Independent Health
Western New York

Plan: Encompass D
Actives & Pre-65 Retirees (Grp # 23017-03 & 07)
(Former Group #s: 13650H & 30233H05) Web Site: http://www.independenthealth.com

Monthly Retiree Contributions: Employee/Retiree Only: ***$135*** EE/Retiree +SP: ***$320*** Family = ***$367***

Benefit	2021 Actives & Pre-65 Retirees
Annual Deductible	None (In-network); $500 individual/$1,000 family (Out-of-network)
Annual Out-of-pocket limit	$6,350 individual/$12,700 family (In-network); $10,000 individual/$20,000 family (Out-of-network); includes prescription drug copays
Out-of-network coinsurance	None (In-network); Member pays 25%, Plan pays 75% (Out-of-network)
Inpatient hospital	
Room and board	$250 copay per admission
Ancillary charges	Covered in full after inpatient hospital copay
Special-duty nursing	Not covered
Skilled nursing facility	Covered in full after $250 copay up to 45 days/calendar year
Surgery	
Inpatient	Covered in full after inpatient hospital copay
Outpatient	$75 copay/visit in an Outpatient facility; $20 copay/visit in a physician office; $35 copay/visit in a specialist's office
Cosmetic	Not covered
Maternity care	
Obstetrical visits	$20 copay first visit; covered in full thereafter
Hospitalization	$250 copay per admission
Outpatient	
Office visits	$20 copay/visit Primary Care Physician (PCP); $35 copay/visit Specialist
Routine examinations	Preventive care covered in full
X-rays and lab work	Lab covered 100%; X-Ray $20 copay
Eye examinations	$20 copay/visit for Routine eye exam; $35 copay/visit for Medical
Eyeglasses	Lenses: $50 copay for single vision; Frames: 40% discount off of retail cost at EyeMed providers
Physical therapy	$20 copay/visit up to 20 visits per calendar year (combined with occupational and speech therapy)
Chiropractor	$35 copay/visit
Alcoholism and chemical dependency	
Detoxification	Inpatient: Covered in full after inpatient hospital copay Outpatient:$20 copay/visit (counseling services for substance abuse)
Rehabilitation	Inpatient: Covered in full after inpatient hospital copay Outpatient: $20 copay/visit
Mental Health	
Inpatient	$250 copay per admission
Outpatient	$20 copay
Other Services	
Ambulance	$100 copay
Hospice care	Covered in full, unlimited days
Home health care	$35 copay/specialist visit up to 40 visits/year ($20 copay/PCP visit)
Durable medical equipment	Covered at 50% (no annual dollar limit)
Emergency room	
In-area/contract facility	$150 copay/visit; waived if admitted; urgent care: $35 copay/visit
In-area/noncontract facility	$150 copay/visit; waived if admitted
Out-of-area/noncontract facility	$150 copay/visit; waived if admitted
Prescription Drug Coverage	Open Formulary, however some medications require preauthorization or step therapy, regardless of tier
(excluding dental prescriptions)	
Retail (generic; 30-day supply)	$10 copay
Retail (brand; 30-day supply)	Formulary brand: $50 copay; Nonformulary brand: $100 copay
Mail order (90-day supply)	$25 copay generic; Formulary brand: $125 copay; Nonformulary brand: $250 copay