Independent Health Benefits Corporation

Independent Health's Individual Rate Manual

For Plans offered on New York State's Health Insurance Exchange

Effective January 1, 2015

Independent Health Benefits Corporation
511 Farber Lakes Drive
Buffalo, NY 14221

Independent Health's Individual Rate Manual
For Plans Offered On the NYS Health Insurance Exchange

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Independent Health Benefits Corporation
Individual On Exchange Premium Rates Effective January 1, 2015

HIOS Plan ID	Form Numbers			Marketing Name	Product Description	Single	Double	Employee / Child(ren)	Family
	Platinum Plans				ON = On Exchange IN = Individual DEP25 = Dependents to 25 DEP29 = Dependents to 29 SNF200 = Skilled Nursing Facility 200 days max SNF365 = Unlimited Skilled Nursing Facility DPY = Domestic Partner FPY = Family Planning				
18029NY1180077-01	IHBC-C1035	IHBC-SBP014-2		Choice Plus Platinum	ONIN.DEP25.SNF365.DPY.FPY	$510.72	$1,021.44	$868.22	$1,455.55
18029NY1180078-01	IHBC-C1035	IHBC-SBP014-2	IHBC-R1064	Choice Plus Platinum	ONIN.DEP29.SNF365.DPY.FPY	$515.61	$1,031.22	$876.54	$1,469.49
18029NY1180077-02	IHBC-C1035	IHBC-SBP015-2		Choice Plus Platinum (AN<300)	ONIN.DEP25.SNF365.DPY.FPY	$510.72	$1,021.44	$868.22	$1,455.55
18029NY1180078-02	IHBC-C1035	IHBC-SBP015-2	IHBC-R1064	Choice Plus Platinum (AN<300)	ONIN.DEP29.SNF365.DPY.FPY	$515.61	$1,031.22	$876.54	$1,469.49
18029NY1180077-03	IHBC-C1035	IHBC-SBP014-2		Choice Plus Platinum (AN>300)	ONIN.DEP25.SNF365.DPY.FPY	$510.72	$1,021.44	$868.22	$1,455.55
18029NY1180078-03	IHBC-C1035	IHBC-SBP014-2	IHBC-R1064	Choice Plus Platinum (AN>300)	ONIN.DEP29.SNF365.DPY.FPY	$515.61	$1,031.22	$876.54	$1,469.49
18029NY1180021-01	IHBC-C1024	IHBC-SBP005-2		FlexFit Platinum	ONIN.DEP25.SNF365.DPY.FPY	$574.54	$1,149.08	$976.72	$1,637.44
18029NY1180022-01	IHBC-C1024	IHBC-SBP005-2	IHBC-R1064	FlexFit Platinum	ONIN.DEP29.SNF365.DPY.FPY	$580.04	$1,160.08	$986.07	$1,653.11
18029NY1180021-02	IHBC-C1024	IHBC-SBP011-2		FlexFit Platinum (AN<300)	ONIN.DEP25.SNF365.DPY.FPY	$574.54	$1,149.08	$976.72	$1,637.44
18029NY1180022-02	IHBC-C1024	IHBC-SBP011-2	IHBC-R1064	FlexFit Platinum (AN<300)	ONIN.DEP29.SNF365.DPY.FPY	$580.04	$1,160.08	$986.07	$1,653.11
18029NY1180021-03	IHBC-C1024	IHBC-SBP005-2		FlexFit Platinum (AN>300)	ONIN.DEP25.SNF365.DPY.FPY	$574.54	$1,149.08	$976.72	$1,637.44
18029NY1180022-03	IHBC-C1024	IHBC-SBP005-2	IHBC-R1064	FlexFit Platinum (AN>300)	ONIN.DEP29.SNF365.DPY.FPY	$580.04	$1,160.08	$986.07	$1,653.11
18029NY1180001-01	IHBC-C1024	IHBC-SBP001-2		Standard Platinum	ONIN.DEP25.SNF200.DPY.FPY	$598.42	$1,196.84	$1,017.31	$1,705.50
18029NY1180002-01	IHBC-C1024	IHBC-SBP001-2	IHBC-R1064	Standard Platinum	ONIN.DEP29.SNF200.DPY.FPY	$604.15	$1,208.30	$1,027.06	$1,721.83
18029NY1180001-02	IHBC-C1024	IHBC-SBP010-2		Standard Platinum (AN<300)	ONIN.DEP25.SNF200.DPY.FPY	$598.42	$1,196.84	$1,017.31	$1,705.50
18029NY1180002-02	IHBC-C1024	IHBC-SBP010-2	IHBC-R1064	Standard Platinum (AN<300)	ONIN.DEP29.SNF200.DPY.FPY	$604.15	$1,208.30	$1,027.06	$1,721.83
18029NY1180001-03	IHBC-C1024	IHBC-SBP004-2		Standard Platinum (AN>300)	ONIN.DEP25.SNF200.DPY.FPY	$598.42	$1,196.84	$1,017.31	$1,705.50
18029NY1180002-03	IHBC-C1024	IHBC-SBP004-2	IHBC-R1064	Standard Platinum (AN>300)	ONIN.DEP29.SNF200.DPY.FPY	$604.15	$1,208.30	$1,027.06	$1,721.83
18029NY1180009-01	IHBC-C1025	IHBC-SBP003-2		Standard Platinum (CO)	ONIN.DEP25.SNF200.DPY.FPY	$246.55	N/A	N/A	N/A
18029NY1180009-02	IHBC-C1025	IHBC-SBP010-2		Standard Platinum (CO) (AN<300)	ONIN.DEP25.SNF200.DPY.FPY	$246.55	N/A	N/A	N/A
18029NY1180009-03	IHBC-C1025	IHBC-SBP004-2		Standard Platinum (CO) (AN>300)	ONIN.DEP25.SNF200.DPY.FPY	$246.55	N/A	N/A	N/A

