

2016 Medicare Advantage Individual Option Transfer Form

Dear Independent Health Member:

The attached selection form is to be used if you want to choose a new Medicare Advantage plan with Independent Health. We offer plans that can meet your health care needs including HMO and HMO-POS plans, and Preferred Provider Organization (PPO) plans that provide the freedom to access benefits out of the network.

To make a change in the Medicare Advantage plan you have with Independent Health, fill out the enclosed plan selection form to make your choice. Check off the plan you want, and sign the form. Then mail the completed form back to us by December 7.

Please be aware that you can change health plans only at certain times during the year.

Between October 15 and December 7 each year, anyone can join our plan for a January 1

effective date. In addition, from January 1 through February 14, anyone enrolled in a Medicare Advantage plan (except an MSA plan) has an opportunity to disenroll from that plan and return to Original Medicare. Anyone who disenrolls from a Medicare Advantage plan during this time can join a stand-alone Medicare Prescription Drug plan during the same period. Generally, you may not make changes at other times unless you meet certain special exceptions, such as if you move out of the plan's service area, want to join a plan in your area with a 5 star quality rating, or qualify for extra help paying for prescription drug coverage.

If you qualify for extra help with your prescription drug costs you may enroll in, or disenroll from, a plan at any time. If you lose this extra help during the year, your opportunity to make a change continues for two months after you are notified that you no longer qualify for extra help.

If you select another plan and we receive your completed selection form by December 7, your new benefit plan will begin the first day of January based on your election period. Your monthly plan premium will be according to the plan selected on the attached selection form and you may continue to see any Independent Health primary care doctors and specialists.

Please note that if you are changing contracts (e.g., PPO to HMO or PPO to HMO-POS) please contact Independent Health for a new enrollment form. If you are currently receiving coverage from an employer sponsored plan and you wish to switch to an Individual Medicare Advantage plan please contact Independent Health for an application.

Complete the attached form only if you wish to change plans.

To help you with your decision, we have also included a 2016 Independent Health Medicare Advantage Plan Benefit overview for the available options.

If you have any questions, please call Independent Health at (716) 250-4401 or 1-800-665-1502. (TTY users should call 1-800-432-1110):

- October 1 – February 14: Monday – Sunday, 8 a.m. – 8 p.m.
- February 15 – September 30: Monday – Friday, 8 a.m. – 8 p.m.



Plan Selection Form

Date: _____

Member Name: _____

Member Medicare Advantage Identification Number: _____

Physician's Last Name: _____ Physician's First Name: _____

Physician's Address: _____ Current Patient: Yes No

Note: Required for Independent Health's HMO and HMO-POS enrollment, optional for Independent Health's Medicare Passport PPO enrollment. In order to be eligible for Independent Health's Network Advantage HMO plan, you must select a primary care physician that participates with the Network Advantage plan. If you are not changing physicians you can leave the physician information blank.

I want to transfer from my current plan to the plan I have selected below. I understand that if this form is received by the end of the month, my new plan will generally be effective the 1st of the following month.

Please be aware that you can change health plans only at certain times during the year. Between October 15 and December 7 each year, anyone can join our plan for a January 1 effective date.

Please check the appropriate box below:

Plan Name	Premium	In-Network Benefits
HMO AND HMO-POS WITH PRESCRIPTION COVERAGE		
<input type="checkbox"/> Independent Health's Encompass 65[®] Essential HMO-POS (with Part D) H3362-026	\$0	Office Visit Copay: \$15/\$45 Inpatient Hospital Copay: Days 1–6: \$295 per day; Days 7–90: \$0 Prescription Drug Copay: \$8/\$20/\$47/\$100/29% \$175 deductible on Tiers 3, 4 and 5
<input type="checkbox"/> Independent Health's Network Advantage[®] HMO (with Part D) H3362-027 (Erie and Niagara Residents Only)	\$50	Office Visit Copay: \$0/\$30 Inpatient Hospital Copay: Tier A: \$400 per admission Tier B: \$900 per admission Prescription Drug Copay: \$4/\$10/\$45/\$90/33%
<input type="checkbox"/> Independent Health's Encompass 65[®] Basic HMO-POS (with Part D) H3362-017	\$111	Office Visit Copay: \$10/\$30 Inpatient Hospital Copay: \$700 per admission Prescription Drug Copay: \$4/\$10/\$47/\$75/33%
PPO WITH PRESCRIPTION COVERAGE		
<input type="checkbox"/> Independent Health's Medicare PassportSM Advantage PPO (with Part D) H3344-005	\$125	Office Visit Copay: \$20/\$35 Inpatient Hospital Copay: Days 1–7: \$250 per day; Prescription Drug Copay: \$4/\$12/\$45/\$90/33% Medical Deductible Combined In and Out of Network: \$600
HMO WITHOUT PRESCRIPTION COVERAGE		
<input type="checkbox"/> Independent Health's Encompass 65[®] HMO (without Part D prescription drug coverage) H3362-016	\$0	Office visit copay: \$10/\$25 Inpatient Hospital Copay: Days 1–6: \$295 per day; Days 7–90: \$0 Part D Prescription Drugs: Not covered

Your Plan Premium

Your Plan Premium (**Independent Health's Encompass 65 Essential HMO-POS plan only**):

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail, Electronic Funds Transfer (EFT), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) check each month.

Your Plan Premium: You can pay your monthly plan premium (including any late enrollment penalty you may have or may owe) by mail, Electronic Funds Transfer (EFT), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) check each month.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048. If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

If you don't select a payment option, you will receive a bill each month.

Please select a premium payment option:

- Receive a bill Electronic Funds Transfer (EFT) Credit Card
- Automatic deduction from your monthly Social Security or RRB benefit check. (The Social Security or RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please check one of the boxes below if you would prefer us to send you information in another format:

- Large Print Braille

Please contact Independent Health at (716) 250-4401 or 1-800-665-1502 with any questions or TTY users may call 1-800-432-1110.

We are open:

- October 1 – February 14: Monday – Sunday, 8 a.m. – 8 p.m.
- February 15 – September 30: Monday – Friday, 8 a.m. – 8 p.m.

Signature:

Today's Date:

If you are the authorized representative, you must sign above and provide the following information:

Last Name _____ First Name _____ Initial _____

Street/Apartment # _____

City _____ State _____ County _____

Zip Code _____ Home Telephone (area code and number) _____

Relationship to Enrollee _____

Email Address (optional) _____

By providing your email address, you are agreeing to receive email communications from Independent Health.

Please mail this form to:

Independent Health
Attn: Membership, Government Operations
P.O. Box 610
Williamsville, NY 14231-9909

OFFICE USE ONLY

Plan ID #: _____

Effective Date of Coverage: _____

ICEP/IEP: _____ AEP: _____

SEP (type): _____ Not eligible: _____

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on *(insert date)* _____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on *(insert date)* _____.
- I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.
- I get extra help paying for Medicare prescription drug coverage.
- I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on *(insert date)* _____.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on *(insert date)* _____.
- I recently left a PACE program on *(insert date)* _____.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on *(insert date)* _____.
- I am leaving employer or union coverage on *(insert date)* _____.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on *(insert date)* _____.

If none of these statements apply to you or you are not sure, please contact Independent Health to see if you are eligible to enroll: **(716) 250-4401** or **1-800-665-1502** (TTY users should call 1-800-432-1110), October 1 – February 14: Monday – Sunday, 8 a.m. – 8 p.m.; February 15 – September 30: Monday – Friday, 8 a.m. – 8 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.

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