

INSTIL[®] HEALTH

2026 INDIVIDUAL AND FAMILY PLANS



Plans for Chesterfield, Darlington, Florence, Spartanburg and York counties.

HEALTH AND PHARMACY SERVICES

Primary Care Physician Assignment

As an InStil Health member, we will assign a primary care practice or physician for you. They are meant to be your first step for all care needs and can request referrals to specialists or other doctors if required.

To find a doctor or hospital in the network, visit www.instilhealth.com/links/2026/providers or scan here.



Pharmacy Services

Coverage with an InStil plan helps pay for the cost of prescription drugs. We group prescription drugs together by type and cost. The amount you pay will be different for each tier of covered prescription drugs.

Prescription Drug Tiers

	Description	Drug Cost Range
Tier 0 Drugs	Preventive drugs	Zero
Tier 1 Drugs	Generic drugs that cost less than brand-name drugs	\$
Tier 2 Drugs	Brand-name drugs that cost less than other brand-name drugs	\$\$
Tier 3 Drugs	More expensive brand-name drugs are included in this tier	\$\$\$
Tier 4 Drugs	Specialty drugs that treat complex conditions	\$\$\$\$

- 90-day drug supplies are available through our mail-order program.
- Tier 4 (Specialty Drugs) is only available for up to a 31-day supply.



You can see if your prescription drug(s) are covered and at what tier at www.instilhealth.com/links/2026/pharmacy or scan here.

We also partner with pharmacies in your area for you fill your prescription(s) at. To find a pharmacy near you, visit www.instilhealth.com/links/2026/pharmacy/locator or scan here.



MY HEALTH TOOLKIT

Tools To Manage Members Health

Making the right health care decisions is easy using My Health Toolkit®. An online information and customer service center, My Health ToolKit gives members access to important information about plan benefits.

With My Health Toolkit, you get access to:

- Claims, eligibility and benefit information.
- Contact preferences.
- Authorization status.
- Your ID card — save a digital version of your ID card for faster access.
- A treatment cost estimator.
- Set up recurring premium payments.

Start making informed health care decisions now by visiting www.InStilHealth.com or scan here.



Listed in this section are the common list of benefits. To view the full list see the Summary of Benefits for each plan.

Behavioral health services are covered the same as medical benefits.

InHealth Basic 1				
	Cost Share 3	Cost Share 2	Cost Share 1	Base
Benefits				
Deductible	Individual: \$0 Family: \$0	Individual: \$400 Family: \$800	Individual: \$4,900 Family: \$9,800	Individual: \$6,500 Family: \$13,000
Coinsurance	20%	50%	50%	50%
Out-of-Pocket Maximum	Individual: \$1,800 Family: \$3,600	Individual: \$3,400 Family: \$6,800	Individual: \$8,450 Family: \$16,900	Individual: \$10,600 Family: \$21,200
Office Visit - Primary Care/ Behavioral Health	\$0 copay	\$15 copay	\$25 copay	\$25 copay
Telehealth	Primary care \$0 copay Specialist \$10 copay	Primary care \$15 copay Specialist \$50 copay	Primary care \$25 copay Specialist \$60 copay	Primary care \$25 copay Specialist \$60 copay
Specialist Office Visit	\$10 copay	\$50 copay	\$60 copay	\$60 copay
Urgent Care	\$10 copay	\$50 copay	\$60 copay	\$60 copay
Emergency Room Services	20% coinsurance	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Inpatient Hospitalization	20% coinsurance	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Services	20% coinsurance	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$500 copay	\$500 copay
Pharmacy Benefits				
Prescription Drugs* Per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$2 Tier 2: \$15 Tier 3 – 4: 0% coinsurance after \$1,800 (Individual), \$3,600 (Family) drug deductible is met	Tier 0: \$0 Tier 1: \$7 Tier 2: \$20 Tier 3 – 4: 0% coinsurance after \$3,400 (Individual), \$6,800 (Family) drug deductible is met	Tier 0: \$0 Tier 1: \$7 Tier 2: \$20 Tier 3 – 4: 0% coinsurance after \$8,450 (Individual), \$16,900 (Family) drug deductible is met	Tier 0: \$0 Tier 1: \$7 Tier 2: \$20 Tier 3 – 4: 0% coinsurance after \$10,600 (Individual), \$21,200 (Family) deductible is met
	Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$3 Tier 2: \$41 Tier 3: 0% coinsurance after \$1,800 (Individual), \$3,600 (Family) drug deductible is met	Tier 0: \$0 Tier 1: \$10 Tier 2: \$54 Tier 3: 0% coinsurance after \$8,450 (Individual), \$16,900 (Family) drug deductible is met	Tier 0: \$0 Tier 1: \$10 Tier 2: \$54 Tier 3: 0% coinsurance after \$10,600 (Individual), \$21,200 (Family) deductible is met

