



511 Farber Lakes Drive
Buffalo, NY 14221

Addendum to the 2024 Essential Plan Member Contract

Please be aware of the highlighted changes to your Essential Plan member contract. All other sections have not changed.

This is Your
ESSENTIAL PLAN CONTRACT
Issued by
Independent Health Association, Inc.

This is Your individual Contract for the Essential Plan coverage issued by Independent Health Association, Inc. This Contract, together with the attached Schedule of Benefits, applications and any amendment or rider amending the terms of this Contract, constitute the entire agreement between You and Us.

You have the right to return this Contract. Examine it carefully. If You are not satisfied, You may return this Contract to Us and ask Us to cancel it. Your request must be made in writing within ten (10) days from the date You receive this Contract.

Effective 4/1/24:

Renewability. The renewal date for this Contract is twelve months from the effective date of coverage. This Contract will automatically renew each year on the renewal date, unless otherwise terminated by Us as permitted by this Contract or by You upon 30 days' prior written notice to Us. If You become pregnant while covered under this Contract, You will have coverage for the duration of the pregnancy, along with one year of postpartum coverage. The 12-month postpartum coverage period will start on the last day of Your pregnancy and end on the last day of the 12th month.

SECTION V WHO IS COVERED

Effective 4/1/24:

A. WHO IS COVERED UNDER THIS CONTRACT.

You, the Subscriber to whom this Contract is issued, are covered under this Contract. You must live or reside in Our Service Area to be covered under this Contract. You must have a household income above 138% through 250% of the Federal Poverty Level. If You are enrolled in Medicare or Medicaid or affordable Employer Sponsored Health Insurance, You are not eligible to purchase this Contract. Also, if Your income is above 138% of the Federal Poverty Level, You are not eligible to purchase this Contract if You are under 19 years old or greater than 64 years old.

You must report changes that could affect your eligibility throughout the year, including whether You become pregnant. If You become pregnant while covered under this Contract, You may remain enrolled in accordance with section 369-ii of the New York Social Service

Law. If you remain in Essential Plan, You will have coverage for the duration of the pregnancy, along with one year of postpartum coverage. The 12-month postpartum coverage period will start on the last day of Your pregnancy and end on the last day of the 12th month. You may also become eligible to obtain Medicaid if You have a household income below 223% of the Federal Poverty Level. If You want Medicaid coverage instead of Essential Plan, You should contact NYSOH.

Effective 1/1/24:

C. ENROLLMENT.

You can enroll under this Contract during any time of the year. If You are a new applicant for coverage through the NYSOH, Your coverage will begin on the first of the month that Your plan selection is made. For example, if the NYSOH receives your Essential Plan selection on February 18, coverage under the plan will begin on February 1. Any services you received between February 1 and February 18 will be covered by Us. If you had coverage through the NYSOH under a different program or plan and switch to an Essential Plan, Your coverage will begin on the 1st of the month following your plan selection. For example, if You select an Essential Plan on February 19th, Your coverage would begin March 1st.

**SECTION XXII
TERMINATION OF COVERAGE**

Effective 1/1/2024:

This Contract may be terminated as follows:

A. AUTOMATIC TERMINATION OF THIS CONTRACT.

This Contract shall automatically terminate

1. Upon Your death.
2. When You turn 65, Your coverage will end at the end of the month in which you turn 65 or become Medicare eligible, whichever is earlier.
3. When You become Medicaid eligible or enroll in the Medicaid Program, Your coverage will end at the end of the month in which you are determined to be Medicaid eligible. This Contract shall not automatically terminate if You become Medicaid eligible because You are pregnant or in Your 12-month postpartum coverage period. If You become pregnant, have a household income below 223% of the Federal Poverty Level, and would like to choose to enroll in Medicaid instead of Essential Plan, You should contact NYSOH.
- ~~4. When Your income exceeds 200% of the Federal Poverty Level, Your coverage will end at the end of the month in which your income has changed.~~
5. When You have had a change in immigration status that makes you eligible for other coverage, including Medicaid, and Your coverage will end at the end of the month before you are determined to be Medicaid eligible.
6. When You have enrolled in a different program through the NY State of Health Marketplace.
7. When You have enrolled in affordable Employer Sponsored Health Insurance.

SECTION XXV
INDEPENDENT HEALTH ESSENTIAL PLAN
SCHEDULE OF BENEFITS

9. **Effective April 1, 2024, there shall be no cost-sharing obligations, with the exception of the delivery/hospital stay, for enrollees who become pregnant while having coverage in any Essential Plan. Cost sharing would be waived for PCP, Diagnostic, Prescription/non-prescription drugs, and DME for the duration of the pregnancy, along with one year of postpartum coverage. The 12-month postpartum coverage period will start on the last day of Your pregnancy and end on the last day of the 12th month. Cost sharing is not waived for the delivery/hospital stay.*
10. *Insurance Law §§ 3216(i)(31-b), 3221(l)(7-b), and 4303(l-2) provide that every policy that provides coverage for treatment at an opioid treatment program shall not impose a copayment or coinsurance during the course of treatment on an insured for such treatment. “Opioid treatment program” means a program or practitioner engaged in opioid treatment of individuals with an opioid agonist treatment medication.*

** Pending Federal Waiver Approval*