



Prepared by: Stephanie DiGesare
Benefit Consultant

Group Name: Williamsville Teachers Assoc
22938

Benefit Summary

Encompass 65 (HMO-POS)		
In-Network	Out-of-Network	Additional Information

Preventive Services			
Abdominal Aortic Aneurysm Screen	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.
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			
Physician and Other Services			
Primary Care Physician	\$10 copayment	20% coinsurance	
Specialty Physician	\$20 copayment	20% coinsurance	
Outpatient Surgery (PCP's office)	\$10 copayment	20% coinsurance	
Outpatient Surgery (Specialist's office)	\$20 copayment	20% coinsurance	
Emergency & Urgent Care Services			
Emergency Room	\$50 copayment Waived if admitted to hospital	\$50 copayment Waived if admitted to hospital	
Ambulance	\$25 copayment	\$25 copayment	
Urgent Care - After Hours Facility	\$35 copayment	Not Applicable	
Urgent Care - Out of Area Nationwide	Not Applicable	\$35 copayment	
Hospital Services			
Inpatient Hospital	\$250 copayment Maximum one copayment per calendar year	\$250 copayment Maximum one copayment per calendar year	
Outpatient Surgical Procedures (Facility)	\$75 copayment	20% coinsurance	
Skilled Nursing Facility	Covered in full 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	\$20 copayment	20% coinsurance	
Radiation Therapy	\$20 copayment	20% coinsurance	
Mental Health & Substance Abuse			
Inpatient Mental Health	\$250 copayment (190 day lifetime limit)	20% coinsurance (190 day lifetime limit)	
Outpatient Mental Health	\$40 copayment	\$40 copayment	
Inpatient Substance Abuse - Rehab	\$250 copayment 1 max per year	Not Covered	



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Mental Health & Substance Abuse			
Outpatient Substance Abuse	45% coinsurance	45% 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	
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	Covered in full	Covered in full	
Medicare Covered Podiatry Services	\$20 copayment	20% coinsurance	
Nutritional Therapy for ESRD or Diabetes	Covered in full	20% coinsurance	
Prescription Drug Coverage			
Prescription Plan	\$0/\$7/\$25/\$40/\$25	\$0/\$7/\$25/\$40/\$25	
Maintenance Medications	2.5 copays for 90 day supply through mail order or at select retail pharmacies	Not Covered	
Vision Services			
Medical Eye Exam	\$20 copayment	20% coinsurance	
Routine/ Refractive Exam	Covered in full	Not Covered	
Eyewear - Post Cataract Surgery	Covered in full	\$30 Reimbursement	
Eyewear - Routine - Annual Limit	\$10 Standard Lens \$60 allowance	Not Covered	
Dental Services			
Medicare Covered Dental Services (excludes Preventive and Comprehensive Dental Services)	Based on place of service	20% coinsurance	
Medicare Part B Drugs			
Administered in Providers Office	\$10 copay - PCP \$20 copay - SCP	20% coinsurance	
Used with DME	Covered in full	20% coinsurance	
Self Administered - Hemophilia	Covered in full	20% coinsurance	
Post Transplant Immunosuppressive	Covered in full	20% coinsurance	
Injectable Osteoporosis Drugs	20% coinsurance	20% coinsurance	
Antigens	Covered in full	20% coinsurance	
Certain Oral Cancer/Anti-nausea	Covered in full	20% coinsurance	
Drugs for Home Dialysis	20% coinsurance	20% coinsurance	
Interveneous Immune Globulin	Covered in full	20% coinsurance	
General Information			
Deductible	\$0	\$0	
Out-of-Pocket Maximum	\$3,400 In Network	\$5,100 Combined In and Out of Network	



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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 does not have a coverage gap.

The Affordable Care Act, ACA, has a provision that requires Independent Health to process your pharmacy claims as if there is a coverage gap in place. The ACA also has a provision that reduces your liability for the cost of Medicare covered Part D drugs in the coverage gap. In 2015, your liability for the cost of Medicare covered Part D brand drugs in the coverage gap is 45% of the cost of the drug or the cost sharing amount based on the drugs' tier, whichever is lower. Your liability for the cost of Medicare covered Part D generic drugs in the coverage gap is 65% 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 \$4,700 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 \$2.65 for generic drugs, \$6.60 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.