

2023 Independent Health Medicare Advantage HMO Plans With Prescription Coverage (Effective January 1, 2023)

Plan Name	Monthly Plan Premium	Part D Prescription Benefit Tiers 1/2/3/4/5 Shingrix included in Tier 1	Primary Copay	Specialty Copay	Preventive Services & RedShirt Rewards ¹	Inpatient Hospital Copay	Worldwide ² Emergency Room/Urgent Care	Ambulance/Transportation	Lab Copay ³	X-ray Copay	Outpatient Surgery	Skilled Nursing Facility ⁴ and Home Health	Physical, Speech, Occupational Therapy	% You Pay for Part B Medications or Radiation Therapy ⁵	Annual Out-of-Pocket Maximum for Medicare Covered Services	WELLNESS BENEFITS				
																Over-the-Counter (OTC) ⁶	Fitness (Silver Sneakers) ⁷	Vision (EyeMed)	NEW! Dental Enhanced Network - Liberty Dental	Additional Wellness Benefits
Independent Health's Encompass 65[®] Edge HMO GIVE BACK PLAN	\$0 <small>Independent Health pays \$30 per month toward your Part B premium</small>	\$505 deductible on tiers 3, 4 & 5 only \$3/\$20/\$47/46%/25% to initial coverage limit of \$4,660	\$0 Including your Enhanced Wellness Visit	\$50	\$0 includes preventive screenings such as Colonoscopy, Mammogram, Prostate Screening, Flu Shot and Pneumonia Vaccine. NOTE: Not a complete list of covered screenings. Separate office visit copays may apply.	Days 1-5: \$400 per day Unlimited days for Medicare Covered Stay	Emergency Room Coverage (waived if admitted) \$95 Urgent Care \$60	\$240 Non-Emergency Transportation not covered	\$20	General X-ray: \$50 Advanced Radiology: \$300	Ambulatory Surgical Center: \$425 Hospital Based: \$475	Skilled Nursing Facility Days 1-20: \$0 Days 21-100: \$196 per day Home Health \$0	\$40	20% of the cost of the medication or service	\$7,550	\$15 per quarter (NEW-benefit rolls over quarterly)	 \$45 hearing aid evaluation exam. Member pays \$499 - \$2,199 (per ear) for hearing aid devices. You must use a provider in the Start Hearing Benefits network. Included on all plans. Speak with a doctor anytime, anywhere by phone or online for a \$25 copay. Included on all plans. NEW! Covered on some of our plans and powered through ADT, these devices are critical safety solutions addressing falls and accidents so you can feel secure in your home even when alone. For those with a diabetes diagnosis all plans include: • \$0 glucose monitors, diabetic shoes and inserts, and supplies, including lancets and test strips • \$35 select insulins, even through the coverage gap (Part D plans only) ¹⁰ And More... All plans include Medicare Chiropractic coverage. Copays vary by plan.			
Independent Health's Encompass 65[®] Element HMO	\$0	\$150 deductible on tiers 3, 4 & 5 only \$0/\$15/\$47/45%/30% to initial coverage limit of \$4,660		\$40	Days 1-6: \$325 per day Unlimited days for Medicare Covered Stay \$1,950 annual maximum member copay	Days 1-6: \$300 per day Unlimited days for Medicare Covered Stay \$1,800 annual maximum member copay		\$240 Non-Emergency Transportation not covered	\$5	General X-ray: \$40 Advanced Radiology: \$200	Ambulatory Surgical Center: \$295 Hospital Based: \$325		\$20	20% of the cost of the medication or service	\$6,900	\$25 per quarter (NEW-benefit rolls over quarterly)				
Independent Health's Encompass 65[®] Core HMO	\$65	\$50 deductible on tiers 3, 4 & 5 only \$0/\$12/\$42/44%/32% to initial coverage limit of \$4,660		\$30	Days 1-6: \$300 per day Unlimited days for Medicare Covered Stay \$1,800 annual maximum member copay Home Delivered Meals: 14 Days, up to 28 Meals Post Acute Stay	Days 1-6: \$250 per day Unlimited days for Medicare Covered Stay \$1,500 annual maximum member copay Home Delivered Meals: 14 Days, up to 28 Meals Post Acute Stay		\$225 Non-Emergency Transportation: \$0 6 One-way Trips	\$5	General X-ray: \$35 Advanced Radiology: \$175	Ambulatory Surgical Center: \$275 Hospital Based: \$325		\$10	20% of the cost of the medication or service	\$6,900	\$35 per quarter (NEW-benefit rolls over quarterly)		 \$0 per visit preventive dental: 2 routine cleanings, exams & bitewing X-rays per calendar year; 1 full-mouth series (every 36 months). Comprehensive Dental Options 1 or 2 Available Option 2 Includes Implant Coverage		
Independent Health's Encompass 65[®] Basic HMO	\$125	No deductible \$0/\$10/\$42/43%/33% to initial coverage limit of \$4,660		\$20	Days 1-6: \$250 per day Unlimited days for Medicare Covered Stay \$1,500 annual maximum member copay Home Delivered Meals: 14 Days, up to 28 Meals Post Acute Stay	Days 1-6: \$250 per day Unlimited days for Medicare Covered Stay \$1,500 annual maximum member copay Home Delivered Meals: 14 Days, up to 28 Meals Post Acute Stay		\$225 Non-Emergency Transportation: \$0 12 One-way Trips	\$0	General X-ray: \$30 Advanced Radiology: \$125	Ambulatory Surgical Center: \$250 Hospital Based: \$325		\$5	20% of the cost of the medication or service	\$6,900	\$50 per quarter (NEW-benefit rolls over quarterly)				