Gold Plans					ON = On Exchange IN = Individual DEP25 = Dependents to 25 DEP29 = Dependents to 29 SNF200 = Skilled Nursing Facility 200 days max SNF365 = Unlimited Skilled Nursing Facility DPY = Domestic Partner FPY = Family Planning				
18029NY1220025-01	IHBC-C1035	IHBC-SBG009-2		Choice Plus Gold	ONIN.DEP25.SNF365.DPY.FPY	$438.66	$877.32	$745.72	$1,250.18
18029NY1220026-01	IHBC-C1035	IHBC-SBG009-2	IHBC-R1064	Choice Plus Gold	ONIN.DEP29.SNF365.DPY.FPY	$442.85	$885.70	$752.85	$1,262.12
18029NY1220025-02	IHBC-C1035	IHBC-SBG015-2		Choice Plus Gold (AN<300)	ONIN.DEP25.SNF365.DPY.FPY	$438.66	$877.32	$745.72	$1,250.18
18029NY1220026-02	IHBC-C1035	IHBC-SBG015-2	IHBC-R1064	Choice Plus Gold (AN<300)	ONIN.DEP29.SNF365.DPY.FPY	$442.85	$885.70	$752.85	$1,262.12
18029NY1220025-03	IHBC-C1035	IHBC-SBG009-2		Choice Plus Gold (AN>300)	ONIN.DEP25.SNF365.DPY.FPY	$438.66	$877.32	$745.72	$1,250.18
18029NY1220026-03	IHBC-C1035	IHBC-SBG009-2	IHBC-R1064	Choice Plus Gold (AN>300)	ONIN.DEP29.SNF365.DPY.FPY	$442.85	$885.70	$752.85	$1,262.12
18029NY1220021-01	IHBC-C1024	IHBC-SBG005-2		iDirect Gold	ONIN.DEP25.SNF365.DPY.FPY	$498.01	$996.02	$846.62	$1,419.33
18029NY1220022-01	IHBC-C1024	IHBC-SBG005-2	IHBC-R1064	iDirect Gold	ONIN.DEP29.SNF365.DPY.FPY	$502.77	$1,005.54	$854.71	$1,432.89
18029NY1220021-02	IHBC-C1024	IHBC-SBG013-2		iDirect Gold (AN<300)	ONIN.DEP25.SNF365.DPY.FPY	$498.01	$996.02	$846.62	$1,419.33
18029NY1220022-02	IHBC-C1024	IHBC-SBG013-2	IHBC-R1064	iDirect Gold (AN<300)	ONIN.DEP29.SNF365.DPY.FPY	$502.77	$1,005.54	$854.71	$1,432.89
18029NY1220021-03	IHBC-C1024	IHBC-SBG005-2		iDirect Gold (AN>300)	ONIN.DEP25.SNF365.DPY.FPY	$498.01	$996.02	$846.62	$1,419.33
18029NY1220022-03	IHBC-C1024	IHBC-SBG005-2	IHBC-R1064	iDirect Gold (AN>300)	ONIN.DEP29.SNF365.DPY.FPY	$502.77	$1,005.54	$854.71	$1,432.89
18029NY1220001-01	IHBC-C1024	IHBC-SBG001-2		Standard Gold	ONIN.DEP25.SNF200.DPY.FPY	$518.56	$1,037.12	$881.55	$1,477.90
18029NY1220002-01	IHBC-C1024	IHBC-SBG001-2	IHBC-R1064	Standard Gold	ONIN.DEP29.SNF200.DPY.FPY	$523.52	$1,047.04	$889.98	$1,492.03
18029NY1220001-02	IHBC-C1024	IHBC-SBG012-2		Standard Gold (AN<300)	ONIN.DEP25.SNF200.DPY.FPY	$518.56	$1,037.12	$881.55	$1,477.90
18029NY1220002-02	IHBC-C1024	IHBC-SBG012-2	IHBC-R1064	Standard Gold (AN<300)	ONIN.DEP29.SNF200.DPY.FPY	$523.52	$1,047.04	$889.98	$1,492.03
18029NY1220001-03	IHBC-C1024	IHBC-SBG003-2		Standard Gold (AN>300)	ONIN.DEP25.SNF200.DPY.FPY	$518.56	$1,037.12	$881.55	$1,477.90
18029NY1220002-03	IHBC-C1024	IHBC-SBG003-2	IHBC-R1064	Standard Gold (AN>300)	ONIN.DEP29.SNF200.DPY.FPY	$523.52	$1,047.04	$889.98	$1,492.03
18029NY1220009-01	IHBC-C1025	IHBC-SBG002-2		Standard Gold (CO)	ONIN.DEP25.SNF200.DPY.FPY	$213.65	N/A	N/A	N/A
18029NY1220009-02	IHBC-C1025	IHBC-SBG012-2		Standard Gold (CO) (AN<300)	ONIN.DEP25.SNF200.DPY.FPY	$213.65	N/A	N/A	N/A
18029NY1220009-03	IHBC-C1025	IHBC-SBG003-2		Standard Gold (CO) (AN>300)	ONIN.DEP25.SNF200.DPY.FPY	$213.65	N/A	N/A	N/A

