 \$0* Tier 3 \$0* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit |
| Monthly Premium Information | | | |
| Single | \$493.66 | \$487.52 | \$493.30 |
| Subscriber and Spouse | \$987.32 | \$975.04 | \$986.60 |
| Subscriber and Child(ren) | \$839.22 | \$828.78 | \$838.61 |
| Family | \$1,406.93 | \$1,389.43 | \$1,405.91 |

*Replacement for Bronze thRed

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2024 Quarter 1: Small Group Rates Independent Health-Local Passport

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*Services subject to deductible

| Plan Name | Independent Health Passport Plan Local Platinum | Independent Health Passport Plan Local Gold HSAQ | Independent Health Passport Plan Local Silver HSAQ | Independent Health Passport Plan Local Bronze HSAQ |
|------------------------------------|--|---|---|---|
| Plan Type | Copay | Qualified HDHP | Qualified HDHP | Qualified HDHP |
| Individual Deductible | n/a | \$1,600 | \$3,000 | \$5,600 |
| Family Deductible | n/a | \$3,200 | \$6,000 | \$11,200 |
| Individual OoP Max | \$6,000 | \$6,750 | \$7,500 | \$7,500 |
| Family OoP Max | \$12,000 | \$13,500 | \$15,000 | \$15,000 |
| Accumulator Type | Embedded | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Embedded |
| PCP Office Visit | \$15 | 20%* | 20%* | 50%* |
| Specialist Visit | \$45 | 20%* | 20%* | 50%* |
| Telemedicine (Teladoc) | \$0 | \$0* | Covered in Full* | Covered in Full* |
| Hospital Inpatient | \$500 | 20%* | 20%* | 50%* |
| Outpatient Surgery | \$100 | 20%* | 20%* | 50%* |
| Emergency Room Care | \$150 | 20%* | 20%* | 50%* |
| Urgent Care | \$75 | 20%* | 20%* | 50%* |
| Outpatient Mental Health | \$15 | 20%* | 20%* | 50%* |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$5 Tier 2 \$30 Tier 3 50% | Tier 1 \$10* Tier 2 20%* Tier 3 50%* | Tier 1 \$15* Tier 2 20%* Tier 3 50%* | Tier 1 50%* Tier 2 50%* Tier 3 50%* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit |
| Monthly Premium Information | | | | |
| Single | \$813.67 | \$639.03 | \$565.46 | \$512.07 |
| Subscriber and Spouse | \$1,627.34 | \$1,278.06 | \$1,130.92 | \$1,024.14 |
| Subscriber and Child(ren) | \$1,383.24 | \$1,086.35 | \$961.28 | \$870.52 |
| Family | \$2,318.96 | \$1,821.24 | \$1,611.56 | \$1,459.40 |

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2024 Quarter 1: Small Group Rates Independent Health-National Passport

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*Services subject to deductible

| Plan Name | Independent Health Passport Plan National Platinum | Independent Health Passport Plan National Gold HSAQ | Independent Health Passport Plan National Silver HSAQ | Independent Health Passport Plan National Bronze HSAQ |
|------------------------------------|---|--|--|--|
| Plan Type | Copay | Qualified HDHP | Qualified HDHP | Qualified HDHP |
| Individual Deductible | n/a | \$1,600 | \$3,000 | \$5,600 |
| Family Deductible | n/a | \$3,200 | \$6,000 | \$11,200 |
| Individual OoP Max | \$6,000 | \$6,750 | \$7,500 | \$7,500 |
| Family OoP Max | \$12,000 | \$13,500 | \$15,000 | \$15,000 |
| Accumulator Type | Embedded | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Embedded |
| PCP Office Visit | \$15 | 20%* | 20%* | 50%* |
| Specialist Visit | \$45 | 20%* | 20%* | 50%* |
| Telemedicine (Teladoc) | \$0 | Covered in Full* | Covered in Full* | Covered in Full* |
| Hospital Inpatient | \$500 | 20%* | 20%* | 50%* |
| Outpatient Surgery | \$100 | 20%* | 20%* | 50%* |
| Emergency Room Care | \$150 | 20%* | 20%* | 50%* |
| Urgent Care | \$75 | 20%* | 20%* | 50%* |
| Outpatient Mental Health | \$15 | 20%* | 20%* | 50%* |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$5 Tier 2 \$30 Tier 3 50% | Tier 1 \$10* Tier 2 20%* Tier 3 50%* | Tier 1 \$15* Tier 2 20%* Tier 3 50%* | Tier 1 50%* Tier 2 50%* Tier 3 50%* |
| Extra Benefits | Health Extras | Health Extras | Health Extras | Health Extras |
| Monthly Premium Information | | | | |
| Single | \$1,093.30 | \$847.14 | \$748.21 | \$675.15 |
| Subscriber and Spouse | \$2,186.60 | \$1,694.28 | \$1,496.42 | \$1,350.30 |
| Subscriber and Child(ren) | \$1,858.61 | \$1,440.14 | \$1,271.96 | \$1,147.76 |
| Family | \$3,115.91 | \$2,414.35 | \$2,132.40 | \$1,924.18 |

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2024 Quarter 1: Small Group Rates Independent Health-Choice Plus Plans

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health Choice Plus Platinum | Independent Health Choice Plus Silver |
|--|--|--|
| Plan Type | Copay | Qualified HDHP |
| Individual Deductible | A: n/a B: \$1,500 | A: \$2,000 B: \$3,500 |
| Family Deductible | A: n/a B: \$3,000 | A: \$4,000 B: \$7,000 |
| Individual OoP Max | A & B: \$4,500 | A & B : \$6,950 |
| Family OoP Max | A & B: \$9,000 | A & B: \$13,900 |
| Accumulator Type | A & B: Aggregate(Ded)/Embedded(OoP) | A & B: Aggregate(Ded)/Embedded(OoP) |
| PCP Office Visit | A: \$10 B: 50%* | A: \$35* B: 50%* |
| Specialist Visit | A: \$40 B: 50%* | A: \$60* B: 50%* |
| Telemedicine (Teladoc) | A & B: Covered in Full / Dermatology \$40 | A & B: Covered in Full* / Dermatology \$60* |
| Hospital Inpatient | A \$500 B: 50%* | A: \$1,000* B: 50%* |
| Outpatient Surgery | A: \$50 B: 50%* | A: \$175* B: 50%* |
| Emergency Room Care | A & B: \$150 | A & B: \$250* |
| Urgent Care | A: \$75 B: 50%* | A: \$75* B: 50%* |
| Outpatient Mental Health | A: \$10 B: 50%* | A: \$35* B: 50%* |
| Diabetic Supplies (per 30 days) | A & B: \$0 Copay | A & B: \$0 Copay |
| Prescription Coverage | A & B: Tier 1/\$5 | A & B: Tier 1/\$15* |
| | A & B: Tier 2/\$30 | A & B: Tier 2/\$50* |
| | A & B: Tier 3/50% | A & B: Tier 3/50%* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit |
| Monthly Premium Information | | |
| Single | \$720.21 | \$537.87 |
| Subscriber and Spouse | \$1,440.42 | \$1,075.74 |
| Subscriber and Child(ren) | \$1,224.36 | \$914.38 |
| Family | \$2,052.60 | \$1,532.93 |

