Independent Health

Account Name: Trustees:Erie County Bar Association
Account #: 24638
Sales Representative: Tracy D'Agostino

Benefit Summary

Plan Name:	Medicare Encompass E		
Benefits	**In-Network**	**Out-of-Network**	**Additional Information**
General Information			
Deductible	$0	$0	
Out-of-Pocket Maximum	$3,400 In Network	$5,100 Combined In and Out of Network	
Preventive Services			
Abdominal Aortic Aneurysm Screen Annual Physical Exam Basic Metabolism Test Bone Mass Measurement Cholesterol Test (Lipid Panel) Colonoscopy and Sigmoidoscopy Fecal Blood Testing Flu Shot Hemoglobin and Hematocrit Testing Hepatitis B Vaccine HIV screening HPV screening Mammogram Pap Smear Pneumonia Vaccine Prenatal and Post-partum Visits Prostate Exam (Prostate Specific Antigen "PSA") Rh Screening Rubella screening	Covered in full	20% coinsurance	All preventive services are covered in full with $0 member liability when performed by a participating provider. See independenthealth.com for additional information. Additional tests and screenings may require a copay. See your EOC, chapter 4.
Physician and Other Services			
Primary Care Physician	$25 copayment	20% coinsurance	
Specialty Physician	$40 copayment	20% coinsurance	
Outpatient Surgery (PCP's office)	$25 copayment	20% coinsurance	
Outpatient Surgery (Specialist's office)	$40 copayment	20% coinsurance	
Emergency & Urgent Care Services			
Emergency Room	$50 copayment Waived if admitted to hospital	$50 copayment Waived if admitted to hospital	
Ambulance	$50 copayment	$50 copayment	
Urgent Care - After Hours Facility	$35 copayment	Not Applicable	
Urgent Care - Out of Area Nationwide	Not Applicable	$35 copayment	

Independent Health

Account Name: Trustees:Erie County Bar Association
Account #: 24638
Sales Representative: Tracy D'Agostino

Benefit Summary

Plan Name:	Medicare Encompass E		
Benefits	**In-Network**	**Out-of-Network**	**Additional Information**
Hospital Services			
Inpatient Hospital	$250 copayment Per admission	20% coinsurance	
Outpatient Surgical Procedures (Facility)	$75 copayment	20% coinsurance	
Skilled Nursing Facility	$250 copayment per admission for up to 100 days per benefit period.	20% coinsurance	
Diagnostic Testing Services			
Lab Services	Covered in full	Covered in full	
X-Rays	$20 copayment	20% coinsurance	
Advanced Radiology	$20 copayment	20% coinsurance	
Diagnostic Tests	$25 copayment - PCP $40 copayment - SCP	20% coinsurance	
Radiation Therapy	$20 copayment	20% coinsurance	
Mental Health & Substance Abuse			
Inpatient Mental Health	$250 copayment per admission	20% coinsurance	190 day lifetime limit
Outpatient Mental Health	$40 copayment	20% coinsurance	
Inpatient Substance Abuse - Rehab	$250 copayment per admission	Not Covered	
Outpatient Substance Abuse	$40 copayment	20% coinsurance	
Rehabilitation Services			
Chiropractic - Medicare Covered	$20 copayment	50% coinsurance	
Physical - Occupational - Speech Therapies	$20 copayment per visit	20% coinsurance	
Cardiac Rehabilitation	Covered in full	20% coinsurance	
Pulmonary Rehabilitation	Covered in full	20% coinsurance	

Independent Health

Account Name: Trustees:Erie County Bar Association
Account #: 24638
Sales Representative: Tracy D'Agostino

