



**2023 ENROLLMENT KIT**



# WELCOME TO INDEPENDENT HEALTH!

Our RedShirts<sup>SM</sup> are here to **help our members get and stay healthy** by getting the most from their health plan. This guide will provide you with an overview of many of the tools, resources and benefits we offer that go **Well Beyond Insurance**.

## All from your online account

As a member, you'll begin enjoying the RedShirt<sup>®</sup> Treatment you deserve by creating a secure online account. Simply **download the MyIH app or visit [myih.com/go](https://myih.com/go)**. All in one place, your account provides you quick access to the latest information specific to your plan, health tools and so much more, including:

- Member ID Card
- Personalized Health Dashboard
- Plan Benefits
- Deductible Tracking (if applicable)
- Claims History
- Find a Doctor/Provider
- Option for an Electronic Explanation of Benefits
- And More!



*Scan here to download the MyIH app*

If you have any questions, now or throughout the year, our RedShirts<sup>SM</sup> are here to help.

### Chat With a RedShirt through the MyIH app:

Mon. – Fri., 8 a.m. – 7:45 p.m.

### Current Members:

(716) 631-8701 or  
1-800-501-3439 (TTY: 711)

### Prospective Members:

(716) 631-5392 or  
1-800-453-1910 (TTY: 711)

**It's all part of the RedShirt<sup>®</sup> Treatment.**



Find full details about the plans and other services we offer at **[independenthealth.com](https://independenthealth.com)**.





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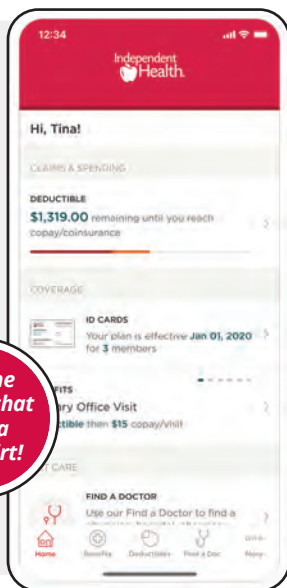
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## VALUE-ADDED BENEFITS

With Independent Health, we're not just here for you when you need health care services. We support your health through a more integrated approach. A wide range of value-added benefits help you get and stay healthy, while helping to keep you informed and active.

# GETTING STARTED WITH INDEPENDENT HEALTH

As a member of Independent Health, here are three things you should do right away to make the most of your health plan, and your health:



### 1. Download MyIH

Create and access your account through the free MyIH mobile app or online through the website. Join nearly 60,000 members who have downloaded the MyIH app, and access your plan benefits\*, review recent claims, track your deductible,\*\* find a doctor or search nearby urgent care locations and hospitals, view your ID card, review the most current drug formulary and more.

Your online account also provides easy access to healthy living apps like Brook, Foodsmart™ and FitWorks®. If you have a question, the MyIH app lets you chat one-on-one with a LIVE RedShirt – not a chatbot!

Visit [independenthealth.com/MyIH](https://independenthealth.com/MyIH) or scan here to download MyIH.



### 2. Choose Your Wellness Benefit\*

Your plan offers the choice between two unique benefits: nutrition benefit or Health Extras<sup>SM</sup> benefit. If eligible, you will be prompted to make this selection upon creating an online account or at the start of a new plan year. Learn more about how these benefits work at [independenthealth.com/nutrition](https://independenthealth.com/nutrition) and [independenthealth.com/healthextras](https://independenthealth.com/healthextras).

### 3. Schedule an Annual Visit with Your PCP

It's important to choose a primary care physician (PCP) to coordinate your care and serve as the central source for information and guidance on all matters of your health and well-being. If you don't have a PCP, we can help find the right one for you. Visit [independenthealth.com/findadoctor](https://independenthealth.com/findadoctor) to search for physicians and other providers. Remember, annual checkups are **FREE!**

\* Benefits vary by plan.

\*\* The tracker applies to your in-network deductibles and reflects claims that have been submitted by your provider(s) and processed by Independent Health.

# CHOOSING YOUR WELLNESS BENEFIT

Your plan offers the choice between two unique benefit options\*:

## Independent Health's Nutrition Benefit

Earn up to \$500 as an individual or \$1,000 as a family each year for buying fresh fruits and vegetables at TOPS Friendly Markets.

### HOW IT WORKS:

- Enter your TOPS BonusPlus® or BonusCard number during registration. If you do not have one, free applications are available at the Customer Service Center of your local TOPS. Use this card with your next in-store purchase to activate your account in the TOPS system.
- Once registered, we will contact you within 10 business days to confirm if your enrollment was successful or if we need more information.
- For every \$2 you spend on fresh produce, you'll receive a \$1 credit toward a quarterly Nutrition Rewards card\*\*. Be sure to present your TOPS BonusPlus® or BonusCard with every purchase.
- Your rewards card can be used on future in-store grocery purchases at TOPS (excluding tobacco products).
- Nutrition Rewards cards are mailed quarterly.
- Log in to your Independent Health account to track your rewards. Your cumulative earned rewards will also be displayed at the bottom of your TOPS receipt, online at [TopsMarkets.com](https://TopsMarkets.com) or through the BonusPlus® app for your smartphone.
- For more information on the nutrition benefit, visit [independenthealth.com/nutrition](https://independenthealth.com/nutrition).

OR

## Independent Health's Health Extras<sup>SM</sup> Benefit

Receive a \$250 Prepaid Visa® Card that you, your spouse and any dependents enrolled in your plan can use to get and stay healthy.

### HOW IT WORKS:

- Once registered, you will receive your \$250 Health Extras card in the mail within approximately three weeks.
- You can use your card immediately **at participating vendors** on a variety of health and wellness goods and services:
  - Acupuncture
  - Adult Fitness Classes
  - Community Partners
  - Fitness Center Membership
  - Instructional Sports
  - Massage Therapy
  - Online Fitness Subscriptions
  - Prepared Meals
  - Specialty Fitness Stores
  - Vitamins & Herbs
  - Weight Loss Programs
- Your card balance will remain available through your annual renewal or through the term of your plan with Independent Health.
- Be sure to use your \$250 by the end of your plan year, as unused funds will NOT roll over.
- You can get reimbursed for eligible services when you weren't able to use your Health Extras card.
- Reimbursement forms, vendor listings and other information on Health Extras can be found online at [independenthealth.com/healthextras](https://independenthealth.com/healthextras).
- Log in to your member account to track your balance, view transactions, see how many days are left to spend any remaining dollars, and more!

### HOW TO REGISTER:

1. **Visit [independenthealth.com](https://independenthealth.com) to log in or register for an account** when your health plan coverage begins.
2. **Make your benefit selection when prompted by the registration screen.** You will have the option to go back and re-select either the nutrition benefit or Health Extras benefit during the registration process. Once complete, you will not be able to change your selection during your plan year.

\* Available on select Independent Health plans. Excludes Medicare Advantage plans. Benefits vary by plan.

\*\* \$2 in fresh produce must be purchased in a single transaction. \$2 in fresh produce spending is calculated after all store discounts have been subtracted for your order. Canned or frozen fruits and vegetables are excluded. Money back is in the form of store credit for future purchases.

NEW!

# INDEPENDENT HEALTH'S RedShirt Rewards<sup>SM</sup>

## Earn Up to \$30 in Rewards



For Independent Health members, it pays to get and stay healthy. Activate your RedShirt Rewards by logging in to your MyIH account through the MyIH app or at MyIH.com.

New for 2023, **Independent Health RedShirt Rewards** provides incentives just for completing actions that can help you manage your health and wellness.

**Earn a \$10 RedShirt Reward\* for each eligible action — up to \$30\*\* each plan year!**


- Annual Checkup
- Flu Shot<sup>†</sup>
- COVID-19 Vaccine and Booster<sup>†</sup>
- Breast Cancer Screening
- Colon Cancer Screening
- Prediabetes — Enrollment in a Diabetes Prevention Program
- Diabetes Care — Diabetic Retinal Eye Exam
- Diabetes Care — A1C Test
- Statin Medication Received (for people with heart disease or diabetes)<sup>†</sup>

Make it a family affair, because each member in your plan 18 years of age and older (subscriber, spouse and dependents) is eligible to earn their own rewards just for completing healthy actions right for them.

### HOW IT WORKS

- 1. Activate the program** through your MyIH account.
- 2. Complete an eligible action** listed above.
- 3. Choose a reward.** Receive a secure message through your MyIH account that will allow you to choose a gift card from a wide range of participating retailers, including Amazon.com Gift Card, Nike, Target and more!



 To get started, opt in to the program through the MyIH app or through MyIH.com.

\* 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 per plan year.

<sup>†</sup> For members who do not have pharmacy coverage through Independent Health or Pharmacy Benefit Dimensions, these actions must be provided in a medical facility, such as a doctor's office, hospital or urgent care center. Pharmacies or community centers do not qualify.


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# WELLNESS DISCOUNTS

Our community partnerships allow us to offer health and wellness discounts on a wide range of goods and services that can help you get and stay healthy. Simply show your member ID card and start saving — up to 30 percent or more!

## CHOOSE FROM A WIDE SELECTION:


- Acupuncture
- Audiology and Medical Equipment
- Community Partners
- Dentists
- Health Education, Wellness and Fitness
- Healthy Prepared Meals
- Massage Therapists
- Personal Training
- Recreational Sport Programs and Lessons
- Sports and Fitness Equipment
- Vitamins and Herbs
- Weight Loss Programs

 To view or search the latest wellness discounts by category, name or location, visit [independenthealth.com/discounts](https://independenthealth.com/discounts).

# COMMUNITY PARTNERSHIPS

Independent Health and the Independent Health Foundation are excited to work with a wide range of local partners to help all Western New Yorkers get healthy, stay active and have fun all year long.

