



2027 Summary of Benefits

Medicare Advantage Plans with Part D Prescription Drug Coverage

Independent Health's Medicare Passport® Connect (PPO)

January 1, 2027 – December 31, 2027

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the “**Evidence of Coverage**.” You can also see the Evidence of Coverage on our website, independenthealth.com/medicare.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Independent Health's Medicare Passport Connect (PPO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Independent Health's Medicare Passport Connect (PPO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Independent Health's Medicare Passport Connect (PPO)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-800-665-1502 (TTY: 711).

Things to Know About Independent Health's Medicare Passport Connect (PPO)

Hours of Operation & Contact Information

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If you are a member of this plan, call us at 1-800-665-1502, TTY: 711.

- From October 1 to March 31 we're open 8 a.m. – 8 p.m. local time, Monday through Sunday.
- From April 1 to September 30 we're open 8 a.m. – 8 p.m. local time, Monday through Friday.

If you are not a member of this plan, call us at 1-800-958-4405, TTY: 711.

- From October 1 to December 7 we're open 8 a.m. – 8 p.m. local time, Monday through Sunday.
- From December 8 to September 30 we're open 8 a.m. – 8 p.m. local time, Monday through Friday.

Our website: independenthealth.com/medicare.

Who can join?

To join **Independent Health's Medicare Passport Connect (PPO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. Our service area includes these counties in New York: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming.

Which doctors, hospitals, and pharmacies can I use?

Independent Health's Medicare Passport Connect (PPO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, your costs may be higher for covered services.

All Independent Health PPO Medicare Advantage plans include access to out-of-state providers through our partnership with the national MultiPlan Medicare Advantage Network. At these providers, you pay your In-Network cost share, giving you the same great coverage on benefits and services when you travel outside of Independent Health's service area.

Check independenthealth.com/medicare before your visit to make sure the provider is in the MultiPlan Medicare Advantage Network or call Member Services. If you choose not to see a MultiPlan Medicare Advantage Network provider you will have to pay your out-of-network cost share, which may be higher.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (independenthealth.com/medicare).

Or, call us and we will send you a copy of the physician/provider and pharmacy directories.

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, independenthealth.com/medicare.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

You will need to use your formulary to determine if the drug is covered by your plan. If your drug is covered, how much you pay depends on what stage you are in when you get a prescription filled or refilled. Later in this document we discuss the drug payment stages: Deductible Stage, Initial Coverage Stage and Catastrophic Coverage.

**If you have any questions about this plan's benefits or costs, please contact
Independent Health**

SECTION II - SUMMARY OF BENEFITS

Independent Health's Medicare Passport Connect (PPO)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium	\$81 per month. In addition, you must keep paying your Medicare Part B premiums.
Deductible	Medical Deductible: \$275 combined In-Network and Out-of-Network. See benefit chart to see where the deductible is applied. Prescription Drug Deductible: \$700 on all tiers
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: • \$9,850 for services you receive from in-network providers. • \$14,800 for services you receive from in and out-of-network providers combined. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs. Premiums, deductible, routine vision exams, routine eyewear, optical dispensing, non-Medicare covered dental, premiums, and Medicare Part D prescription drugs do NOT count towards the out-of-pocket maximum.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital	<u>In-Network:</u> Days 1-5: \$450 Copay per day for each admission. Days 6-90: \$0 Copay per day. \$2,250 annual copayment limit applies. Our plan covers an unlimited number of days for an inpatient hospital stay. Requires provider preauthorization except for emergency admissions. <u>Out-of-Network:</u> Deductible then 50% Coinsurance per stay.
Outpatient Hospital	<u>In-Network:</u> Outpatient Hospital: Deductible then \$450 Copay. Provider preauthorization may apply for some services.