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2024 Quarter 2: Small Group Rates Independent Health-Platinum Plans

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health FlexFit Platinum | Independent Health FlexFit Platinum Option 2 |
|--|---|---|
| Plan Type | Copay | Copay |
| Individual Deductible | n/a | n/a |
| Family Deductible | n/a | n/a |
| Individual OoP Max | \$5,250 | \$3,500 |
| Family OoP Max | \$10,500 | \$7,000 |
| Accumulator Type | Embedded | Embedded |
| PCP Office Visit | \$10 | \$10 |
| Specialist Visit | \$40 | \$25 |
| Telemedicine (Teladoc) | \$0 | \$0 |
| Hospital Inpatient | \$500 | \$500 |
| Outpatient Surgery | \$100 | \$100 |
| Emergency Room Care | \$150 | \$150 |
| Urgent Care | \$75 | \$75 |
| Outpatient Mental Health | \$10 | \$10 |
| Diabetic Supplies (per 30 days) | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$5 Tier 2 \$30 Tier 3 50% | Tier 1 \$5 Tier 2 \$30 Tier 3 \$100 |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit |
| Monthly Premium Information | | |
| Single | \$796.87 | \$816.28 |
| Subscriber and Spouse | \$1,593.74 | \$1,632.56 |
| Subscriber and Child(ren) | \$1,354.68 | \$1,387.68 |
| Family | \$2,271.08 | \$2,326.40 |

*Replacement for Platinum thRed



2024 Quarter 2: Small Group Rates Independent Health-Gold Plans

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health iDirect Gold Copay | Independent Health iDirect Gold Copay Option 2 | Independent Health iDirect Gold Copay Option 3 (new) | Independent Health iDirect Gold Copay HSAQ | Independent Health Activate Gold |
|--|--|---|---|---|--|
| Plan Type | Hybrid | Hybrid | Hybrid | Qualified HDHP | Hybrid |
| Individual Deductible | \$1,250 | \$1,250 | \$600 | \$1,600 | \$1,500 |
| Family Deductible | \$2,500 | \$2,500 | \$1,200 | \$3,200 | \$3,000 |
| Individual OoP Max | \$6,750 | \$6,750 | \$5,900 | \$4,500 | \$7,950 |
| Family OoP Max | \$13,500 | \$13,500 | \$11,800 | \$9,000 | \$15,900 |
| Accumulator Type | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Embedded |
| PCP Office Visit | \$20 | \$20 | \$25* | \$20* | 1st dollar and deductible then \$20 |
| Specialist Visit | \$50* | \$50* | \$40* | \$50* | 1st dollar and deductible then \$50 |
| Telemedicine (Teladoc) | \$0 | \$0* | \$0 | \$0* | Covered in Full |
| Hospital Inpatient | \$1,000* | \$750* | \$1,000* | \$750* | 1st dollar and deductible then 25% |
| Outpatient Surgery | \$125* | \$125* | \$100* | \$125* | 1st dollar and deductible then 25% |
| Emergency Room Care | \$150* | \$150* | \$150* | \$150* | 1st dollar and deductible then 25% |
| Urgent Care | \$75* | \$75 | \$75* | \$75* | 1st dollar and deductible then \$75 |
| Outpatient Mental Health | \$20 | \$20 | \$25* | \$20* | 1st dollar and deductible then \$0 |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | \$0 | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$10 Tier 2 \$40 Tier 3 50% | Tier 1 \$10 Tier 2 \$40 Tier 3 \$100 | Tier 1 \$10 Tier 2 \$35 Tier 3 50% | Tier 1 \$10* Tier 2 \$40* Tier 3 50%* | Tier 1 \$10* Tier 2 25%* Tier 3 50%* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | 1st Dollar: \$750/\$1,500 Health Extras or Nutrition Benefit |
| Monthly Premium Information | | | | | |
| Single | \$682.97 | \$694.26 | \$700.12 | \$658.65 | \$648.73 |
| Subscriber and Spouse | \$1,365.94 | \$1,388.52 | \$1,400.24 | \$1,317.30 | \$1,297.46 |
| Subscriber and Child(ren) | \$1,161.05 | \$1,180.24 | \$1,190.20 | \$1,119.71 | \$1,102.84 |
| Family | \$1,946.46 | \$1,978.64 | \$1,995.34 | \$1,877.15 | \$1,848.88 |

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2024 Quarter 2: Small Group Rates Independent Health-Silver Plans

This was Standard Silver, now iDirect Silver Copay Option 2(NEW)

*Services subject to deductible

BOLD print represent a cost share change

| Plan Name | Independent Health iDirect Silver Copay | Independent Health iDirect Silver Copay HSAQ | Independent Health iDirect Silver Coinsurance HSAQ | Independent Health iDirect Silver Copay Option 2 | Independent Health Activate Silver |
|--|--|---|---|---|---|
| Plan Type | Hybrid | Quailified HDHP | Quailified HDHP | Hybrid | Hybrid |
| Individual Deductible | \$2,000 | \$2,000 | \$3,000 | \$2,100 | \$3,100 |
| Family Deductible | \$4,000 | \$4,000 | \$6,000 | \$4,200 | \$6,200 |
| Individual OoP Max | \$8,000 | \$7,500 | \$7,500 | \$9,450 | \$8,500 |
| Family OoP Max | \$16,000 | \$15,000 | \$15,000 | \$18,900 | \$17,000 |
| Accumulator Type | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Embedded | Embedded |
| PCP Office Visit | \$35* | \$35* | 20%* | 1st visit \$30 then \$30* | 1st dollar and deductible then \$35 |
| Specialist Visit | \$60* | \$60* | 20%* | 1st visit \$65 then \$65* | 1st dollar and deductible then \$60 |
| Telemedicine (Teladoc) | \$0 | \$0* | \$0* | \$0 | \$0 |
| Hospital Inpatient | \$1,000* | \$1,000* | 20%* | \$1,500* | 1st dollar and deductible then 40% Coinsurance |
| Outpatient Surgery | \$200* | \$200* | 20%* | \$150* | 1st dollar and deductible then 40% Coinsurance |
| Emergency Room Care | \$250* | \$250* | 20%* | \$500* | 1st dollar and deductible then 40% Coinsurance |
| Urgent Care | \$75 | \$75* | 20%* | \$70* | 1st dollar and deductible then \$75 |
| Outpatient Mental Health | \$35* | \$35* | 20%* | \$30* | 1st dollar and deductible then \$0 |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | \$0 | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$15 Tier 2 \$50 Tier 3 50% | Tier 1 \$15* Tier 2 \$50* Tier 3 50%* | Tier 1 \$15* Tier 2 20%* Tier 3 50%* | Tier 1 \$15 Tier 2 \$40 Tier 3 \$75 | Tier 1 \$15* Tier 2 40%* Tier 3 50%* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit 1st Dollar Amount: \$500 / \$1000 |
| Monthly Premium Information | | | | | |
| Single | \$603.67 | \$592.65 | \$549.16 | \$611.01 | \$561.09 |
| Subscriber and Spouse | \$1,207.34 | \$1,185.30 | \$1,098.32 | \$1,222.02 | \$1,122.18 |
| Subscriber and Child(ren) | \$1,026.24 | \$1,007.51 | \$933.57 | \$1,038.72 | \$953.85 |
| Family | \$1,720.46 | \$1,689.05 | \$1,565.11 | \$1,741.38 | \$1,599.11 |

