


# 2025 Independent Health Medicare Advantage Plans (Effective January 1, 2025)



## HMO Plans With Prescription Coverage

## HMO Without Prescription Coverage GIVE BACK PLAN<sup>1</sup>

## PPO Plans With Prescription Coverage

2025 BENEFITS	<b>NEW!</b> Independent Health's <b>Encompass 65<sup>®</sup> Direct HMO</b> \$0	Independent Health's <b>Encompass 65<sup>®</sup> Core HMO</b> \$73	Independent Health's <b>Encompass 65<sup>®</sup> Basic HMO</b> \$134	Independent Health's <b>Encompass 65<sup>®</sup> HMO - \$0 (\$20 give back)</b> Independent Health pays \$20 per month toward your Part B premium	Independent Health's <b>Medicare Passport<sup>®</sup> Access PPO - \$19</b>		<b>NEW!</b> Independent Health's <b>Medicare Passport<sup>®</sup> Connect PPO - \$72.30</b>		
					In-Network	Out-of-Network	In-Network	Out-of-Network	
<b>Part D Prescription Benefit Tiers 1/2/3/4/5</b> Shingrix included in Tier 1	\$450 deductible on tiers 3, 4 & 5 only \$0/\$20/\$47/50%/27%	\$350 deductible on tiers 3, 4 & 5 only \$0/\$15/\$42/50%/28%	\$250 deductible on tiers 3, 4 & 5 only \$0/\$13/\$42/50%/30%	No prescription benefit <sup>2</sup>	\$450 deductible on tiers 3, 4 & 5 only \$0/\$20/\$47/50%/27%		\$575 deductible on all tiers 25% coinsurance on Tiers 1 - 5		
Part D Out-of-Pocket Maximum	Part D Out-of-Pocket Maximum \$2,000				Part D Out-of-Pocket Maximum \$2,000				
<b>Primary/Specialty</b>	\$0 / \$35	\$0 / \$30	\$0 / \$20	\$0 / \$10	\$0 / \$40	40%	\$0 / \$40	50%	
<b>Preventive Services<sup>3</sup></b>	\$0 includes preventive screenings such as Colonoscopy, Mammogram, Prostate Screening, Flu Shot, COVID-19 and Pneumonia Vaccines. NOTE: Not a complete list of covered screenings. A separate office visit copay may apply.				\$0 (IN) 40% (OON) includes preventive screenings such as Colonoscopy, Mammogram, Prostate Screening, Flu Shot, COVID-19 and Pneumonia Vaccines. 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, COVID-19 and Pneumonia Vaccines. NOTE: Not a complete list of covered screenings. A separate office visit copay may apply.		
<b>RedShirt Rewards<sup>SM</sup></b>	 <b>It pays to get and stay healthy!</b> Earn up to \$100 in RedShirt Rewards just for completing actions that can help you manage your health and wellness. Redeem as a gift card of your choice from participating retailers. Talk with a RedShirt <sup>®</sup> for details.								
<b>Inpatient Hospital</b>	Days 1-6: \$325 per day. Unlimited days for Medicare Covered Stay. \$1,950 annual maximum member copay.	Days 1-6: \$275 per day Unlimited days for Medicare Covered Stay. \$1,650 annual maximum member copay.	Days 1-6: \$250 per day. Unlimited days for Medicare Covered Stay. \$1,500 annual maximum member copay.	Days 1-5: \$150 per day. Unlimited days for Medicare Covered Stay. \$750 annual maximum member copay.	Days 1-5: \$320 per day. Unlimited days for Medicare Covered Stay. \$1,600 annual maximum member copay.	40% coinsurance	Days 1-6: \$325 per day. Unlimited days for Medicare Covered Stay. \$1,950 annual maximum member copay.	50% coinsurance	
