

INDEPENDENT HEALTH'S



ENROLLMENT KIT 2023



Your life. Your plan. Your way.



Welcome to *thRed*

Live your life. Easier, healthier, with rewards.

thRed is a plan designed to meet your needs with the ease and convenience you've come to expect in helping you manage numerous aspects of your life through your smartphone. With thRed, answers and information are at your fingertips, whenever you need it, wherever you are.

Let's get started. With thRed, it's easy. **Just activate your plan using the MyIH app.** You'll earn your first rewards and be on your way to being in control of your plan — and your health.

As a member of thRed you get the support and coordinated care you need. Whether it's setting up your account or getting healthy throughout the year — help is just a chat, call or click away! thRed keeps you connected to your:



- **Personal Primary Care Team** — to oversee all aspects of your health and care.



Call your doctor or reach out through the MyIH app

- **thRed Coordinator** — to help you select your doctor, set up your first visit and more!



Get support right through the MyIH app

- **Chat With a Doctor** — for afterhours or when you can't reach your PCP.



Connect with your care team during business hours or use chat afterhours

- **Chat With a RedShirt** — for answers about your plan.



Chat through the MyIH app, call (716) 631-8701/1-800-501-3439 or email memberservice@servicing.independenthealth.com

It's all part of the RedShirt® Treatment.

independenthealth.com



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THRED OVERVIEW

On your app, online, on your schedule.

For the reasons you love the ease and freedom of using apps and your smartphone for everything from banking and shopping, thRed keeps you connected to the answers you need about your health plan and your health anytime, anywhere.

thRed is available to anyone who lives or works in Erie County, bringing the convenience and simplicity of use right to your mobile device through our MyIH app or your secure Independent Health online member account.

Getting Started

Getting started begins with downloading the MyIH app and creating an account. Once you activate your account, your thRed Coordinator will welcome you and help you select your Primary Care Physician (PCP) through General Physician, PC (GPPC) and get connected with a personal Primary Care Team that oversees all aspects of your health care.

After you select your GPPC doctor **you'll have access to Independent Health's full network** of hospitals, specialists, labs and providers for access to the quality of care you need.

Your PCP will oversee all aspects of your care, including a dedicated Personal Primary Care Team that will respond to your health needs when you seek care. Your thRed Coordinator will also help you schedule your first visit and assist in connecting with any specialists, coordinating referrals and more.



Richard Charles, MD
Chief Medical Officer

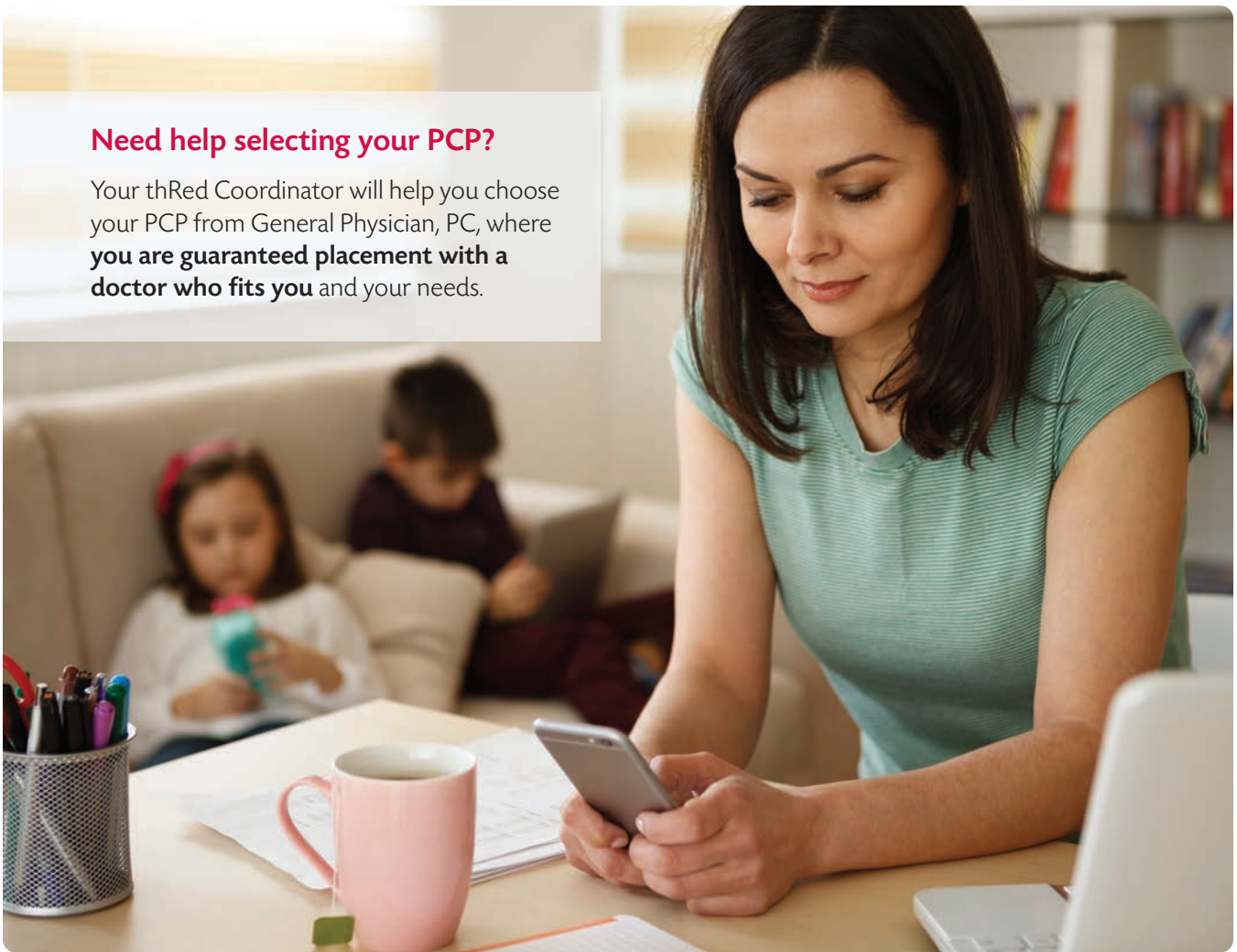
General Physician, PC is committed to providing the best patient experience and thRed is the newest, most innovative way to do that. This is the first plan we've seen that truly integrates the care we provide, health and wellness incentives and a health plan seamlessly in one place. As one of the largest primary care groups in WNY, we'll do our part to make health care work for you, not the other way around.

