

2024 Medicare Advantage Enhanced Part D Prescription Drug Coverage

How Does Independent Health's Prescription Drug Coverage Work?

INITIAL COVERAGE

YOU PAY: Copay/Coinsurance

INDEPENDENT HEALTH PAYS:
Remaining cost

- Tiers 1/2/3/4/5: Refer to your plan benefits for copay/coinsurance amounts.
- Tier 1: **New for 2024!** For your convenience, you can get a 100-day fill for a three-month supply.
- Tier 1 and 2: You simply pay your copay for your covered medications. Independent Health pays the remaining cost of your medications.
- Some plans have a deductible on medications for Tiers 3, 4, and 5 only.
 - Independent Health's Encompass 65[®] Edge HMO: \$545
 - Independent Health's Encompass 65[®] Element HMO: \$150
 - Independent Health's Encompass 65[®] Core HMO: \$50
 - Independent Health's Medicare Passport[®] Advantage PPO: \$150
 - Independent Health's Medicare Passport[®] Access PPO: \$250
- A **"deductible"** is the amount you pay for drugs before our plan begins to pay its share.
- You generally stay in this payment stage until the amount of your year-to-date total drug costs (what you pay plus what Independent Health pays) reach **\$5,030**. You will then enter what is called the "Coverage Gap."

COVERAGE GAP

When you are in the Coverage Gap, you are responsible for the following costs for your medications:

- You will pay 25% of the cost of your covered medications at the pharmacy (**75% discount**).
- The 75% **discounts are automatically taken at the point of sale**. That means no paperwork or additional work for you — you receive the cost savings automatically!
- You will stay in this stage until your out-of-pocket costs reach **\$8,000**. You will then enter the Catastrophic Coverage Stage.¹

CATASTROPHIC COVERAGE

NEW FOR 2024: Once your year-to-date out-of-pocket costs reach \$8,000 you will have **\$0 Cost/Coinsurance**.

- When you are in this payment stage, you will not have to pay anything for your drugs. You will also stay in this payment stage for the rest of the calendar year (through December 31).

Questions?

(716) 635-4900 or **1-800-958-4405** (TTY: 711)
October 1–March 31: Monday–Sunday, 8 a.m.–8 p.m.,
April 1–September 30: Monday–Friday, 8 a.m.–8 p.m.



\$35 copay for insulin, even if you haven't met your deductible.



¹ As defined by the Centers for Medicare & Medicaid Services, dispensing fee will apply. The total cost of the medication, before the discount, minus the 5% for brand medications paid by Independent Health in the coverage gap applies to your true out-of-pocket costs. Your true out-of-pocket costs are the total of all drug costs paid by you, the enrollee, the Low Income Subsidy/Extra Help (if applicable) and all others whose payments count toward your (the enrollee's) out-of-pocket costs, including EPIC, our State Pharmaceutical Assistance Program.

Mail order and mail at retail are 2.5 times copay for 100-day supply on Tier 1 and 90-day supply on Tiers 2, 3, and 4. Only maintenance drugs are available by mail order. Refer to formulary for more details.

Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-SNP, HMO-POS and PPO plans. Enrollment in Independent Health depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Independent Health members, except in emergency situations. 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.

This information is not a complete description of benefits. Call (716) 635-4900 or 1-800-958-4405 (TTY: 711) for more information.

Beneficiaries must use network pharmacies to access their prescription drug benefit, unless a network pharmacy cannot be accessed.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. Limitations, copayments and restrictions may apply. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Members may enroll in the plan only during specific times of the year. Contact Independent Health for more information.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-665-1502 (TTY: 711). Independent Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-1502 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-1502 (TTY: 711)。