*Replacement for Silver thRed

This was Standard Silver, now iDirect
Silver Copay Option 2(NEW)

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2024 Quarter 2: Small Group Rates Independent Health-Bronze Plans

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*Services subject to deductible

| Plan Name | Independent Health iDirect Bronze Blended HSAQ | Independent Health iDirect Bronze Coinsurance HSAQ | Independent Health iDirect Bronze MV HSAQ (Minimum Value) |
|--|---|---|--|
| Plan Type | Qualified HDHP | Qualified HDHP | Qualified HDHP |
| Individual Deductible | \$6,000 | \$5,600 | \$7,500 |
| Family Deductible | \$12,000 | \$11,200 | \$15,000 |
| Individual OoP Max | \$7,500 | \$7,500 | \$7,500 |
| Family OoP Max | \$15,000 | \$15,000 | \$15,000 |
| Accumulator Type | Embedded | Embedded | Embedded |
| PCP Office Visit | \$40* | 50%* | Covered in Full* |
| Specialist Visit | \$60* | 50%* | Covered in Full* |
| Telemedicine (Teladoc) | Covered in Full* | Covered in Full* | Covered in Full* |
| Hospital Inpatient | 30%* | 50%* | Covered in Full* |
| Outpatient Surgery | 30%* | 50%* | Covered in Full* |
| Emergency Room Care | 30%* | 50%* | Covered in Full* |
| Urgent Care | \$75* | 50%* | Covered in Full* |
| Outpatient Mental Health | 30%* | \$25* | Covered in Full* |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | Covered in Full* |
| Prescription Coverage | Tier 1 \$20* Tier 2 30%* Tier 3 50%* | Tier 1 50%* Tier 2 50%* Tier 3 50%* | Tier 1 \$0* Tier 2 \$0* Tier 3 \$0* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit |
| Monthly Premium Information | | | |
| Single | \$502.80 | \$496.55 | \$502.44 |
| Subscriber and Spouse | \$1,005.60 | \$993.10 | \$1,004.88 |
| Subscriber and Child(ren) | \$854.76 | \$844.14 | \$854.15 |
| Family | \$1,432.98 | \$1,415.17 | \$1,431.95 |

*Replacement for Bronze thRed

This comparison is intended to be a brief summary of benefits only.
It is not a contract. In the event of a dispute, subscriber contract will control.



2024 Quarter 2: Small Group Rates Independent Health-Local Passport

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health Passport Plan Local Platinum | Independent Health Passport Plan Local Gold HSAQ | Independent Health Passport Plan Local Silver HSAQ | Independent Health Passport Plan Local Bronze HSAQ |
|------------------------------------|--|---|---|---|
| Plan Type | Copay | Qualified HDHP | Qualified HDHP | Qualified HDHP |
| Individual Deductible | n/a | \$1,600 | \$3,000 | \$5,600 |
| Family Deductible | n/a | \$3,200 | \$6,000 | \$11,200 |
| Individual OoP Max | \$6,000 | \$6,750 | \$7,500 | \$7,500 |
| Family OoP Max | \$12,000 | \$13,500 | \$15,000 | \$15,000 |
| Accumulator Type | Embedded | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Embedded |
| PCP Office Visit | \$15 | 20%* | 20%* | 50%* |
| Specialist Visit | \$45 | 20%* | 20%* | 50%* |
| Telemedicine (Teladoc) | \$0 | \$0* | Covered in Full* | Covered in Full* |
| Hospital Inpatient | \$500 | 20%* | 20%* | 50%* |
| Outpatient Surgery | \$100 | 20%* | 20%* | 50%* |
| Emergency Room Care | \$150 | 20%* | 20%* | 50%* |
| Urgent Care | \$75 | 20%* | 20%* | 50%* |
| Outpatient Mental Health | \$15 | 20%* | 20%* | 50%* |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$5 Tier 2 \$30 Tier 3 50% | Tier 1 \$10* Tier 2 20%* Tier 3 50%* | Tier 1 \$15* Tier 2 20%* Tier 3 50%* | Tier 1 50%* Tier 2 50%* Tier 3 50%* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit |
| Monthly Premium Information | | | | |
| Single | \$828.74 | \$650.87 | \$575.93 | \$521.55 |
| Subscriber and Spouse | \$1,657.48 | \$1,301.74 | \$1,151.86 | \$1,043.10 |
| Subscriber and Child(ren) | \$1,408.86 | \$1,106.48 | \$979.08 | \$886.64 |
| Family | \$2,361.91 | \$1,854.98 | \$1,641.40 | \$1,486.42 |

This comparison is intended to be a brief summary of benefits only.
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2024 Quarter 2: Small Group Rates Independent Health-National Passport

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health Passport Plan National Platinum | Independent Health Passport Plan National Gold HSAQ | Independent Health Passport Plan National Silver HSAQ | Independent Health Passport Plan National Bronze HSAQ |
|------------------------------------|---|--|--|--|
| Plan Type | Copay | Qualified HDHP | Qualified HDHP | Qualified HDHP |
| Individual Deductible | n/a | \$1,600 | \$3,000 | \$5,600 |
| Family Deductible | n/a | \$3,200 | \$6,000 | \$11,200 |
| Individual OoP Max | \$6,000 | \$6,750 | \$7,500 | \$7,500 |
| Family OoP Max | \$12,000 | \$13,500 | \$15,000 | \$15,000 |
| Accumulator Type | Embedded | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Embedded |
| PCP Office Visit | \$15 | 20%* | 20%* | 50%* |
| Specialist Visit | \$45 | 20%* | 20%* | 50%* |
| Telemedicine (Teladoc) | \$0 | Covered in Full* | Covered in Full* | Covered in Full* |
| Hospital Inpatient | \$500 | 20%* | 20%* | 50%* |
| Outpatient Surgery | \$100 | 20%* | 20%* | 50%* |
| Emergency Room Care | \$150 | 20%* | 20%* | 50%* |
| Urgent Care | \$75 | 20%* | 20%* | 50%* |
| Outpatient Mental Health | \$15 | 20%* | 20%* | 50%* |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$5 Tier 2 \$30 Tier 3 50% | Tier 1 \$10* Tier 2 20%* Tier 3 50%* | Tier 1 \$15* Tier 2 20%* Tier 3 50%* | Tier 1 50%* Tier 2 50%* Tier 3 50%* |
| Extra Benefits | Health Extras | Health Extras | Health Extras | Health Extras |
| Monthly Premium Information | | | | |
| Single | \$1,113.55 | \$862.83 | \$762.07 | \$687.66 |
| Subscriber and Spouse | \$2,227.10 | \$1,725.66 | \$1,524.14 | \$1,375.32 |
| Subscriber and Child(ren) | \$1,893.04 | \$1,466.81 | \$1,295.52 | \$1,169.02 |
| Family | \$3,173.62 | \$2,459.07 | \$2,171.90 | \$1,959.83 |

This comparison is intended to be a brief summary of benefits only.
It is not a contract. In the event of a dispute, subscriber contract will control.