Who is GPPC?

Established in 2010, General Physician, PC has grown to be one of the largest medical groups in WNY. GPPC is comprised of one of the region's most well-respected, accomplished health care providers from many different areas of medicine, from general practitioners to a wide range of medical specialties. With providers located throughout WNY, it's easy to find a doctor right for you.

Need help selecting your PCP?

Your thRed Coordinator will help you choose your PCP from General Physician, PC, where **you are guaranteed placement with a doctor who fits you** and your needs.



Other things to keep in mind:

- Subscribers, spouses and any covered dependents age 21+ will choose their PCP from the high-performing GPPC doctors located in 20 offices throughout Western New York.
- Subscribers, spouses and dependents under 21 can use any pediatrician or physician in Independent Health's broad network, without the need for referrals.



Earn up to \$550 in thRed Rewards!

There are two easy ways to earn thRed rewards:

1. ACTIVATION REWARDS

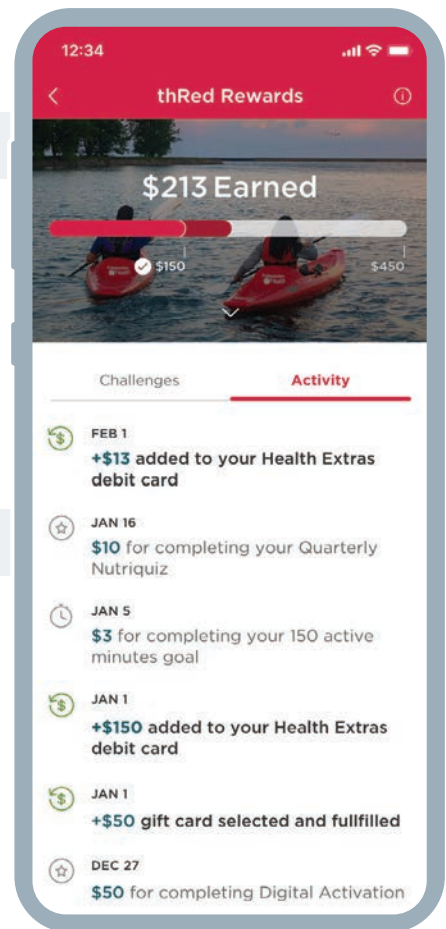
Simply activate your account and immediately **earn up to \$250 in rewards!**

- \$200 to the subscriber, with \$150 loaded on to your HealthExtrasSM Visa[®] card, and a \$50 e-gift card that can be spent at Amazon, CVS, Nike and more.
- \$50 also to a covered spouse with a \$50 e-gift card when they activate their thRed account.

2. HEALTHY ACTIVITY REWARDS

Earn up to \$300 more throughout the year just for doing things to get and stay healthy.

- Earn rewards when you complete preventive health services like your annual wellness visit, get in your steps, go to the gym or even volunteer in the community.
- Reward dollars are loaded on to your Health Extras card and can be spent at a wide range of partners like Peloton, Beachbody and D'Avolio. More at independenthealth.com/healthextras.



Game-Changing Chat Support*

Chat With a Doctor

When you have a medical concern, and you cannot reach your GPPC doctor, you can start a chat with a registered doctor. You'll get peace of mind and a response within minutes — no matter where you are, at home, at work or travel in the U.S.

- The non-emergency care and information you need for allergies, burns, fever, rash, strains and more.
- \$0 or \$45 copays until your deductible is met (depending on your plan).

Chat With a RedShirt[®]

For questions related to your health plan, you can chat with a RedShirt anytime Monday – Friday from 8 a.m. – 7:45 p.m.

- Log in to your secure member account through your MyIH app or online to review all your plan details and see what's covered.
- The ability to check any claims, track your deductible and savings account spending (if applicable) and access FREE health management tools like Foodsmart[™] and Brook.

*Chat with a doctor available for any adult subscribers, spouses and/or dependents age 21+. RedShirt chat available for all users age 13+ who register an online Independent Health account.

Activate & Earn \$200

Now that you understand all the benefits and perks that come with thRed it's time to get your account activated. It's easy and only takes a few minutes.

1. Download the MyIH App

- Wherever you get your smartphone apps.



Scan here to download
the MyIH app

2. Create an Account

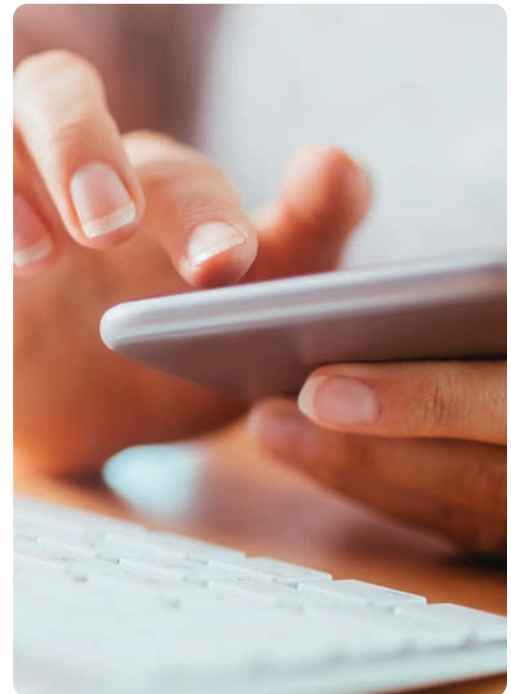
- Take a few minutes to create an online account. Don't forget to add your Member ID or SSN in the Add Coverage step.

3. Complete Activation

- Select a Primary Care Physician and review all of the great benefits thRed has to offer.

4. Get Rewarded

- Once you complete activation, you're all set and can start earning rewards! Your activation reward will be delivered on your effective date.



For questions about your plan or activation:

- **Chat:** with a RedShirt directly through the MyIH app
» Monday – Friday from 8 a.m. – 7:45 p.m.
- **Call:** (716) 631-8701 or 1-800-501-3439
» Monday – Friday from 8 a.m. – 8 p.m.



