



A plan for the unique needs of people living in a nursing home or assisted living facility *(Effective January 1, 2023)*

2023 BENEFITS	Independent Health's Medicare Family Choice® HMO I-SNP	Independent Health's Encompass 65® Basic HMO	Independent Health's Encompass 65® Core HMO	Independent Health's Encompass 65® Element HMO
Monthly Premium	\$38.90	\$125	\$65	\$0
Part D Prescription Benefit Tiers	No deductible \$4/\$15/25%/25%/33% to initial coverage limit of \$4,660	No deductible \$0/\$10/\$42/43%/33% to initial coverage limit of \$4,660	\$50 deductible on tiers 3, 4, & 5 only \$0/\$12/\$42/44%/32% to initial coverage limit of \$4,660	\$150 deductible on tiers 3, 4, & 5 only \$0/\$15/\$47/45%/30% to initial coverage limit of \$4,660
Primary Copay	\$0	\$0	\$0	\$0
Specialty Copay	\$0	\$20	\$30	\$40
Inpatient Hospital	\$250 copay per admission. Unlimited Days for Medicare covered stays. (\$600 annual member copay maximum).	Days 1-6 \$250 per day. \$1,500 annual member maximum	Days 1-6 \$300 per day. \$1,800 annual member maximum	Days 1-6 \$325 per day. \$1,950 annual member maximum
Ambulance / Non-Emergency Transportation	\$80 / \$0, 36 one-way trips	\$225 / \$0, 12 one-way trips	\$225 / \$0, 6 one-way trips	\$240 / Not Covered
Emergency Room ¹	\$95	\$95	\$95	\$95
Urgent Care ¹	\$0	\$60	\$60	\$60
Lab ²	\$0	\$0	\$5	\$5
General X-ray	10% coinsurance	\$30	\$35	\$40
Advanced Radiology	10% coinsurance	\$125	\$175	\$200
Speech, Physical, Occupational Therapy	\$0	\$5	\$10	\$20
NEW! OTC ³	\$100 per quarter (NEW! Benefit rolls over quarterly)	\$50 per quarter (NEW! Benefit rolls over quarterly)	\$35 per quarter (NEW! Benefit rolls over quarterly)	\$25 per quarter (NEW! Benefit rolls over quarterly)
Preventive Services/RedShirt Rewards ⁴	\$0 Preventive Services (such as colonoscopy, mammogram, flu, COVID and pneumonia vaccines). ALSO, Medicare Members: Get Rewarded for Getting Your Preventive Services! Talk with a RedShirt® for details.			
Skilled Nursing Facility ⁵	Days 1-20 \$0; Days 21-100 \$0 per day	Days 1-20 \$0; Days 21-100 \$196 per day	Days 1-20 \$0; Days 21-100 \$196 per day	Days 1-20 \$0; Days 21-100 \$196 per day
MODEL OF CARE	A dedicated care team is included for Family Choice members	Not Covered	Not Covered	Not Covered
Annual Out of Pocket Maximum for Medicare Covered Services	\$3,000	\$6,900	\$6,900	\$6,900
Enhanced Diabetes Benefits ⁶ <i>for those with a diabetes diagnosis</i>	\$0 copay for glucose monitors, diabetic shoes and inserts, and supplies, including lancets and test strips. \$35 copay for select insulins, even through the coverage gap (Part D plans only).			
Vision	\$0 routine eye exam, \$150 coverage allowance for routine eyewear every year	\$0 routine eye exam, \$200 coverage allowance for routine eyewear every year	\$0 routine eye exam, \$200 coverage allowance for routine eyewear every year	\$0 routine eye exam, \$200 coverage allowance for routine eyewear every year
Hearing Aid	\$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 network.	\$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 network.	\$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 network.	\$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 network.
Fitness (SilverSneakers®) ⁷	\$0 fitness benefit with access to thousands of locations nationwide.			

Please see reverse side for more specific information about the benefits of this special needs plan.

FAMILY CHOICE PLAN ENROLLMENT IS OPEN YEAR-ROUND

Speak with a Family Choice HMO I-SNP plan representative today 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. Or visit: [IndependentHealth.com/Medicare](https://www.independenthealth.com/medicare)



2023 INDEPENDENT HEALTH'S MEDICARE FAMILY CHOICE® HMO I-SNP PLAN

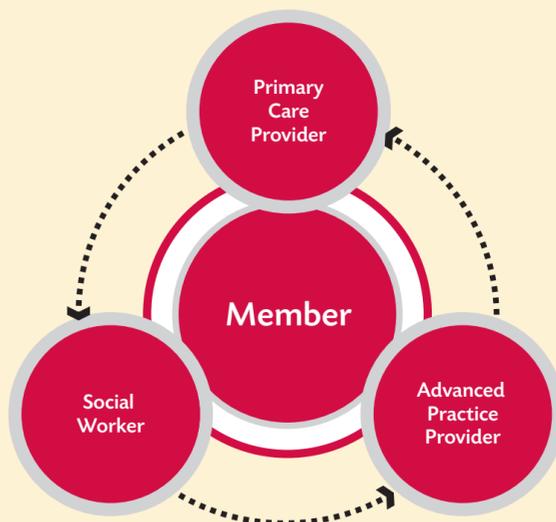
Enhancing Quality of Care and Life

This brochure provides a high-level comparison of this I-SNP plan with a few of Independent Health's popular Medicare Advantage plans, along with additional information and benefits eligible members enjoy with our Family Choice plan.