2024 Quarter 2: Small Group Rates Independent Health-Choice Plus Plans

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health Choice Plus Platinum | Independent Health Choice Plus Silver |
|--|--|--|
| Plan Type | Copay | Qualified HDHP |
| Individual Deductible | A: n/a B: \$1,500 | A: \$2,000 B: \$3,500 |
| Family Deductible | A: n/a B: \$3,000 | A: \$4,000 B: \$7,000 |
| Individual OoP Max | A & B: \$4,500 | A & B: \$6,950 |
| Family OoP Max | A & B: \$9,000 | A & B: \$13,900 |
| Accumulator Type | A & B: Aggregate(Ded)/Embedded(OoP) | A & B: Aggregate(Ded)/Embedded(OoP) |
| PCP Office Visit | A: \$10 B: 50%* | A: \$35* B: 50%* |
| Specialist Visit | A: \$40 B: 50%* | A: \$60* B: 50%* |
| Telemedicine (Teladoc) | A & B: Covered in Full / Dermatology \$40 | A & B: Covered in Full* / Dermatology \$60* |
| Hospital Inpatient | A \$500 B: 50%* | A: \$1,000* B: 50%* |
| Outpatient Surgery | A: \$50 B: 50%* | A: \$175* B: 50%* |
| Emergency Room Care | A & B: \$150 | A & B: \$250* |
| Urgent Care | A: \$75 B: 50%* | A: \$75* B: 50%* |
| Outpatient Mental Health | A: \$10 B: 50%* | A: \$35* B: 50%* |
| Diabetic Supplies (per 30 days) | A & B: \$0 Copay | A & B: \$0 Copay |
| Prescription Coverage | A & B: Tier 1/\$5 | A & B: Tier 1/\$15* |
| | A & B: Tier 2/\$30 | A & B: Tier 2/\$50* |
| | A & B: Tier 3/50% | A & B: Tier 3/50%* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit |
| Monthly Premium Information | | |
| Single | \$733.55 | \$547.83 |
| Subscriber and Spouse | \$1,467.10 | \$1,095.66 |
| Subscriber and Child(ren) | \$1,247.04 | \$931.31 |
| Family | \$2,090.62 | \$1,561.32 |

This comparison is intended to be a brief summary of benefits only.
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2024 Quarter 3: Small Group Rates Independent Health-Platinum Plans

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health FlexFit Platinum | Independent Health FlexFit Platinum Option 2 |
|--|---|---|
| Plan Type | Copay | Copay |
| Individual Deductible | n/a | n/a |
| Family Deductible | n/a | n/a |
| Individual OoP Max | \$5,250 | \$3,500 |
| Family OoP Max | \$10,500 | \$7,000 |
| Accumulator Type | Embedded | Embedded |
| PCP Office Visit | \$10 | \$10 |
| Specialist Visit | \$40 | \$25 |
| Telemedicine (Teladoc) | \$0 | \$0 |
| Hospital Inpatient | \$500 | \$500 |
| Outpatient Surgery | \$100 | \$100 |
| Emergency Room Care | \$150 | \$150 |
| Urgent Care | \$75 | \$75 |
| Outpatient Mental Health | \$10 | \$10 |
| Diabetic Supplies (per 30 days) | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$5 Tier 2 \$30 Tier 3 50% | Tier 1 \$5 Tier 2 \$30 Tier 3 \$100 |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit |
| Monthly Premium Information | | |
| Single | \$811.62 | \$831.39 |
| Subscriber and Spouse | \$1,623.24 | \$1,662.78 |
| Subscriber and Child(ren) | \$1,379.75 | \$1,413.36 |
| Family | \$2,313.12 | \$2,369.46 |

*Replacement for Platinum thRed



2024 Quarter 3: Small Group Rates Independent Health-Gold Plans

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health iDirect Gold Copay | Independent Health iDirect Gold Copay Option 2 | Independent Health iDirect Gold Copay Option 3 (new) | Independent Health iDirect Gold Copay HSAQ | Independent Health Activate Gold |
|--|--|---|---|---|--|
| Plan Type | Hybrid | Hybrid | Hybrid | Qualified HDHP | Hybrid |
| Individual Deductible | \$1,250 | \$1,250 | \$600 | \$1,600 | \$1,500 |
| Family Deductible | \$2,500 | \$2,500 | \$1,200 | \$3,200 | \$3,000 |
| Individual OoP Max | \$6,750 | \$6,750 | \$5,900 | \$4,500 | \$7,950 |
| Family OoP Max | \$13,500 | \$13,500 | \$11,800 | \$9,000 | \$15,900 |
| Accumulator Type | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Embedded |
| PCP Office Visit | \$20 | \$20 | \$25* | \$20* | 1st dollar and deductible then \$20 |
| Specialist Visit | \$50* | \$50* | \$40* | \$50* | 1st dollar and deductible then \$50 |
| Telemedicine (Teladoc) | \$0 | \$0* | \$0 | \$0* | Covered in Full |
| Hospital Inpatient | \$1,000* | \$750* | \$1,000* | \$750* | 1st dollar and deductible then 25% |
| Outpatient Surgery | \$125* | \$125* | \$100* | \$125* | 1st dollar and deductible then 25% |
| Emergency Room Care | \$150* | \$150* | \$150* | \$150* | 1st dollar and deductible then 25% |
| Urgent Care | \$75* | \$75 | \$75* | \$75* | 1st dollar and deductible then \$75 |
| Outpatient Mental Health | \$20 | \$20 | \$25* | \$20* | 1st dollar and deductible then \$0 |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | \$0 | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$10 Tier 2 \$40 Tier 3 50% | Tier 1 \$10 Tier 2 \$40 Tier 3 \$100 | Tier 1 \$10 Tier 2 \$35 Tier 3 50% | Tier 1 \$10* Tier 2 \$40* Tier 3 50%* | Tier 1 \$10* Tier 2 25%* Tier 3 50%* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | 1st Dollar: \$750/\$1,500 Health Extras or Nutrition Benefit |
| Monthly Premium Information | | | | | |
| Single | \$695.61 | \$707.12 | \$713.08 | \$670.84 | \$660.74 |
| Subscriber and Spouse | \$1,391.22 | \$1,414.24 | \$1,426.16 | \$1,341.68 | \$1,321.48 |
| Subscriber and Child(ren) | \$1,182.54 | \$1,202.10 | \$1,212.24 | \$1,140.43 | \$1,123.26 |
| Family | \$1,982.49 | \$2,015.29 | \$2,032.28 | \$1,911.89 | \$1,883.11 |

*Replacement for Gold thRed

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2024 Quarter 3: Small Group Rates Independent Health-Silver Plans