Plus, as an Independent Health member, you're eligible to receive discounts with a variety of our community partners just by showing your member ID card!

 For more information on our partnerships, or for a list of upcoming programs and events, visit [independenthealth.com/inthecommunity](https://independenthealth.com/inthecommunity).



# GETTING CARE

Peace of mind comes from knowing your needs are covered, no matter the situation. When you or your family needs care, it's a comfort to know you have a variety of options. Which one you choose can depend on the type of care you need, the availability of the service or the cost. Here are some of the ways our members can find access to care.

## FIND A DOCTOR

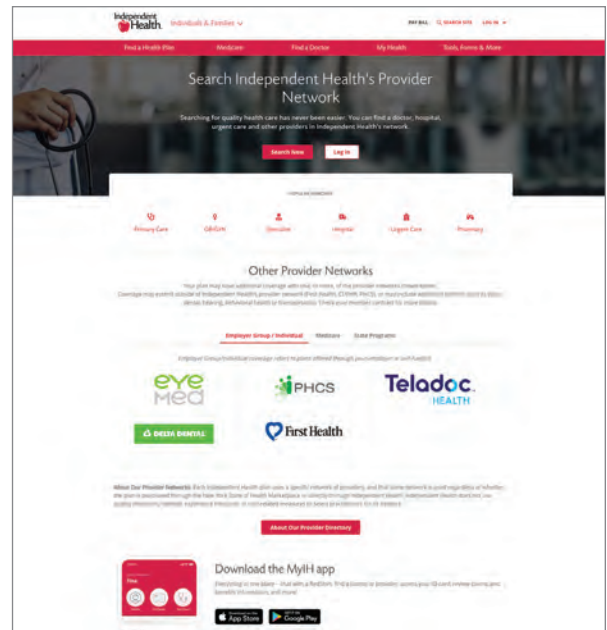
At Independent Health, we make it easy for you to find a health care provider who participates in our network. Our **Find a Doctor** tool can help you search for doctors, specialists, hospitals, urgent care centers and much more. It's another way we're here to help you get and stay healthy.

### HOW IT WORKS

1. Visit [independenthealth.com/findadoctor](https://independenthealth.com/findadoctor)
2. Click the "Search Now" button to launch the Find a Doctor tool.
3. Select the Independent Health plan you would like to use for your search. Enter the plan name or select one from the list. Confirm your selection, and you're ready to search.
4. Select a category to search by, or Search All.
5. Click on the provider to view their location, or locations.

### Before Your Appointment

Independent Health's online provider directory is updated regularly. Make sure your provider participates in our network prior to each visit so the services you receive are covered under your plan. Also, be sure to follow any preauthorization or precertification procedures required by your plan.



You can also search other provider networks outside Independent Health's network:



To search for a participating provider, facility or pharmacy, visit [independenthealth.com/findadoctor](https://independenthealth.com/findadoctor).



# ACCESS TO THE RIGHT CARE AT THE RIGHT TIME

## Start With Your Doctor

When you or a family member are not feeling well or have a medical need, your first contact should be your Primary Care Physician (PCP) or pediatrician. Your primary doctor will help guide you to the appropriate care, be it in their office, a telemedicine consultation or direct you to the nearest facility for more urgent or emergency care.

## URGENT CARE

### A Better Alternative to the ER

If you need immediate care for non-life-threatening injuries and illnesses (such as sprains, cuts and infections) or your doctor directs you, urgent care can be a quicker and more cost-effective alternative to the emergency room.

Independent Health's network also includes **specialized urgent care centers** that provide pediatric, orthopedic/sports medicine and 24-hour services.

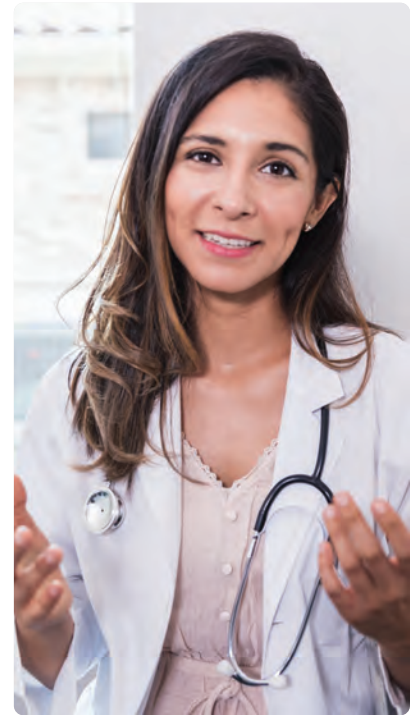
### Understand Your Options to Save Time and Money

When you can't reach your primary care physician, you have other options to seek the answers or appropriate care you need. Depending on your health plan, out-of-pocket costs may differ for each service.

Cost Consideration	Service
FREE	24-Hour Medical Help Line
\$	Telemedicine
\$\$	Urgent Care Center
\$\$\$	Emergency Room (ER)

## WORLDWIDE EMERGENCY CARE

You have the peace of mind of knowing that in the event of an emergency you are always covered, no matter where you are in the world (subject to your applicable member liability). Keep in mind ER visits can be costly and time consuming, therefore chronic or less severe issues should be handled by your primary care physician (PCP) whenever possible.



# TELEMEDICINE

Now more than ever, many doctors, providers and members are taking advantage of virtual appointments and new ways to connect through technology. If you can't reach your primary care physician, our telemedicine benefit provided through Teladoc® conveniently puts you in touch by phone, mobile app or online video with a U.S. board-certified doctor anytime, anywhere.

## Teladoc helps you and your family feel better, faster:

- Includes board-certified pediatricians able to treat children age 0-17
- Average callback time for a general medical consult is 10 minutes
- Prescriptions (if needed) can be sent to a pharmacy of your choice



Discuss common medical issues, such as cold and flu symptoms, bronchitis, allergies, pink eye, sinus problems and more — including behavioral health, mental health and dermatology services. Check your member plan documents for your applicable member cost share.\*

 To learn more or to download the free app, visit [independenthealth.com/telemedicine](https://independenthealth.com/telemedicine).

\* Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc phone consultations are available 24 hours, 7 days a week while video consultations are available during the hours of 7 a.m. to 9 p.m., 7 days a week. Benefits vary by plan. Excludes Medicare Advantage plans. Check your benefit plan documents for your applicable member cost share and other information associated with the telemedicine benefit. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission.



# 24-HOUR MEDICAL HELP LINE

When you can't reach your doctor or your health care center is closed, you can speak to an experienced registered nurse 24 hours a day, 7 days a week.

**Call 1-800-501-3439** and ask for the 24-Hour Medical Help Line.\* During normal business hours, your call will first be answered by an Independent Health Customer Service Representative.

## Help and Advice for Non-Emergency Medical Issues

- Information about heart disease, asthma or diabetes
- Details about common surgeries
- Advice on how to treat a child's fever or minor injury
- Medicine interactions and side effects
- Information on how to quit smoking
- Vaccination information

The nurse may suggest you contact your doctor so you can be seen the following day. Remember, it's important to keep your primary care physician up to date on all matters of your health.

 To learn more, visit [independenthealth.com/24medhelp](https://independenthealth.com/24medhelp).

\* Independent Health's 24-Hour Medical Help Line should not be used for diagnosis or as a substitute for a physician.



VALUE-ADDED BENEFITS

GETTING CARE

HEALTH TOOLS & APPS

IMPORTANT INFO.



# \$0 PREVENTIVE SERVICES

Staying up to date with your preventive care is key to maintaining and improving your health and well-being. That's because, through prevention, illness can be detected and treated early. Independent Health wants to make members aware of all the **\$0 preventive services** offered to keep you healthy. Even those enrolled in a deductible health plan can enjoy FREE preventive services right from the start! It's just one of the ways we're helping you get and stay healthy.

## Top 10 FREE Preventive Services

- Annual Routine Checkup\*
- Cholesterol Screening
- Colonoscopy Screening
- Diabetes Screening
- High Blood Pressure Screening
- Mammography Screening
- Pap Smear Collection and Preparation
- Vaccinations
- Well-Child Visit\*
- Well-Woman Visit\*

## Additional FREE Preventive Services

- Abdominal Aortic Aneurysm Screening
- Alcohol Misuse Screening and Behavioral Counseling Intervention
- Aspirin Therapy Discussion for Prevention of Cardiovascular Disease, Colorectal Cancer or Pre-eclampsia
- Asymptomatic Bacteriuria Screening in Pregnant Women
- Bone Density (Osteoporosis Screening)
- Breast and Ovarian Cancer Susceptibility, Genetic Testing\*\*
- Breast Cancer Preventive Medications
- Breast Feeding — Primary Care Intervention to Promote Breast Feeding
- Breast Feeding Supplies
- Breast Feeding Support and Counseling
- Chlamydia Screening
- Colonoscopy Pre-operative Visits
- Colonoscopy Preparation with Prescription
- Congenital Hypothyroidism Screening
- Contraceptive Drugs and Devices, including both Prescription and Over-the-Counter Products
- Contraceptive Methods and Counseling
- Dental Caries in Preschool Children, Treatment — Fluoride Supplementation
- Depression Screening (Adults)
- Depression Screening (Maternal)
- Diabetes Screening
- Diabetic Equipment and Supplies
- Diabetes Prevention Program
- Drug Abuse Screening
- Falls Prevention in Older Adults (Exercise or Physical Therapy)
- Fluoride Varnish
- Folic Acid — Daily Supplement for Women During Pregnancy
- Healthy Diet Counseling
- Hearing Loss Screening for Newborns
- Hepatitis B Virus Infection, Screening
- Hepatitis C Screening
- High Blood Pressure Screening
- HIV Counseling
- HIV Preexposure Prophylaxis for Prevention of HIV Infection
- HIV Screening
- HPV Screening
- Intensive Behavioral Therapy for Cardiovascular Disease
- Interpersonal and Domestic Counseling
- Interpersonal and Domestic Violence Screening
- Iron Deficiency in Pregnant Women Testing
- Latent Tuberculosis Infection Screening
- Lead Screening
- Lipid Screening (Cardiovascular Screening)
- Lung Screening — Low Dose CT
- Major Depressive Disorder Screening for Children and Adolescents
- Obesity Screening — Adults and Children
- Oral Contraceptives
- Over-the-Counter Contraceptive Drugs and Devices
- Pediatric Preventive Health Care — "Bright Futures"
- Perinatal Depression — Counseling and Intervention
- Phenylketonuria Screening (Children)
- Prenatal Visit\* and One (1) Postpartum Visit\*
- Preventive Laboratory Services
- Prescription Drugs including:
  - » Select Angiotensin-Converting Enzyme (ACE) inhibitors for Blood Pressure
  - » Select Antidepressants
  - » Select Oral Anti-Diabetic Medications
  - » Select Statin Medications
- » Select Beta-Blockers for Blood Pressure
- » Select Oral Medications for Osteoporosis
- Prostate Screening
- Rh(D) Incompatibility Screening in Pregnant Women
- Screening for Urinary Incontinence
- Sexually Transmitted Infections Counseling
- Sickle Cell Disease Screening
- Skin Cancer Behavioral Counseling
- Smoking Cessation Counseling
- Smoking Cessation Intervention Pharmacotherapy
- Syphilis Screening
- Tobacco Use in Children and Adolescents
- Weight Loss to Prevent Obesity Behavioral Interventions — Adults
- Visual Impairment Screening (for Children Younger than 5 Years Old)