WITH FAMILY CHOICE YOU GET A DEDICATED CARE TEAM

Our team of nurse practitioners and physician assistants partner with you, your loved one's provider and facility staff to enhance their quality of care and life.



A MODEL OF CARE INDIVIDUALIZED TO YOU

- **Personalized** – through a plan of care designed to meet your specific health care and psychological needs.
- **Supportive** – advanced practice providers are ready to assist 24 hours a day, 7 days a week through on-site assessments.
- **Coordinated** – to meet your needs and promote continuity of care across settings.

OUR CARE TEAM THEN WORKS TOGETHER TO:

- Treat in place in the comfort of your assisted living or skilled nursing facility, avoiding unnecessary hospital admissions.
- Review your Plan of Care regularly with your PCP and facility team.
- Keep the member, their family and all other team members informed through ongoing communication.

ELIGIBILITY

Independent Health's Medicare Family Choice HMO I-SNP plan might be right for your loved one if they meet the following criteria:

- Reside in a participating nursing or assisted living facility in Western New York, and not live outside the affiliated facility for more than 30 days.
- Must be entitled to Medicare Part A and enrolled in Medicare Part B. You do NOT need to be a current Independent Health member to qualify for this plan.

WELLNESS BENEFITS

Independent Health's Family Choice plan has you covered with additional wellness benefits, including non-emergency transportation, vision, over-the-counter and more. The following is a description of the icons listed on the front chart.



NON-EMERGENCY TRANSPORTATION

Our Family Choice plan covers routine, non-emergency transportation services to help you get the medical care and services you need at a time convenient for you.

- You pay nothing for 36 one-way trips to a plan-approved, medically-appropriate location, including visits to your doctor, pharmacies and more!
- Each one-way trip is limited to 30 miles and must originate in the eight counties of Western New York. Other restrictions apply.



ENHANCED DIABETES BENEFITS

If you have a diagnosis of diabetes, you are eligible for the following enhanced benefits:

- \$35 copay for select insulins, even through the coverage gap.⁶
- \$0 copay for continuous glucose monitors and their supplies.
- \$0 diabetic monitoring supplies, including glucose monitors, lancets and test strips.
- \$0 copay for diabetic labs (HbA1c, GFR).
- \$0 copay for an endocrinologist office visit.
- \$0 copay for diabetic retinopathy screening.
- \$0 copay for consultation with a nutritionist.



BROOK AND BROOK+

Brook offers a variety of programs personalized to your lifestyle and health goals. Brook+ and the Brook Health Companion are fully digital, and available right on your smartphone. Brook is free and supports you with:

- Access to Health Coaches who help create your personal path for success.
- Meal planning and nutrition advice from registered dietitians.
- Support for health goals like weight loss, diabetes prevention, and blood sugar control.



OVER-THE-COUNTER

Independent Health Medicare members have access to hundreds of health and wellness products through the OTC benefit. With NationsOTC[®] you can get brand-name or generic over-the-counter items like vitamins, pain relievers, dental supplies and much more.



PREVENTIVE SERVICES

Preventive care is key to maintaining and improving your health and well-being. Independent Health covers a long list of preventive services at \$0 cost for in-network services. Services include your Enhanced Annual Wellness Visit (EAV), colonoscopy, mammogram, flu, COVID and pneumonia vaccines and more.



REDSHIRT REWARDSSM PROGRAM

As an Independent Health Medicare member you can earn rewards for getting your preventive health services. When you complete a preventive service, you will earn reward dollars that can be used through NationsOTC[®] toward the purchase of a variety of over-the-counter or grocery items, Apple[®] products and more!

Earning and redeeming your rewards is easy! There's no paper form for you to submit to earn reward dollars.



VISION

Routine eye and vision exams are an important part of preventive health care. Eye exams can also support your overall health and wellness by aiding in the early detection of serious health conditions, such as diabetes and heart disease. With EyeMed, you can choose from thousands of private practitioners and the nation's top optical retailers.



HEARING AID BENEFIT

Coverage for hearing aid evaluation, fitting and hearing aid purchase, with Start Hearing.

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. Benefits may change on January 1 of each year. Call (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., for more information. 1. \$10,000 annual maximum plan limit for unforeseen care outside the USA and its territories. 2. Member pays 20% for genetic testing. 3. 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. 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. Additional screenings would require a member to pay a copayment or coinsurance. These services are covered in full when rendered by an in-network/participating provider. There may be other services performed in conjunction with the above preventive care services. These other services will be subject to any applicable member liability per your contract. 5. Skilled nursing facility benefit is not covered after day 100, per benefit period. 6. You pay \$35 for select insulins during the initial coverage stage, and the coverage gap stage. 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. \$35 select insulins are labeled "Senior Savings Model Insulin" on our formulary. 7. SilverSneakers is a registered trademark of Tivity Health, Inc. ©2022 Tivity Health, Inc. All rights reserved. This plan is available to all Medicare eligibles who are entitled to Medicare Part A, enrolled in Part B and who maintain an institutional level of care under NYS regulation. Members must reside in Western New York. This plan requires the use of participating providers, except in the case of emergency care, urgent care or out of area renal dialysis. 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).