






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

Plan Name	Monthly Plan Premium	Part D Prescription Benefit Tiers 1/2/3/4/5 Shingrix included in Tier 1	Primary Copay	Specialty Copay	Inpatient Hospital Copay	Worldwide ¹		Ambulance/Transportation	Lab Copay ²	X-ray Copay	Outpatient Surgery	Skilled Nursing Facility ³	Home Health	Physical, Speech, Occupational Therapy	% You Pay for Part B Medications or Radiation Therapy ⁴	Annual Out-of-Pocket Maximum for Medicare Covered Services	Helping You Get and Stay Healthy				
						Emergency Room Coverage (waived if admitted)	Urgent Care										NEW! Over-the-Counter (OTC) ⁵	Vision (EyeMed)	Dental (Healthplex) Preventive Included	Fitness (Silver Sneakers)	Additional Wellness Benefits
Independent Health's Encompass 65[®] Edge HMO GIVE BACK PLAN	\$0 Independent Health pays \$30 per month toward your Part B premium	\$480 deductible on tiers 3, 4 & 5 only \$3/\$20/\$47/41%/25% to initial coverage limit of \$4,430	\$25	\$50	Days 1–5: \$400 per day Unlimited days for Medicare Covered Stay	\$90	\$65	\$240	\$20	General X-ray: \$50 Advanced Radiology: \$300	Ambulatory Surgical Center: \$425 Hospital Based: \$475	Days 1–20: \$0 Days 21–100: \$188 per day	\$0	\$40	20% of the cost of the medication or service	\$7,550	Not covered	\$0 routine eye exam, \$150 coverage limit for routine eyewear every year.	Not covered –  Comprehensive Dental Available which includes routine dental	 <p>Our exclusive Premier Wellness package which includes Vision, Dental and Fitness (listed to the left) and:</p> <ul style="list-style-type: none"> • Enhanced Annual Wellness Visit • Hearing Aid Coverage • Telemedicine • Brook Personal Health Companion <p>Additionally, as an Independent Health member you get:</p> <ul style="list-style-type: none"> • Preventive Services⁶ (such as colonoscopy, mammogram, flu, COVID and pneumonia vaccines) • NEW! Rewards and Incentives for preventive services • Brook+ • Medicare Covered Chiropractic Benefit • Enhanced Diabetic Benefits for those with a diabetes diagnosis – \$0 copay for glucose monitors, diabetic shoes and inserts, and supplies, including lancets and test strips – \$35 copay for select insulins, even through the coverage gap (Part D plans only) 	
Independent Health's Encompass 65[®] Element HMO	\$0	\$195 deductible on tiers 3, 4 & 5 only \$0/\$15/\$47/41%/29% to initial coverage limit of \$4,430	\$0	\$40	Days 1–5: \$340 per day Unlimited days for Medicare Covered Stay \$2,040 annual maximum member copay	\$90	\$65	\$240	\$5	General X-ray: \$40 Advanced Radiology: \$200	Ambulatory Surgical Center: \$295 Hospital Based: \$325	Days 1–20: \$0 Days 21–100: \$188 per day	\$0	\$40	20% of the cost of the medication or service	\$6,900	\$25 per quarter	\$20 routine eye exam, \$200 coverage limit for routine eyewear every 2 years.	\$30 per visit preventive dental: 2 routine cleanings, exams & bitewing X-rays per calendar year; 1 full-mouth series (every 36 months).  Comprehensive Dental Available		
Independent Health's Encompass 65[®] Core HMO	\$65	\$100 deductible on tiers 3, 4 & 5 only \$0/\$15/\$42/46%/31% to initial coverage limit of \$4,430	\$0	\$35	Days 1–5: \$325 per day Unlimited days for Medicare Covered Stay \$1,950 annual maximum member copay	\$90	\$65	\$225	\$5	General X-ray: \$35 Advanced Radiology: \$175	Ambulatory Surgical Center: \$275 Hospital Based: \$325	Days 1–20: \$0 Days 21–100: \$188 per day	\$0	\$20	20% of the cost of the medication or service	\$6,900	\$35 per quarter	\$0 routine eye exam, \$150 coverage limit for routine eyewear every year.	\$20 per visit preventive dental: 2 routine cleanings, exams & bitewing X-rays per calendar year; 1 full-mouth series (every 36 months).  Comprehensive Dental Available		
Independent Health's Encompass 65[®] Basic HMO	\$125	No deductible \$0/\$12/\$42/43%/33% to initial coverage limit of \$4,430	\$0	\$30	Days 1–6: \$275 per day Unlimited days for Medicare Covered Stay \$1,925 annual maximum member copay Home Delivered Meals: 14 Days, up to 28 Meals Post Acute Stay	\$90	\$65	\$225	\$0	General X-ray: \$30 Advanced Radiology: \$125	Ambulatory Surgical Center: \$250 Hospital Based: \$325	Days 1–20: \$0 Days 21–100: \$188 per day	\$0	\$15	20% of the cost of the medication or service	\$6,900	\$50 per quarter	\$0 routine eye exam, \$200 coverage limit for routine eyewear every year.	\$0 per visit preventive dental: 2 routine cleanings, exams & bitewing X-rays per calendar year; 1 full-mouth series (every 36 months).  Comprehensive Dental Available		

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. Limitations, copayments, and restrictions may apply. Benefit, premium and/or copayments/coinsurance 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.

