### 2022 Independent Health Medicare Advantage HMO Plans With Prescription Coverage (Effective January 1, 2022)

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Monthly Plan Premium</th>
<th>Part D Prescription Benefits Odd</th>
<th>Star Ratings (out of 5)</th>
<th>Skilled Nursing Facility</th>
<th>Home Health</th>
<th>Physical Therapy</th>
<th>Occupational Therapy</th>
<th>% To Pay For Part D Medications or Services</th>
<th>Annual Out-Of-Pocket Maximum for Part D Covered Services</th>
<th>Over-the-Counter (OTC)</th>
<th>Vision (Lenses)</th>
<th>Dental (Implants)</th>
<th>Preventive Services</th>
<th>Fitness (Shower)</th>
<th>Additional Wellness Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Health Encompass 65® Edge HMO Basic</td>
<td>$0 (40% deductible on tiers 5 &amp; 4; 45% if tier 6, to initial coverage limit of $4,430)</td>
<td>$25</td>
<td>$0</td>
<td>$30</td>
<td>$65</td>
<td>$6</td>
<td>$90</td>
<td>$30</td>
<td>$20 of the cost of the medication or service</td>
<td>$480 deductible on tiers 5 &amp; 4, 45% on tier 6 to initial coverage limit of $4,430</td>
<td>$20 of the cost of the medication or service</td>
<td>$0</td>
<td>$25 per quarter</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Independent Health Encompass 65® Basic HMO</td>
<td>$0 (100% deductible on tiers 1 &amp; 2, to initial coverage limit of $4,430)</td>
<td>$0</td>
<td>$0</td>
<td>$10</td>
<td>$65</td>
<td>$6</td>
<td>$90</td>
<td>$30</td>
<td>$20 of the cost of the medication or service</td>
<td>$480 deductible on tiers 5 &amp; 4, 45% on tier 6 to initial coverage limit of $4,430</td>
<td>$20 of the cost of the medication or service</td>
<td>$0</td>
<td>$25 per quarter</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Independent Health Encompass 65® Core HMO</td>
<td>$65 (100% deductible on tiers 1 &amp; 2, to initial coverage limit of $4,430)</td>
<td>$10</td>
<td>$0</td>
<td>$35</td>
<td>$65</td>
<td>$6</td>
<td>$90</td>
<td>$30</td>
<td>$20 of the cost of the medication or service</td>
<td>$480 deductible on tiers 5 &amp; 4, 45% on tier 6 to initial coverage limit of $4,430</td>
<td>$20 of the cost of the medication or service</td>
<td>$0</td>
<td>$25 per quarter</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

**Important Notes:**

- **Medicare Covered Stay:** Unlimited days for Medicare Covered Stay. See Evidence of Coverage for complete details.
- **Medicare Covered Equipment:** Unlimited days for Medicare Covered Equipment. See Evidence of Coverage for complete details.
- **Medicare Covered Services:** For those with a diabetes diagnosis.
- **Medication Assistance Program:** (such as insulin, or oral diabetes medicines, or other prescription medications).
- **NEW!** Rewards and Incentives for preventive services.
- **Dental Benefits:** For those with a diabetes diagnosis.
- **Vision Benefits:** $25 per visit preventive dental (2 routine cleanings, exams, & fillings per calendar year). 5 full-month series every 3 months.
- **Reimbursement by Medicare:** Depending on the type of dental benefit included with most plans, you have the option of adding this comprehensive dental coverage to your plan for an additional premium.

**WE’RE ALWAYS READY TO HELP. SPEAK WITH A REDSHIRT TODAY.**

(Toll-Free) 1-833-4900 or 1-800-918-4442 [TTY: 1-800-969-5060]—Mon. – Fri., 8 a.m. – 8 p.m. (EST), April 1 – Sept. 30 and Dec. 7 – Dec. 21. Call us anytime at www.IndependentHealth.com/Medicare

**OPTIONAL COMPREHENSIVE DENTAL BENEFIT:**

This benefit is available to you for an additional $125 per quarter to $75 per month. It covers routine preventive services, as well as the cost of a comprehensive dental cleaning, which includes periodic cleanings, root canals, crowns, and more.