<b>Home Delivered Meals</b>	Not Covered	Not Covered	14 Days, up to 28 Meals Post Inpatient Stay	14 Days, up to 28 Meals Post Inpatient Stay	Not Covered				
<b>Outpatient Mental Health Care</b>	\$35	\$25	\$20	\$20	\$35	40% coinsurance	\$35	50% coinsurance	
<b>Worldwide<sup>4</sup> Emergency Room/Urgent Care</b>	<b>Emergency Room Coverage:</b> (waived if admitted) \$125 / <b>Urgent Care:</b> \$55								
<b>Ambulance (Ground)</b>	\$225	\$250	\$240	\$150	\$275		\$300		
<b>Non-Emergency Transportation</b>	Not Covered	Not Covered	\$0; 12 One-Way Trips	\$0; 24 One-Way Trips	Not Covered		\$0; Unlimited Trips	Not Covered	
<b>Personal Emergency Response System</b>	Not Covered	\$0	\$0	\$0	Not Covered				
<b>Lab<sup>5</sup></b>	\$0				\$0	\$0	40% coinsurance	\$0	50% coinsurance
<b>X-ray</b>	General X-ray: \$40/Advanced Radiology: \$200	General X-ray: \$35/Advanced Radiology: \$175	General X-ray: \$30/Advanced Radiology: \$125	General X-ray: \$25/Advanced Radiology: \$50	General X-ray: \$30/Advanced Radiology: \$200	40% coinsurance	General X-ray: \$45/Advanced Radiology: \$225	50% coinsurance	
<b>Outpatient Surgery</b>	Ambulatory Surgical Center: \$350 / Hospital Based: \$400	Ambulatory Surgical Center: \$315 / Hospital Based: \$365 \$0 copay waiver for hip/knee/shoulder replacement*	Ambulatory Surgical Center: \$300 / Hospital Based: \$350 \$0 copay waiver for hip/knee/shoulder replacement*	Ambulatory Surgical Center: \$100 / Hospital Based: \$100 \$0 copay waiver for hip/knee/shoulder replacement*	Ambulatory Surgical Center: \$350 / Hospital Based: \$375	40% coinsurance	Ambulatory Surgical Center: \$350 / Hospital Based: \$400	50% coinsurance	
<b>Skilled Nursing Facility<sup>6</sup></b>	Days 1-20: \$0 per day/Days 21-100: \$214 per day				Days 1-20: \$0 per day/Days 21-100: \$214 per day	40% coinsurance	Days 1-20: \$0 per day/Days 21-100: \$214 per day	50% coinsurance	
<b>Home Health</b>	\$0				\$0	40% coinsurance	\$0	50% coinsurance	
<b>Physical, Speech, Occupational Therapy</b>	\$20	\$15	\$10	\$10	\$25	40% coinsurance	\$30	50% coinsurance	
<b>% You Pay for Part B Medications or Radiation Therapy<sup>7</sup></b>	Part B: 0 - 20% / Radiation Therapy: 20%				Part B: 0-20% / Radiation Therapy: 20%	Part B: 40% / Radiation Therapy: 50%	Part B: 0-20% / Radiation Therapy: 20%	50% coinsurance	
<b>Annual Out-of-Pocket Maximum</b>	\$6,750				\$6,750	\$10,100 combined in- and out-of-network	\$6,750	\$10,100 combined in- and out-of-network	