VSP Member Services

Contact Information:

800-877-7195

Monday – Saturday,

6 a.m. – 5 p.m. Pacific time



InHealth Basic 1 + Adult Vision		
\$25 copay for Comprehensive Well Vision Exam	Lenses - Glasses or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full after \$50 glasses copay.	Frames - Frames are covered up to the retail allowance of \$100. 20% off any amount above retail allowance.
This plan is the same as the above but includes adult vision benefits		



Separate Drug Deductible and Coinsurance

*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

InHealth Basic 2				
Cost Share 3		Cost Share 2	Cost Share 1	Base
Medical Benefits				
Deductible	Individual: \$0 Family: \$0	Individual: \$1,100 Family: \$2,200	Individual: \$5,000 Family: \$10,000	Individual: \$5,300 Family: \$10,600
Coinsurance	10%	20%	30%	35%
Out-of-Pocket Maximum	Individual: \$3,450 Family: \$6,900	Individual: \$3,500 Family: \$7,000	Individual: \$8,300 Family: \$16,600	Individual: \$10,600 Family: \$21,200
Office Visit - Primary Care/ Behavioral Health	\$5 copay	\$10 copay	\$25 copay	\$30 copay
Telehealth	Primary care \$5 copay Specialist \$10 copay	Primary care \$10 copay Specialist \$25 copay	Primary care \$25 copay Specialist \$50 copay	Primary care \$30 copay Specialist \$55 copay
Specialist Office Visit	\$10 copay	\$25 copay	\$50 copay	\$55 copay
Urgent Care	\$10 copay	\$25 copay	\$50 copay	\$55 copay
Emergency Room Services	\$300 copay then 10% coinsurance	\$300 copay then 20% coinsurance after deductible is met	\$300 copay then 30% coinsurance after deductible is met	\$300 copay then 35% coinsurance after deductible is met
Inpatient Hospitalization	10% coinsurance	20% coinsurance after deductible is met	30% coinsurance after deductible is met	35% coinsurance after deductible is met
Outpatient Services	10% coinsurance	20% coinsurance after deductible is met	30% coinsurance after deductible is met	35% coinsurance after deductible is met
Ambulatory Surgery Center	\$500 copay	\$500 copay	\$500 copay	\$500 copay
Pharmacy Benefits				
Prescription Drugs* Per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$7 Tier 2: \$25 Tier 3: \$60 Tier 4: 50% coinsurance	Tier 0: \$0 Tier 1: \$7 Tier 2: \$30 Tier 3: \$100 Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$20 Tier 2: \$55 Tier 3: \$100 Tier 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$20 Tier 2: \$60 Tier 3: \$100 Tier 4: 50% coinsurance after deductible is met
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$10 Tier 2: \$68 Tier 3: \$162	Tier 0: \$0 Tier 1: \$10 Tier 2: \$81 Tier 3: \$270	Tier 0: \$0 Tier 1: \$28 Tier 2: \$149 Tier 3: \$270	Tier 0: \$0 Tier 1: \$28 Tier 2: \$162 Tier 3: \$270

