2026 Independent Health Medicare Advantage Plans *(Effective January 1, 2026)*

2026 BENEFITS		Independent Health's Encompass 65® **RED 042 HMO** **$40**	Independent Health's Encompass 65® **RED 044 HMO** **$95**	Independent Health's Encompass 65® **RED 043 HMO** **$190**	Independent Health's Encompass 65® **HMO** Without Prescription Coverage[1] **$0 ($11 give back)**	Independent Health's Passport® **Connect PPO** **$58.80**	
						In-Network (IN)	Out-of-Network (OON)
Annual Medical Deductible *(new for 2026)*[2]		$300 on certain services	$150 on certain services	$150 on certain services	$0	$175 on certain services	
Part D Prescription Benefit Tiers 1/2/3/4/5		$250 Deductible on Tiers 3, 4 & 5 Only $0/$7/16%/37%/30% Catastrophic Coverage Limit $2,100	$150 Deductible on Tiers 3, 4 & 5 Only $0/$7/16%/39%/31% Catastrophic Coverage Limit $2,100	$50 Deductible on Tiers 3, 4 & 5 Only $0/$10/19%/42%/32% Catastrophic Coverage Limit $2,100	**No Prescription Benefit**[1]	$615 Deductible on All Tiers 25%/25%/25%/25%/25% Catastrophic Coverage Limit $2,100	
Formulary[3]		Standard	Standard	Enhanced	N/A	Standard	
Primary		Tier A: $0 / Tier B*: $20	Tier A: $0 / Tier B*: $20	Tier A: $0 / Tier B*: $20	Tier A: $0 / Tier B*: $20	Tier A: $0 / Tier B*: $20	Deductible then 50%
Specialist		$55	Tier A: $35 / Tier B*: $50	Tier A: $25 / Tier B*: $50	Tier A: $10 / Tier B*: $50	$55	Deductible then 50%
Preventive Services[4]		$0 Copay includes preventive screenings such as Colonoscopy, Mammogram, Prostate Screening, Flu Shot and Pneumonia Vaccine. NOTE: Not a complete list of covered screenings. A separate office visit copay may apply.				$0 (IN) / 50% (OON) includes preventive screenings such as Colonoscopy, Mammogram, Prostate Screening, Flu Shot and Pneumonia Vaccine. NOTE: Not a complete list of covered screenings. A separate office visit copay may apply.	
Inpatient Hospital *Unlimited Days for Medicare Covered Stay*	**Tier A**	Days 1–3: Deductible then $500 per day. $6,171 Annual Maximum Member Copay.	Days 1–6: Deductible then $350 per day. $2,100 Annual Maximum Member Copay.	Days 1–6: $300 per day. $1,800 Annual Maximum Member Copay.	Days 1–5: $150 per day. $750 Annual Maximum Member Copay.	Days 1–6: $375 per day. $2,250 Annual Maximum Member Copay.	Deductible then 50%
	Tier B*	Days 1–3: Deductible then $743 per day. $6,171 Annual Maximum Member Copay.	Days 1–4: Deductible then $600 per day. $2,400 Annual Maximum Member Copay.	Days 1–5: $485 per day. $2,425 Annual Maximum Member Copay.	Days 1–5: $550 per day. $2,750 Annual Maximum Member Copay.	Days 1–4: $550 per day. $2,445 Annual Maximum Member Copay.	Deductible then 50%
Outpatient Mental Health Care		$35	$25	$20	$20	$35	Deductible then 50%
Worldwide[5] **Emergency Room/Urgent Care**		$115 / $40	$115 / $40	$115 / $40	$130 / $50	$115 / $40	$115 / $40
Ambulance (Ground)		Deductible then $300	Deductible then $250	$240	$150	$265	Deductible then $265
Non-Emergency Transportation		Not Covered	Not Covered	Not Covered	$0; 24 One-Way Trips	Not Covered	Not Covered
Personal Emergency Response System		Not Covered	$0	$0	$0	Not Covered	Not Covered
Lab[6]		$0	$0	$0	$0	$0	Deductible then 50%
General X-ray		$55	$35	$30	$25	$45	Deductible then 50%
Advanced Radiology		Deductible then: Tier A: $290 / Tier B*: $600	Deductible then: Tier A: $200 / Tier B*: $600	Tier A: $150 / Tier B*: $550	Tier A: $50 / Tier B*: $550	Tier A: $225 / Tier B*: $550	Deductible then 50%
Outpatient Surgery	**Ambulatory Surgical Center**	Deductible then $350	Deductible then $375	$325	$100	$375	Deductible then 50%
	Hospital Based	Deductible then: Tier A: $500 / Tier B*: $743	Deductible then: Tier A: $400 / Tier B*: $600	Deductible then: Tier A: $375 / Tier B*: $550	Tier A: $100 / Tier B*: $550	Deductible then: Tier A: $425 / Tier B*: $550	Deductible then 50%
Skilled Nursing Facility[7]		Deductible then: Days 1-20: $0/day; Days 21–100: $218 per day	Deductible then: Days 1-20: $0/day; Days 21–100: $218 per day	Days 1–20: $0/day; Days 21–100: $218 per day	Days 1–20: $0/day; Days 21–100: $218 per day	Days 1–20: $0/day; Days 21–100: $218 per day	Deductible then 50%
Home Health		$0	$0	$0	$0	$0	Deductible then 50%
Physical, Speech, Occupational Therapy		$20	$15	$10	$10	$30	Deductible then 50%
% You Pay for Part B Medications[8]		Deductible then $0 - 20%	Deductible then $0 - 20%	$0 - 20%	$0 - 20%	$0 - 20%	Deductible then 50%
Annual Out-of-Pocket Maximum		$9,250	$7,500	$7,000	$6,750	$9,250	$13,900 Combined In- and Out-of-Network