Silver Plans					ON = On Exchange IN = Individual DEP25 = Dependents to 25 DEP29 = Dependents to 29 SNF200 = Skilled Nursing Facility 200 days max SNF365 = Unlimited Skilled Nursing Facility DPY = Domestic Partner FPY = Family Planning				
18029NY1260037-01	IHBC-C1024	IHBC-SBS009-2		iDirect Silver Coinsurance	ONIN.DEP25.SNF365.DPY.FPY	$427.77	$855.54	$727.21	$1,219.14
18029NY1260038-01	IHBC-C1024	IHBC-SBS009-2	IHBC-R1064	iDirect Silver Coinsurance	ONIN.DEP29.SNF365.DPY.FPY	$431.86	$863.72	$734.16	$1,230.80
18029NY1260037-02	IHBC-C1024	IHBC-SBS026-2		iDirect Silver Coinsurance (AN<300)	ONIN.DEP25.SNF365.DPY.FPY	$427.77	$855.54	$727.21	$1,219.14
18029NY1260038-02	IHBC-C1024	IHBC-SBS026-2	IHBC-R1064	iDirect Silver Coinsurance (AN<300)	ONIN.DEP29.SNF365.DPY.FPY	$431.86	$863.72	$734.16	$1,230.80
18029NY1260037-03	IHBC-C1024	IHBC-SBS009-2		iDirect Silver Coinsurance (AN>300)	ONIN.DEP25.SNF365.DPY.FPY	$427.77	$855.54	$727.21	$1,219.14
18029NY1260038-03	IHBC-C1024	IHBC-SBS009-2	IHBC-R1064	iDirect Silver Coinsurance (AN>300)	ONIN.DEP29.SNF365.DPY.FPY	$431.86	$863.72	$734.16	$1,230.80
18029NY1260037-04	IHBC-C1024	IHBC-SBS010-2		iDirect Silver Coinsurance (CSR1)	ONIN.DEP25.SNF365.DPY.FPY	$427.77	$855.54	$727.21	$1,219.14
18029NY1260038-04	IHBC-C1024	IHBC-SBS010-2	IHBC-R1064	iDirect Silver Coinsurance (CSR1)	ONIN.DEP29.SNF365.DPY.FPY	$431.86	$863.72	$734.16	$1,230.80
18029NY1260037-05	IHBC-C1024	IHBC-SBS011-2		iDirect Silver Coinsurance (CSR2)	ONIN.DEP25.SNF365.DPY.FPY	$427.77	$855.54	$727.21	$1,219.14
18029NY1260038-05	IHBC-C1024	IHBC-SBS011-2	IHBC-R1064	iDirect Silver Coinsurance (CSR2)	ONIN.DEP29.SNF365.DPY.FPY	$431.86	$863.72	$734.16	$1,230.80
18029NY1260037-06	IHBC-C1024	IHBC-SBS012-2		iDirect Silver Coinsurance (CSR3)	ONIN.DEP25.SNF365.DPY.FPY	$427.77	$855.54	$727.21	$1,219.14
18029NY1260038-06	IHBC-C1024	IHBC-SBS012-2	IHBC-R1064	iDirect Silver Coinsurance (CSR3)	ONIN.DEP29.SNF365.DPY.FPY	$431.86	$863.72	$734.16	$1,230.80
18029NY1260001-01	IHBC-C1024	IHBC-SBS001-2		Standard Silver	ONIN.DEP25.SNF200.DPY.FPY	$448.07	$896.14	$761.72	$1,277.00