VALUE-ADDED BENEFITS

With Independent Health, we're not just here for you when you need health care services. We support your health through a more integrated approach. A wide range of value-added benefits help you get and stay healthy, while helping to keep you informed and active.



WELLNESS DISCOUNTS

Our community partnerships allow us to offer health and wellness discounts on a wide range of goods and services that can help you get and stay healthy. Simply show your member ID card and start saving — up to 30 percent or more!

CHOOSE FROM A WIDE SELECTION:

- Acupuncture
- Audiology and Medical Equipment
- Community Partners
- Dentists
- Health Education, Wellness and Fitness
- Healthy Prepared Meals
- Massage Therapists
- Personal Training
- Recreational Sport Programs and Lessons
- Sports and Fitness Equipment
- Vitamins and Herbs
- Weight Loss Programs




To view or search the latest wellness discounts by category, name or location, visit independenthealth.com/discounts.

COMMUNITY PARTNERSHIPS

Independent Health and the Independent Health Foundation are excited to work with a wide range of local partners to help all Western New Yorkers get healthy, stay active and have fun all year long.

Plus, as an Independent Health member, you're eligible to receive discounts with a variety of our community partners just by showing your member ID card!

 For more information on our partnerships, or for a list of upcoming programs and events, visit independenthealth.com/inthecommunity.



NEW!

INDEPENDENT HEALTH'S RedShirt RewardsSM

Earn Up to \$30 in Rewards



For Independent Health members, it pays to get and stay healthy. Activate your RedShirt Rewards by logging in to your MyIH account through the MyIH app or at MyIH.com.

New for 2023, **Independent Health RedShirt Rewards** provides incentives just for completing actions that can help you manage your health and wellness.

Earn a \$10 RedShirt Reward* for each eligible action — up to \$30 each plan year!**

- Annual Checkup^{***}
- Flu Shot[†]
- COVID-19 Vaccine and Booster[†]
- Breast Cancer Screening
- Colon Cancer Screening
- Prediabetes — Enrollment in a Diabetes Prevention Program
- Diabetes Care — Diabetic Retinal Eye Exam
- Diabetes Care — A1C Test
- Statin Medication Received (for people with heart disease or diabetes)[†]

Make it a family affair, because each member in your plan 18 years of age and older (subscriber, spouse and dependents) is eligible to earn their own rewards just for completing healthy actions right for them.

HOW IT WORKS

- 1. Activate the program** through your MyIH account.
- 2. Complete an eligible action** listed above.
- 3. Choose a reward.** Receive a secure message through your MyIH account that will allow you to choose a gift card from a wide range of participating retailers, including Amazon.com Gift Card, Nike, Target and more!



 To get started, opt in to the program through the MyIH app or through MyIH.com.

* Rewards will be issued when Independent Health receives notification of a claim for each service, which may take up to 90 days for a provider to submit the claim(s).

** \$30.00 limit per eligible member per plan year.

*** thRed members receive RedShirt Rewards, as well as thRed reward dollars, for this healthy activity.

† For members who do not have pharmacy coverage through Independent Health or Pharmacy Benefit Dimensions, these actions must be provided in a medical facility, such as a doctor's office, hospital or urgent care center. Pharmacies or community centers do not qualify.

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THIRD OVERVIEW

VALUE-ADDED BENEFITS

GETTING CARE

HEALTH TOOLS & APPS

IMPORTANT INFO.

GETTING CARE

Peace of mind comes from knowing your needs are covered, no matter the situation. When you or your family needs care, it's a comfort to know you have a variety of options. Which one you choose can depend on the type of care you need, the availability of the service or the cost. Here are some of the ways our members can find access to care.

ACCESS TO THE RIGHT CARE AT THE RIGHT TIME

Start With Your Doctor

When you or a family member are not feeling well or have a medical need, your first contact should be your GPPC Primary Care Team. Your doctor will help guide you to the appropriate care, be it in their office, a telemedicine consultation or direct you to the nearest facility for more urgent or emergency care.

URGENT CARE

A Better Alternative to the ER

If you need immediate care for non-life-threatening injuries and illnesses (such as sprains, cuts and infections) or your doctor directs you, urgent care can be a quicker and more cost-effective alternative to the emergency room.

Independent Health's network also includes **specialized urgent care centers** that provide pediatric, orthopedic/sports medicine and 24-hour services.

Understand Your Options to Save Time and Money

When you can't reach your GPPC Primary Care Team, you have other options to seek the answers or appropriate care you need. Depending on your health plan, out-of-pocket costs may differ for each service.

Cost Consideration	Service
FREE	24-Hour Medical Help Line
\$	Telemedicine
\$\$	Urgent Care Center
\$\$\$	Emergency Room (ER)

WORLDWIDE EMERGENCY CARE

You have the peace of mind of knowing that in the event of an emergency you are always covered, no matter where you are in the world (subject to your applicable member liability). Keep in mind ER visits can be costly and time consuming, therefore chronic or less severe issues should be handled by your primary care physician (PCP) whenever possible.



THIRD OVERVIEW

VALUE-ADDED BENEFITS

GETTING CARE

HEALTH TOOLS & APPS

IMPORTANT INFO.

\$0 PREVENTIVE SERVICES

Staying up to date with your preventive care is key to maintaining and improving your health and well-being. That's because, through prevention, illness can be detected and treated early. Independent Health wants to make members aware of all the **\$0 preventive services** offered to keep you healthy. Even those enrolled in a deductible health plan can enjoy FREE preventive services right from the start! It's just one of the ways we're helping you get and stay healthy.