Benefits vary by plan. Members may enroll in the plan only during specific times of the year. These plans are available to all Medicare eligibles who are entitled to Medicare Part A and enrolled in Part B. Your plan may require the use of affiliated providers, except in the case of emergency care, urgent care or out-of-area renal dialysis. You must continue to pay your Medicare Part B premium if not otherwise

paid for under Medicaid or by another third party. Medicare beneficiaries may enroll in an Independent Health Medicare Advantage plan through the Centers for Medicare & Medicaid Services (CMS) Online Enrollment Center, located at <https://www.medicare.gov>. For more information contact Independent Health.

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This chart is for general reference and is not a contract. This information is not a complete description of benefits. See Evidence of Coverage for complete details.



OPTIONAL COMPREHENSIVE DENTAL BENEFIT

This benefit is available to you for an additional \$25 monthly premium. In addition to your preventive dental benefit included with most plans, you have the option of adding this comprehensive dental coverage which includes periodontal cleanings, root canals, dentures and more.

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

(716) 635-4900 or 1-800-958-4405 (TTY: 711)

Oct. 1 – March 31: Mon. – Sun., 8 a.m. – 8 p.m.;

April 1 – Sept. 30: Mon. – Fri., 8 a.m. – 8 p.m.

www.IndependentHealth.com/Medicare

Medicare.Help@IndependentHealth.com



2022 Annual Enrollment Period: October 15 – December 7




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

PPO Plans are Perfect for People Who Travel!

(IN) In-Network, (OON) Out-of-Network

Plan Name	Monthly Plan Premium	Part D Prescription Benefit Tiers 1/2/3/4/5	Primary Copay	Specialty Copay	Inpatient Hospital Copay	Worldwide ¹		Ambulance/Transportation	Lab Copay ²	X-ray Copay	Outpatient Surgery	Skilled Nursing Facility ³	Home Health	Physical, Speech, Occupational Therapy	% You Pay for Part B Medications or Radiation Therapy ⁴	Annual Out-of-Pocket Maximum for Medicare Covered Services	Helping You Get and Stay Healthy (Benefits Shown Here Are In-Network Only)				
						Emergency Room Coverage (waived if admitted)	Urgent Care										Over-the-Counter (OTC) ⁵	Vision (EyeMed)	Dental (Healthplex) Preventive Included	Fitness (Silver Sneakers)	Additional Wellness Benefits
Independent Health's Medicare Passport [®] Advantage PPO	\$99	\$150 deductible on tiers 3, 4 & 5 only \$0/\$15/\$47/40%/30% to initial coverage limit of \$4,430	\$0 (IN) 40% (OON)	\$35 (IN) 40% (OON)	Days 1–6: \$275 per day Unlimited days for Medicare Covered Stay \$1,925 annual maximum member copay (IN) 40% coinsurance (OON)	\$90 (IN) \$90 (OON)	\$65 (IN) \$65 (OON)	\$250 copay (IN) \$250 copay (OON)	\$0 (IN) 40% co-insurance (OON)	General X-ray: \$40 copay Advanced Radiology: \$150 copay (IN) 40% coinsurance (OON)	Ambulatory Surgical Center: \$300 Hospital Based: \$350 (IN) 40% coinsurance (OON)	Days 1–20: \$0 Days 21–100: \$188 copay per day (IN) 40% coinsurance (OON)	\$0 (IN) 40% co-insurance (OON)	\$15 copay (IN) 40% coinsurance (OON)	20% coinsurance (IN) Part B: 40% coinsurance Radiation Therapy: 50% coinsurance (OON)	\$6,900 (IN) \$11,300 combined in- and out-of-network	\$25 per quarter	\$0 routine eye exam, \$200 coverage limit for routine eyewear every year.	 Comprehensive Dental Available	\$0 fitness benefit with access to thousands of locations nationwide.	Our exclusive Premier Wellness package which includes Vision, Dental and Fitness (listed to the left) and: <ul style="list-style-type: none"> Enhanced Annual Wellness Visit Hearing Aid Coverage Telemedicine Brook Personal Health Companion Additionally, as an Independent Health member you get: <ul style="list-style-type: none"> Preventive Services⁶ NEW! Rewards and Incentives for preventive services Brook+ Medicare Covered Chiropractic Benefit Enhanced Diabetic Benefits (see front side for more details)
						There is a special network with this plan. Ask a RedShirt for Details.				\$90 (IN) \$90 (OON)	\$65 (IN) \$65 (OON)	\$200 copay (OON)	\$5 (IN) 20% co-insurance (OON)	General X-ray: \$30 copay Advanced Radiology: \$100 copay (IN) 20% coinsurance (OON)	Ambulatory Surgical Center: \$225 Hospital Based: \$275 (IN) 20% coinsurance (OON)	Days 1–20: \$0 Days 21–100: \$188 copay per day (IN) 30% coinsurance (OON)					
Independent Health's Medicare Passport [®] Prime PPO	\$225	No deductible \$0/\$10/\$45/40%/33% to initial coverage limit of \$4,430 Tier 1 covered through the gap	\$0 (IN) \$45 (OON)	\$30 (IN) \$45 (OON)	Days 1–6: \$210 per day Unlimited days for Medicare Covered Stay \$1,470 annual max member copay (IN) 30% coinsurance (OON)	\$90 (IN) \$90 (OON)	\$65 (IN) \$65 (OON)	\$200 copay (OON)	\$5 (IN) 20% co-insurance (OON)	General X-ray: \$30 copay Advanced Radiology: \$100 copay (IN) 20% coinsurance (OON)	Ambulatory Surgical Center: \$225 Hospital Based: \$275 (IN) 20% coinsurance (OON)	Days 1–20: \$0 Days 21–100: \$188 copay per day (IN) 30% coinsurance (OON)	\$0 (IN) 40% co-insurance (OON)	\$25 copay (IN) 20% coinsurance (OON)	20% coinsurance (IN) Part B: 40% coinsurance Radiation Therapy: 40% coinsurance (OON)	\$6,900 (IN) \$11,300 combined in- and out-of-network	\$25 per quarter	 Comprehensive Dental Included No Additional Premium	\$0 fitness benefit with access to thousands of locations nationwide.	Our exclusive Premier Wellness package which includes Vision, Dental and Fitness (listed to the left) and: <ul style="list-style-type: none"> Enhanced Annual Wellness Visit Hearing Aid Coverage Telemedicine Brook Personal Health Companion Additionally, as an Independent Health member you get: <ul style="list-style-type: none"> Preventive Services⁶ NEW! Rewards and Incentives for preventive services Brook+ Medicare Covered Chiropractic Benefit Enhanced Diabetic Benefits (see front side for more details) 	