**2025 Annual Enrollment Period: October 15 – December 7**  
**WE'RE ALWAYS READY TO HELP. SPEAK WITH A LOCAL REDSHIRT TODAY.**

(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.  
[www.IndependentHealth.com/Medicare](http://www.IndependentHealth.com/Medicare) | [Medicare.Help@IndependentHealth.com](mailto:Medicare.Help@IndependentHealth.com)

*Wellness benefits are on the reverse side*

(IN) In-Network, (OON) Out-of-Network

2025 WELLNESS BENEFITS (IN-NETWORK)	HMO Plans With Prescription Coverage			HMO Without Prescription Coverage GIVE BACK PLAN <sup>1</sup>	PPO Plans With Prescription Coverage	
	<b>NEW!</b> Independent Health's Encompass 65 <sup>®</sup> Direct HMO \$0	Independent Health's Encompass 65 <sup>®</sup> Core HMO \$73	Independent Health's Encompass 65 <sup>®</sup> Basic HMO \$134	Independent Health's Encompass 65 <sup>®</sup> HMO - \$0 (\$20 give back) Independent Health pays \$20 per month toward your Part B premium	Independent Health's Medicare Passport <sup>®</sup> Access PPO - \$19	<b>NEW!</b> Independent Health's Medicare Passport <sup>®</sup> Connect PPO - \$72.30
<b>Dental</b>	Up to \$2,000 service coverage limit. Includes preventive and comprehensive coverage. Must use a participating Liberty Dental dentist on all HMO plans.				Up to \$1,000 service coverage limit. Includes preventive and comprehensive coverage.	
<b>Over-the-Counter (OTC)<sup>8</sup></b>	\$40 per quarter	\$35 per quarter	\$35 per quarter	\$100 per quarter	\$45 per quarter	\$100 per quarter
<b>Fitness (SilverSneakers<sup>®</sup>)<sup>9</sup></b>	\$0 fitness benefit with access to thousands of locations nationwide. Included on all plans.					
<b>Vision (EyeMed<sup>®</sup>)</b>	\$0 routine eye exam; \$200 coverage allowance for routine eyewear every year.				\$0 (IN) / \$65 (OON) routine eye exam; \$200 coverage allowance for routine eyewear every year.	
<b>Hearing Aid Coverage</b>	\$45 hearing aid evaluation exam. Member pays \$499 – \$1,949 (per ear) for select hearing aid devices. You must use a provider in the Start Hearing benefits network. Included on all plans.					
<b>Telemedicine (Teladoc<sup>®</sup>)</b>	Speak with a doctor anytime, anywhere by phone or online for a \$0 copay. Behavioral Health is covered at \$0 copay.		Speak with a doctor anytime, anywhere by phone or online for a \$25 copay. Behavioral Health is covered at \$0 copay.			
<b>Enhanced Diabetes Benefits</b>	For those with a diabetes diagnosis all plans include \$0 glucose monitors, diabetic shoes and inserts, and supplies, including lancets and test strips, \$35 insulins and more. <sup>10</sup>					
<b>Chiropractic Evaluation &amp; Management</b>	\$20	\$15	\$15	\$10	\$15 (IN) / 40% (OON)	\$15 (IN) / 50% (OON)



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[www.IndependentHealth.com/Medicare](http://www.IndependentHealth.com/Medicare) | [Medicare.Help@IndependentHealth.com](mailto:Medicare.Help@IndependentHealth.com)

**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 unique needs. Speak with a RedShirt to learn more.

**NATIONAL NETWORK THROUGH MULTIPLAN**  
 Enjoy In-Network costs outside of our service area – for services including routine care – by using our national network of doctors and specialists on Independent Health's PPO plans.

**New!** \$0 copay waiver for hip/knee/shoulder replacement at Excelsior Orthopaedics available with our HMO plans (excluding Encompass 65 Direct HMO plan).\*



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. 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. **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. A salesperson will be present with information and applications. For accommodations of persons with special needs at meetings, please call (716) 635-4900 or 1-800-958-4405 (TTY: 711).

<sup>1</sup>Members who receive Low Income Subsidy (LIS) are not eligible for this plan. <sup>2</sup>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. <sup>3</sup>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. This is not a complete list of services. See your Evidence of Coverage for a complete list. <sup>4</sup>The \$10,000 plan limit is per occurrence for the combined unforeseen event outside of the USA. <sup>5</sup>Member pays 20% (IN) for genetic testing. <sup>6</sup>Skilled nursing facility benefit is not covered after day 100, per benefit period. <sup>7</sup>Member pays the applicable Part B medication or radiation therapy coinsurance plus applicable outpatient/office visit copay. <sup>8</sup>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. <sup>9</sup>SilverSneakers is a registered trademark of Tivity Health, Inc. © Tivity Health, Inc. All rights reserved. <sup>10</sup>Additional cost sharing applies for non-therapeutic continuous glucose monitors and supplies. \*Through Excelsior Orthopaedics only.

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\_C9957\_1\_M Accepted 09252024