BOLD print represent a cost share change This was Standard Silver, now iDirect Silver Copay Option 2(NEW) *Services subject to deductible

| Plan Name | Independent Health iDirect Silver Copay | Independent Health iDirect Silver Copay HSAQ | Independent Health iDirect Silver Coinsurance HSAQ | Independent Health iDirect Silver Copay Option 2 | Independent Health Activate Silver |
|--|--|---|---|---|---|
| Plan Type | Hybrid | Qualified HDHP | Qualified HDHP | Hybrid | Hybrid |
| Individual Deductible | \$2,000 | \$2,000 | \$3,000 | \$2,100 | \$3,100 |
| Family Deductible | \$4,000 | \$4,000 | \$6,000 | \$4,200 | \$6,200 |
| Individual OoP Max | \$8,000 | \$7,500 | \$7,500 | \$9,450 | \$8,500 |
| Family OoP Max | \$16,000 | \$15,000 | \$15,000 | \$18,900 | \$17,000 |
| Accumulator Type | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Embedded | Embedded |
| PCP Office Visit | \$35* | \$35* | 20%* | 1st visit \$30 then \$30* | 1st dollar and deductible then \$35 |
| Specialist Visit | \$60* | \$60* | 20%* | 1st visit \$65 then \$65* | 1st dollar and deductible then \$60 |
| Telemedicine (Teladoc) | \$0 | \$0* | \$0* | \$0 | \$0 |
| Hospital Inpatient | \$1,000* | \$1,000* | 20%* | \$1,500* | 1st dollar and deductible then 40% Coinsurance |
| Outpatient Surgery | \$200* | \$200* | 20%* | \$150* | 1st dollar and deductible then 40% Coinsurance |
| Emergency Room Care | \$250* | \$250* | 20%* | \$500* | 1st dollar and deductible then 40% Coinsurance |
| Urgent Care | \$75 | \$75* | 20%* | \$70* | 1st dollar and deductible then \$75 |
| Outpatient Mental Health | \$35* | \$35* | 20%* | \$30* | 1st dollar and deductible then \$0 |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | \$0 | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$15 Tier 2 \$50 Tier 3 50% | Tier 1 \$15* Tier 2 \$50* Tier 3 50%* | Tier 1 \$15* Tier 2 20%* Tier 3 50%* | Tier 1 \$15 Tier 2 \$40 Tier 3 \$75 | Tier 1 \$15* Tier 2 40%* Tier 3 50%* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit 1st Dollar Amount: \$500 / \$1000 |
| Monthly Premium Information | | | | | |
| Single | \$614.85 | \$603.63 | \$559.33 | \$622.32 | \$571.48 |
| Subscriber and Spouse | \$1,229.70 | \$1,207.26 | \$1,118.66 | \$1,244.64 | \$1,142.96 |
| Subscriber and Child(ren) | \$1,045.25 | \$1,026.17 | \$950.86 | \$1,057.94 | \$971.52 |
| Family | \$1,752.32 | \$1,720.35 | \$1,594.09 | \$1,773.61 | \$1,628.72 |

*Replacement for Silver thRed

This was Standard Silver, now iDirect
Silver Copay Option 2(NEW)

This comparison is intended to be a brief summary of benefits only.
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2024 Quarter 3: Small Group Rates Independent Health-Bronze Plans

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health iDirect Bronze Blended HSAQ | Independent Health iDirect Bronze Coinsurance HSAQ | Independent Health iDirect Bronze MV HSAQ (Minimum Value) |
|--|---|---|--|
| Plan Type | Qualified HDHP | Qualified HDHP | Qualified HDHP |
| Individual Deductible | \$6,000 | \$5,600 | \$7,500 |
| Family Deductible | \$12,000 | \$11,200 | \$15,000 |
| Individual OoP Max | \$7,500 | \$7,500 | \$7,500 |
| Family OoP Max | \$15,000 | \$15,000 | \$15,000 |
| Accumulator Type | Embedded | Embedded | Embedded |
| PCP Office Visit | \$40* | 50%* | Covered in Full* |
| Specialist Visit | \$60* | 50%* | Covered in Full* |
| Telemedicine (Teladoc) | Covered in Full* | Covered in Full* | Covered in Full* |
| Hospital Inpatient | 30%* | 50%* | Covered in Full* |
| Outpatient Surgery | 30%* | 50%* | Covered in Full* |
| Emergency Room Care | 30%* | 50%* | Covered in Full* |
| Urgent Care | \$75* | 50%* | Covered in Full* |
| Outpatient Mental Health | 30%* | \$25* | Covered in Full* |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | Covered in Full* |
| Prescription Coverage | Tier 1 \$20* Tier 2 30%* Tier 3 50%* | Tier 1 50%* Tier 2 50%* Tier 3 50%* | Tier 1 \$0* Tier 2 \$0* Tier 3 \$0* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit |
| Monthly Premium Information | | | |
| Single | \$512.11 | \$505.74 | \$511.74 |
| Subscriber and Spouse | \$1,024.22 | \$1,011.48 | \$1,023.48 |
| Subscriber and Child(ren) | \$870.59 | \$859.76 | \$869.96 |
| Family | \$1,459.51 | \$1,441.36 | \$1,458.46 |

*Replacement for Bronze thRed



2024 Quarter 3: Small Group Rates Independent Health-Local Passport

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health Passport Plan Local Platinum | Independent Health Passport Plan Local Gold HSAQ | Independent Health Passport Plan Local Silver HSAQ | Independent Health Passport Plan Local Bronze HSAQ |
|------------------------------------|--|---|---|---|
| Plan Type | Copay | Qualified HDHP | Qualified HDHP | Qualified HDHP |
| Individual Deductible | n/a | \$1,600 | \$3,000 | \$5,600 |
| Family Deductible | n/a | \$3,200 | \$6,000 | \$11,200 |
| Individual OoP Max | \$6,000 | \$6,750 | \$7,500 | \$7,500 |
| Family OoP Max | \$12,000 | \$13,500 | \$15,000 | \$15,000 |
| Accumulator Type | Embedded | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Embedded |
| PCP Office Visit | \$15 | 20%* | 20%* | 50%* |
| Specialist Visit | \$45 | 20%* | 20%* | 50%* |
| Telemedicine (Teladoc) | \$0 | \$0* | Covered in Full* | Covered in Full* |
| Hospital Inpatient | \$500 | 20%* | 20%* | 50%* |
| Outpatient Surgery | \$100 | 20%* | 20%* | 50%* |
| Emergency Room Care | \$150 | 20%* | 20%* | 50%* |
| Urgent Care | \$75 | 20%* | 20%* | 50%* |
| Outpatient Mental Health | \$15 | 20%* | 20%* | 50%* |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$5 Tier 2 \$30 Tier 3 50% | Tier 1 \$10* Tier 2 20%* Tier 3 50%* | Tier 1 \$15* Tier 2 20%* Tier 3 50%* | Tier 1 50%* Tier 2 50%* Tier 3 50%* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit |
| Monthly Premium Information | | | | |
| Single | \$844.09 | \$662.91 | \$586.59 | \$531.21 |
| Subscriber and Spouse | \$1,688.18 | \$1,325.82 | \$1,173.18 | \$1,062.42 |
| Subscriber and Child(ren) | \$1,434.95 | \$1,126.95 | \$997.20 | \$903.06 |
| Family | \$2,405.66 | \$1,889.29 | \$1,671.78 | \$1,513.95 |

This comparison is intended to be a brief summary of benefits only.
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2024 Quarter 3: Small Group Rates Independent Health-National Passport