Top 10 FREE Preventive Services

- Annual Routine Checkup*
- Cholesterol Screening
- Colonoscopy Screening
- Diabetes Screening
- High Blood Pressure Screening
- Mammography Screening
- Pap Smear Collection and Preparation
- Vaccinations
- Well-Child Visit*
- Well-Woman Visit*

Additional FREE Preventive Services

- Abdominal Aortic Aneurysm Screening
- Alcohol Misuse Screening and Behavioral Counseling Intervention
- Aspirin Therapy Discussion for Prevention of Cardiovascular Disease, Colorectal Cancer or Pre-eclampsia
- Asymptomatic Bacteriuria Screening in Pregnant Women
- Bone Density (Osteoporosis Screening)
- Breast and Ovarian Cancer Susceptibility, Genetic Testing**
- Breast Cancer Preventive Medications
- Breast Feeding — Primary Care Intervention to Promote Breast Feeding
- Breast Feeding Supplies
- Breast Feeding Support and Counseling
- Chlamydia Screening
- Colonoscopy Pre-operative Visits
- Colonoscopy Preparation with Prescription
- Congenital Hypothyroidism Screening
- Contraceptive Drugs and Devices, including both Prescription and Over-the-Counter Products
- Contraceptive Methods and Counseling
- Dental Caries in Preschool Children, Treatment — Fluoride Supplementation
- Depression Screening (Adults)
- Depression Screening (Maternal)
- Diabetes Screening
- Diabetic Equipment and Supplies
- Diabetes Prevention Program
- Drug Abuse Screening
- Falls Prevention in Older Adults (Exercise or Physical Therapy)
- Fluoride Varnish
- Folic Acid — Daily Supplement for Women During Pregnancy
- Healthy Diet Counseling
- Hearing Loss Screening for Newborns
- Hepatitis B Virus Infection, Screening
- Hepatitis C Screening
- High Blood Pressure Screening
- HIV Counseling
- HIV Preexposure Prophylaxis for Prevention of HIV Infection
- HIV Screening
- HPV Screening
- Intensive Behavioral Therapy for Cardiovascular Disease
- Interpersonal and Domestic Counseling
- Interpersonal and Domestic Violence Screening
- Iron Deficiency in Pregnant Women Testing
- Latent Tuberculosis Infection Screening
- Lead Screening
- Lipid Screening (Cardiovascular Screening)
- Lung Screening — Low Dose CT
- Major Depressive Disorder Screening for Children and Adolescents
- Obesity Screening — Adults and Children
- Oral Contraceptives
- Over-the-Counter Contraceptive Drugs and Devices
- Pediatric Preventive Health Care — "Bright Futures"
- Perinatal Depression — Counseling and Intervention
- Phenylketonuria Screening (Children)
- Prenatal Visit* and One (1) Postpartum Visit*
- Preventive Laboratory Services
- Prescription Drugs including:
 - » Select Angiotensin-Converting Enzyme (ACE) inhibitors for Blood Pressure
 - » Select Antidepressants
 - » Select Oral Anti-Diabetic Medications
 - » Select Statin Medications
- » Select Beta-Blockers for Blood Pressure
- » Select Oral Medications for Osteoporosis
- Prostate Screening
- Rh(D) Incompatibility Screening in Pregnant Women
- Screening for Urinary Incontinence
- Sexually Transmitted Infections Counseling
- Sickle Cell Disease Screening
- Skin Cancer Behavioral Counseling
- Smoking Cessation Counseling
- Smoking Cessation Intervention Pharmacotherapy
- Syphilis Screening
- Tobacco Use in Children and Adolescents
- Weight Loss to Prevent Obesity Behavioral Interventions — Adults
- Visual Impairment Screening (for Children Younger than 5 Years Old)

These services are covered in full when rendered by an in-network/participating provider. Some preventive services need to meet specific criteria. Please call Member Services at (716) 631-8701 or 1-800-501-3439 for clarification of coverage. Please keep in mind a routine checkup (well visit) or preventive service can sometimes turn into a "sick visit," in which you will be responsible for paying an office visit copay/coinsurance or, if enrolled in a deductible plan, all charges until your deductible level is met. There may be other services performed in conjunction with the above preventive care services, which are subject to any applicable liability as described in your contract.



To view a complete list of free preventive care services, visit independenthealth.com/preventive.

* Does not include procedures, injections, diagnostic services, laboratory and X-ray services, or any other services not billed as an Evaluations and Management (E&M) code.

** Please note: BRCA mutation screening requires prior authorization to review for medical necessity based on product. Reference the following policy for additional information: Breast Cancer Susceptibility 1 and 2 (BRCA 1/2) Sequence Testing for Susceptibility to Hereditary Breast Cancer and BRACAnalysis® Rearrangement Test (BART).

Preventive Care Services are: Items or services with an "A" or "B" rating from the United States Preventive Services Task Force; immunizations pursuant to the Advisory Committee on Immunization Practices ("ACIP") recommendations; and preventive care and screenings that are provided for in the comprehensive guidelines supported by the Health Resources and Services Administration ("HRSA").

\$0 PREVENTIVE DRUGS

Controlling costs is important to all of us. To help manage your pharmacy costs, Independent Health has developed a list of preventive drug medications for chronic conditions which are at no cost to you. This means members can receive these important medications from day one of their plan year and no longer have to pay either the full cost of the prescription while still in the deductible phase of their coverage or the applicable tier copay.

While this benefit applies to most plans, you should check your summary of benefits for your specific plan details. You can do so by logging in to your online member account using our mobile app, **MyIH**, or through our website at **independenthealth.com**.

Please note that this is not a complete listing. With more than 300 medications on our preventive formulary list, below is just a small sample of medications in each category. For additional information on a particular drug, use our **Compare Rx Costs** tool by logging in to your account or call Member Services at (716) 631-8701 or 1-800-501-3439 (TTY: 711).

INDEPENDENT HEALTH PREVENTIVE DRUG EXAMPLES

Blood Pressure, Heart Disease

ATENOLOL*
ENALAPRIL*
LISINAPRIL*
LOSARTAN*
METOPROLOL*
QUINAPRIL*
VALSARTAN*

Antidepressants

BUPROPION*
CITALOPRAM*
ESCITALOPRAM*
FLUOXETINE*
PAROXETINE*
SERTRALINE*

Osteoporosis

ALENDRONATE*
RISENDRONATE*

Diabetes

ACARBOSE*
DIABETIC SUPPLIES*
GLIPIZIDE*
METFORMIN*
PIOGLITIZONE*

Cholesterol

ATORVASTATIN
LOVASTATIN
PRAVASTATIN
ROSUVASTATIN

Smoking Cessation

NICOTINE GUM
NICOTINE LOZENGES
NICOTINE PATCHES
NICOTROL
VARENICLINE

Cancer

ANASTROZOLE
EXEMASTANE
RALOXIFENE
TAMOXIFEN

Anti-Infective

DESCOVY
EMTRICITABINE/TENOFOVIR

Contraceptives

ALL GENERIC ORAL
CONTRACEPTIVES
GENERIC CONTRACEPTIVE PATCHES

* These medications are \$0 on Non-Standard plans only



You can view all the preventive drugs under this program (indicated with a "PL" in the formulary) by visiting **independenthealth.com/formulary**.