**Mailing Address:**

Independent Health
101 Fitness Drive
Williams Township, PA 18096

**Wealthcare:**

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**Comprehensive Dental Benefit**

Approved by Medicare for a $25 copay for select insulins, eyewear every year, select oral diabetes medicines, and select oral diabetes medicines. Additional Wellness Benefits are available for Medicare beneficiaries who are enrolled in Medicare Part B and reside in New York State. Medicare beneficiaries may enroll in an HMO plan only during specific times of the year. These plans may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

**Independent Health:**

Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-ODP and PPO plans. The Independent Health benefits are at the discretion of the plan sponsors. Independent Health has no control over plan sponsors. This document contains basic information. Be sure to read the Evidence of Coverage for complete details.

**Wealthcare:**

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**Preventive Services:** Preventive Services, such as colonoscopy, mammogram, flu, COVID-19, and other preventive services.

**Comprehensive Dental Benefit:**

This benefit is available to you for an additional $125 per quarter to $75 per month. It covers routine preventive services, as well as the cost of a comprehensive dental cleaning, which includes periodic cleanings, root canals, crowns, and more.

**Annual Out-Of-Pocket Maximum:**

The annual out-of-pocket maximum is $6,000 for the Standard Plan and $7,550 for the Enhanced Plan. This maximum applies to all covered services, including preventive care.
### 2022 Independent Health Medicare Advantage HMO Plan Without Prescription Coverage (Effective January 1, 2022)

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Monthly/Per Premium</th>
<th>Part D Prescription Benefit Tiers</th>
<th>Inpatient/Dental/Skilled Nursing Facility</th>
<th>Outpatient Services</th>
<th>Preventive Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Health Medicare Advantage HMO Plus</td>
<td>$0</td>
<td>1/2/3</td>
<td>No deductible</td>
<td>No deductible</td>
<td>No deductible</td>
</tr>
</tbody>
</table>

**Out-of-network/non-contracted providers are under no obligation to treat Independent Health’s Medicare Passport PPO members, except in emergency situations. For a decision about whether we will cover an out-of-network provider, please visit [Claim Review Information](#).**

**Benefits Shown Here Are In-Network Only**

**Claim Review Information**

1. **For medical and pharmacy claims:**
   - [Contact Information](#)
   - [Claim Review Process](#)

2. **For grievances:**
   - [Grievance Process](#)

### 2022 Independent Health Medicare Advantage PPO Plans With Prescription Coverage (Effective January 1, 2022)

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Monthly/Per Premium</th>
<th>Part D Prescription Benefit Tiers</th>
<th>Inpatient/Dental/Skilled Nursing Facility</th>
<th>Outpatient Services</th>
<th>Preventive Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Health Medicare Passport PPO Advantaged</td>
<td>$100</td>
<td>1/2/3/4/5</td>
<td>$150 deductible on tier 1, 4, 5 only, $300 deductible on tier 2 or greater, $4,430 annual maximum member copay</td>
<td>No deductible</td>
<td>$25 per quarter</td>
</tr>
</tbody>
</table>

**Out-of-network/non-contracted providers are under no obligation to treat Independent Health’s Medicare Passport PPO members, except in emergency situations. For a decision about whether we will cover an out-of-network provider, please visit [Claim Review Information](#).**

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### Related Information

- [Helping You Get and Stay Healthy (Benefits Shown Here Are In-Network Only)](#)
- [Additional Wellness Benefits](#)

**Helping You Get and Stay Healthy**

1. **Vision Services**
   - [Vision Plan](#)

2. **Hearing Aid**
   - [Hearing Plan](#)

3. **Dental**
   - [Dental Plan](#)

4. **Fitness**
   - [Fitness Plan](#)

**Dental and Fitness Package**

- [Fitness and Wellness Package](#)
- [Additional Wellness Benefits](#)

**Note:** This is not a complete list of benefits. For a complete list of benefits, please refer to the Evidence of Coverage.