These services are covered in full when rendered by an in-network/participating provider. Some preventive services need to meet specific criteria. Please call Member Services at (716) 631-8701 or 1-800-501-3439 for clarification of coverage. Please keep in mind a routine checkup (well visit) or preventive service can sometimes turn into a "sick visit," in which you will be responsible for paying an office visit copay/coinsurance or, if enrolled in a deductible plan, all charges until your deductible level is met. There may be other services performed in conjunction with the above preventive care services, which are subject to any applicable liability as described in your contract.



To view a complete list of free preventive care services, visit [independenthealth.com/preventive](https://independenthealth.com/preventive).

\* Does not include procedures, injections, diagnostic services, laboratory and X-ray services, or any other services not billed as an Evaluations and Management (E&M) code.

\*\* Please note: BRCA mutation screening requires prior authorization to review for medical necessity based on product. Reference the following policy for additional information: Breast Cancer Susceptibility 1 and 2 (BRCA 1/2) Sequence Testing for Susceptibility to Hereditary Breast Cancer and BRACAnalysis® Rearrangement Test (BART).

Preventive Care Services are: Items or services with an "A" or "B" rating from the United States Preventive Services Task Force; immunizations pursuant to the Advisory Committee on Immunization Practices ("ACIP") recommendations; and preventive care and screenings that are provided for in the comprehensive guidelines supported by the Health Resources and Services Administration ("HRSA").



# \$0 PREVENTIVE DRUGS

Controlling costs is important to all of us. To help manage your pharmacy costs, Independent Health has developed a list of preventive drug medications for chronic conditions which are at no cost to you. This means members can receive these important medications from day one of their plan year and no longer have to pay either the full cost of the prescription while still in the deductible phase of their coverage or the applicable tier copay.

While this benefit applies to most plans, you should check your summary of benefits for your specific plan details. You can do so by logging in to your online member account using our mobile app, **MyIH**, or through our website at **independenthealth.com**.

Please note that this is not a complete listing. With more than 300 medications on our preventive formulary list, below is just a small sample of medications in each category. For additional information on a particular drug, use our **Compare Rx Costs** tool by logging in to your account or call Member Services at (716) 631-8701 or 1-800-501-3439 (TTY: 711).

## INDEPENDENT HEALTH PREVENTIVE DRUG EXAMPLES

### Blood Pressure, Heart Disease

ATENOLOL\*  
ENALAPRIL\*  
LISINAPRIL\*  
LOSARTAN\*  
METOPROLOL\*  
QUINAPRIL\*  
VALSARTAN\*

### Antidepressants

BUPROPION\*  
CITALOPRAM\*  
ESCITALOPRAM\*  
FLUOXETINE\*  
PAROXETINE\*  
SERTRALINE\*

### Osteoporosis

ALENDRONATE\*  
RISENDRONATE\*

### Diabetes

ACARBOSE\*  
DIABETIC SUPPLIES\*  
GLIPIZIDE\*  
METFORMIN\*  
PIOGLITIZONE\*

### Cholesterol

ATORVASTATIN  
LOVASTATIN  
PRAVASTATIN  
ROSUVASTATIN

### Smoking Cessation

NICOTINE GUM  
NICOTINE LOZENGES  
NICOTINE PATCHES  
NICOTROL  
VARENICLINE

### Cancer

ANASTROZOLE  
EXEMASTANE  
RALOXIFENE  
TAMOXIFEN

### Anti-Infective

DESCOVY  
EMTRICITABINE/TENOFOVIR

### Contraceptives

ALL GENERIC ORAL  
CONTRACEPTIVES  
GENERIC CONTRACEPTIVE PATCHES

\* These medications are \$0 on Non-Standard plans only



You can view all the preventive drugs under this program (indicated with a "PL" in the formulary) by visiting **independenthealth.com/formulary**.

# HEALTH TOOLS & APPS



In today's busy world it can be a challenge to get and stay healthy. That's why Independent Health offers convenient online resources and apps for support anytime, anywhere. When you download the MyIH app you'll have personalized, easy access to a wide range of tools and support – from nutrition and exercise to goal setting and managing your overall well-being. Download the free MyIH app today and get started by activating your account. It's easy!



## MYIH MOBILE APP

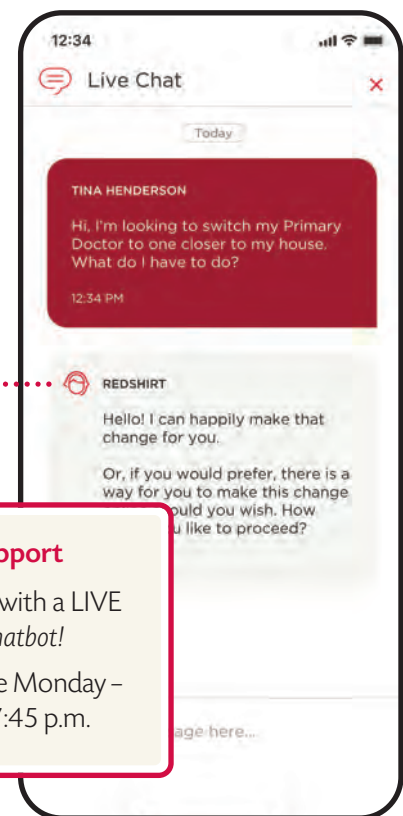
With the free MyIH app, the RedShirt® Treatment and personalized information about your plan is just a chat or tap away from your fingertips.

### With MyIH, you can:

- View claims, plan documents, health tools and rewards
- Track your deductible\* and your balance to always know where you stand
- Receive push notifications
- View your RedShirt Rewards
- Access your spending and savings account(s)\*\*
- Search for a doctor, pharmacy or provider, then manage and set them in your profile
- View and print your member ID card or share it through text message, email and more
- Review your benefits and what's covered on your plan
- **NEW!** Keep tabs on your Nutrition Rewards and your Health Extras<sup>SM</sup> benefit\*\*\*

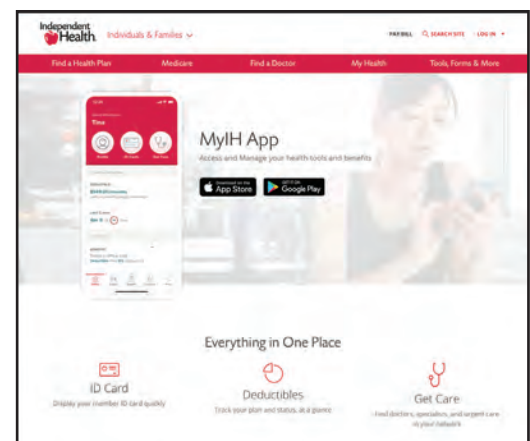


To learn more or to download the free app, visit [independenthealth.com/myIH](https://independenthealth.com/myIH).



### RedShirt® Chat Support

- Chat one-on-one with a LIVE RedShirt – *not a chatbot!*
  - » Access with ease Monday – Friday, 8 a.m. – 7:45 p.m.



\* The tracker applies to your in-network deductible and reflects claims that have been submitted by your provider(s) and processed by Independent Health. Dependent claims information is tracked and reflected in the dollar amounts displayed through your deductible tracker.





\*\* Applies to plans offering a Health Savings Account, Flexible Spending Account and/or Health Reimbursement Account.

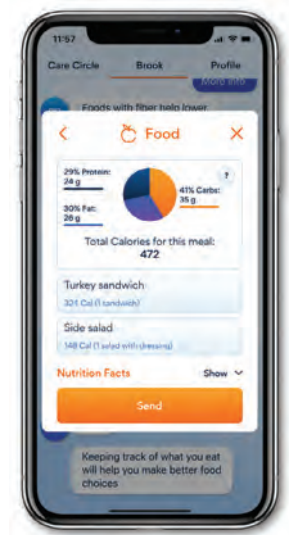
\*\*\* Excludes Medicare Advantage plans. Benefits vary by plan.

# BROOK

Brook offers a variety of programs personalized to your lifestyle and health goals. **Brook+** and the **Brook Health Companion** are fully digital, and available right on your smartphone. No phone calls or appointments necessary.