18029NY1260002-01	IHBC-C1024	IHBC-SBS001-2	IHBC-R1064	Standard Silver	ONIN.DEP29.SNF200.DPY.FPY	$452.35	$904.70	$769.00	$1,289.20
18029NY1260001-02	IHBC-C1024	IHBC-SBS025-2		Standard Silver (AN<300)	ONIN.DEP25.SNF200.DPY.FPY	$448.07	$896.14	$761.72	$1,277.00
18029NY1260002-02	IHBC-C1024	IHBC-SBS025-2	IHBC-R1064	Standard Silver (AN<300)	ONIN.DEP29.SNF200.DPY.FPY	$452.35	$904.70	$769.00	$1,289.20
18029NY1260001-03	IHBC-C1024	IHBC-SBS007-2		Standard Silver (AN>300)	ONIN.DEP25.SNF200.DPY.FPY	$448.07	$896.14	$761.72	$1,277.00
18029NY1260002-03	IHBC-C1024	IHBC-SBS007-2	IHBC-R1064	Standard Silver (AN>300)	ONIN.DEP29.SNF200.DPY.FPY	$452.35	$904.70	$769.00	$1,289.20
18029NY1260001-04	IHBC-C1024	IHBC-SBS003-2		Standard Silver (CSR1)	ONIN.DEP25.SNF200.DPY.FPY	$448.07	$896.14	$761.72	$1,277.00
18029NY1260002-04	IHBC-C1024	IHBC-SBS003-2	IHBC-R1064	Standard Silver (CSR1)	ONIN.DEP29.SNF200.DPY.FPY	$452.35	$904.70	$769.00	$1,289.20
18029NY1260001-05	IHBC-C1024	IHBC-SBS004-2		Standard Silver (CSR2)	ONIN.DEP25.SNF200.DPY.FPY	$448.07	$896.14	$761.72	$1,277.00
18029NY1260002-05	IHBC-C1024	IHBC-SBS004-2	IHBC-R1064	Standard Silver (CSR2)	ONIN.DEP29.SNF200.DPY.FPY	$452.35	$904.70	$769.00	$1,289.20
18029NY1260001-06	IHBC-C1024	IHBC-SBS005-2		Standard Silver (CSR3)	ONIN.DEP25.SNF200.DPY.FPY	$448.07	$896.14	$761.72	$1,277.00
18029NY1260002-06	IHBC-C1024	IHBC-SBS005-2	IHBC-R1064	Standard Silver (CSR3)	ONIN.DEP29.SNF200.DPY.FPY	$452.35	$904.70	$769.00	$1,289.20
18029NY1260009-01	IHBC-C1025	IHBC-SBS002-2		Standard Silver (CO)	ONIN.DEP25.SNF200.DPY.FPY	$184.61	N/A	N/A	N/A
18029NY1260009-02	IHBC-C1025	IHBC-SBS025-2		Standard Silver (CO) (AN<300)	ONIN.DEP25.SNF200.DPY.FPY	$184.61	N/A	N/A	N/A
18029NY1260009-03	IHBC-C1025	IHBC-SBS007-2		Standard Silver (CO) (AN>300)	ONIN.DEP25.SNF200.DPY.FPY	$184.61	N/A	N/A	N/A
18029NY1260009-04	IHBC-C1025	IHBC-SBS003-2		Standard Silver (CO) (CSR1)	ONIN.DEP25.SNF200.DPY.FPY	$184.61	N/A	N/A	N/A
18029NY1260009-05	IHBC-C1025	IHBC-SBS004-2		Standard Silver (CO) (CSR2)	ONIN.DEP25.SNF200.DPY.FPY	$184.61	N/A	N/A	N/A
18029NY1260009-06	IHBC-C1025	IHBC-SBS005-2		Standard Silver (CO) (CSR3)	ONIN.DEP25.SNF200.DPY.FPY	$184.61	N/A	N/A	N/A

