



\$0 COPAY* FOR SELECT PART D PRESCRIPTION DRUGS

At Independent Health we're always looking for ways to bring you added value. That's why we're excited to have \$0 copay – for select generic drugs – for Independent Health's Assure Advantage® HMO C-SNP plan.

The select generic drugs now being offered at \$0 copay (Listed by disease category. Effective January 1, 2022):

Allergy Medications

- fluticasone nasal spray

Alzheimer's Disease Agents

- donepezil 5, 10 mg tabs

Antidepressants

- bupropion HCL SR tabs
- citalopram tabs
- escitalopram oxalate tabs
- paroxetine HCL IR tabs
- sertraline HCL tabs

Cardiovascular/ Blood Pressure Medications

Blood Thinners

- clopidogrel bisulfate 75 mg
- Jantoven
- warfarin sodium

Beta Blockers

- atenolol
- atenolol/chlorthalidone
- bisoprolol fumarate
- bisoprolol fumarate/HCTZ
- carvedilol tabs
- metoprolol succinate ER
- propranolol HCL tabs

Diuretics

- amiloride HCL
- amiloride/HCTZ
- chlorthalidone
- eplerenone
- furosemide tabs
- hydrochlorothiazide
- indapamide
- metolazone
- spironolactone
- spironolactone/HCTZ
- torsemide
- triamterene/HCTZ tabs and 37.5/25 mg caps

ACE Inhibitors

- amlodipine/benazepril
- benazepril HCL
- benazepril HCL/HCTZ
- enalapril maleate tabs
- enalapril maleate/HCTZ
- fosinopril sodium
- fosinopril sodium/HCTZ
- lisinopril
- lisinopril/HCTZ
- quinapril HCL
- quinapril/HCTZ
- ramipril
- trandolapril

Angiotensin Receptor Blockers (ARBs)

- irbesartan
- irbesartan/HCTZ
- losartan potassium
- losartan potassium/HCTZ
- olmesartan
- olmesartan/HCTZ
- valsartan
- valsartan/HCTZ

Calcium Channel Blocker

- amlodipine/benazepril
- amlodipine besylate

Cholesterol Lowering Medications

- atorvastatin calcium
- lovastatin
- pravastatin sodium
- rosuvastatin calcium
- simvastatin 5, 10, 20, 40 mg

Diabetes Medications

- glimepiride
- glipizide
- glipizide ER
- glipizide/metformin
- metformin HCL
- metformin HCL ER TB24**

Enlarged Prostate Medications

- alfuzosin
- dutasteride
- finasteride
- tamsulosin
- terazosin

Gout Agents

- allopurinol

Immunological Agents

- methotrexate tab

Ophthalmic Agents

Glaucoma Medications

- dorzolamide/
timolol maleate soln
- latanoprost soln
- levobunolol 0.5% soln
- timolol maleate soln

Osteoporosis Treatment

- alendronate sodium 35, 70 mg
- ibandronate sodium tabs

Reflux Treatment

- famotidine 20, 40 mg tabs

Thyroid Medications

- Euthyrox
- Levo-T
- levothyroxine tablets
- Levoxyl
- Unithroid

Vaccines

- Shingrix

To view the full Drug Formulary, visit www.IndependentHealth.com/Medicare.
If you have questions or would like additional information on this benefit,
call us at (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.



* Benefits vary by plan. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits and copayments/coinsurance may change on January 1 of each year. The formulary may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium.

** Excludes metformin ER 24HR modified release and metformin ER 24HR osmotic (generic versions of Glumetza and Fortamet).

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.

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).

Y0042_C8277_M Accepted 08212021

www.IndependentHealth.com/Medicare

©2021 Independent Health Association, Inc.

OA-6431-7293.22 IH31354 REV0821

2022 Medicare Advantage Enhanced Part D Prescription Drug Coverage for Independent Health's Assure Advantage[®] HMO C-SNP

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
Tier 1 – \$0
Tier 2 – \$12
Tier 3 – \$47
Tier 4 – 38%
Tier 5 – 33%
- Tiers 1 – 5: You simply pay your copay/coinsurance 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 **\$4,430**. 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 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 **\$7,050**. You will then enter the Catastrophic Coverage Stage.¹

CATASTROPHIC COVERAGE

YOU PAY: 5% coinsurance or \$3.95 (generic) and \$9.85 (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 \$3.95 generic and \$9.85 for all other medications.² 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).



For more information, call us:

(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.



\$15 copay for select insulins,
even through the coverage gap.³

Y0042_C8226_M Accepted 08182021

©2021 Independent Health Association, Inc. IH31287
OA-6431-7155.22 REV0721

To be eligible for Independent Health’s Assure Advantage HMO C-SNP plan you must have a diagnosis of Chronic Heart Failure (CHF) and reside in Erie County.

¹ As defined by the Centers for Medicare & Medicaid Services, a 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.

² **Independent Health** pays up to 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 \$3.95 for each prescription of a generic or preferred brand drug that is a multi-source drug and \$9.85 for all others.

³ Note: Only self-injected insulin meets the criteria for a Part D covered drug and is eligible for the cost savings under the Senior Savings Model (oral diabetic medications are not eligible). This cost-sharing only applies to beneficiaries who do not qualify for a program that helps pay for your drugs (“Extra Help”). To find out which drugs are select insulins, review the most recent Drug List we provide electronically. If you have questions about the Drug List, you can also call Member Services.

Mail order and mail at retail are 2.5 times copay for a 90-day supply. 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.

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.

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)。