HEALTH TOOLS & APPS



In today's busy world it can be a challenge to get and stay healthy. That's why Independent Health offers convenient online resources and apps for support anytime, anywhere. When you download the MyIH app you'll have personalized, easy access to a wide range of tools and support – from nutrition and exercise to goal setting and managing your overall well-being. Download the free MyIH app today and get started by activating your account. It's easy!



MYIH MOBILE APP

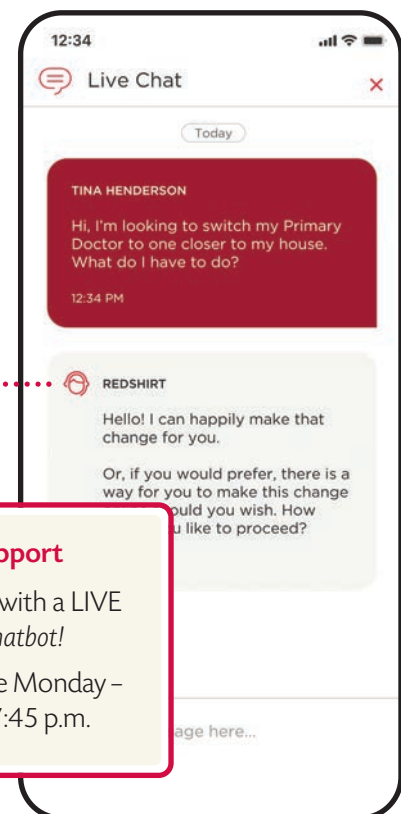
With the free MyIH app, the RedShirt® Treatment and personalized information about your plan is just a chat or tap away from your fingertips.

With MyIH, you can:

- View claims, plan documents, health tools and rewards
- Track your deductible* and your balance to always know where you stand
- Receive push notifications
- View your RedShirt Rewards
- Access your spending and savings account(s)**
- Search for a doctor, pharmacy or provider, then manage and set them in your profile
- View and print your member ID card or share it through text message, email and more
- Review your benefits and what's covered on your plan
- **NEW!** Keep tabs on your Health ExtrasSM card balance

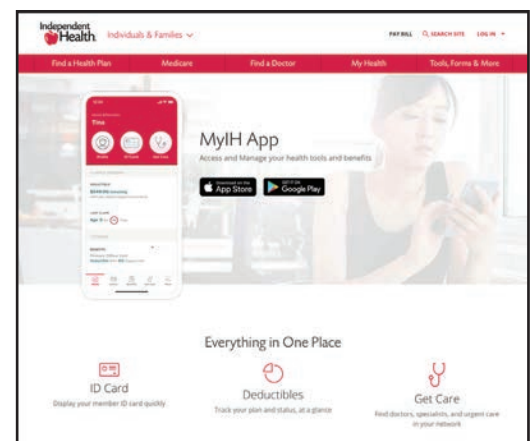


To learn more or to download the free app, visit independenthealth.com/myIH.



RedShirt® Chat Support

- Chat one-on-one with a LIVE RedShirt – *not a chatbot!*
 - » Access with ease Monday – Friday, 8 a.m. – 7:45 p.m.







* The tracker applies to your in-network deductible and reflects claims that have been submitted by your provider(s) and processed by Independent Health. Dependent claims information is tracked and reflected in the dollar amounts displayed through your deductible tracker.

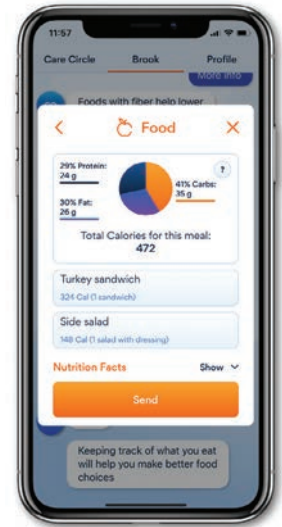
** Applies to plans offering a Health Savings Account, Flexible Spending Account and/or Health Reimbursement Account.

BROOK

Brook offers a variety of programs personalized to your lifestyle and health goals. **Brook+** and the **Brook Health Companion** are fully digital, and available right on your smartphone. No phone calls or appointments necessary.

Brook is FREE and supports you with:

-  Access to Health Coaches who create your personal path for success
-  Meal planning and nutrition advice from registered dietitians
-  Support for health goals like weight loss, diabetes prevention and blood sugar control
-  To take the 1-minute health quiz to find out which Brook program is right for you or to learn more, visit bit.ly/2023BrookPlus.



FOODSMART™

Independent Health has teamed up with Foodsmart to offer a convenient and easy tool to help you incorporate healthy eating into your daily life — at home or on the go.

Foodsmart simplifies eating well:

- Personalized to your goals and dietary preferences
- Meal planning and nutrition assistance
- **Virtual, one-on-one nutrition counseling visits with a registered dietitian at no cost to you**
- Look up healthy recipes and build meal calendars or shopping lists
- Access money-saving deals at local grocery stores

 To learn more or to download the free app, visit campaigns.independenthealth.com/foodsmart.



COMPARE RX COSTS

Understanding all the options and managing the costs for the medications you need to keep your family healthy can be a challenge. Independent Health makes it easier with a tool that's accessible right from your secure online account.

Compare, shop and save on your prescriptions:

- Simply type the name of the medication in the search bar and select your dosage
- Review drug uses and alternative options, including generics (when available)
- Locate nearby pharmacies and online resources for purchase
- Compare real-time costs specific to your plan

 To start comparing, visit independenthealth.com/login.

IMPORTANT INFORMATION

When you need information about your benefits or your plan, you have plenty of resources to get answers. You can always contact the Independent Health RedShirtsSM at (716) 631-8701 or 1-800-501-3439 or use Chat through the MyIH app or your online account. The following section is also a handy reference that you can access throughout the year should you need it.


EXPLANATION OF BENEFITS (EOB)

All Independent Health members will receive an Explanation of Benefits (EOB) after each health care visit or use. The EOB is not a bill, nor is payment expected at time of receipt.