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.

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.

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

OPTIONAL COMPREHENSIVE DENTAL BENEFIT

In addition to your preventive dental benefit included with most plans, you have the option of adding comprehensive dental coverage, which includes periodontal cleanings, root canals, dentures and more. There are two options:

Option 1: \$24 for \$3,000 coverage allowance
Option 2: \$40 for \$4,000 coverage allowance, **includes implants!**

2023 Annual Enrollment Period: October 15 – December 7



2023 Independent Health Medicare Advantage PPO Plans With Prescription Coverage (Effective January 1, 2023)

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 Shingrix included in Tier 1	Primary Copay	Specialty Copay	Preventive Services & RedShirt Rewards ¹	Inpatient Hospital Copay	Worldwide ² Emergency Room/ Urgent Care	Ambulance/ Transportation	Lab Copay ³	X-ray Copay	Outpatient Surgery	Skilled Nursing Facility ⁴	Home Health	Physical, Speech, Occupational Therapy	% You Pay for Part B Medications or Radiation Therapy ⁵	Annual Out-of-Pocket Maximum for Medicare Covered Services	WELLNESS BENEFITS				
																	Over-the-Counter (OTC) ⁶	Fitness (Silver Sneakers) ⁷	Vision (EyeMed)	NEW! Dental Enhanced Network - Liberty Dental	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 \$4,660	\$0 (IN) 40% (OON)	\$35 (IN) 40% (OON)	\$0 includes preventive screenings such as Colonoscopy, Mammogram, Prostate Screening, Flu Shot and Pneumonia Vaccine. NOTE: Not a complete list of covered screenings. Separate office visit copays may apply.	Days 1-6: \$250 per day Unlimited days for Medicare Covered Stay \$1,925 annual maximum member copay (IN) 40% coinsurance (OON)	Emergency Room Coverage (waived if admitted) \$95 copay (IN) \$95 copay (OON)	\$250 copay (IN) \$250 copay (OON) Non-Emergency Transportation not covered	\$0 (IN) 40% coinsurance (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: \$196 copay per day (IN) 40% coinsurance (OON)	\$0 (IN) 40% coinsurance (OON)	\$20 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 (NEW-benefit rolls over quarterly)	\$0 fitness benefit with access to thousands of locations nationwide.	\$0 routine eye exam, \$200 coverage allowance 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 Options 1 or 2 Available <i>Option 2 Includes Implant Coverage</i>	 With Independent Health you enjoy extra wellness benefits like hearing aid coverage, telemedicine and chiropractic. Depending on your plan you may also be eligible to receive a Personal Emergency Response System (PERS); and with a diagnosis of Diabetes you will get enhanced diabetes benefits.
Independent Health's Medicare Passport [®] Prime PPO	\$225	No deductible \$0/\$10/\$45/40%/33% to initial coverage limit of \$4,660 Tier 1 covered through the gap	\$0 (IN) \$45 (OON)	\$30 (IN) \$45 (OON)	 Medicare Members: Get Rewarded for Getting Your Preventive Services! Talk with a RedShirt [®] for details.	Days 1-6: \$210 per day Unlimited days for Medicare Covered Stay \$1,470 annual max member copay (IN) 30% coinsurance (OON)	Urgent Care \$60 copay (IN) \$60 copay (OON)	\$200 copay (IN) \$200 copay (OON) Non-Emergency Transportation not covered	\$5 (IN) 20% coinsurance (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: \$196 copay per day (IN) 30% coinsurance (OON)	\$0 (IN) 40% coinsurance (OON)	\$10 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 (NEW-benefit rolls over quarterly)	\$0 fitness benefit with access to thousands of locations nationwide.	\$0 routine eye exam, \$200 coverage allowance 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 Included <i>No Additional Premium Includes Implant Coverage</i>	See front side or ask a RedShirt for more details.