**Brook is FREE and supports you with:**

-  Access to Health Coaches who create your personal path for success
-  Meal planning and nutrition advice from registered dietitians
-  Support for health goals like weight loss, diabetes prevention and blood sugar control
-  To take the 1-minute health quiz to find out which Brook program is right for you or to learn more, visit [bit.ly/2023BrookPlus](https://bit.ly/2023BrookPlus).



# FOODSMART™

Independent Health has teamed up with Foodsmart to offer a convenient and easy tool to help you incorporate healthy eating into your daily life — at home or on the go.

**Foodsmart simplifies eating well:**

- Personalized to your goals and dietary preferences
- Meal planning and nutrition assistance
- **Virtual, one-on-one nutrition counseling visits with a registered dietitian at no cost to you**
- Look up healthy recipes and build meal calendars or shopping lists
- Access money-saving deals at local grocery stores

 To learn more or to download the free app, visit [campaigns.independenthealth.com/foodsmart](https://campaigns.independenthealth.com/foodsmart).



# COMPARE RX COSTS

Understanding all the options and managing the costs for the medications you need to keep your family healthy can be a challenge. Independent Health makes it easier with a tool that's accessible right from your secure online account.

**Compare, shop and save on your prescriptions:**

- Simply type the name of the medication in the search bar and select your dosage
- Review drug uses and alternative options, including generics (when available)
- Locate nearby pharmacies and online resources for purchase
- Compare real-time costs specific to your plan

 To start comparing, visit [independenthealth.com/login](https://independenthealth.com/login).

# IMPORTANT INFORMATION

When you need information about your benefits or your plan, you have plenty of resources to get answers. You can always contact the Independent Health RedShirts<sup>SM</sup> at (716) 631-8701 or 1-800-501-3439 or use Chat through the MyIH app or your online account. The following section is also a handy reference that you can access throughout the year should you need it.

## EXPLANATION OF BENEFITS (EOB)

All Independent Health members will receive an Explanation of Benefits (EOB) after each health care visit or use. The EOB is not a bill, nor is payment expected at time of receipt.

Each EOB will provide details of the service provided, including date(s) of service, description, rate, any copays/coinsurance and member responsibility (if applicable). You'll also see an overview of your annual deductible (if applicable) and out-of-pocket maximums, including any remaining amounts toward meeting your threshold levels.

### Go Green and Get Your EOB Electronically

Just log in to your online member account and follow the simple steps when selecting "Go Paperless Now" for delivery of your EOB.

 To view a sample EOB, visit [independenthealth.com/EOB](http://independenthealth.com/EOB).

Independent Health  
**Independent Health Association, Inc.**  
 511 Farber Lakes Drive  
 Buffalo, NY 14221

Electronic Service Requested

If you have any questions, please call Independent Health at (716) 631-8701 or (800) 501-3439 or visit us online at [www.independenthealth.com](http://www.independenthealth.com)

Statement Date: 07/06/18  
 Page 1 of 2 F  
**CONFIDENTIAL**

**EXPLANATION OF BENEFITS - THIS IS NOT A BILL**      Please retain this copy for your records and tax purposes

Name:		Group Name:						Group #:			
Member ID#:		Provider:						Claim #:			
Dates of Service	Service Description	Total Charges	Rate	Deductible	Copay/Coins	Not Covered	COB Adj. Amt.	Provider Liability	Remark Code(s)	Plan Pays	
05/29/18	Routine radiology	75.00	72.05	72.05	0.00	0.00		0.00	533 25	0.00	
<b>Claim Totals:</b>		75.00	72.05	72.05	0.00	0.00				0.00	
<b>Total Member Responsibility:</b>								72.05		<b>Total Plan Payment:</b>	0.00

**Remark Code Description:**

25 Deductible Amount  
 533 Provider Network discount applied. Member not responsible for balance billing.

**Summary Information**

Your Deductible Combined Family limit is \$10,000.00, used \$2,117.59, remaining \$7,882.41  
 Your Out of Pocket Max In Network Family limit is \$10,000.00, used \$2,117.59, remaining \$7,882.41  
 Your Out of Pocket Max Out of Network Family limit is \$20,000.00, used \$2,117.59, remaining \$17,882.41

1 OF 2 F

ENV 14106



# PRIVACY AND CONFIDENTIALITY, DRUG FORMULARY AND QUALITY MANAGEMENT

## Privacy and Confidentiality

Upon joining Independent Health, a member contract and/or amendments are sent to you each year. This information outlines the rights, responsibilities and benefits you have as a member. As new and potential laws regarding protecting the privacy and confidentiality of health information are reviewed in the state and federal government, it is important for you to know that Independent Health is committed to maintaining the confidentiality of your health information.

- When you, as a subscriber, enroll with Independent Health, you give a general consent for your own medical records and those of your family members to be accessed by Independent Health as provided under the terms of your member contract.
- Independent Health's contracts with participating providers reinforce your right under New York state law to access your own medical records although your provider may charge a per page copying fee.
- You have the right to the protection of privacy of your health information in all settings, including privacy and confidentiality of all records pertaining to treatment unless otherwise provided by law or by your member contract.
- All member information and records used for purposes of preparing, compiling, or analyzing Independent Health measurement data shall be kept confidential. All member-specific information shall be removed from such measurement data prior release, except in circumstances when state or federal regulatory agencies request "patient level" data as allowed by law.
- Except under the terms of the member contract or as provided by law, Independent Health will not release a member's identifiable medical records to any third party, including the member's fully insured employer, without receiving a signed special release from the member.

## Drug Formulary

The Individual Practice Association of Western New York, Inc. (IPA/WNY), the physician group that provides care for Independent Health members, has developed and maintained a therapeutic drug formulary since 1992. A drug formulary is a list of the most appropriate and cost-effective medications from which participating physicians prescribe. When physicians write a prescription for Independent Health members who have a prescription drug rider, they consult the formulary and select the needed medication.

 To view the most up-to-date drug formularies, please visit [independenthealth.com/formulary](https://independenthealth.com/formulary).

## Quality Management

Independent Health provides a comprehensive quality management (QM) program in an effort to implement programs to ensure quality clinical care, clinical service and HMO service. The QM program is devised to evaluate the quality of care and services provided to Independent Health members, and identify opportunities for continuous improvement.

If you have any questions or would like a copy of our Privacy and Confidentiality notice, Drug Formulary or Quality Management program, please call our sales department at (716) 631-5392 or 1-800-453-1910.

 To view Independent Health's Privacy Notice, visit [independenthealth.com/privacy](https://independenthealth.com/privacy).

# INDEPENDENT HEALTH'S 2023 DRUG FORMULARY

Independent Health drug formularies list out the drugs that are covered under your plan. The medications in each formulary are carefully selected by Independent Health's Pharmacy & Therapeutics Committee and are based on an evaluation of safety, quality, effectiveness and cost.

## How It Works:

- STEP 1** Visit [independenthealth.com/formulary](https://independenthealth.com/formulary)
- STEP 2** Click on **"Employer and Individual/Family Formularies"**
- STEP 3** Click on **"View the Independent Health Drug Formulary III"**

The formulary information applies to small group plans available directly from Independent Health, as well as those offered through the NY State of Health: The Official Health Plan Marketplace – for small businesses through the Small Business Marketplace. Check your summary of benefits to ensure this formulary (Drug Formulary III) is associated with your plan prior to using your prescription drug benefit.

 To view the most up-to-date drug formularies, please visit [independenthealth.com/formulary](https://independenthealth.com/formulary).

## NATIONAL PHARMACY NETWORK

When selecting your health care plan, important consideration should be placed on what prescription medications are covered, especially if you or your dependents rely on specialty or even regular use of medications.

For members who have a prescription drug rider, Independent Health offers our National Pharmacy Network, with coverage at pharmacies\* across the country, including:

- BJ's
- Costco
- CVS
- Discount Drug Mart
- Giant/Stop & Shop
- Giant Eagle
- Hannaford
- Harris Teeter
- Hy-Vee
- Kinney
- Kmart
- Osco/Sav-on
- Price Cutter
- Publix
- Rite Aid
- Safeway
- Sam's Pharmacy
- Tops Markets
- Walgreens
- Walmart Pharmacy
- Wegmans Pharmacy
- Weis
- Winn Dixie

Whether you are out of the area for an extended period of time or are traveling across the country, members have access to more than 64,000 in-network pharmacies in the United States. Independent Health also helps support a wide range of independent pharmacies in Western New York by providing in-network local pharmacy coverage as well.

 To view Independent Health's drug formularies, visit [independenthealth.com/formulary](https://independenthealth.com/formulary).

\* These pharmacies are participating at the time of printing. Please call our Member Services Department at (716) 631-8701 or 1-800-501-3439, for an updated list of pharmacies in our National Pharmacy Network.

# MAIL ORDER PHARMACY


Skip the wait at your local pharmacy with Independent Health's mail order program\* and have your prescriptions mailed directly to your home.

## The mail order program is free, saving you time and money:

- Convenient deliveries right to your mailbox
- Save money with 90-day supplies of maintenance medications at a reduced copayment (when available depending on your plan)

## How It Works:

- Get a new prescription from your doctor.
- Have a 30-day supply filled at a local pharmacy – then ask your doctor to write the next prescription as a 90-day supply for mail order.
- Using your member ID card, register with one of our mail order pharmacy partners, Wegmans or ProAct.
- Pay your copayment for your medication.
- Refill your prescriptions online, by phone or through the mail.

 To learn more, access links and download mail order forms, please visit [independenthealth.com/individuals-and-families/tools-forms-and-more/drugs-covered/mail-order](https://independenthealth.com/individuals-and-families/tools-forms-and-more/drugs-covered/mail-order).

\* Medications available through mail order pharmacies depend on your plan. Please check your summary plan description for the types of medications you may obtain through mail order. You can also look up specific medications on your formulary (list of covered drugs). Those marked on the formulary with "MM" are maintenance medications that may be filled as a 90-day supply.