2026 Annual Enrollment Period: October 15 – December 7

www.IndependentHealth.com/Medicare

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

Oct. 1 – Mar. 31: Mon. – Sun., 8 a.m. – 8 p.m.; Apr. 1 – Sept. 30: Mon. – Fri., 8 a.m. – 8 p.m.

Medicare.Help@IndependentHealth.com

*__Tiered Network__: Independent Health's Individual Medicare Advantage plans include a tiered provider network for some medical services, which could include primary care, specialist, hospital and more. There are two cost-sharing tiers. Tier A has the lowest cost. Tier B has a higher cost share.

To see if a provider is in Tier A, Tier B or not included in the network, view our Provider Directory. For full cost sharing information, view our Evidence of Coverage. Both documents are available at **IndependentHealth.com/Medicare**.

2026 WELLNESS BENEFITS	Independent Health's Encompass 65® **RED 042 HMO** **$40**	Independent Health's Encompass 65® **RED 044 HMO** **$95**	Independent Health's Encompass 65® **RED 043 HMO** **$190**	Independent Health's Encompass 65® **HMO** Without Prescription Coverage[1] **$0 ($11 give back)**	Independent Health's Passport® **Connect PPO** **$58.80**	
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Dental NEW! In 2026 this benefit will include both in- and out-of-network dental services	Up to $1,500 annual allowance (IN and OON). Includes $0 preventive dental PLUS comprehensive dental coverage at 50% coinsurance.			Up to $2,000 annual allowance (IN and OON). Includes $0 preventive dental PLUS comprehensive dental coverage at 50% coinsurance.	Up to $1,500 annual allowance (IN and OON). Includes $0 preventive dental PLUS comprehensive dental coverage at 50% coinsurance.	
Over-the-Counter (OTC) (benefit rolls over quarterly)[9]	Not Covered	Not Covered	$35 per quarter	$75 per quarter	Not Covered	
Fitness (SilverSneakers®)[10]	$0 fitness benefit with access to thousands of locations nationwide.					
Vision (EyeMed®)	$0 routine eye exam. $200 annual allowance toward routine eyewear every year.				$0 (IN) / $65 (OON) routine eye exam. $200 annual allowance toward routine eyewear every year.	
Hearing Aid Coverage	$45 hearing aid evaluation exam. $250 annual allowance per ear. $499 – $1,949 price per hearing aid (per ear) for select hearing aid devices. You must use a provider in the Start Hearing benefits network.					
Telemedicine (Teladoc®)	Speak with a doctor anytime, anywhere by phone or online for a $25 Copay. Behavioral Health is covered at $0 Copay.					
Chiropractic Evaluation & Management	$15	$15	$15	$10	$15	50% Coinsurance

IN – In-Network / OON – Out-of-Network

Have you or a loved one received a diagnosis of Chronic Heart Failure (CHF) or a related condition? Do you or a loved one live in a nursing home?

Independent Health has Medicare Advantage plans specifically designed to help people with these specialized needs. Speak with a RedShirt to learn more.

Understanding Your Annual Deductible(s) and Formulary

[2]**Deductibles** – A **medical deductible** is the amount you must pay for covered services before your plan starts to pay its share. Once you reach your medical deductible, you only pay either a set "copay", or "coinsurance" (a percentage of the cost). A **prescription deductible** is the amount you must pay for covered medications before your plan starts to pay its share. Once you reach your prescription deductible, you only pay either a set "copay", or "coinsurance" (a percentage of the cost).

Most of our plans require members to pay a deductible on certain services. You may have both a medical and prescription deductible. In this case, each deductible needs to be met separately before the plan pays its share for a service or medicine and you pay your copays or coinsurance.

[3]**Standard vs. Enhanced Formulary:**
Independent Health uses two formularies, Standard and Enhanced, for our Medicare Advantage plans. When selecting your plan, it is very important to review the formulary to make sure your medicine is included.

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Independent Health®

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. Benefits vary by plan. 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. Must use network providers. 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. Out-of-network/non-contracted providers are under no obligation to treat Independent Health's Medicare Passport PPO members, except in emergency situations. 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. **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.

[1]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. [4]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. [5]The $10,000 plan limit is per occurrence for the combined unforeseen event outside of the USA. [6]Member pays 20% (IN) for genetic testing. Deductible may apply. [7]Skilled nursing facility benefit is not covered after day 100, per benefit period. [8]Member pays the applicable Part B medication coinsurance plus applicable outpatient/office visit copay. [9]Must use Nations Benefits. For 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. [10]SilverSneakers is a registered trademark of Tivity Health, Inc. ©Tivity Health, Inc. All rights reserved.

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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