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health Passport Plan National Platinum | Independent Health Passport Plan National Gold HSAQ | Independent Health Passport Plan National Silver HSAQ | Independent Health Passport Plan National Bronze HSAQ |
|------------------------------------|---|--|--|--|
| Plan Type | Copay | Qualified HDHP | Qualified HDHP | Qualified HDHP |
| Individual Deductible | n/a | \$1,600 | \$3,000 | \$5,600 |
| Family Deductible | n/a | \$3,200 | \$6,000 | \$11,200 |
| Individual OoP Max | \$6,000 | \$6,750 | \$7,500 | \$7,500 |
| Family OoP Max | \$12,000 | \$13,500 | \$15,000 | \$15,000 |
| Accumulator Type | Embedded | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Embedded |
| PCP Office Visit | \$15 | 20%* | 20%* | 50%* |
| Specialist Visit | \$45 | 20%* | 20%* | 50%* |
| Telemedicine (Teladoc) | \$0 | Covered in Full* | Covered in Full* | Covered in Full* |
| Hospital Inpatient | \$500 | 20%* | 20%* | 50%* |
| Outpatient Surgery | \$100 | 20%* | 20%* | 50%* |
| Emergency Room Care | \$150 | 20%* | 20%* | 50%* |
| Urgent Care | \$75 | 20%* | 20%* | 50%* |
| Outpatient Mental Health | \$15 | 20%* | 20%* | 50%* |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$5 Tier 2 \$30 Tier 3 50% | Tier 1 \$10* Tier 2 20%* Tier 3 50%* | Tier 1 \$15* Tier 2 20%* Tier 3 50%* | Tier 1 50%* Tier 2 50%* Tier 3 50%* |
| Extra Benefits | Health Extras | Health Extras | Health Extras | Health Extras |
| Monthly Premium Information | | | | |
| Single | \$1,134.17 | \$878.81 | \$776.18 | \$700.39 |
| Subscriber and Spouse | \$2,268.34 | \$1,757.62 | \$1,552.36 | \$1,400.78 |
| Subscriber and Child(ren) | \$1,928.09 | \$1,493.98 | \$1,319.51 | \$1,190.66 |
| Family | \$3,232.38 | \$2,504.61 | \$2,212.11 | \$1,996.11 |

This comparison is intended to be a brief summary of benefits only.
It is not a contract. In the event of a dispute, subscriber contract will control.



2024 Quarter 3: Small Group Rates Independent Health-Choice Plus Plans

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health Choice Plus Platinum | Independent Health Choice Plus Silver |
|--|--|--|
| Plan Type | Copay | Qualified HDHP |
| Individual Deductible | A: n/a B: \$1,500 | A: \$2,000 B: \$3,500 |
| Family Deductible | A: n/a B: \$3,000 | A: \$4,000 B: \$7,000 |
| Individual OoP Max | A & B: \$4,500 | A & B: \$6,950 |
| Family OoP Max | A & B: \$9,000 | A & B: \$13,900 |
| Accumulator Type | A & B: Aggregate(Ded)/Embedded(OoP) | A & B: Aggregate(Ded)/Embedded(OoP) |
| PCP Office Visit | A: \$10 B: 50%* | A: \$35* B: 50%* |
| Specialist Visit | A: \$40 B: 50%* | A: \$60* B: 50%* |
| Telemedicine (Teladoc) | A & B: Covered in Full / Dermatology \$40 | A & B: Covered in Full* / Dermatology \$60* |
| Hospital Inpatient | A \$500 B: 50%* | A: \$1,000* B: 50%* |
| Outpatient Surgery | A: \$50 B: 50%* | A: \$175* B: 50%* |
| Emergency Room Care | A & B: \$150 | A & B: \$250* |
| Urgent Care | A: \$75 B: 50%* | A: \$75* B: 50%* |
| Outpatient Mental Health | A: \$10 B: 50%* | A: \$35* B: 50%* |
| Diabetic Supplies (per 30 days) | A & B: \$0 Copay | A & B: \$0 Copay |
| Prescription Coverage | A & B: Tier 1/\$5 | A & B: Tier 1/\$15* |
| | A & B: Tier 2/\$30 | A & B: Tier 2/\$50* |
| | A & B: Tier 3/50% | A & B: Tier 3/50%* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit |
| Monthly Premium Information | | |
| Single | \$747.13 | \$557.97 |
| Subscriber and Spouse | \$1,494.26 | \$1,115.94 |
| Subscriber and Child(ren) | \$1,270.12 | \$948.55 |
| Family | \$2,129.32 | \$1,590.21 |

This comparison is intended to be a brief summary of benefits only.
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Insurance
Payroll
HR Solutions

2024 Quarter 4: Small Group Rates Independent Health-Platinum Plans

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health FlexFit Platinum | Independent Health FlexFit Platinum Option 2 |
|--|--|---|
| Plan Type | Copay | Copay |
| Individual Deductible | n/a | n/a |
| Family Deductible | n/a | n/a |
| Individual OoP Max | \$5,250 | \$3,500 |
| Family OoP Max | \$10,500 | \$7,000 |
| Accumulator Type | Embedded | Embedded |
| PCP Office Visit | \$10 | \$10 |
| Specialist Visit | \$40 | \$25 |
| Telemedicine (Teladoc) | \$0 | \$0 |
| Hospital Inpatient | \$500 | \$500 |
| Outpatient Surgery | \$100 | \$100 |
| Emergency Room Care | \$150 | \$150 |
| Urgent Care | \$75 | \$75 |
| Outpatient Mental Health | \$10 | \$10 |
| Diabetic Supplies (per 30 days) | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$5 Tier 2 \$30 Tier 3 50% | Tier 1 \$5 Tier 2 \$30 Tier 3 \$100 |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit |
| Monthly Premium Information | | |
| Single | \$826.66 | \$846.79 |
| Subscriber and Spouse | \$1,653.32 | \$1,693.58 |
| Subscriber and Child(ren) | \$1,405.32 | \$1,439.54 |
| Family | \$2,355.98 | \$2,413.35 |

*Replacement for Platinum thRed

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Bene-Care, Inc
800.333.1673
www.bene-care.com



