



Prepared by: Alison Lytle

Independent Health Benefits Corporation Group Contract for Small Group Products

Account Information

WNY District of the Wesleyan Church
4669 Pinecrest Ter
Eden, NY 14057-9757

Rate Effective Date*: January 1, 2025
Rate End Date: This rate is good for 12 months.
Account #: 22997
Quote ID: 50359

This contract is issued by Independent Health Benefits Corporation (hereinafter referred to as "Independent Health").

This contract between the group and Independent Health entitles the enrolled, eligible members to receive the benefits set forth in the subscriber certificate and any riders for the period set forth above from the rate effective date to the rate end date. This contract will automatically renew for successive one year periods unless terminated under the terms and conditions below. Coverage is conditioned upon the terms set forth in the subscriber certificate and any riders, all as amended from time to time, as well as the underwriting guidelines filed with the premium rates listed below.

Plan Design							
In-Network Health Plan Highlights	Deductible	Coinsurance	Out-of-Pocket Maximum	Primary Office Visit	Inpatient Hospital	Emergency Room	Prescription Coverage
iDirect Silver Copay Option 2	\$2,100 / \$4,200	Applies Where Indicated	\$9,200 / \$18,400	Deductible then \$30 copay / visit	Deductible then \$1,500 copay / admission	Deductible then \$500 copay / visit	\$15/\$40/\$125
iDirect Silver Copay HSAQ	\$2,000 / \$4,000	Applies Where Indicated	\$7,500 / \$15,000	Deductible then \$35 copay / visit	Deductible then \$1,000 copay / admission	Deductible then \$300 copay / visit	Deductible then \$15/\$50/50%
iDirect Silver Coinsurance HSAQ	\$3,000 / \$6,000	25%	\$7,500 / \$15,000	Deductible then 25% coinsurance	Deductible then 25% coinsurance	Deductible then 25% coinsurance	Deductible then \$15/\$50/50%
iDirect Bronze Coinsurance HSAQ	\$5,600 / \$11,200	50%	\$7,500 / \$15,000	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50%

Domestic Partner

Rates quoted are for the benefit package(s) identified above, to become effective on the rate effective date. These rates are subject to a regulatory process under New York State Law which could result in a change prior to the rate effective date. If this should happen, Independent Health will notify you as soon as reasonably possible and the new rates will become part of this agreement.

Provision of benefits by Independent Health to members is also conditioned upon the timely payment of the stipulated premium by the group determined on the premium rates listed below. **These rates are guaranteed for the period set forth above. Any change to the benefits, whether required by state or federal government mandate, may result in a change in rates. The group's payment of the rates listed below and any subsequent rate changes indicates its approval thereof.**

Rates may change for each successive one-year renewal period. Independent Health will provide written notification at least 60 days in advance of the effective date of any such rate change. Rate changes will be effective the first day of the one-year renewal period unless the group terminates this contract pursuant to the terms set forth herein. The group's payment of the rates listed herein and any subsequent rate changes indicate its acceptance thereof.

RESPONSIBILITIES OF THE GROUP:

The group agrees to pay Independent Health monthly, in advance, the premium rates set forth above or as changed for subsequent renewal periods on behalf of each employee or member who elects the above benefit plan(s) offered by Independent Health. The group is responsible for collecting and remitting any premium payments owed by its employees or members. The group is responsible for providing Independent Health timely and accurate notification of any member's change in eligibility. Coverage is conditioned upon the terms set forth in the subscriber certificate and any attached riders, all as amended from time to time, as well as the underwriting guidelines filed with the premium rates listed below.

The group acknowledges that Independent Health shall calculate the premium based upon its records of the number and coverage of members as of the 1st day of the month, preceding the date that the next month's premium is due and payable. The group agrees to promptly notify Independent Health of the deletion or addition of any members covered or to be covered by this contract.

November 26, 2024

IHBC-ER002 (Effective 5/1/19)

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