2023 Independent Health Medicare Advantage HMO Plan Without Prescription Coverage (Effective January 1, 2023)

Plan Name	Monthly Plan Premium	Part D Prescription Benefit Tiers 1/2/3/4/5 ⁸	Primary Copay	Specialty Copay	Preventive Services & RedShirt Rewards ¹	Inpatient Hospital Copay	Worldwide ² Emergency Room/ Urgent Care	Ambulance/ Transportation	Lab Copay ³	X-ray Copay	Outpatient Surgery	Skilled Nursing Facility ⁴	Home Health	Physical, Speech, Occupational Therapy	% You Pay for Part B Medications or Radiation Therapy ⁵	Annual Out-of-Pocket Maximum for Medicare Covered Services	WELLNESS BENEFITS				
																	Over-the-Counter (OTC) ⁶	Fitness (Silver Sneakers) ⁷	Vision (EyeMed)	NEW! Dental Enhanced Network - Liberty Dental	Additional Wellness Benefits
Independent Health's Encompass 65 [®] HMO	\$0	No prescription benefit	\$0	\$10	Included, see Preventive Services & RedShirt Rewards above for more information.	Days 1-5: \$150 per day Unlimited days for Medicare Covered Stay \$750 annual member copay maximum Home Delivered Meals: 14 Days, up to 28 Meals Post Acute Stay	Emergency Room Coverage (waived if admitted) \$95 Urgent Care \$60	\$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: \$196 copay per day	\$0	\$10	20% of the cost of the medication or service	\$6,700	\$100 per quarter (NEW-benefit rolls over quarterly)	\$0 fitness benefit with access to thousands of locations nationwide.	\$0 routine eye exam, \$200 coverage allowance for routine eyewear every year.	\$0 per visit preventive dental: two routine cleanings, exams & bitewing X-rays per calendar year; one full-mouth series every 36 months. Comprehensive Dental Included <i>No Additional Premium Includes Implant Coverage</i>	 With Independent Health you enjoy extra wellness benefits. See front side or ask a RedShirt for more details.

¹Not 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. ²The \$10,000 plan limit is per occurrence for the combined unforeseen event outside of the USA. ³Member pays 20%-40% for genetic testing. ⁴Skilled nursing facility benefit is not covered after day 100, per benefit period. ⁵Member 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. ⁶For the over the counter allowance the amount earned each quarter needs to be used within the calendar year; amounts do not roll over year to year. ⁷SilverSneakers is a registered trademark of Tivity Health, Inc. ©2022 Tivity Health, Inc. All rights reserved. ⁸This 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. ⁹For our Edge, Element, Passport Advantage and Passport Prime plans, our Personal Emergency Response System benefit may be included as a part of a special supplemental program for the chronically ill. Not all members qualify. ¹⁰\$35 select insulins are labeled "Senior Savings Model Insulin" on our formulary.

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. 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).