

INDEPENDENT HEALTH'S 2025 Group Medicare Plan Comparison



Your plan includes
SilverSneakers®
with access to
thousands of
locations nationwide.



Also including:



You Deserve the RedShirt Treatment.®

Speak with a RedShirt® at
(716) 631-5392, Option #4 or 1-800-453-1910
Monday – Friday, 8 a.m. – 5 p.m.

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. Benefits vary by plan. Out-of-network/non-contracted providers are under no obligation to treat Independent Health members, except in emergency situations. Please call our customer service number 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. ATENCION: 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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MEDICARE COVERED BENEFITS - In Network Cost Sharing

BENEFITS	Encompass® HMO-POS	Encompass 65® HMO-POS	Passport® PPO	Passport® Plan D PPO
			Includes Network with MultiPlan	
Annual OOP Costs	\$3,450	\$3,450	\$3,450	\$3,500 Combined IN & OON
Primary Care Office Visit	\$25	\$10	\$5	\$0
Specialist Care Office Visit	\$40	\$20	\$20	\$10
Inpatient Hospital - Acute Unlimited Medically Necessary Day	\$250 per admission	\$0 (with rider)	\$100 copay maximum 1 per year	\$0
Ambulatory Surgical Center	\$75	\$75	\$50	\$25
Outpatient Hospital Surgery	\$75	\$75	\$50	\$25
Preventive Services	Covered in full	Covered in full	Covered in full	Covered in full
Physical - Occupational - Speech Therapies	\$20	\$20	\$15	\$15
Lab Services	\$0	\$0	\$0	\$0
X-rays & Advanced Radiology	\$20	\$20	\$20	\$10
Part B Drugs*	Covered in full	Covered in full	Covered in full	Covered in full
Skilled Nursing Facility (up to 100 days)	\$250 per admission	Covered in full	\$250 per admission	Covered in full
Durable Medical Equipment	10%/20%	10%/20%	10%/20%	10%/20%

SUPPLEMENTAL WELLNESS BENEFITS

BENEFITS	Encompass® HMO-POS	Encompass 65® HMO-POS	Medicare Passport® PPO	Medicare Passport® Plan D PPO
Fitness Benefit with SilverSneakers®	\$0	\$0	\$0	\$0
TELADOC® - remote access to providers	\$20	\$20	\$20	\$20
DENTAL - Preventive Liberty Dental 2 cleanings, 2 X-rays, 2 oral exams per year. 1 full mouth X-ray every 36 months	\$0	\$0	\$0	\$0
VISION - routine eye exam, including retinal imaging	\$0	\$0	\$0	\$0
VISION - routine eyewear allowance	\$200 eyewear allowance IN & OON COMBINED	\$200 eyewear allowance IN & OON COMBINED	\$200 eyewear allowance IN & OON COMBINED	\$200 eyewear allowance IN & OON COMBINED
HEARING AID - evaluation exam	\$45	\$45	\$45	\$45
HEARING AIDS - Start Hearing	\$499 to \$1,949	\$499 to \$1,949	\$499 to \$1,949	\$499 to \$1,949
RedShirt Rewards SM	Earn up to \$100 per year for taking healthy actions	Earn up to \$100 per year for taking healthy actions	Earn up to \$100 per year for taking healthy actions	Earn up to \$100 per year for taking healthy actions

PHARMACY BENEFIT OPTIONS

BENEFITS	Encompass® HMO-POS	Encompass 65® HMO-POS	Medicare Passport® PPO	Medicare Passport® Plan D PPO
Pharmacy Riders Tier 1 - Tier 5 Copays	Medical & Pharmacy Premium	Medical & Pharmacy Premium	Medical & Pharmacy Premium	Medical & Pharmacy Premium
Rx Rider = \$0 - \$3 - \$15 - \$30 - \$30	-	\$521.86	\$513.51	\$528.91
Rx Rider = \$0 - \$7 - \$25 - \$40 - \$40	-	\$512.87	\$504.52	\$519.92
Rx Rider = \$0 - \$10 - \$30 - \$50 - \$50	-	\$508.10	\$499.75	\$515.15
Rx Rider = \$0 - \$15 - \$45 - \$95 - \$95	\$483.21	\$497.59	\$489.24	\$504.64

These rates apply to groups with less than 100 enrolled in the Medicare Advantage plan. All plans shown have some out-of-network coverage.

All rates illustrated are only valid for members who reside in the eight counties of WNY.

Cost sharing is generally higher when services are received from out-of-network providers.*Site of service copay will apply.

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This chart is for general reference and is not a contract.

This information is not a complete description of benefits, call (716) 631-5392 for more information. See Evidence of Coverage for complete details.

Questions? Speak with a RedShirt®

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NATIONAL NETWORK THROUGH MULTIPLAN

Enjoy In-Network costs outside of our service area on our Passport PPO plans — for services including routine care — by using our national network of doctors and specialists.