Each EOB will provide details of the service provided, including date(s) of service, description, rate, any copays/coinsurance and member responsibility (if applicable). You'll also see an overview of your annual deductible (if applicable) and out-of-pocket maximums, including any remaining amounts toward meeting your threshold levels.

Go Green and Get Your EOB Electronically

Just log in to your online member account and follow the simple steps when selecting "Go Paperless Now" for delivery of your EOB.

 To view a sample EOB, visit independenthealth.com/EOB.

Independent Health
Independent Health Association, Inc.
 511 Farber Lakes Drive
 Buffalo, NY 14221

Electronic Service Requested

If you have any questions, please call Independent Health at (716) 631-8701 or (800) 501-3439 or visit us online at www.independenthealth.com

Statement Date: 07/06/18
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CONFIDENTIAL

EXPLANATION OF BENEFITS - THIS IS NOT A BILL Please retain this copy for your records and tax purposes

Name:		Group Name:						Group #:			
Member ID#:		Provider:						Claim #:			
Dates of Service	Service Description	Total Charges	Rate	Deductible	Copay/Coins	Not Covered	COB Adj. Amt.	Provider Liability	Remark Code(s)	Plan Pays	
05/29/18	Routine radiology	75.00	72.05	72.05	0.00	0.00		0.00	533 25	0.00	
Claim Totals:		75.00	72.05	72.05	0.00	0.00				0.00	
Total Member Responsibility:								72.05		Interest:	0.00
										Total Plan Payment:	0.00

Remark Code Description:

25 Deductible Amount
 533 Provider Network discount applied. Member not responsible for balance billing.

Summary Information

Your Deductible Combined Family limit is \$10,000.00, used \$2,117.59, remaining \$7,882.41
 Your Out of Pocket Max In Network Family limit is \$10,000.00, used \$2,117.59, remaining \$7,882.41
 Your Out of Pocket Max Out of Network Family limit is \$20,000.00, used \$2,117.59, remaining \$17,882.41

1 OF 2 F

ENV 14106

PRIVACY AND CONFIDENTIALITY, DRUG FORMULARY AND QUALITY MANAGEMENT

Privacy and Confidentiality

Upon joining Independent Health, a member contract and/or amendments are sent to you each year. This information outlines the rights, responsibilities and benefits you have as a member. As new and potential laws regarding protecting the privacy and confidentiality of health information are reviewed in the state and federal government, it is important for you to know that Independent Health is committed to maintaining the confidentiality of your health information.

- When you, as a subscriber, enroll with Independent Health, you give a general consent for your own medical records and those of your family members to be accessed by Independent Health as provided under the terms of your member contract.
- Independent Health’s contracts with participating providers reinforce your right under New York state law to access your own medical records although your provider may charge a per page copying fee.
- You have the right to the protection of privacy of your health information in all settings, including privacy and confidentiality of all records pertaining to treatment unless otherwise provided by law or by your member contract.
- All member information and records used for purposes of preparing, compiling, or analyzing Independent Health measurement data shall be kept confidential. All member-specific information shall be removed from such measurement data prior release, except in circumstances when state or federal regulatory agencies request “patient level” data as allowed by law.
- Except under the terms of the member contract or as provided by law, Independent Health will not release a member’s identifiable medical records to any third party, including the member’s fully insured employer, without receiving a signed special release from the member.

Drug Formulary

The Individual Practice Association of Western New York, Inc. (IPA/WNY), the physician group that provides care for Independent Health members, has developed and maintained a therapeutic drug formulary since 1992. A drug formulary is a list of the most appropriate and cost-effective medications from which participating physicians prescribe. When physicians write a prescription for Independent Health members who have a prescription drug rider, they consult the formulary and select the needed medication.

 To view the most up-to-date drug formularies, please visit independenthealth.com/formulary.

Quality Management

Independent Health provides a comprehensive quality management (QM) program in an effort to implement programs to ensure quality clinical care, clinical service and HMO service. The QM program is devised to evaluate the quality of care and services provided to Independent Health members, and identify opportunities for continuous improvement.

If you have any questions or would like a copy of our Privacy and Confidentiality notice, Drug Formulary or Quality Management program, please call our sales department at (716) 631-5392 or 1-800-453-1910.

 To view Independent Health’s Privacy Notice, visit independenthealth.com/privacy.

INDEPENDENT HEALTH'S 2023 DRUG FORMULARY

Independent Health drug formularies list out the drugs that are covered under your plan. The medications in each formulary are carefully selected by Independent Health's Pharmacy & Therapeutics Committee and are based on an evaluation of safety, quality, effectiveness and cost.

How It Works:

- STEP 1** Visit independenthealth.com/formulary
- STEP 2** Click on **"Employer and Individual/Family Formularies"**
- STEP 3** Click on **"View the Independent Health Drug Formulary III"**

The formulary information applies to small group plans available directly from Independent Health, as well as those offered through the NY State of Health: The Official Health Plan Marketplace — for small businesses through the Small Business Marketplace. Check your summary of benefits to ensure this formulary (Drug Formulary III) is associated with your plan prior to using your prescription drug benefit.

 To view the most up-to-date drug formularies, please visit independenthealth.com/formulary.

NATIONAL PHARMACY NETWORK

When selecting your health care plan, important consideration should be placed on what prescription medications are covered, especially if you or your dependents rely on specialty or even regular use of medications.

For members who have a prescription drug rider, Independent Health offers our National Pharmacy Network, with coverage at pharmacies* across the country, including:

- BJ's
- Costco
- CVS
- Discount Drug Mart
- Giant/Stop & Shop
- Giant Eagle
- Hannaford
- Harris Teeter
- Hy-Vee
- Kinney
- Kmart
- Osco/Sav-on
- Price Cutter
- Publix
- Rite Aid
- Safeway
- Sam's Pharmacy
- Tops Markets
- Walgreens
- Walmart Pharmacy
- Wegmans Pharmacy
- Weis
- Winn Dixie

Whether you are out of the area for an extended period of time or are traveling across the country, members have access to more than 64,000 in-network pharmacies in the United States. Independent Health also helps support a wide range of independent pharmacies in Western New York by providing in-network local pharmacy coverage as well.

 To view Independent Health's drug formularies, visit independenthealth.com/formulary.