## Nondiscrimination statement and language assistance services

If you, or someone you're helping, have questions about Independent Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-501-3439.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Independent Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-501-3439.

如果您，或是您正在協助的對象，有關於[插入 Independent Health 項目的名稱 Independent Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-800-501-3439]。

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Independent Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-501-3439.

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Independent Health, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-800-501-3439.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Independent Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-501-3439 로 전화하십시오.

Se tu o qualcuno che stai aiutando avete domande su Independent Health, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-800-501-3439.

אויב איר, אודר עמזעער איר העלפסט, האט פראגעס וועגן Independent Health, האט דאס רעכט צו באקומען הילף און אינפארמאציע און אייער שפראך אומזיסט. צו רעדן מיט דער אייבערזעצער, קלונג 1-800-501-3439

यदि आपनि, अथवा आपनि अन्य काउके सहायता करछेन, सम्पर्के प्रश्न आछे Independent Health आपनार अधिकार आछे बिना खरचे आपनार निज्ज भाषाते साहाय्य पावार एवं भय्य जानवार। अनुवादकेर साथे कथा बलार जन्य, कल करन 1-800-501-3439

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie Independent Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-501-3439.

إن كان لديك أو لدى شخص تساعدُه أسئلة بخصوص Independent Health ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-800-501-3439

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Independent Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-501-3439.

اگر آپ کسی کو مدد دے رہے ہیں اور آپ دونوں کو سوال ہے Independent Health کے بارے میں، تو آپ دونوں کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ ترجمان سے بات کرنے کے لیے، 1-800-501-3439 فون کریں۔

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Independent Health, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap angisang tagasalin, tumawag sa 1-800-501-3439.

Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω απο το Independent Health, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 1-800-501-3439.

Nëse ju, ose dikush që po ndihmoni, ka pyetje për Independent Health, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin 1-800-501-3439.



## Discrimination is Against the Law

Independent Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independent Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independent Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Independent Health's Member Services Department.

If you believe that Independent Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Independent Health's Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-501-3439, TTY users call 711, fax (716) 635-3504, [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Independent Health's Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>



# Enrollment Application/Change Form

Please clearly **PRINT** all information

P.O. Box 710, Buffalo, NY 14231-0710 independenthealth.com

### KEY

† Supporting documentation required

‡ If allowed by plan; supporting documentation may be required

§ Must include date of qualifying event

Employer Admin. Initials:	Date:
---------------------------	-------

**To avoid a delay in your health insurance coverage, please be sure ALL SECTIONS ARE COMPLETED**

### What type of insurance are you applying for (select one)?

- Employer Group – actively employed     COBRA     Individual (application must include payment and supporting documentation)

### A Coverage Information

Name of Employer (not needed for individuals not associated with employer group)

Account Number	Sub Account (if applicable)	Plan Name
----------------	-----------------------------	-----------

Effective Date (date the coverage for this applicant should be effective)	Employee ID/Division/Union/Class (if applicable)
---	--

*Failure to include a date in this field may result in a delay in your coverage.*

### B Qualifying Event Information

**Enroll/Add Coverage** (enter date and select reason below)    **Date of Qualifying Event:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (ex: date of hire)

**Check One:**

- |  |  |   |                                     |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Open Enrollment               | <input type="checkbox"/> New Hire §              | <input type="checkbox"/> Newborn §                      | <input type="checkbox"/> Marriage § |
| <input type="checkbox"/> Relocated/transfer §          | <input type="checkbox"/> Adoption/Guardianship † | <input type="checkbox"/> Involuntary Loss of Coverage § |                                     |
| <input type="checkbox"/> Change in Employment Status § | <input type="checkbox"/> Domestic Partner ‡      | <input type="checkbox"/> Enrolling COBRA coverage       |                                     |
| <input type="checkbox"/> Other † _____                 |  |   |                                     |

**Disenroll/Cancel Coverage** (enter date and select reason below)    **Effective date of cancellation:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check One:**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Terminate Employment                                     | <input type="checkbox"/> Deceased                          | <input type="checkbox"/> Dependent Max age reached               | <input type="checkbox"/> Divorced †     |
| <input type="checkbox"/> Moved out of area  | <input type="checkbox"/> No longer eligible                | <input type="checkbox"/> Nonpayment                              | <input type="checkbox"/> Other coverage |
| <input type="checkbox"/> Layoff/Strike  | <input type="checkbox"/> Cancel coverage for entire family | <input type="checkbox"/> Cancel coverage for all dependents only |   |
| <input type="checkbox"/> Cancel coverage for the following dependents only: _____ |  |  |   |

**Change(s) to existing plan** (enter date and select reason below)    **Effective date of change:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check One:**

- |                                  |                                    |   |                                    |   |
|----------------------------------|------------------------------------|---|------------------------------------|---|
| <input type="checkbox"/> Address | <input type="checkbox"/> Phone No. | <input type="checkbox"/> Marital status | <input type="checkbox"/> Last Name | <input type="checkbox"/> New Employment type* |
|----------------------------------|------------------------------------|---|------------------------------------|---|

**\*If new employment type check one box below:**

- |   |                                |                                   |  |                                      |
|---|--------------------------------|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Active   | <input type="checkbox"/> COBRA | <input type="checkbox"/> Inactive | <input type="checkbox"/> Surviving Insured | <input type="checkbox"/> TEFRA/DEFRA |
| <input type="checkbox"/> Retired <i>Check here if employee is changing to retired status.</i> |                                |                                   |  |                                      |



Employee/Individual Social Security Number

**Dependent #1**

† Supporting documentation required ‡ If allowed by plan; supporting documentation required

**Dependent SSN**  
**Relationship to Employee/Individual**  
 Spouse  Child  Grandchild ‡  Legal ward †  Domestic Partner ‡  Other † \_\_\_\_\_  
(please specify)

**Dependent/Spouse Last Name** **First Name** **Middle Initial** **Date of Birth (MM/DD/YYYY)**  
( ) ( )

**Gender** **Mobile Phone No. (include area code)** **Home Phone No. (include area code)**

**Email address** Primary Language: (if other than English)  
**Primary Care Physician** (refer to Find A Doctor tool at [independenthealth.com/findadoctor](http://independenthealth.com/findadoctor))

Provider Name Provider Address Are you a current patient of this physician? (Y or N)

**Dependent #2**

† Supporting documentation required ‡ If allowed by plan; supporting documentation required

**Dependent SSN**  
**Relationship to Employee/Individual**  
 Spouse  Child  Grandchild ‡  Legal ward †  Domestic Partner ‡  Other † \_\_\_\_\_  
(please specify)

**Dependent/Spouse Last Name** **First Name** **Middle Initial** **Date of Birth (MM/DD/YYYY)**  
( ) ( )

**Gender** **Mobile Phone No. (include area code)** **Home Phone No. (include area code)**

**Email address** Primary Language: (if other than English)  
**Primary Care Physician** (refer to Find A Doctor tool at [independenthealth.com/findadoctor](http://independenthealth.com/findadoctor))

Provider Name Provider Address Are you a current patient of this physician? (Y or N)

**Dependent #3**

† Supporting documentation required ‡ If allowed by plan; supporting documentation required

**Dependent SSN**  
**Relationship to Employee/Individual**  
 Spouse  Child  Grandchild ‡  Legal ward †  Domestic Partner ‡  Other † \_\_\_\_\_  
(please specify)

**Dependent/Spouse Last Name** **First Name** **Middle Initial** **Date of Birth (MM/DD/YYYY)**  
( ) ( )

**Gender** **Mobile Phone No. (include area code)** **Home Phone No. (include area code)**

**Email address** Primary Language: (if other than English)  
**Primary Care Physician** (refer to Find A Doctor tool at [independenthealth.com/findadoctor](http://independenthealth.com/findadoctor))

Provider Name Provider Address Are you a current patient of this physician? (Y or N)



**Certification and Consent – Signature REQUIRED**

I certify that the information given on this application is current, true and correct to the best of my knowledge and I have read and agree to this statement. I understand that this application and my spouse or eligible dependent’s subsequent receipt of health care services are subject to the terms of the applicable coverage document. I understand that if I enroll in a health coverage product through my employer, my employer is responsible for remitting premium payments on my behalf, or in the case of self-insured employers, my employer is responsible for paying my health care claims. I consent to any person or institution that shall have rendered health services to me or to any member of my family under the applicable coverage document to make available any photographs, records or information regarding such services to Independent Health<sup>1</sup>. Any information received or generated by Independent Health shall be kept confidential and secure as required by applicable laws, rules, regulations or contract. I also consent to Independent Health disclosing my health information or the health information of any member of my family for Independent Health’s or a provider, health plan, health care clearinghouse or other covered entity’s treatment, payment or health care operations as permitted by applicable laws, rules and regulations. This consent shall remain in effect until revoked by me in writing or a maximum of 24 months from this authorization.

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

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**X Employee/Individual Signature**

---

**Date:**

<sup>1</sup>“Independent Health” means Independent Health Association, Inc. or Independent Health Benefits Corporation for members who enroll in a health coverage product through their employers or on their own. For an individual whose employer self-insures his or her health coverage, the term “Independent Health” means Independent Health Corporation, a third party administration company.