Bronze Plans					ON = On Exchange IN = Individual DEP25 = Dependents to 25 DEP29 = Dependents to 29 SNF200 = Skilled Nursing Facility 200 days max SNF365 = Unlimited Skilled Nursing Facility DPY = Domestic Partner FPY = Family Planning				
18029NY1310025-01	IHBC-C1035	IHBC-SBB005-2		Choice Plus Bronze	ONIN.DEP25.SNF365.DPY.FPY	$330.63	$661.26	$562.07	$942.30
18029NY1310026-01	IHBC-C1035	IHBC-SBB005-2	IHBC-R1064	Choice Plus Bronze	ONIN.DEP29.SNF365.DPY.FPY	$333.77	$667.54	$567.41	$951.24
18029NY1310025-02	IHBC-C1035	IHBC-SBB010-2		Choice Plus Bronze (AN<300)	ONIN.DEP25.SNF365.DPY.FPY	$330.63	$661.26	$562.07	$942.30
18029NY1310026-02	IHBC-C1035	IHBC-SBB010-2	IHBC-R1064	Choice Plus Bronze (AN<300)	ONIN.DEP29.SNF365.DPY.FPY	$333.77	$667.54	$567.41	$951.24
18029NY1310025-03	IHBC-C1035	IHBC-SBB005-2		Choice Plus Bronze (AN>300)	ONIN.DEP25.SNF365.DPY.FPY	$330.63	$661.26	$562.07	$942.30
18029NY1310026-03	IHBC-C1035	IHBC-SBB005-2	IHBC-R1064	Choice Plus Bronze (AN>300)	ONIN.DEP29.SNF365.DPY.FPY	$333.77	$667.54	$567.41	$951.24
18029NY1360069-01	IHBC-C1038	IHBC-SBB014-2		Max Bronze	ONIN.DEP25.SNF365.DPY.FPY	$379.40	$758.80	$644.98	$1,081.29
18029NY1360070-01	IHBC-C1038	IHBC-SBB014-2	IHBC-R1064	Max Bronze	ONIN.DEP29.SNF365.DPY.FPY	$383.02	$766.04	$651.13	$1,091.61
18029NY1360069-02	IHBC-C1038	IHBC-SBB015-2		Max Bronze (AN<300)	ONIN.DEP25.SNF365.DPY.FPY	$379.40	$758.80	$644.98	$1,081.29
18029NY1360070-02	IHBC-C1038	IHBC-SBB015-2	IHBC-R1064	Max Bronze (AN<300)	ONIN.DEP29.SNF365.DPY.FPY	$383.02	$766.04	$651.13	$1,091.61
18029NY1360069-03	IHBC-C1038	IHBC-SBB014-2		Max Bronze (AN>300)	ONIN.DEP25.SNF365.DPY.FPY	$379.40	$758.80	$644.98	$1,081.29
18029NY1360070-03	IHBC-C1038	IHBC-SBB014-2	IHBC-R1064	Max Bronze (AN>300)	ONIN.DEP29.SNF365.DPY.FPY	$383.02	$766.04	$651.13	$1,091.61
18029NY1310009-01	IHBC-C1024	IHBC-SBB001-2		Standard Bronze	ONIN.DEP25.SNF200.DPY.FPY	$384.86	$769.72	$654.26	$1,096.85
18029NY1310010-01	IHBC-C1024	IHBC-SBB001-2	IHBC-R1064	Standard Bronze	ONIN.DEP29.SNF200.DPY.FPY	$388.53	$777.06	$660.50	$1,107.31
18029NY1310009-02	IHBC-C1024	IHBC-SBB003-2		Standard Bronze (AN<300)	ONIN.DEP25.SNF200.DPY.FPY	$384.86	$769.72	$654.26	$1,096.85
18029NY1310010-02	IHBC-C1024	IHBC-SBB003-2	IHBC-R1064	Standard Bronze (AN<300)	ONIN.DEP29.SNF200.DPY.FPY	$388.53	$777.06	$660.50	$1,107.31
18029NY1310009-03	IHBC-C1024	IHBC-SBB004-2		Standard Bronze (AN>300)	ONIN.DEP25.SNF200.DPY.FPY	$384.86	$769.72	$654.26	$1,096.85
18029NY1310010-03	IHBC-C1024	IHBC-SBB004-2	IHBC-R1064	Standard Bronze (AN>300)	ONIN.DEP29.SNF200.DPY.FPY	$388.53	$777.06	$660.50	$1,107.31
18029NY1310013-01	IHBC-C1025	IHBC-SBB002-2		Standard Bronze (CO)	ONIN.DEP25.SNF200.DPY.FPY	$158.56	N/A	N/A	N/A
18029NY1310013-02	IHBC-C1025	IHBC-SBB003-2		Standard Bronze (CO) (AN<300)	ONIN.DEP25.SNF200.DPY.FPY	$158.56	N/A	N/A	N/A
18029NY1310013-03	IHBC-C1025	IHBC-SBB004-2		Standard Bronze (CO) (AN>300)	ONIN.DEP25.SNF200.DPY.FPY	$158.56	N/A	N/A	N/A

