

# 2021 Medicare Family Choice<sup>®</sup> HMO I-SNP 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

- When you are in this payment stage, you simply pay your copay for your covered medications. Independent Health pays the remaining cost of your medications.
- 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 **\$4,130**. You will then enter what is called the "Coverage Gap."
- Tier 1: \$4 copay  
Tier 2: \$15 copay  
Tier 3: 25% coinsurance  
Tier 4: 25% coinsurance  
Tier 5: 33% coinsurance

### COVERAGE GAP

**When you are in the Coverage Gap, you are responsible for the full cost of your medications, except as noted below:**

- You will pay 25% of the cost of your covered generic medications at the pharmacy (**75% discount**).
- You will pay 25% of the cost of covered brand-name 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!
- When you are in this stage, you generally stay in it until the amount of your year-to-date true out-of-pocket costs reach **\$6,550**. You will then enter the Catastrophic Coverage Stage.\*

### CATASTROPHIC COVERAGE

**YOU PAY:** 5% coinsurance or \$3.70 (generic) and \$9.20 (all other medications), whichever is greater  
**INDEPENDENT HEALTH PAYS:** Remaining cost

- When you are in this payment stage, you pay the greater of either 5% coinsurance or \$3.70 generic and \$9.20 for all other medications.\*\* Independent Health pays most of the cost for your covered medications.
- Once you are in this payment stage, you will stay in it for the rest of the calendar year (through December 31).



Family Choice  
OF NEW YORK



**For more information, call us:**

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

October 1–December 7: Monday–Sunday, 8 a.m.–8 p.m.

December 8–September 30: Monday–Friday, 8 a.m.–8 p.m.

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\* 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 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.

\*\* **Independent Health** pays approximately 95% of all eligible drug costs until the end of the calendar year with no limit. You pay whichever is greater – 5% of the cost of the prescription or \$3.70 for each prescription of a generic or preferred brand drug that is a multi-source drug and \$9.20 for all others.

**Mail order** and mail at retail are 2.5 times copay for a 90-day supply. Only maintenance drugs in Tier 1, Tier 2, Tier 3, and Tier 4 are available by mail order.

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.

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 year-round. 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)。