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	<u>Out-of-Network:</u> Outpatient hospital: Deductible then 50% Coinsurance.
Ambulatory Surgical Center	<u>In-Network:</u> Freestanding Ambulatory Surgical Center: \$400 Copay. See the provider directory for a listing of Freestanding Ambulatory Surgical Centers. Provider preauthorization may apply for some services. <u>Out-of-Network:</u> Ambulatory Surgical Center: Deductible then 50% Coinsurance.
Doctor's Office Visits	<u>In-Network:</u> Primary care physician visit: \$0 Copay. Primary Care Physician is defined as Family Practitioners, General Practitioners, Internal Medicine, OB/GYN, Pediatricians and Gerontologists with no secondary specialty. If the Primary Care Physician has a secondary specialty other than internal medicine, General Practice, Family Practice, Geriatrics, Pediatrics or Obstetrics/Gynecology, the Specialist copayment associated with the physician will apply. Specialist physician visit: \$55 Copay <u>Out-of-Network:</u> Primary care physician visit: Deductible then 50% Coinsurance. Specialist visit: Deductible then 50% Coinsurance.
Preventive Care (e.g., flu vaccine, diabetic screenings)	<u>In-Network:</u> You pay nothing for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered. <u>Out-of-Network:</u> 50% Coinsurance for all preventive services covered under Original Medicare.

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Emergency Care	<u>In-Network and Out-of-Network:</u> \$115 Copay per visit. If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. Worldwide Emergency Coverage: \$115 Copay. \$10,000 plan limit per occurrence for the combined unforeseen event outside of the United States.
Urgently Needed Services	<u>In-Network and Out-of-Network:</u> \$40 Copay per visit. Worldwide Urgent Coverage: \$40 Copay. \$10,000 plan limit per occurrence for the combined unforeseen event outside of the United States
Diagnostic Services / Labs/ Imaging	<u>In-Network:</u> Diagnostic tests and procedures: Primary Care Physician: \$0 Copay Specialist Physician: \$55 Copay Lab services: You pay nothing for routine lab tests. 20% Coinsurance for molecular or predisposition genetic testing. Diagnostic Advanced Radiology Services (such as MRI, CAT Scan): \$225 Copay. X-rays: \$45 Copay. Two copayments apply if both a diagnostic x-ray and an advanced diagnostic radiologic service are billed on the same day by the same provider. Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance. Provider preauthorization may apply for some services. <u>Out-of-Network:</u> Deductible applies then: Diagnostic tests and procedures: 50% Coinsurance. Lab services: 50% Coinsurance.

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	Diagnostic Radiology Services (such as MRI, CAT Scan): 50% Coinsurance. X-rays: 50% Coinsurance. Therapeutic radiology services (such as radiation treatment for cancer): 50% Coinsurance.
Hearing Services	<u>In-Network:</u> Hearing tests– Routine and Diagnostic: You pay nothing for a Primary Care Provider. \$55 Copay for a Specialist. Hearing Aid Evaluation Exam: Not Covered. Hearing Aid: Not Covered. <u>Out-of-Network:</u> Hearing tests– Routine and Diagnostic: Deductible then 50% Coinsurance. Hearing Aid Evaluation Exam: Not covered.
Dental Services	<u>In-Network:</u> Medicare Covered: \$55 Copay for a Specialist. Deductible applies if in outpatient hospital. Annual maximum allowance of \$1,500 combined In-Network and Out-of-Network applies for preventive and comprehensive dental services combined. For preventive dental services through a LIBERTY provider, you pay nothing: • Oral exam (up to 2 visits every year) • Cleaning (up to 2 visits every year) • Fluoride treatment (up to 2 visits every year) • Dental X-rays (up to 2 visits every year) • Full mouth X-ray (once every 36 months) • For Comprehensive Dental services through a LIBERTY provider, you pay 50% Coinsurance. <u>Out-of-Network:</u> Medicare Covered: Deductible then 50% coinsurance Annual maximum allowance of \$1,500 combined In-Network and Out-of-Network applies for preventive and comprehensive dental services combined.