* These pharmacies are participating at the time of printing. Please call our Member Services Department at (716) 631-8701 or 1-800-501-3439, for an updated list of pharmacies in our National Pharmacy Network.

MAIL ORDER PHARMACY


Skip the wait at your local pharmacy with Independent Health's mail order program* and have your prescriptions mailed directly to your home.

The mail order program is free, saving you time and money:

- Convenient deliveries right to your mailbox
- Save money with 90-day supplies of maintenance medications at a reduced copayment (when available depending on your plan)

How It Works:

- Get a new prescription from your doctor.
- Have a 30-day supply filled at a local pharmacy – then ask your doctor to write the next prescription as a 90-day supply for mail order.
- Using your member ID card, register with one of our mail order pharmacy partners, Wegmans or ProAct.
- Pay your copayment for your medication.
- Refill your prescriptions online, by phone or through the mail.

 To learn more, access links and download mail order forms, please visit independenthealth.com/individuals-and-families/tools-forms-and-more/drugs-covered/mail-order.

* Medications available through mail order pharmacies depend on your plan. Please check your summary plan description for the types of medications you may obtain through mail order. You can also look up specific medications on your formulary (list of covered drugs). Those marked on the formulary with "MM" are maintenance medications that may be filled as a 90-day supply.



Nondiscrimination statement and language assistance services

If you, or someone you're helping, have questions about Independent Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-501-3439.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Independent Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-501-3439.

如果您，或是您正在協助的對象，有關於[插入 Independent Health 項目的名稱 Independent Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-800-501-3439]。

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Independent Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-501-3439.

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Independent Health, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-800-501-3439.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Independent Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-501-3439 로 전화하십시오.

Se tu o qualcuno che stai aiutando avete domande su Independent Health, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-800-501-3439.

אויב איר, אודר עמזעער איר העלפסט, האט פראגעס וועגן Independent Health, האט דאס רעכט צו באקומען הילף און אינפארמאציע און אייער שפראך אומזיסט. צו רעדן מיט דער אייבערזעצער, קלונג 1-800-501-3439

यदि आपनि, अथवा आपनि अन्य काउके सहायता करछेन, सम्पर्के प्रश्न आछे Independent Health आपनार अधिकार आछे बिना खरचे आपनार निज्ज भाषाते सहाय्य पावार एवं भय्य जानवार। अनुवादकेर साथे कथा बलार जन्य, कल करन 1-800-501-3439

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie Independent Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-501-3439.

إن كان لديك أو لدى شخص تساعدُه أسئلة بخصوص Independent Health ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-800-501-3439

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Independent Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-501-3439.

اگر آپ کسی کو مدد دے رہے ہیں اور آپ دونوں کو سوال ہے Independent Health کے بارے میں، تو آپ دونوں کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ ترجمان سے بات کرنے کے لیے، 1-800-501-3439 فون کریں۔

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Independent Health, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap angisang tagasalin, tumawag sa 1-800-501-3439.

Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω απο το Independent Health, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 1-800-501-3439.

Nëse ju, ose dikush që po ndihmoni, ka pyetje për Independent Health, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin 1-800-501-3439.

Discrimination is Against the Law

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. Independent Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independent Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Independent Health’s Member Services Department.

If you believe that Independent Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Independent Health’s Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-501-3439, TTY users call 711, fax (716) 635-3504, memberservice@servicing.independenthealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Independent Health’s Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>



Enrollment Application/Change Form

Please clearly **PRINT** all information

P.O. Box 710, Buffalo, NY 14231-0710 independenthealth.com

KEY

† Supporting documentation required

‡ If allowed by plan; supporting documentation may be required

§ Must include date of qualifying event

Employer Admin. Initials:	Date:
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To avoid a delay in your health insurance coverage, please be sure ALL SECTIONS ARE COMPLETED

What type of insurance are you applying for (select one)?

- Employer Group – actively employed COBRA Individual (application must include payment and supporting documentation)

A Coverage Information

Name of Employer (not needed for individuals not associated with employer group)

Account Number	Sub Account (if applicable)	Plan Name
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Effective Date (date the coverage for this applicant should be effective)	Employee ID/Division/Union/Class (if applicable)
---	--

Failure to include a date in this field may result in a delay in your coverage.

B Qualifying Event Information

Enroll/Add Coverage (enter date and select reason below) **Date of Qualifying Event:** ____/____/____ (ex: date of hire)

Check One:

- | | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Open Enrollment | <input type="checkbox"/> New Hire § | <input type="checkbox"/> Newborn § | <input type="checkbox"/> Marriage § |
| <input type="checkbox"/> Relocated/transfer § | <input type="checkbox"/> Adoption/Guardianship † | <input type="checkbox"/> Involuntary Loss of Coverage § | |
| <input type="checkbox"/> Change in Employment Status § | <input type="checkbox"/> Domestic Partner ‡ | <input type="checkbox"/> Enrolling COBRA coverage | |
| <input type="checkbox"/> Other † _____ | | | |

Disenroll/Cancel Coverage (enter date and select reason below) **Effective date of cancellation:** ____/____/____

Check One:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Terminate Employment | <input type="checkbox"/> Deceased | <input type="checkbox"/> Dependent Max age reached | <input type="checkbox"/> Divorced † |
| <input type="checkbox"/> Moved out of area | <input type="checkbox"/> No longer eligible | <input type="checkbox"/> Nonpayment | <input type="checkbox"/> Other coverage |
| <input type="checkbox"/> Layoff/Strike | <input type="checkbox"/> Cancel coverage for entire family | <input type="checkbox"/> Cancel coverage for all dependents only | |
| <input type="checkbox"/> Cancel coverage for the following dependents only: _____ | | | |

Change(s) to existing plan (enter date and select reason below) **Effective date of change:** ____/____/____

Check One:

- | | | | | |
|----------------------------------|------------------------------------|---|------------------------------------|---|
| <input type="checkbox"/> Address | <input type="checkbox"/> Phone No. | <input type="checkbox"/> Marital status | <input type="checkbox"/> Last Name | <input type="checkbox"/> New Employment type* |
|----------------------------------|------------------------------------|---|------------------------------------|---|

***If new employment type check one box below:**

- | | | | | |
|---|--------------------------------|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> COBRA | <input type="checkbox"/> Inactive | <input type="checkbox"/> Surviving Insured | <input type="checkbox"/> TEFRA/DEFRA |
| <input type="checkbox"/> Retired <i>Check here if employee is changing to retired status.</i> | | | | |

Social Security Number (SSN) must be provided for the employee/individual and for ALL dependents. Any applications submitted without a SSN for each employee/individual may be delayed or denied. Please see your employer's Benefit Administrator if you are unable to supply a SSN for each applicant.