# The RedShirt® Treatment Goes Well Beyond Insurance

**The coverage you need, AND the extras you want!**

As Western New York's **locally-focused health plan for over 40 years**, there is a lot you can count on us for, and it goes well beyond affordable, high-quality coverage. It's our partnerships, programs and convenient access to support members' health needs right where they are. All with a wide range of so many great extras our members get with each Independent Health plan:



**RedShirt Service** to help members get support when they need it most and the care they deserve.



**MyIH App** provides personalized benefit information and fingertip access to a range of digital tools and resources.



**Community Programs & Events** bring healthy fun with our partners to our entire community.



**Ways to Save** offers members discounts and special offers on so many local services and activities.

**It's all part of the RedShirt® Treatment**

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Learn more today

[RedShirtTreatment.com](https://www.RedShirtTreatment.com)

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Independent  
 Health.®





## Benefit Summary

Plan Name:	FlexFit Platinum		
Benefits	In-Network	Out-of-Network	Additional Information
<b>General Information</b>			
Deductible	\$0	\$5,000 / \$10,000	Where a deductible applies it accumulates as non-embedded. *See Important Notes section for more detail.
Coinsurance	Applies Where Indicated	20%	
Out-of-Pocket Maximum	\$5,250 / \$10,500	\$10,000 / \$20,000	Where the out of pocket max applies it accumulates as embedded. *See Important Notes section for more detail.
Annual Maximum	Not Applicable	Not Applicable	
Lifetime Maximum	Not Applicable	Not Applicable	
<b>Preventive Services</b>			
Bone mineral density measurements or tests Cholesterol test (lipid panel) Colonoscopy Sigmoidoscopy Contraceptive Drugs, Devices and Counseling Immunizations Mammogram Pap smear Physical exam Prenatal visits Post-Partum visits Prostate test (Prostate Specific Antigen "PSA") Well-Child visit Well-Woman visit	\$0	Deductible then 20% coinsurance	All preventive services are covered in full with \$0 member liability when performed by a participating provider. See <a href="http://independenthealth.com">independenthealth.com</a> for additional information.
<b>Physician and Other Services</b>			
Primary Office Visit	\$10 copay / visit	Deductible then 20% coinsurance	PCP Required
Specialist Office Visit	\$40 copay / visit	Deductible then 20% coinsurance	
Allergy Testing & Treatment	\$10/\$40 copay / visit	Deductible then 20% coinsurance	
Outpatient Surgical Procedures (in physician's office)	\$10/\$40 copay / visit	Deductible then 20% coinsurance	
Telemedicine - General Medical Services	\$0 copay / consultation	Not Covered	
Telemedicine - Behavioral Health Services	\$0 copay / consultation	Not Covered	
Telemedicine - Dermatology	\$40 copay / consultation	Not Covered	



## Benefit Summary

Plan Name:	FlexFit Platinum		
Benefits	In-Network	Out-of-Network	Additional Information
<b>Emergency &amp; Urgent Care Services</b>			
Emergency Room	\$150 copay / visit	\$150 copay / visit	Copay waived if admitted
Ambulance	\$150 copay / trip	\$150 copay / trip	Must be deemed medically necessary
Urgent Care Center	\$75 copay / visit	\$75 copay / visit	
<b>Hospital and Other Facility Services</b>			
Inpatient Hospital	\$500 copay / admission	Deductible then 20% coinsurance	Semi-private room, per admission
Inpatient Hospital: Physician/Surgeon Fees	\$0 copay / visit	Deductible then 20% coinsurance	
Inpatient Hospice	\$0 copay / admission	Deductible then 20% coinsurance	Up to 210 days per plan year
Outpatient Surgical Procedures (Hospital Facility)	\$100 copay / visit	Deductible then 20% coinsurance	
Outpatient Surgical Procedures (Ambulatory Surgery Center)	\$75 copay / visit	Deductible then 20% coinsurance	
Outpatient Surgical Procedures: Physician/Surgeon Fees	\$0 copay / visit	Deductible then 20% coinsurance	
Skilled Nursing Facility	\$500 copay / admission	Deductible then 20% coinsurance	Semi-private room, per admission Unlimited days per plan year
<b>Diagnostic Testing Services</b>			
Laboratory Testing	\$10 copay / visit	Deductible then 20% coinsurance	
EKG	\$10/\$40 copay / visit	Deductible then 20% coinsurance	
Routine Radiology	\$40 copay / visit	Deductible then 20% coinsurance	
Advanced Radiology	\$85 copay / visit	Deductible then 20% coinsurance	Radiology services, other than X-rays, including but not limited to MRI, MRA, CT Scans, myocardial perfusion imaging and PET Scans.
<b>Maternity Services</b>			
Physician Services: Prenatal and Postnatal Care	\$0 copay / visit	Deductible then 20% coinsurance	No charge after the initial diagnosis
Inpatient Maternity	Delivery: \$500 copay / admission Physician: \$0 copay / procedure	Deductible then 20% coinsurance	Semi-private room, per admission





## Benefit Summary

Plan Name:	FlexFit Platinum		
Benefits	In-Network	Out-of-Network	Additional Information
<b>Mental Health &amp; Substance Abuse</b>			
Inpatient Mental Health	\$500 copay / admission	Deductible then 20% coinsurance	Semi-private room, per admission
Outpatient Mental Health	\$10 copay / visit	Deductible then 20% coinsurance	
Inpatient Substance Abuse - Rehab	\$500 copay / admission	Deductible then 20% coinsurance	Semi-private room, per admission
Inpatient Substance Abuse - Detox	\$500 copay / admission	Deductible then 20% coinsurance	Semi-private room, per admission
Outpatient Substance Abuse	\$10 copay / visit	Deductible then 20% coinsurance	
<b>Diabetic Supplies and Services</b>			
Diabetic Equipment (e.g. Blood glucose monitor, etc.)	\$0 copay	Deductible then 20% coinsurance	
Insulin and Other Oral Agents	\$10 copay	Deductible then 20% coinsurance	Maximum of \$100 per 30 day supply for insulin only
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	\$0 copay	Deductible then 20% coinsurance	
<b>Rehabilitation Services</b>			
Chiropractic Services	\$40 copay / visit	Deductible then 20% coinsurance	
Physical - Occupational - Speech Therapies	\$40 copay / visit	Deductible then 20% coinsurance	60 visits per condition, per plan year combined therapies
Cardiac Rehabilitation	\$40 copay / visit	Deductible then 20% coinsurance	
Pulmonary Rehabilitation	\$40 copay / visit	Deductible then 20% coinsurance	
<b>Additional Services</b>			
Durable Medical Equipment	50% coinsurance	Deductible then 20% coinsurance	
Prosthetics and Appliances	50% coinsurance	Deductible then 20% coinsurance	
Chemotherapy Visits	\$10/\$40 copay / visit	Deductible then 20% coinsurance	See Medications Administered in an Office or Outpatient Hospital Setting for additional member liability
Medications Administered in an Office or Outpatient Hospital Setting	10% coinsurance	Deductible then 20% coinsurance	Excludes Allergy Injections
Home Health Care	\$40 copay / visit	Deductible then 20% coinsurance	Up to 40 visits per plan year
RedShirt Rewards	Up to \$30 in rewards for covered members ages 18 and up per plan year for completing health related activities.	Not Covered	
Unique Benefits	Health Extras: \$250 allowance per Plan Year or Nutrition Reimbursement: Up to \$500 per individual/\$1,000 per family	Not Covered	After your effective date you must choose either Health Extras or Nutrition Reimbursement



## Benefit Summary

Plan Name:	FlexFit Platinum		
Benefits	In-Network	Out-of-Network	Additional Information
<b>Prescription Drug Coverage</b>			
Prescription Plan	\$5/\$30/50%	Not Covered	Must be filled at a participating Pharmacy. This plan utilizes Prescription Drug Formulary III. Cost-share, if applicable, does not apply to certain prescription drugs. Visit our website to review our formulary.
Maintenance Medications	2.5 copays for a 3 month supply, Deductible may apply	Not Covered	Mail Order: Must be obtained from ProAct or Wegmans. Retail Pharmacy: Must be filled at a participating Pharmacy.
Medicare Part D Creditable Coverage Status	Creditable*	Not Applicable	For those who are Medicare eligible, this plan meets the standard level of prescription drug coverage determined by Medicare.
<b>Pediatric Vision Services</b>			
Medical Eye Exam	\$40 copay / visit	Deductible then 20% coinsurance	
Routine/ Refractive Exam	\$20 copay / visit	Not Covered	Once every 12 months
Standard Plastic Lenses	30% coinsurance	Not Covered	Once every 12 months. Contact EyeMed for additional options at 1-877-842-3348
Frames	30% coinsurance	Not Covered	Once every 12 months
Conventional Contact Lenses	30% coinsurance	Not Covered	Once every 12 months. In lieu of frames/lenses. Materials only.
Laser Vision Correction	15% off retail price or 5% off promotional price	Not Covered	
<b>Adult Vision Services</b>			
Medical Eye Exam	\$40 copay / visit	Deductible then 20% coinsurance	
Routine/ Refractive Exam	\$40 copay / visit	Not Covered	Once every 12 months
Standard Plastic Lenses	Single: \$50 Bifocal: \$70	Not Covered	Contact EyeMed for additional options at 1-877-842-3348
Frames	40% off most retail frames	Not Covered	
Conventional Contact Lenses	15% off retail price	Not Covered	Materials only
Laser Vision Correction	15% off retail price or 5% off promotional price	Not Covered	
<b>Dental Services</b>			
Preventive and Routine	Not Covered	Not Covered	
Accidental Dental	Based on services rendered	Based on services rendered	Must be deemed medically necessary



## Benefit Summary

Plan Name:	FlexFit Platinum		
Benefits	In-Network	Out-of-Network	Additional Information
<b>Dependent Coverage</b>			
Dependent Eligibility	26	26	Up to the end of the birthday month
<b>Important Notes</b>			
<p>Deductible is determined as of the date(s) claims are processed by Independent Health, not the date services were rendered.</p> <p>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.</p> <p>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.</p> <p>In-area Non-Participating Providers: Services provided by a non-participating provider in the 8 counties of WNY are Not covered.</p> <p>Out-of-Network (if applicable): Member is responsible for the difference between Independent Health's allowed amount and the non-participating provider's billed amount.</p> <p>Member Pre-Authorization: Certain services and benefits are subject to member pre-authorization. Member is responsible for contacting Independent Health for pre-authorization.</p> <p>Child (if applicable): Cost-share applies if member is under the age of 19</p> <p>This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Contract, attached Riders (if any), or Certificate of Coverage.</p> <p>All indicated benefits assume the member has appropriate authorization to receive services.</p> <p>Certain benefits stated in this benefit summary may be pending NYS approval.</p> <p>*It is the employer's responsibility to determine whether or not coverage is creditable. This information is provided at your convenience and it is recommended that you consult your benefits counsel for confirmation of creditable coverage status.</p>			