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	Preventive Dental: You Pay Nothing. Comprehensive Dental: 50% Coinsurance. Care rendered by a provider that is not part of our supplemental dental network is covered as out-of-network. You may be asked to pay up front for these services and therefore you must complete a dental reimbursement form to be reimbursed for your preventive dental service. You will be reimbursed up to the allowed amount determined by LIBERTY Dental.
Vision Services	<u>In-Network:</u> Exam to diagnose and treat diseases and conditions of the eye: You pay \$55 Copay for a Specialist. Routine eye exam, including yearly glaucoma screening (up to 1 visit every year): You pay nothing from an EyeMed Provider. Eyeglasses or contact lenses after cataract surgery: \$0 Copay. Eyeglasses (frames and lenses) or contact lenses: In and Out-of-Network combined – Our plan pays up to \$200 every year for eyewear. Any costs incurred above this amount for lenses, frames or contacts are the member's responsibility. <u>Out-of-Network:</u> Exam to diagnose and treat diseases and conditions of the eye: Deductible then 50% Coinsurance. Routine eye exam, including yearly glaucoma screening, (up to 1 visit every year): \$65 Copay. Eyeglasses or contact lenses after cataract surgery: \$200 allowance Eyeglasses (frames and lenses) or contact lenses: In and Out-of-Network combined – Our plan pays up to \$200 every year for eyewear. Any costs incurred above this amount for lenses, frames or contacts are the member's responsibility.
Mental Health Care	<u>In-Network:</u> Outpatient group therapy visit: \$35 Copay. Individual therapy visit: \$35 Copay. Inpatient Mental Health Care: Days 1-4: \$395 Copay per day for each admission.

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	Days 5-90: \$0 Copay per day. <u>Out-of-Network:</u> Deductible applies then: Outpatient group therapy visit: 50% Coinsurance. Individual therapy visit: 50% Coinsurance. Inpatient Mental Health Care: 50% Coinsurance
Skilled Nursing Facility (SNF)	<u>In-Network:</u> Days 1-20: \$0 Copay per day. Days 21-100: \$221 Copay per day. Provider preauthorization is required. <u>Out-of-Network:</u> Deductible then 50% Coinsurance per stay.
Outpatient Rehabilitation	<u>In-Network:</u> Occupational therapy visit: \$30 Copay per visit. Physical therapy and speech and language therapy visit: \$30 Copay per visit. <u>Out-of-Network:</u> Occupational therapy visit: Deductible then 50% Coinsurance. Physical therapy and speech and language therapy visit: Deductible then 50% Coinsurance.
Ambulance	<u>In-Network:</u> Ground Ambulance: \$265 Copay for each one-way trip. Wheelchair van is not covered. Air Ambulance: 20% Coinsurance. <u>Out-of-Network:</u> Ground Ambulance: Deductible then \$265 Copay for each one-way trip. Air Ambulance: Deductible then 20% Coinsurance.
Transportation	<u>In-Network and Out-of-Network:</u> Not covered

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Medicare Part B Drugs	<u>In-Network:</u> For Part B insulin: You pay a \$35 Copay. For Part B drugs such as chemotherapy drugs: 0% - 20% Coinsurance. Other Part B drugs: 0% - 20% Coinsurance. Provider preauthorization may be required. <u>Out-of-Network:</u> For all Part B drugs: Deductible then 50% Coinsurance.
Foot Care (Podiatry Services)	<u>In-Network:</u> Foot exams: \$55 Copay from a Podiatrist. <u>Out-of-Network:</u> Foot exams: Deductible then 50% Coinsurance from a Podiatrist.
Durable Medical Equipment	<u>In-Network:</u> 10% Coinsurance - 20% Coinsurance. 10% Coinsurance applies when member uses our preferred DME provider for designated mobility devices. 20% Coinsurance for all other covered DME. Provider preauthorization may apply. <u>Out-of-Network:</u> Deductible then 50% Coinsurance.
Diabetic Supplies and Services	<u>In-Network:</u> Limited to preferred products. Diabetes monitoring supplies: \$0 Copay for supplies with glucose meter or therapeutic continuous glucose monitor. 20% Coinsurance for supplies with a non-therapeutic continuous glucose monitor Diabetic Monitor: \$0 Copay for a glucose meter or therapeutic continuous glucose monitor. 20% Coinsurance for a non-therapeutic continuous glucose monitor. Diabetes self-management training: You pay nothing. Therapeutic shoes or inserts: You pay nothing.