C Employee/Individual Information

			-			-					
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Employee/Individual SSN

Employee/Individual Last Name	First Name	Middle Initial
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Employee Status if Applicable A (Active) R (Retired) C (Cobra)

Address (PO Box not accepted) Apartment/Suite/Building

City	State	Zip	Date of Birth (MM/DD/YYYY)
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Gender	Mobile Phone No. (include area code)	Home Phone No. (include area code)
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Email address	Primary Language (if other than English)
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Primary Care Physician (refer to Find A Doctor tool at independenthealth.com/findadoctor)

Provider Name	Provider Address	Are you a current patient of this physician? (Y or N)
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Other Health Insurance Indicate if you or anyone else on this application will have other health insurance while enrolled with Independent Health. This is for informational purposes only, and the answers you provide will have no bearing on eligibility.

Insurance Carrier Name	Policy No./MBI	Name of Insured
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Are you or anyone included on this application covered by Medicare? Yes No Effective Date: _____

Have you obtained stand-alone dental coverage that provides a pediatric dental essential health benefit through a New York Health Benefit Exchange-certified stand-alone dental plan offered outside the New York Health Benefit Exchange? Yes No

If you answered "yes," please provide the name of the company issuing the stand-alone dental coverage:

If you answered "no," we will help secure this coverage through a plan underwritten and administered by Delta Dental of New York, Inc. Additional premium may apply.

Please complete the reverse of this application including dependent information (if applicable). Applicant signature required.

Employee/Individual Social Security Number

				-			-			
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Dependent #1

				-			-			
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† Supporting documentation required ‡ If allowed by plan; supporting documentation required

Dependent SSN

Relationship to Employee/Individual

Spouse Child Grandchild ‡ Legal ward † Domestic Partner ‡ Other † _____
(please specify)

Dependent/Spouse Last Name **First Name** **Middle Initial** **Date of Birth (MM/DD/YYYY)**

()

()

Gender **Mobile Phone No.** *(include area code)* **Home Phone No.** *(include area code)*

Email address Primary Language: *(if other than English)*

Primary Care Physician *(refer to Find A Doctor tool at independenthealth.com/findadoctor)*

Provider Name **Provider Address** Are you a current patient of this physician? *(Y or N)*

Dependent #2

				-			-			
--	--	--	--	---	--	--	---	--	--	--

† Supporting documentation required ‡ If allowed by plan; supporting documentation required

Dependent SSN

Relationship to Employee/Individual

Spouse Child Grandchild ‡ Legal ward † Domestic Partner ‡ Other † _____
(please specify)

Dependent/Spouse Last Name **First Name** **Middle Initial** **Date of Birth (MM/DD/YYYY)**

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Gender **Mobile Phone No.** *(include area code)* **Home Phone No.** *(include area code)*

Email address Primary Language: *(if other than English)*

Primary Care Physician *(refer to Find A Doctor tool at independenthealth.com/findadoctor)*

Provider Name **Provider Address** Are you a current patient of this physician? *(Y or N)*

Dependent #3

				-			-			
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† Supporting documentation required ‡ If allowed by plan; supporting documentation required

Dependent SSN

Relationship to Employee/Individual

Spouse Child Grandchild ‡ Legal ward † Domestic Partner ‡ Other † _____
(please specify)

Dependent/Spouse Last Name **First Name** **Middle Initial** **Date of Birth (MM/DD/YYYY)**

()

()

Gender **Mobile Phone No.** *(include area code)* **Home Phone No.** *(include area code)*

Email address Primary Language: *(if other than English)*

Primary Care Physician *(refer to Find A Doctor tool at independenthealth.com/findadoctor)*

Provider Name **Provider Address** Are you a current patient of this physician? *(Y or N)*

Certification and Consent – Signature REQUIRED

I certify that the information given on this application is current, true and correct to the best of my knowledge and I have read and agree to this statement. I understand that this application and my spouse or eligible dependent’s subsequent receipt of health care services are subject to the terms of the applicable coverage document. I understand that if I enroll in a health coverage product through my employer, my employer is responsible for remitting premium payments on my behalf, or in the case of self-insured employers, my employer is responsible for paying my health care claims. I consent to any person or institution that shall have rendered health services to me or to any member of my family under the applicable coverage document to make available any photographs, records or information regarding such services to Independent Health¹. Any information received or generated by Independent Health shall be kept confidential and secure as required by applicable laws, rules, regulations or contract. I also consent to Independent Health disclosing my health information or the health information of any member of my family for Independent Health’s or a provider, health plan, health care clearinghouse or other covered entity’s treatment, payment or health care operations as permitted by applicable laws, rules and regulations. This consent shall remain in effect until revoked by me in writing or a maximum of 24 months from this authorization.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

X Employee/Individual Signature

Date:

¹“Independent Health” means Independent Health Association, Inc. or Independent Health Benefits Corporation for members who enroll in a health coverage product through their employers or on their own. For an individual whose employer self-insures his or her health coverage, the term “Independent Health” means Independent Health Corporation, a third party administration company.



The RedShirt® Treatment Goes Well Beyond Insurance

The coverage you need, *AND* the extras you want!

As Western New York's **locally-focused health plan for over 40 years**, there is a lot you can count on us for, and it goes well beyond affordable, high-quality coverage. It's our partnerships, programs and convenient access to support members' health needs right where they are. All with a wide range of so many great extras our members get with each Independent Health plan:



RedShirt Service to help members get support when they need it most and the care they deserve.



MyIH App provides personalized benefit information and fingertip access to a range of digital tools and resources.



Community Programs & Events bring healthy fun with our partners to our entire community.



Ways to Save offers members discounts and special offers on so many local services and activities.

It's all part of the RedShirt® Treatment

Learn more today

[RedShirtTreatment.com](https://www.RedShirtTreatment.com)

Independent
 Health.®