2024 Quarter 4: Small Group Rates Independent Health-Gold Plans

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health iDirect Gold Copay | Independent Health iDirect Gold Copay Option 2 | Independent Health iDirect Gold Copay Option 3 (new) | Independent Health iDirect Gold Copay HSAQ | Independent Health Activate Gold |
|--|--|---|---|---|--|
| Plan Type | Hybrid | Hybrid | Hybrid | Qualified HDHP | Hybrid |
| Individual Deductible | \$1,250 | \$1,250 | \$600 | \$1,600 | \$1,500 |
| Family Deductible | \$2,500 | \$2,500 | \$1,200 | \$3,200 | \$3,000 |
| Individual OoP Max | \$6,750 | \$6,750 | \$5,900 | \$4,500 | \$7,950 |
| Family OoP Max | \$13,500 | \$13,500 | \$11,800 | \$9,000 | \$15,900 |
| Accumulator Type | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Embedded |
| PCP Office Visit | \$20 | \$20 | \$25* | \$20* | 1st dollar and deductible then \$20 |
| Specialist Visit | \$50* | \$50* | \$40* | \$50* | 1st dollar and deductible then \$50 |
| Telemedicine (Teladoc) | \$0 | \$0* | \$0 | \$0* | Covered in Full |
| Hospital Inpatient | \$1,000* | \$750* | \$1,000* | \$750* | 1st dollar and deductible then 25% |
| Outpatient Surgery | \$125* | \$125* | \$100* | \$125* | 1st dollar and deductible then 25% |
| Emergency Room Care | \$150* | \$150* | \$150* | \$150* | 1st dollar and deductible then 25% |
| Urgent Care | \$75* | \$75 | \$75* | \$75* | 1st dollar and deductible then \$75 |
| Outpatient Mental Health | \$20 | \$20 | \$25* | \$20* | 1st dollar and deductible then \$0 |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | \$0 | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$10 Tier 2 \$40 Tier 3 50% | Tier 1 \$10 Tier 2 \$40 Tier 3 \$100 | Tier 1 \$10 Tier 2 \$35 Tier 3 50% | Tier 1 \$10* Tier 2 \$40* Tier 3 50%* | Tier 1 \$10* Tier 2 25%* Tier 3 50%* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | 1st Dollar: \$750/\$1,500 Health Extras or Nutrition Benefit |
| Monthly Premium Information | | | | | |
| Single | \$708.49 | \$720.21 | \$726.28 | \$683.27 | \$672.98 |
| Subscriber and Spouse | \$1,416.98 | \$1,440.42 | \$1,452.56 | \$1,366.54 | \$1,345.96 |
| Subscriber and Child(ren) | \$1,204.43 | \$1,224.36 | \$1,234.68 | \$1,161.56 | \$1,144.07 |
| Family | \$2,019.20 | \$2,052.60 | \$2,069.90 | \$1,947.32 | \$1,917.99 |

*Replacement for Gold thRed

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2024 Quarter 3: Small Group Rates Independent Health-Silver Plans

BOLD print represent a cost share change

This was Standard Silver, now iDirect
Silver Copay Option 2(NEW)

*Services subject to deductible

| Plan Name | Independent Health iDirect Silver Copay | Independent Health iDirect Silver Copay HSAQ | Independent Health iDirect Silver Coinsurance HSAQ | Independent Health iDirect Silver Copay Option 2 | Independent Health Activate Silver |
|--|--|---|---|---|---|
| Plan Type | Hybrid | Qualified HDHP | Qualified HDHP | Hybrid | Hybrid |
| Individual Deductible | \$2,000 | \$2,000 | \$3,000 | \$2,100 | \$3,100 |
| Family Deductible | \$4,000 | \$4,000 | \$6,000 | \$4,200 | \$6,200 |
| Individual OoP Max | \$8,000 | \$7,500 | \$7,500 | \$9,450 | \$8,500 |
| Family OoP Max | \$16,000 | \$15,000 | \$15,000 | \$18,900 | \$17,000 |
| Accumulator Type | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Embedded | Embedded |
| PCP Office Visit | \$35* | \$35* | 20%* | 1st visit \$30 then \$30* | 1st dollar and deductible then \$35 |
| Specialist Visit | \$60* | \$60* | 20%* | 1st visit \$65 then \$65* | 1st dollar and deductible then \$60 |
| Telemedicine (Teladoc) | \$0 | \$0* | \$0* | \$0 | \$0 |
| Hospital Inpatient | \$1,000* | \$1,000* | 20%* | \$1,500* | 1st dollar and deductible then 40% Coinsurance |
| Outpatient Surgery | \$200* | \$200* | 20%* | \$150* | 1st dollar and deductible then 40% Coinsurance |
| Emergency Room Care | \$250* | \$250* | 20%* | \$500* | 1st dollar and deductible then 40% Coinsurance |
| Urgent Care | \$75 | \$75* | 20%* | \$70* | 1st dollar and deductible then \$75 |
| Outpatient Mental Health | \$35* | \$35* | 20%* | 1st visit \$30 then \$30* | 1st dollar and deductible then \$0 |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | \$0 | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$15 Tier 2 \$50 Tier 3 50% | Tier 1 \$15* Tier 2 \$50* Tier 3 50%* | Tier 1 \$15* Tier 2 20%* Tier 3 50%* | Tier 1 \$15 Tier 2 \$40 Tier 3 \$75 | Tier 1 \$15* Tier 2 40%* Tier 3 50%* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit 1st Dollar Amount: \$500 / \$1000 |
| Monthly Premium Information | | | | | |
| Single | \$626.24 | \$614.81 | \$569.69 | \$633.84 | \$582.06 |
| Subscriber and Spouse | \$1,252.48 | \$1,229.62 | \$1,139.38 | \$1,267.68 | \$1,164.12 |
| Subscriber and Child(ren) | \$1,064.61 | \$1,045.18 | \$968.47 | \$1,077.53 | \$989.50 |
| Family | \$1,784.78 | \$1,752.21 | \$1,623.62 | \$1,806.44 | \$1,658.87 |

*Replacement for Silver thRed

This was Standard Silver, now iDirect
Silver Copay Option 2(NEW)

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2024 Quarter 3: Small Group Rates Independent Health-Bronze Plans

BOLD print represent a cost share change

*Services subject to deductible

| | Independent Health iDirect Bronze Blended HSAQ | Independent Health iDirect Bronze Coinsurance HSAQ | Independent Health iDirect Bronze MV HSAQ (Minimum Value) |
|--|---|---|--|
| Plan Name | | | |
| Plan Type | Qualified HDHP | Qualified HDHP | Qualified HDHP |
| Individual Deductible | \$6,000 | \$5,600 | \$7,500 |
| Family Deductible | \$12,000 | \$11,200 | \$15,000 |
| Individual OoP Max | \$7,500 | \$7,500 | \$7,500 |
| Family OoP Max | \$15,000 | \$15,000 | \$15,000 |
| Accumulator Type | Embedded | Embedded | Embedded |
| PCP Office Visit | \$40* | 50%* | Covered in Full* |
| Specialist Visit | \$60* | 50%* | Covered in Full* |
| Telemedicine (Teladoc) | Covered in Full* | Covered in Full* | Covered in Full* |
| Hospital Inpatient | 30%* | 50%* | Covered in Full* |
| Outpatient Surgery | 30%* | 50%* | Covered in Full* |
| Emergency Room Care | 30%* | 50%* | Covered in Full* |
| Urgent Care | \$75* | 50%* | Covered in Full* |
| Outpatient Mental Health | 30%* | \$25* | Covered in Full* |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | Covered in Full* |
| Prescription Coverage | Tier 1 \$20* Tier 2 30%* Tier 3 50%* | Tier 1 50%* Tier 2 50%* Tier 3 50%* | Tier 1 \$0* Tier 2 \$0* Tier 3 \$0* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit |
| Monthly Premium Information | | | |
| Single | \$521.60 | \$515.11 | \$521.22 |
| Subscriber and Spouse | \$1,043.20 | \$1,030.22 | \$1,042.44 |
| Subscriber and Child(ren) | \$886.72 | \$875.69 | \$886.07 |
| Family | \$1,486.56 | \$1,468.06 | \$1,485.48 |