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	<u>Out-of-Network:</u> Deductible applies then: Diabetes monitoring supplies: 50% Coinsurance. Diabetic Monitor: 50% Coinsurance. Diabetes self-management training: 50% Coinsurance. Therapeutic shoes or inserts: 50% Coinsurance.
Prosthetic Devices (braces, artificial limbs, etc.)	<u>In-Network:</u> Prosthetic devices: 20% Coinsurance. Related medical supplies: You pay nothing Provider preauthorization may apply. <u>Out-of-Network:</u> Deductible applies then: Prosthetic devices: 50% Coinsurance. Related medical supplies: 50% Coinsurance.
Wellness Program	<u>In-Network:</u> Fitness Benefit: You pay nothing. SilverSneakers® You pay nothing for this benefit. SilverSneakers gives you FREE access to: • Thousands of participating fitness center locations nationwide¹ • SilverSneakers Live classes and workshops taught by instructors trained in senior fitness • 200+ workout videos in the SilverSneakers On-Demand™ online library • SilverSneakers GO™ mobile app with digital workout programs • Burnalong® access with a supportive virtual community and thousands of classes for all interests and abilities • GetSetUp³, with hundreds of interactive online classes one hour or less, ranging from nutrition to mindfulness and more.

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	You must use participating Silver Sneakers fitness locations and programs. For a list of participating fitness facilities, go to silversneakers.com. Or call Silver Sneakers (toll free) at 1-888-313-5653 (TTY: 711) or Independent Health Member Services at 800-665-1502 or 716-250-4401 (TTY: 711) See the Chapter 4 of your Evidence of Coverage for more details. <u>Out-of-Network:</u> \$500 deductible applies and then a 50% coinsurance after.
Remote Access Technologies: Teladoc®	Not Covered.

PRESCRIPTION DRUG BENEFITS

Deductible	Prescription Drug Deductible: \$700 on tiers 1, 2, 3, 4 and 5. \$0 deductible on covered insulin products and adult Part D vaccines.																																					
Initial Coverage	You pay the following until your total yearly out-of-pocket costs reach \$2,400. You pay up to \$35 for insulins on our formulary and \$0 for adult Part D vaccines. Standard Retail Cost-Sharing <table><tr><th>Tier</th><th>One-month supply</th><th>Three-month supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>25% coinsurance</td><td>25% coinsurance</td></tr><tr><td>Tier 2 (Generic)</td><td>25% coinsurance</td><td>25% coinsurance</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>25% coinsurance</td><td>25% coinsurance</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>25% coinsurance</td><td>25% coinsurance</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>25% coinsurance</td><td>Not Applicable</td></tr></table> Standard Mail Order <table><tr><th>Tier</th><th>One-month supply</th><th>Three-month supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>Not Applicable</td><td>25% coinsurance</td></tr><tr><td>Tier 2 (Generic)</td><td>Not Applicable</td><td>25% coinsurance</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>Not Applicable</td><td>25% coinsurance</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>Not Applicable</td><td>25% coinsurance</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>Not Applicable</td><td>Not Applicable</td></tr></table> Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 90 days) of a drug.		Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	25% coinsurance	25% coinsurance	Tier 2 (Generic)	25% coinsurance	25% coinsurance	Tier 3 (Preferred Brand)	25% coinsurance	25% coinsurance	Tier 4 (Non-Preferred Drug)	25% coinsurance	25% coinsurance	Tier 5 (Specialty Tier)	25% coinsurance	Not Applicable	Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	Not Applicable	25% coinsurance	Tier 2 (Generic)	Not Applicable	25% coinsurance	Tier 3 (Preferred Brand)	Not Applicable	25% coinsurance	Tier 4 (Non-Preferred Drug)	Not Applicable	25% coinsurance	Tier 5 (Specialty Tier)	Not Applicable	Not Applicable
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PRESCRIPTION DRUG BENEFITS

	Please call us or see the plan's " Evidence of Coverage " on our website (independenthealth.com/medicare) for complete information about your costs for covered drugs.
Catastrophic Amount	You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$2,400 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year. • During this payment stage, you pay nothing for your covered Part D drugs.

DISCLAIMERS

This document is available in other alternate formats.

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. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Independent Health 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 our Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services.

¹Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

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GetSetUp is a third-party service provider and is not owned or operated by Tivity Health, Inc. ("Tivity") or its affiliates. Users must have internet service to access GetSetUp service. Internet service charges are responsibility of user. Charges may apply for access to certain GetSetUp classes or functionality.

Health coverage is offered by Independent Health Benefits Corporation

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at

Current members call toll-free: 1-800-665-1502, TTY users should call 711.

Prospective members call toll-free: 1-800-958-4405, TTY users should call 711.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit independentthehealth.com/medicare or call 1-800-665-1502 (TTY 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2028.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.