Catastrophic Plans					ON = On Exchange IN = Individual DEP25 = Dependents to 25 DEP29 = Dependents to 29 SNF200 = Skilled Nursing Facility 200 days max SNF365 = Unlimited Skilled Nursing Facility DPY = Domestic Partner FPY = Family Planning				
18029NY1290001-01	IHBC-C1026	IHBC-SBC001-2		Catastrophic	ONIN.DEP25.SNF200.DPY.FPY	$205.33	$410.66	$349.06	$585.19

	Choice Plus Platinum	FlexFit Platinum	Standard Platinum
In-Network Deductible	A: $0 B:$1,000	$0	$0
Integrated Medical and Drug Deductible	Yes	Yes	No
In-Network Coinsurance	A: 0% B: 40%	N/A	N/A
In-Network OOP Maximum	A: $5,000 B: $6,450	$5,000	$2,000
Emergency Room Services	A: $150 ND B: $150 ND	$150 ND	$100 ND
All Inpatient Hospital Services (inc. MHSA)	A: $500 ND B: 40%	$500 ND	$500 ND
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and X-ray)	A: $10 ND B: 40%	$10 ND	$15 ND
Specialist Visit	A: $30 ND B: 40%	$30 ND	$35 ND
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	A: $30 ND B: 40%	$30 ND	$15 ND
Imaging (CT/PET Scans, MRIs)	A: $75 ND B: 40%	$75 ND	$35 ND
Rehabilitative Speech Therapy	A: $30 ND B: 40%	$30 ND	$25 ND
Rehabilitative Occupational and Rehabilitative Physician Therapy	A: $30 ND B: 40%	$30 ND	$25 ND
Laboratory Outpatient and Professional Services	A: $0 ND B: 40%	$10 ND	$35 ND
X-ray and Diagnostic Imaging	A: $30 ND B: 40%	$30 ND	$35 ND
Skilled Nursing Facility	A: $500 ND B: 40%	$500 ND	$500 ND
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	A: $150 ND B: 40%	$150 ND	$100 ND
Outpatient Surgery Physician/Surgical Services	A: $30 ND B: 40%	$30 ND	$100 ND
Generics	A: $4 ND B: $4 ND	$4 ND	$10 ND
Preferred Brand Drugs	A: $30 ND B: $30 ND	$30 ND	$30 ND
Non-Preferred Brand Drugs	A: 50% ND B: 50% ND	50% ND	$60 ND
Specialty Drugs (i.e., high cost)	A: 50% ND B: 50% ND	50% ND	$60 ND
Out-of-Network Deductible	$2,000	$2,000	$2,000
Out-of-Network Coinsurance	40%	40%	40%
OON OOP Maximum	Unlimited	Unlimited	Unlimited