2022 Independent Health Medicare Advantage HMO Plan **Without** Prescription Coverage (Effective January 1, 2022)

Plan Name	Monthly Plan Premium	Part D Prescription Benefit Tiers 1/2/3/4/5 ⁷	Primary Copay	Specialty Copay	Inpatient Hospital Copay	Worldwide ¹		Ambulance/Transportation	Lab Copay ²	X-ray Copay	Outpatient Surgery	Skilled Nursing Facility ³	Home Health	Physical, Speech, Occupational Therapy	% You Pay for Part B Medications or Radiation Therapy ⁴	Annual Out-of-Pocket Maximum for Medicare Covered Services	Helping You Get and Stay Healthy				
						Emergency Room Coverage (waived if admitted)	Urgent Care										Over-the-Counter (OTC) ⁵	Vision (EyeMed)	Dental (Healthplex) Preventive Included	Fitness (Silver Sneakers)	Additional Wellness Benefits
Independent Health's Encompass 65 [®] HMO	\$0	No prescription benefit	\$0	\$10	Days 1–5: \$180 per day Unlimited days for Medicare Covered Stay \$1,080 annual member copay maximum Home Delivered Meals: 14 Days, up to 28 Meals Post Acute Stay	\$90	\$65	\$150 Non-Emergency Transportation: \$0 24 One-way Trips	\$0	General X-ray: \$25 Advanced Radiology: \$50	\$100	Days 1–20: \$0 copay per day Days 21–100: \$188 copay per day	\$0	\$10	20% of the cost of the medication or service	\$6,700	\$100 per quarter	\$0 routine eye exam, \$200 coverage limit for routine eyewear every year.	 Comprehensive Dental Included No Additional Premium	\$0 fitness benefit with access to thousands of locations nationwide.	Our Premier Wellness Package including Vision, Dental, Fitness (listed to the left), Enhanced Annual Wellness Visit, Hearing Aid Coverage, Telemedicine and Brook Personal Health Companion Additionally, you get Preventive Services, Rewards and Incentives, and Brook+

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 service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call Member Services at (716) 250-4401 or 1-800-665-1502 (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. or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. 1. The \$10,000 plan limit is per occurrence for the combined unforeseen event outside of the USA. 2. Member pays 20%–40% for genetic testing. 3. Skilled nursing facility benefit is not covered after day 100, per benefit period. 4. Member pays 20%–50% of the cost of the Part B medication (e.g., injectables and chemotherapy) or radiation therapy service plus applicable office visit copay or the outpatient hospital copay. 5. For the over the counter allowance the amount earned each quarter needs to be used within that quarter of year; amounts do not roll over. 6. Not all preventive services are

medically appropriate every year. Independent Health uses the frequency guidelines adopted by CMS and the U.S. Preventive Services Task Force. This is not a complete list of services. See your Evidence of Coverage for a complete list. 7. This plan cannot coordinate with a standalone Medicare prescription drug plan (PDP). It can coordinate with other creditable prescription coverage such as VA or employer coverage. 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).

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