## Benefit Summary

Plan Name:	iDirect Silver Coinsurance HSAQ		
Benefits	In-Network	Out-of-Network	Additional Information
<b>General Information</b>			
Deductible	\$3,000 / \$6,000	\$5,000 / \$10,000	Where a deductible applies it accumulates as non-embedded. *See Important Notes section for more detail.
Coinsurance	20%	50%	
Out-of-Pocket Maximum	\$6,950 / \$13,900	\$10,000 / \$20,000	Where the out of pocket max applies it accumulates as embedded. *See Important Notes section for more detail.
Annual Maximum	Not Applicable	Not Applicable	
Lifetime Maximum	Not Applicable	Not Applicable	
<b>Preventive Services</b>			
Bone mineral density measurements or tests Cholesterol test (lipid panel) Colonoscopy Sigmoidoscopy Contraceptive Drugs, Devices and Counseling Immunizations Mammogram Pap smear Physical exam Prenatal visits Post-Partum visits Prostate test (Prostate Specific Antigen "PSA") Well-Child visit Well-Woman visit	\$0	Deductible then 50% coinsurance	All preventive services are covered in full with \$0 member liability when performed by a participating provider. See <a href="http://independenthealth.com">independenthealth.com</a> for additional information.
<b>Physician and Other Services</b>			
Primary Office Visit	Deductible then 20% coinsurance	Deductible then 50% coinsurance	PCP Required
Specialist Office Visit	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
Allergy Testing & Treatment	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
Outpatient Surgical Procedures (in physician's office)	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
Telemedicine - General Medical Services	Deductible then \$0 copay / consultation	Not Covered	
Telemedicine - Behavioral Health Services	Deductible then \$0 copay / consultation	Not Covered	
Telemedicine - Dermatology	Deductible then 20% coinsurance	Not Covered	





## Benefit Summary

Plan Name:	iDirect Silver Coinsurance HSAQ		
Benefits	In-Network	Out-of-Network	Additional Information
<b>Emergency &amp; Urgent Care Services</b>			
Emergency Room	Deductible then 20% coinsurance	Deductible then 20% coinsurance	
Ambulance	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Must be deemed medically necessary
Urgent Care Center	Deductible then 20% coinsurance	Deductible then 20% coinsurance	
<b>Hospital and Other Facility Services</b>			
Inpatient Hospital	Deductible then 20% coinsurance	Deductible then 50% coinsurance	Semi-private room, per admission
Inpatient Hospital: Physician/Surgeon Fees	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
Inpatient Hospice	Deductible then \$0 copay / admission	Deductible then 50% coinsurance	Up to 210 days per plan year
Outpatient Surgical Procedures (Hospital Facility)	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
Outpatient Surgical Procedures (Ambulatory Surgery Center)	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
Outpatient Surgical Procedures: Physician/Surgeon Fees	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
Skilled Nursing Facility	Deductible then 20% coinsurance	Deductible then 50% coinsurance	Semi-private room, per admission Unlimited days per plan year
<b>Diagnostic Testing Services</b>			
Laboratory Testing	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
EKG	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
Routine Radiology	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
Advanced Radiology	Deductible then 20% coinsurance	Deductible then 50% coinsurance	Radiology services, other than X-rays, including but not limited to MRI, MRA, CT Scans, myocardial perfusion imaging and PET Scans.
<b>Maternity Services</b>			
Physician Services: Prenatal and Postnatal Care	\$0 copay / visit	Deductible then 50% coinsurance	In-Network Deductible does not apply No charge after the initial diagnosis
Inpatient Maternity	Delivery: Deductible then 20% coinsurance Physician: Deductible then 20% coinsurance	Deductible then 50% coinsurance	Semi-private room, per admission



## Benefit Summary

Plan Name:	iDirect Silver Coinsurance HSAQ		
Benefits	In-Network	Out-of-Network	Additional Information
<b>Mental Health &amp; Substance Abuse</b>			
Inpatient Mental Health	Deductible then 20% coinsurance	Deductible then 50% coinsurance	Semi-private room, per admission
Outpatient Mental Health	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
Inpatient Substance Abuse - Rehab	Deductible then 20% coinsurance	Deductible then 50% coinsurance	Semi-private room, per admission
Inpatient Substance Abuse - Detox	Deductible then 20% coinsurance	Deductible then 50% coinsurance	Semi-private room, per admission
Outpatient Substance Abuse	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
<b>Diabetic Supplies and Services</b>			
Diabetic Equipment (e.g. Blood glucose monitor, etc.)	\$0 copay	Deductible then 50% coinsurance	
Insulin and Other Oral Agents	Deductible then 20% coinsurance	Deductible then 50% coinsurance	Maximum of \$100 per 30 day supply for insulin only
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	\$0 copay	Deductible then 50% coinsurance	
<b>Rehabilitation Services</b>			
Chiropractic Services	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
Physical - Occupational - Speech Therapies	Deductible then 20% coinsurance	Deductible then 50% coinsurance	60 visits per condition, per plan year combined therapies
Cardiac Rehabilitation	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
Pulmonary Rehabilitation	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
<b>Additional Services</b>			
Durable Medical Equipment	Deductible then 50% coinsurance	Deductible then 50% coinsurance	
Prosthetics and Appliances	Deductible then 50% coinsurance	Deductible then 50% coinsurance	
Chemotherapy Visits	Deductible then 20% coinsurance	Deductible then 50% coinsurance	See Medications Administered in an Office or Outpatient Hospital Setting for additional member liability
Medications Administered in an Office or Outpatient Hospital Setting	Deductible then 20% coinsurance	Deductible then 50% coinsurance	Excludes Allergy Injections
Home Health Care	Deductible then 20% coinsurance	Deductible then 50% coinsurance	Up to 40 visits per plan year
RedShirt Rewards	Up to \$30 in rewards for covered members ages 18 and up per plan year for completing health related activities.	Not Covered	
Unique Benefits	Health Extras: \$250 allowance per Plan Year or Nutrition Reimbursement: Up to \$500 per individual/\$1,000 per family	Not Covered	After your effective date you must choose either Health Extras or Nutrition Reimbursement



## Benefit Summary

Plan Name:	iDirect Silver Coinsurance HSAQ		
Benefits	In-Network	Out-of-Network	Additional Information
<b>Prescription Drug Coverage</b>			
Prescription Plan	Deductible then 20% / 20% / 50%	Not Covered	Must be filled at a participating Pharmacy. This plan utilizes Prescription Drug Formulary III. Cost-share, if applicable, does not apply to certain prescription drugs. Visit our website to review our formulary.
Maintenance Medications	Deductible then 20%/20%/50%	Not Covered	Mail Order: Must be obtained from ProAct or Wegmans. Retail Pharmacy: Must be filled at a participating Pharmacy.
Medicare Part D Creditable Coverage Status	Creditable*	Not Applicable	For those who are Medicare eligible, this plan meets the standard level of prescription drug coverage determined by Medicare.
<b>Pediatric Vision Services</b>			
Medical Eye Exam	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
Routine/ Refractive Exam	\$20 copay / visit	Not Covered	In-Network Deductible does not apply Once every 12 months.
Standard Plastic Lenses	30% coinsurance	Not Covered	In-Network Deductible does not apply. Once every 12 months. Contact EyeMed for additional options at 1-877-842-3348
Frames	30% coinsurance	Not Covered	Once every 12 months
Conventional Contact Lenses	30% coinsurance	Not Covered	Once every 12 months. In lieu of frames/lenses. Materials only.
Laser Vision Correction	15% off retail price or 5% off promotional price	Not Covered	
<b>Adult Vision Services</b>			
Medical Eye Exam	Deductible then 20% coinsurance	Deductible then 50% coinsurance	
Routine/ Refractive Exam	\$40 copay / visit	Not Covered	Once every 12 months
Standard Plastic Lenses	Single: \$50 Bifocal: \$70	Not Covered	Contact EyeMed for additional options at 1-877-842-3348
Frames	40% off most retail frames	Not Covered	
Conventional Contact Lenses	15% off retail price	Not Covered	Materials only
Laser Vision Correction	15% off retail price or 5% off promotional price	Not Covered	



## Benefit Summary

Plan Name:	iDirect Silver Coinsurance HSAQ		
Benefits	In-Network	Out-of-Network	Additional Information
<b>Dental Services</b>			
Preventive and Routine	Not Covered	Not Covered	
Accidental Dental	Based on services rendered	Based on services rendered	Must be deemed medically necessary
<b>Dependent Coverage</b>			
Dependent Eligibility	26	26	Up to the end of the birthday month
<b>Important Notes</b>			
<p>Deductible is determined as of the date(s) claims are processed by Independent Health, not the date services were rendered.</p> <p>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.</p> <p>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.</p> <p>In-area Non-Participating Providers: Services provided by a non-participating provider in the 8 counties of WNY are Not covered.</p> <p>Out-of-Network (if applicable): Member is responsible for the difference between Independent Health's allowed amount and the non-participating provider's billed amount.</p> <p>Member Pre-Authorization: Certain services and benefits are subject to member pre-authorization. Member is responsible for contacting Independent Health for pre-authorization.</p> <p>Child (if applicable): Cost-share applies if member is under the age of 19</p> <p>This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Contract, attached Riders (if any), or Certificate of Coverage.</p> <p>All indicated benefits assume the member has appropriate authorization to receive services.</p> <p>Certain benefits stated in this benefit summary may be pending NYS approval.</p> <p>*It is the employer's responsibility to determine whether or not coverage is creditable. This information is provided at your convenience and it is recommended that you consult your benefits counsel for confirmation of creditable coverage status.</p>			





