This chart is for general reference and is not a contract. This information is not a complete description of benefits. Contact the plan for more information. See Evidence of Coverage for complete details. Benefits may change on January 1 of each year.

2018 Annual Enrollment Period: October 15 – December 7

For additional information call (716) 635-4900 or 1-800-958-4405 (TT users call 1-888-357-9167). Call Center Hours: October 1 - February 14 – Monday – Friday, 8 a.m. – 8 p.m.; February 15 – September 30 – Monday – Friday, 8 a.m. – 8 p.m.
Encompass 65

2018 Independent Health Medicare Advantage Plan Without Prescription Coverage (Effective January 1, 2018)

**Independent Health’s Encompass® HMO**

Premium

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Monthly Premium</th>
<th>Primary Copayment</th>
<th>Specialty Copayment</th>
<th>Preventive Health*</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMO</td>
<td>$0</td>
<td>$25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**In-network care.** You can see doctors, hospitals and providers inside and outside of the network as long as medically necessary. You may pay more for services you require. Enjoy low, predictable copayments for

**Preferred Provider Organization (PPO):**

Indemnity and Independent Health’s network. Out-of-network/ non-contracted providers are under no obligation to treat Independent Health’s members. To schedule an appointment, call 1-844-211-1723 toll-free (TTY users call 711). Routine hearing exam / fitting and hearing aid copayments are not subject to the out-of-pocket maximum. This is not a complete description of benefits. See your Evidence of Coverage for full details.

2017 English: ATTN: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-663-1012 (TTY: 1-800-432-1110).

**Spanish ATTN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-663-1012 (TTY: 1-800-432-1110).

**Chinese ATTN:** 如您使用繁體中文，亦可免費獲得語言援助服務。請致電 1-800-663-1012 (TTY: 1-800-432-1110).

Independent Health complies with the laws of federal and state covenants and applies not due to the basis of race, color, national origin, age, disability, or sex. Independent Health is a Medicare Advantage organization with a Medicare contract and a ridership plan. Medicare beneficiaries may enroll in an Independent Health plan or other Medicare plan regardless of eligibility. Exchange of information with other creditable prescription coverage such as VA or employer coverage.

The plan cannot coordinate with a standalone Medicare prescription drug plan (PDP). To coordinate with the plan's prescription drug coverage, see your Evidence of Coverage for full details.

**Vision**

<table>
<thead>
<tr>
<th>Vision</th>
<th>Dental</th>
<th>Fitness</th>
<th>Hearing Aid**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy FitWorks</td>
<td>**</td>
<td>**</td>
<td>$40 hearing aid evaluation exam (includes $99 per ear) for hearing aid devices. **</td>
</tr>
</tbody>
</table>

**Total cost of services.** See your Evidence of Coverage for a complete list.

**Notes:** At all preventive services are medically appropriate every year. Independent Health uses the frequency guidelines adopted by CMS and the US Preventive Services Task Force. This is not a complete list of services. See your Evidence of Coverage for a complete list.

**Pre-service organization deterrence before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

2015 Out-of-Pocket Maximum limit for emergency care, urgent care or ambulances outside the USA and its territories.

**Health Maintenance Organization (HMO):** No referrals required. You must receive all care from one care provider and choose a primary care doctor who is affiliated with Independent Health. Emergency care, no referrals required. Medical emergencies covered worldwide. ODIs are not covered except emergencies. M edicaid Services (CMS) Online Enrollment Center, located at http://www.medicare.gov.

Out-of-network/non-contracted providers are under no obligation to treat Independent Health’s members. To schedule an appointment, call 1-844-211-1723 toll-free (TTY users call 711). Routine hearing exam / fitting and hearing aid copayments are not subject to the out-of-pocket maximum. This is not a complete description of benefits. See your Evidence of Coverage for full details.

2015 Out-of-Pocket Maximum limit for emergency care, urgent care or ambulances outside the USA and its territories.

**Health-Maintenance Organization (HMO):** No referrals required. You must receive all care from one care provider and choose a primary care doctor who is affiliated with Independent Health. Emergency care, no referrals required. Medical emergencies covered worldwide. ODIs are not covered except emergencies. M edicaid Services (CMS) Online Enrollment Center, located at http://www.medicare.gov.

Out-of-network/non-contracted providers are under no obligation to treat Independent Health’s members. To schedule an appointment, call 1-844-211-1723 toll-free (TTY users call 711). Routine hearing exam / fitting and hearing aid copayments are not subject to the out-of-pocket maximum. This is not a complete description of benefits. See your Evidence of Coverage for full details.