ND: No Deductible

	Choice Plus Gold	iDirect Gold	Standard Gold
In-Network Deductible	A: $1,000 B: $2,000	$750	$600
Integrated Medical and Drug Deductible	No	No	No
In-Network Coinsurance	A: 0% B: 50%	N/A	N/A
In-Network OOP Maximum	A: $5,450 B: $6,450	$6,350	$4,000
Emergency Room Services	A: $150 B: $150	$150	$150
All Inpatient Hospital Services (inc. MHSA)	A: $500 B: 50%	$1,000	$1,000
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and X-ray)	A: $20 ND B: 50%	$15 ND	$25
Specialist Visit	A: $40 B: 50%	$45	$40
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	A: $40 B: 50%	$45	$25
Imaging (CT/PET Scans, MRIs)	A: $75 B:50%	$100	$40
Rehabilitative Speech Therapy	A: $40 B: 50%	$45	$30
Rehabilitative Occupational and Rehabilitative Physician Therapy	A: $40 B: 50%	$45	$30
Laboratory Outpatient and Professional Services	A: $20 B: 50%	$25	$40
X-ray and Diagnostic Imaging	A: $40 B: 50%	$45	$25
Skilled Nursing Facility	A: $500 B: 50%	$1,000	$1,000
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	A: $150 B:50%	$150	$100
Outpatient Surgery Physician/Surgical Services	A: $40 B: 50%	$45	$100
Generics	A: $4 ND B: $4 ND	$4 ND	$10 ND
Preferred Brand Drugs	A: $30 ND B: $30 ND	$30 ND	$35 ND
Non-Preferred Brand Drugs	A: 50% ND B: 50% ND	50% ND	$70 ND
Specialty Drugs (i.e., high cost)	A: 50% ND B: 50% ND	50% ND	$70 ND
Out-of-Network Deductible	$2,500	$2,500	$2,500
Out-of-Network Coinsurance	50%	40%	40%
OON OOP Maximum	Unlimited	Unlimited	Unlimited

ND: No Deductible

	iDirect Silver Coinsurance	Standard Silver
In-Network Deductible	$2,000	$2,000
Integrated Medical and Drug Deductible	Yes	No
In-Network Coinsurance	20%	N/A
In-Network OOP Maximum	$6,000	$5,500
Emergency Room Services	20%	$150
All Inpatient Hospital Services (inc. MHSA)	20%	$1,500
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and X-ray)	20%	$30
Specialist Visit	20%	$50
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	20%	$30
Imaging (CT/PET Scans, MRIs)	20%	$50
Rehabilitative Speech Therapy	20%	$30
Rehabilitative Occupational and Rehabilitative Physician Therapy	20%	$30
Laboratory Outpatient and Professional Services	20%	$50
X-ray and Diagnostic Imaging	20%	$50
Skilled Nursing Facility	20%	$1,500
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20%	$100
Outpatient Surgery Physician/Surgical Services	20%	$100
Generics	$4	$10 ND
Preferred Brand Drugs	$30	$35 ND
Non-Preferred Brand Drugs	50%	$70 ND
Specialty Drugs (i.e., high cost)	50%	$70 ND
Out-of-Network Deductible	$3,000	$3,000
Out-of-Network Coinsurance	40%	40%
OON OOP Maximum	Unlimited	Unlimited