## Benefit Summary

Plan Name:		iDirect Bronze MV HSAQ		
Benefits	In-Network	Out-of-Network	Additional Information	
<b>General Information</b>				
Deductible	\$7,100 / \$14,200	\$7,500 / \$15,000	Where a deductible applies it accumulates as embedded. *See Important Notes section for more detail.	
Coinsurance	Applies Where Indicated	50%		
Out-of-Pocket Maximum	\$7,100 / \$14,200	\$15,000 / \$30,000	Where the out of pocket max applies it accumulates as embedded. *See Important Notes section for more detail.	
Annual Maximum	Not Applicable	Not Applicable		
Lifetime Maximum	Not Applicable	Not Applicable		
<b>Preventive Services</b>				
Bone mineral density measurements or tests Cholesterol test (lipid panel) Colonoscopy Sigmoidoscopy Contraceptive Drugs, Devices and Counseling Immunizations Mammogram Pap smear Physical exam Prenatal visits Post-Partum visits Prostate test (Prostate Specific Antigen "PSA") Well-Child visit Well-Woman visit	\$0	Deductible then 50% coinsurance	All preventive services are covered in full with \$0 member liability when performed by a participating provider. See <a href="http://independenthealth.com">independenthealth.com</a> for additional information.	
<b>Physician and Other Services</b>				
Primary Office Visit	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	PCP Required	
Specialist Office Visit	Deductible then \$0 copay / visit	Deductible then 50% coinsurance		
Allergy Testing & Treatment	Deductible then \$0 copay / visit	Deductible then 50% coinsurance		
Outpatient Surgical Procedures (in physician's office)	Deductible then \$0 copay / visit	Deductible then 50% coinsurance		
Telemedicine - General Medical Services	Deductible then \$0 copay / consultation	Not Covered		
Telemedicine - Behavioral Health Services	Deductible then \$0 copay / consultation	Not Covered		
Telemedicine - Dermatology	Deductible then \$0 copay / consultation	Not Covered		



## Benefit Summary

Plan Name:	iDirect Bronze MV HSAQ		
Benefits	In-Network	Out-of-Network	Additional Information
<b>Emergency &amp; Urgent Care Services</b>			
Emergency Room	Deductible then \$0 copay / visit	Deductible then \$0 copay / visit	
Ambulance	Deductible then \$0 copay / trip	Deductible then \$0 copay / trip	Must be deemed medically necessary
Urgent Care Center	Deductible then \$0 copay / visit	Deductible then \$0 copay / visit	
<b>Hospital and Other Facility Services</b>			
Inpatient Hospital	Deductible then \$0 copay / admission	Deductible then 50% coinsurance	Semi-private room, per admission
Inpatient Hospital: Physician/Surgeon Fees	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	
Inpatient Hospice	Deductible then \$0 copay / admission	Deductible then 50% coinsurance	Up to 210 days per plan year
Outpatient Surgical Procedures (Hospital Facility)	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	
Outpatient Surgical Procedures (Ambulatory Surgery Center)	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	
Outpatient Surgical Procedures: Physician/Surgeon Fees	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	
Skilled Nursing Facility	Deductible then \$0 copay / admission	Deductible then 50% coinsurance	Semi-private room, per admission Unlimited days per plan year
<b>Diagnostic Testing Services</b>			
Laboratory Testing	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	
EKG	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	
Routine Radiology	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	
Advanced Radiology	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	Radiology services, other than X-rays, including but not limited to MRI, MRA, CT Scans, myocardial perfusion imaging and PET Scans.
<b>Maternity Services</b>			
Physician Services: Prenatal and Postnatal Care	\$0 copay / visit	Deductible then 50% coinsurance	In-Network Deductible does not apply No charge after the initial diagnosis
Inpatient Maternity	Delivery: Deductible then \$0 copay / admission Physician: Deductible then \$0 copay / procedure	Deductible then 50% coinsurance	Semi-private room, per admission



## Benefit Summary

Plan Name:	iDirect Bronze MV HSAQ		
Benefits	In-Network	Out-of-Network	Additional Information
<b>Mental Health &amp; Substance Abuse</b>			
Inpatient Mental Health	Deductible then \$0 copay / admission	Deductible then 50% coinsurance	Semi-private room, per admission
Outpatient Mental Health	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	
Inpatient Substance Abuse - Rehab	Deductible then \$0 copay / admission	Deductible then 50% coinsurance	Semi-private room, per admission
Inpatient Substance Abuse - Detox	Deductible then \$0 copay / admission	Deductible then 50% coinsurance	Semi-private room, per admission
Outpatient Substance Abuse	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	
<b>Diabetic Supplies and Services</b>			
Diabetic Equipment (e.g. Blood glucose monitor, etc.)	\$0 copay	Deductible then 50% coinsurance	
Insulin and Other Oral Agents	Deductible then \$0 copay	Deductible then 50% coinsurance	Maximum of \$100 per 30 day supply for insulin only
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	\$0 copay	Deductible then 50% coinsurance	
<b>Rehabilitation Services</b>			
Chiropractic Services	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	
Physical - Occupational - Speech Therapies	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	60 visits per condition, per plan year combined therapies
Cardiac Rehabilitation	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	
Pulmonary Rehabilitation	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	
<b>Additional Services</b>			
Durable Medical Equipment	Deductible then \$0 copay	Deductible then 50% coinsurance	
Prosthetics and Appliances	Deductible then \$0 copay	Deductible then 50% coinsurance	
Chemotherapy Visits	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	See Medications Administered in an Office or Outpatient Hospital Setting for additional member liability
Medications Administered in an Office or Outpatient Hospital Setting	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	Excludes Allergy Injections
Home Health Care	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	Up to 40 visits per plan year
RedShirt Rewards	Up to \$30 in rewards for covered members ages 18 and up per plan year for completing health related activities.	Not Covered	
Unique Benefits	Health Extras: \$250 allowance per Plan Year or Nutrition Reimbursement: Up to \$500 per individual/\$1,000 per family	Not Covered	After your effective date you must choose either Health Extras or Nutrition Reimbursement



## Benefit Summary

Plan Name:	iDirect Bronze MV HSAQ		
Benefits	In-Network	Out-of-Network	Additional Information
<b>Prescription Drug Coverage</b>			
Prescription Plan	Deductible then \$0	Not Covered	Must be filled at a participating Pharmacy. This plan utilizes Prescription Drug Formulary III. Cost-share, if applicable, does not apply to certain prescription drugs. Visit our website to review our formulary.
Maintenance Medications	2.5 copays for a 3 month supply, Deductible may apply	Not Covered	Mail Order: Must be obtained from ProAct or Wegmans. Retail Pharmacy: Must be filled at a participating Pharmacy.
Medicare Part D Creditable Coverage Status	Not Creditable*	Not Applicable	For those who are Medicare eligible, this plan does not meet the standard level of prescription drug coverage determined by Medicare.
<b>Pediatric Vision Services</b>			
Medical Eye Exam	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	
Routine/ Refractive Exam	\$20 copay / visit	Not Covered	In-Network Deductible does not apply Once every 12 months.
Standard Plastic Lenses	30% coinsurance	Not Covered	In-Network Deductible does not apply. Once every 12 months. Contact EyeMed for additional options at 1-877-842-3348
Frames	30% coinsurance	Not Covered	Once every 12 months
Conventional Contact Lenses	30% coinsurance	Not Covered	Once every 12 months. In lieu of frames/lenses. Materials only.
Laser Vision Correction	15% off retail price or 5% off promotional price	Not Covered	
<b>Adult Vision Services</b>			
Medical Eye Exam	Deductible then \$0 copay / visit	Deductible then 50% coinsurance	
Routine/ Refractive Exam	\$40 copay / visit	Not Covered	Once every 12 months
Standard Plastic Lenses	Single: \$50 Bifocal: \$70	Not Covered	Contact EyeMed for additional options at 1-877-842-3348
Frames	40% off most retail frames	Not Covered	
Conventional Contact Lenses	15% off retail price	Not Covered	Materials only
Laser Vision Correction	15% off retail price or 5% off promotional price	Not Covered	



## Benefit Summary

Plan Name:	iDirect Bronze MV HSAQ		
Benefits	In-Network	Out-of-Network	Additional Information
<b>Dental Services</b>			
Preventive and Routine	Not Covered	Not Covered	
Accidental Dental	Based on services rendered	Based on services rendered	Must be deemed medically necessary
<b>Dependent Coverage</b>			
Dependent Eligibility	26	26	Up to the end of the birthday month
<b>Important Notes</b>			
<p>Deductible is determined as of the date(s) claims are processed by Independent Health, not the date services were rendered.</p> <p>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.</p> <p>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.</p> <p>In-area Non-Participating Providers: Services provided by a non-participating provider in the 8 counties of WNY are Not covered.</p> <p>Out-of-Network (if applicable): Member is responsible for the difference between Independent Health's allowed amount and the non-participating provider's billed amount.</p> <p>Member Pre-Authorization: Certain services and benefits are subject to member pre-authorization. Member is responsible for contacting Independent Health for pre-authorization.</p> <p>Child (if applicable): Cost-share applies if member is under the age of 19</p> <p>This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Contract, attached Riders (if any), or Certificate of Coverage.</p> <p>All indicated benefits assume the member has appropriate authorization to receive services.</p> <p>Certain benefits stated in this benefit summary may be pending NYS approval.</p> <p>*It is the employer's responsibility to determine whether or not coverage is creditable. This information is provided at your convenience and it is recommended that you consult your benefits counsel for confirmation of creditable coverage status.</p>			