Benefit Summary

Plan Name:	Medicare Encompass E		
Benefits	**In-Network**	**Out-of-Network**	**Additional Information**
Additional Services			
Durable Medical Equipment	20% coinsurance	50% coinsurance to an annual total of $1,000	
Prosthetic Devices	Covered in full	Not Covered	
Home Health Care	Covered in full	20% coinsurance	
Healthy Benefits	$20 Activation Fee Annual Gym Membership	Not Covered	
Renal Dialysis	$20 copayment	$20 copayment	
Medicare Covered Podiatry Services	$40 copayment	20% coinsurance	
Nutritional Therapy for ESRD or Diabetes	Covered in full	20% coinsurance	
Hearing Aids and Evaluation Exam	$45 Evaluation Exam $699/Ear Flyte 700 $999/Ear Flyte 900	Not Covered	48 Additional Batteries 3 Year Warranty Must use a TruHearing Provider
Prescription Drug Coverage			
Prescription Plan	$0/$0/$25/$40/$40 ICL $4500	$0/$0/$25/$40/$40 ICL $4500	Out Of Network Coverage is limited per situation. See your EOC, chapter 5.
Maintenance Medications	2.5 copays for 90 day supply through mail order or at select retail pharmacies	Not Covered	
Medicare Part D Creditable Coverage Status	Creditable	Not Applicable	For those who are Medicare eligible, this plan meets the standard level of prescription drug coverage determined by Medicare, therefore this plan provides you with CREDITABLE COVERAGE
Vision Services			
Medical Eye Exam	$40 copayment	20% coinsurance	
Routine/ Refractive Exam	$20 copayment	$35 Reimbursement	
Eyewear - Routine - Annual Limit	Up to $150 annually	Up to $150 annually	
Eyewear - Post Cataract Surgery	Covered in full	$30 Reimbursement	
Dental Services			
Medicare Covered Dental Services (excludes Preventive and Comprehensive Dental Services)	Based on place of service	20% coinsurance	

Independent Health

Account Name: Trustees:Erie County Bar Association
Account #: 24638
Sales Representative: Tracy D'Agostino

Benefit Summary

Plan Name:	Medicare Encompass E		
Benefits	**In-Network**	**Out-of-Network**	**Additional Information**
Medicare Part B Drugs			
Administered in Providers Office	20% coinsurance	20% coinsurance	
Used with DME	20% coinsurance	20% coinsurance	
Self Administered - Hemophilia	20% coinsurance	20% coinsurance	
Post Transplant Immunosuppressive	20% coinsurance	20% coinsurance	
Injectable Osteoporosis Drugs	20% coinsurance	20% coinsurance	
Antigens	20% coinsurance	20% coinsurance	
Certain Oral Cancer/Anti-nausea	20% coinsurance	20% coinsurance	
Drugs for Home Dialysis	20% coinsurance	20% coinsurance	
Interveneous Immune Globulin	20% coinsurance	20% coinsurance	

Important Notes

If PCP has a secondary specialty other than Internal Med, Gen Practice, Family Practice, Pediatrics or Obstetrics/Gynecology, the specialty copay applies.

Your prescription drug benefit has a coverage gap. Your plan does not have a prescription drug deductible. When the total drug cost paid by you and Independent Health - combined - reaches $4,500 for the year, the coverage gap begins.

The Affordable Care Act has a provision that reduces your liability for the cost of Medicare covered Part D drugs in the coverage gap. In 2017, your liability for the cost of Medicare covered Part D brand drugs in the coverage gap is 40% of the cost of the drug. Your liability for the cost of Medicare covered Part D generic drugs in the coverage gap is 51% of the cost of the drug or the cost sharing amount based on the drugs' tier, whichever is lower. The lower copay will be applied at the point of sale.

If you have a Medicare Part D Low Income Subsidy rider, the terms and conditions of the Low Income Subsidy rider will supersede the terms and conditions of the drug rider attached to this contract, where applicable.

The coverage gap ends when you have spent $4,950 OUT OF YOUR POCKET. When the coverage gap ends, the catastrophic coverage stage begins and lasts until the end of the calendar year. At the catastrophic stage, your copayment will be $3.30 for generic drugs, $8.25 for brand drugs or 5%, whichever is greater.

Please refer to the Independent Health Prescription Drug Formulary and Evidence of Coverage document for more details.

This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Group Health Contract, attached Riders (if any), or Evidence of Coverage.