ND: No Deductible

	Choice Plus Bronze	Max Bronze	Standard Bronze
In-Network Deductible	A: $3,500 B: $5,000	$5,500	$3,000
Integrated Medical and Drug Deductible	Yes	Yes	Yes
In-Network Coinsurance	A: 30% B: 50%	25%	50%
In-Network OOP Maximum	A: $6,350 B: $6,450	$6,600	$6,350
Emergency Room Services	A: 30% B: 30%	$0	50%
All Inpatient Hospital Services (inc. MHSA)	A: 30% B: 50%	25%	50%
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and X-ray)	A: 30% B: 50%	$40 ND	50%
Specialist Visit	A: 30% B: 50%	25%	50%
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	A: 30% B: 50%	25%	50%
Imaging (CT/PET Scans, MRIs)	A: 30% B: 50%	25%	50%
Rehabilitative Speech Therapy	A: 30% B: 50%	25%	50%
Rehabilitative Occupational and Rehabilitative Physician Therapy	A: 30% B: 50%	25%	50%
Laboratory Outpatient and Professional Services	A: 30% B: 50%	25%	50%
X-ray and Diagnostic Imaging	A: 30% B: 50%	25%	50%
Skilled Nursing Facility	A: 30% B: 50%	25%	50%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	A: 30% B: 50%	25%	50%
Outpatient Surgery Physician/Surgical Services	A: 30% B: 50%	25%	50%
Generics	A: 50% B: 50%	$10 ND	$10
Preferred Brand Drugs	A: 50% B: 50%	50%	$35
Non-Preferred Brand Drugs	A: 50% B: 50%	50%	$70
Specialty Drugs (i.e., high cost)	A: 50% B: 50%	50%	$70
Out-of-Network Deductible	$5,000	Not Applicable	$5,000
Out-of-Network Coinsurance	50%	100%	50%
OON OOP Maximum	Unlimited	Not Applicable	Unlimited

ND: No Deductible

	Catastrophic
In-Network Deductible	$6,600
Integrated Medical and Drug Deductible	Yes
In-Network Coinsurance	0%
In-Network OOP Maximum	$6,600
Emergency Room Services	0%
All Inpatient Hospital Services (inc. MHSA)	0%
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and X-ray)	0% 3 Visits ND
Specialist Visit	0%
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	0%
Imaging (CT/PET Scans, MRIs)	0%
Rehabilitative Speech Therapy	0%
Rehabilitative Occupational and Rehabilitative Physician Therapy	0%
Laboratory Outpatient and Professional Services	0%
X-ray and Diagnostic Imaging	0%
Skilled Nursing Facility	0%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0%
Outpatient Surgery Physician/Surgical Services	0%
Generics	0%
Preferred Brand Drugs	0%
Non-Preferred Brand Drugs	0%
Specialty Drugs (i.e., high cost)	0%
Out-of-Network Deductible	Not Applicable
Out-of-Network Coinsurance	100%
OON OOP Maximum	Not Applicable

ND: No Deductible

Independent Health Benefits Corporation

511 Farber Lakes Drive
Buffalo, NY 14221

Independent Health's Individual Rate Manual
For Plans Offered On the NYS Health Insurance Exchange

Rating Regions

The rating region for this rate manual is the Western New York service area including Erie, Chautauqua, Cattaraugus, Genesee, Niagara, Wyoming, Allegany, and Orleans Counties.

Expected Loss Ratio

The Expected Loss Ratio for all products in this manual is 87%

Since this rate manual applies to individual business only, broker commissions do not apply. However, IHBC has filed it's broker commissions on SERFF under state tracking number 2013030147.

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Independent Health's Individual Rate Manual
For Plans Offered On the NYS Health Insurance Exchange

Underwriting Guidelines

Eligible Individual –

Means an individual, who is seeking to enroll in a qualified health plan in the individual market, but not offered through the Exchange, and lawfully resides in the eight counties of WNY. Incarcerated individuals are excluded, except for individuals pending the disposition of charges.

Rating arrangement –

Community rated, meaning a rate methodology in which the premium for all persons covered is the same and based on the experience of the entire pool without regard to age, sex, health status or occupation.

Out of area Individuals –

IHBC products are limited to individuals who reside within the WNY service area.

Off cycle plan changes –

All product changes must occur on the anniversary date.

Pre-existing conditions limitations –

Per Section 1501 of PPACA, pre-existing conditions limitations are waived for all enrollees.