*Replacement for Bronze thRed

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2024 Quarter 3: Small Group Rates Independent Health-Local Passport

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health Passport Plan Local Platinum | Independent Health Passport Plan Local Gold HSAQ | Independent Health Passport Plan Local Silver HSAQ | Independent Health Passport Plan Local Bronze HSAQ |
|------------------------------------|--|---|---|---|
| Plan Type | Copay | Qualified HDHP | Qualified HDHP | Qualified HDHP |
| Individual Deductible | n/a | \$1,600 | \$3,000 | \$5,600 |
| Family Deductible | n/a | \$3,200 | \$6,000 | \$11,200 |
| Individual OoP Max | \$6,000 | \$6,750 | \$7,500 | \$7,500 |
| Family OoP Max | \$12,000 | \$13,500 | \$15,000 | \$15,000 |
| Accumulator Type | Embedded | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Embedded |
| PCP Office Visit | \$15 | 20%* | 20%* | 50%* |
| Specialist Visit | \$45 | 20%* | 20%* | 50%* |
| Telemedicine (Teladoc) | \$0 | \$0* | Covered in Full* | Covered in Full* |
| Hospital Inpatient | \$500 | 20%* | 20%* | 50%* |
| Outpatient Surgery | \$100 | 20%* | 20%* | 50%* |
| Emergency Room Care | \$150 | 20%* | 20%* | 50%* |
| Urgent Care | \$75 | 20%* | 20%* | 50%* |
| Outpatient Mental Health | \$15 | 20%* | 20%* | 50%* |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$5 Tier 2 \$30 Tier 3 50% | Tier 1 \$10* Tier 2 20%* Tier 3 50%* | Tier 1 \$15* Tier 2 20%* Tier 3 50%* | Tier 1 50%* Tier 2 50%* Tier 3 50%* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit |
| Monthly Premium Information | | | | |
| Single | \$859.72 | \$675.19 | \$597.46 | \$541.05 |
| Subscriber and Spouse | \$1,719.44 | \$1,350.38 | \$1,194.92 | \$1,082.10 |
| Subscriber and Child(ren) | \$1,461.52 | \$1,147.82 | \$1,015.68 | \$919.79 |
| Family | \$2,450.20 | \$1,924.29 | \$1,702.76 | \$1,541.99 |

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2024 Quarter 3: Small Group Rates Independent Health-National Passport

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health Passport Plan National Platinum | Independent Health Passport Plan National Gold HSAQ | Independent Health Passport Plan National Silver HSAQ | Independent Health Passport Plan National Bronze HSAQ |
|------------------------------------|---|--|--|--|
| Plan Type | Copay | Qualified HDHP | Qualified HDHP | Qualified HDHP |
| Individual Deductible | n/a | \$1,600 | \$3,000 | \$5,600 |
| Family Deductible | n/a | \$3,200 | \$6,000 | \$11,200 |
| Individual OoP Max | \$6,000 | \$6,750 | \$7,500 | \$7,500 |
| Family OoP Max | \$12,000 | \$13,500 | \$15,000 | \$15,000 |
| Accumulator Type | Embedded | Aggregate(Ded)/Embedded (OoP) | Aggregate(Ded)/Embedded (OoP) | Embedded |
| PCP Office Visit | \$15 | 20%* | 20%* | 50%* |
| Specialist Visit | \$45 | 20%* | 20%* | 50%* |
| Telemedicine (Teladoc) | \$0 | Covered in Full* | Covered in Full* | Covered in Full* |
| Hospital Inpatient | \$500 | 20%* | 20%* | 50%* |
| Outpatient Surgery | \$100 | 20%* | 20%* | 50%* |
| Emergency Room Care | \$150 | 20%* | 20%* | 50%* |
| Urgent Care | \$75 | 20%* | 20%* | 50%* |
| Outpatient Mental Health | \$15 | 20%* | 20%* | 50%* |
| Diabetic Supplies (per 30 days) | \$0 | \$0 | \$0 | \$0 |
| Prescription Coverage | Tier 1 \$5 Tier 2 \$30 Tier 3 50% | Tier 1 \$10* Tier 2 20%* Tier 3 50%* | Tier 1 \$15* Tier 2 20%* Tier 3 50%* | Tier 1 50%* Tier 2 50%* Tier 3 50%* |
| Extra Benefits | Health Extras | Health Extras | Health Extras | Health Extras |
| Monthly Premium Information | | | | |
| Single | \$1,155.17 | \$895.09 | \$790.56 | \$713.36 |
| Subscriber and Spouse | \$2,310.34 | \$1,790.18 | \$1,581.12 | \$1,426.72 |
| Subscriber and Child(ren) | \$1,963.79 | \$1,521.65 | \$1,343.95 | \$1,212.71 |
| Family | \$3,292.23 | \$2,551.01 | \$2,253.10 | \$2,033.08 |

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2024 Quarter 3: Small Group Rates Independent Health-Choice Plus Plans

BOLD print represent a cost share change

*Services subject to deductible

| Plan Name | Independent Health Choice Plus Platinum | Independent Health Choice Plus Silver |
|--|--|--|
| Plan Type | Copay | Qualified HDHP |
| Individual Deductible | A: n/a B: \$1,500 | A: \$2,000 B: \$3,500 |
| Family Deductible | A: n/a B: \$3,000 | A: \$4,000 B: \$7,000 |
| Individual OoP Max | A & B: \$4,500 | A & B : \$6,950 |
| Family OoP Max | A & B: \$9,000 | A & B: \$13,900 |
| Accumulator Type | A & B: Aggregate(Ded)/Embedded(OoP) | A & B: Aggregate(Ded)/Embedded(OoP) |
| PCP Office Visit | A: \$10 B: 50%* | A: \$35* B: 50%* |
| Specialist Visit | A: \$40 B: 50%* | A: \$60* B: 50%* |
| Telemedicine (Teladoc) | A & B: Covered in Full / Dermatology \$40 | A & B: Covered in Full* / Dermatology \$60* |
| Hospital Inpatient | A \$500 B: 50%* | A: \$1,000* B: 50%* |
| Outpatient Surgery | A: \$50 B: 50%* | A: \$175* B: 50%* |
| Emergency Room Care | A & B: \$150 | A & B: \$250* |
| Urgent Care | A: \$75 B: 50%* | A: \$75* B: 50%* |
| Outpatient Mental Health | A: \$10 B: 50%* | A: \$35* B: 50%* |
| Diabetic Supplies (per 30 days) | A & B: \$0 Copay | A & B: \$0 Copay |
| Prescription Coverage | A & B: Tier 1/\$5 | A & B: Tier 1/\$15* |
| | A & B: Tier 2/\$30 | A & B: Tier 2/\$50* |
| | A & B: Tier 3/50% | A & B: Tier 3/50%* |
| Extra Benefits | Health Extras or Nutrition Benefit | Health Extras or Nutrition Benefit |
| Monthly Premium Information | | |
| Single | \$760.98 | \$568.31 |
| Subscriber and Spouse | \$1,521.96 | \$1,136.62 |
| Subscriber and Child(ren) | \$1,293.67 | \$966.13 |
| Family | \$2,168.79 | \$1,619.68 |

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