*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

InHealth Basic Plus Standard	
Medical Benefits	
Deductible	Individual: \$2,000 Family: \$4,000
Coinsurance	25%
Out-of-Pocket Maximum	Individual: \$8,200 Family: \$16,400
Office Visit - Primary Care/ Behavioral Health	\$30 copay
Telehealth	Primary care \$30 copay Specialist \$60 copay
Specialist Office Visit	\$60 copay
Urgent Care	\$45 copay
Emergency Room Services	25% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance after deductible is met
Outpatient Services	25% coinsurance after deductible is met
Ambulatory Surgery Center	25% coinsurance after deductible is met
Pharmacy Benefits	
Prescription Drugs* Per 31-day supply (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$15 Tier 2: \$30 Tier 3: \$60 Tier 4: \$250
Mail Order (up to 90-day supply maximum)	Tier 0: \$0 Tier 1: \$21 Tier 2: \$81 Tier 3: \$162



This plan has a chiropractic benefit of \$25 copay, with a limit of 20 visits.

*Tier 4 is limited to a 31-day supply maximum and is not available for mail order.

InHealth Basic Standard				
Cost Share 3		Cost Share 2	Cost Share 1	Base
Medical Benefits				
Deductible	Individual: \$0 Family: \$0	Individual: \$700 Family: \$1,400	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000
Coinsurance	25%	30%	40%	40%
Out-of-Pocket Maximum	Individual: \$2,200 Family: \$4,400	Individual: \$3,300 Family: \$6,600	Individual: \$7,400 Family: \$14,800	Individual: \$8,900 Family: \$17,800
Office Visit - Primary Care/ Behavioral Health	\$0 copay	\$20 copay	\$40 copay	\$40 copay
Telehealth	Primary care \$0 copay Specialist \$10 copay	Primary care \$20 copay Specialist \$40 copay	Primary care \$40 copay Specialist \$80 copay	Primary care \$40 copay Specialist \$80 copay
Specialist Office Visit	\$10 copay	\$40 copay	\$80 copay	\$80 copay
Urgent Care	\$5 copay	\$30 copay	\$60 copay	\$60 copay
Emergency Room Services	25% coinsurance	30% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met
Inpatient Hospitalization	25% coinsurance	30% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Services	25% coinsurance	30% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met
Ambulatory Surgery Center	25% coinsurance	30% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met
Pharmacy Benefits				
Prescription Drugs* Per 31-day supply (up to 90-day supply maximum)	Tiers 0—1: \$0 Tier 2: \$15 Tier 3: \$50 Tier 4: \$150	Tier 0: \$0 Tier 1: \$10 Tier 2: \$20 Tier 3: \$60 copay after deductible is met Tier 4: \$250 copay after deductible is met	Tier 0: \$0 Tier 1: \$20 Tier 2: \$40 Tier 3: \$80 copay after deductible is met Tier 4: \$350 copay after deductible is met	Tier 0: \$0 Tier 1: \$20 Tier 2: \$40 Tier 3: \$80 copay after deductible is met Tier 4: \$350 copay after deductible is met
Mail Order (up to 90-day supply maximum)	Tiers 0—1: \$0 Tier 2: \$41 Tier 3: \$135	Tier 0: \$0 Tier 1: \$14 Tier 2: \$54 Tier 3: \$162 copay after deductible is met	Tier 0: \$0 Tier 1: \$28 Tier 2: \$108 Tier 3: \$216 copay after deductible is met	Tier 0: \$0 Tier 1: \$28 Tier 2: \$108 Tier 3: \$216 copay after deductible is met

This plan has a chiropractic benefit of \$25 copay, with a limit of 20 visits.

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HAVE QUESTIONS?



Visit www.InStilHealth.com

