

Option Transfer Form Script – 2026

(This script is to be used when an existing Individual Medicare member wants to switch **HMO** to **HMO** plans or **PPO** to **PPO** plans. If member wants to elect an HMO to PPO - or PPO to HMO - they need to complete a new application.)

Script	Notes
Servicing Representative: <i>“Thank you for choosing Independent Health. I am (your name) and I will be assisting you with your request to switch from plan to plan within Independent Health.”</i>	
Servicing Representative: <i>“This call is being recorded and will serve as your electronic signature. Do you agree to being recorded and agree to enroll over the telephone?”</i>	If the member does not agree, OTF cannot be completed.
Servicing Representative: <i>“I need from you the following information. Last Name, First Name, Middle Initial, Street/Apartment #, City, State, County, Zip Code, Home telephone number and the Relationship to Enrollee. Optional is email Address- by providing your email address, you are agreeing to receive email communications from Independent Health.</i> <i>You certify that: 1) you are authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare”</i>	THIS STEP IS ONLY COMPLETED IF AUTHORIZED INDIVIDUAL IS COMPLETING THE OTF. If Authorized rep is unable to certify do not complete OTF.
Servicing Representative: <i>“We currently offer HMO plans and PPO plans. Only one plan does not include prescription coverage.”</i> <i>Italics = must read</i> Plan Benefit Review: <ul style="list-style-type: none"> On all Independent Health HMO plans, the member must use Independent Health network providers to obtain routine services. Participating Primary Care Doctor must be selected Tiered Network: Independent Health’s Individual Medicare Advantage plans for 2026 have two cost-sharing tiers for some medical services. Tier A has the lowest cost share, and Tier B would have a higher cost share. However, as of January 1, 2026, all participating hospitals and providers with our individual Medicare plans will be in Tier A, at the lower cost share. There are no 	

providers or hospitals in Tier B at this time. Please refer to our provider directory for the most updated information.

- Independent Health uses ***two formularies, Standard and Enhanced***, for our Medicare Advantage plans. When selecting your plan, it is very important to review the formulary to make sure your medicine is included
- ***Worldwide Coverage for Emergencies and Urgent Care visits, and \$10,000 annual maximum for unforeseen care outside of the United States***

Review Benefits of the plan member wants to enroll in:

Encompass 65 RED 042 HMO \$40/month:

- *Monthly Premium paid to IHA is <\$40>*
- *There is a <\$300> medical deductible that needs to be met before your medical copays/coinsurance kick in*
- *Primary Copay on plan is <\$0> for Tier A or <\$20> for Tier B (deductible does not apply)*
- *Specialist Copay is <\$55> for Tier A and <\$55> for Tier B, (deductible does not apply), no referrals are required for Specialist*
- *Once the deductible has been met, the Inpatient Hospital Copay on plan is:*
 - *Tier A is <\$500 per day for day for days 1-3, unlimited days for Medicare covered stays, and \$6,171 annual maximum member copay>*
 - *Tier B is <\$743 per day for day for days 1-3, unlimited days for Medicare covered stays, and \$6,171 annual maximum member copay>*
- *There is an Out-of-Pocket Max of \$9,250*
- *This plan includes the Standard Drug Formulary*
- *Prescription Benefit: <\$250> Deductible on Tiers 3,4 and 5:*
 - *<\$0> copay on tier 1*
 - *<\$7> copay on tier 2*
 - *<16%>coinsurance on Tier 3*
 - *<37%> coinsurance on Tier 4 and*
 - *<30%>coinsurance on Tier 5 medications*
- ***After the member pays \$2,100 out-of-pocket for prescription drugs, they will be in the Catastrophic Phase where members where will have \$0 liability for Part D covered prescriptions.***

Encompass 65 RED 044 HMO \$95/month:

- *Monthly Premium paid to IHA is <\$95>*
- *There is a <\$150> medical deductible that needs to be met before your medical copays/coinsurance kick in*
- *Primary Copay on plan is <\$0> for Tier A or <\$20> for Tier B (deductible does not apply)*
- *Specialist Copay is <\$35> for Tier A and <\$50> for Tier B, (deductible does not apply), no referrals are required for Specialist*

- *Once the deductible has been met, the Inpatient Hospital Copay on plan is:*
 - *Tier A is <\$350 per day for day for days 1-6, unlimited days for Medicare covered stays, and \$2,100 annual maximum member copay>*
 - *Tier B is <\$600 per day for day for days 1-4, unlimited days for Medicare covered stays, and \$2,400 annual maximum member copay>*
- *There is an Out-of-Pocket Max of \$7,500*
- *This plan includes the Standard Drug Formulary*
- *Prescription Benefit: <\$150> Deductible on Tiers 3,4 and 5:*
 - *<\$0> copay on tier 1*
 - *<\$7> copay on tier 2*
 - *<16%>coinsurance on Tier 3*
 - *<39%> coinsurance on Tier 4 and*
 - *<31%>coinsurance on Tier 5 medications*
- ***After the member pays \$2,100 out-of-pocket for prescription drugs, they will be in the Catastrophic Phase where members where members will have \$0 liability for Part D covered prescriptions.***

Encompass 65 RED 043 \$190 HMO

- *Monthly Premium paid to IHA is <\$190/month>*
- *There is a <\$150> medical deductible that needs to be met before your medical copays/coinsurance kick in*
- *Primary Copay on plan is <\$0> for Tier A or <\$20> for Tier B (deductible does not apply)*
- *Specialist Copay is <\$25> for Tier A and <\$50> for Tier B, (deductible does not apply), no referrals are required for Specialist*
- *Regardless of admission reason, the Inpatient Hospital Copay on plan is:*
 - *Tier A is <\$300 per day for day for days 1-6, unlimited days for Medicare covered stays, and \$1,800 annual maximum member copay>*
 - *Tier B is <\$485 per day for day for days 1-5, unlimited days for Medicare covered stays, and \$2,425 annual maximum member copay>*
- *There is an Out-of-Pocket Max of \$7,000*
- *This plan includes the Enhanced Drug Formulary*
- *Prescription Benefit: <\$50> Deductible on Tiers 3,4 and 5:*
 - *<\$0> copay on tier 1*
 - *<\$10> copay on tier 2*
 - *<19%>coinsurance on Tier 3*
 - *<42%> coinsurance on Tier 4 and*
 - *<32%>coinsurance on Tier 5 medications*
- ***After the member pays \$2,100 out-of-pocket for prescription drugs, they will be in the Catastrophic Phase where members where members will have \$0 liability for Part D covered prescriptions and their tier 2 copay for excluded drugs covered under our supplemental drug coverage.***

Passport Connect PPO:

- *Monthly Premium paid to IHA is <\$58.80/month>*
- *There is a <\$175> medical deductible that needs to be met before your medical copays/coinsurance kick in*
- *Primary Copay on plan is <\$0> for Tier A or <\$20> for Tier B (deductible does not apply)*
- *Specialist Copay is <\$55> for Tier A and <\$55> for Tier B, (deductible does not apply), no referrals are required for Specialist*
- *Regardless of admission reason, the Inpatient Hospital Copay on plan is:*
 - *Tier A is <\$375 per day for day for days 1-6, unlimited days for Medicare covered stays, and \$2,250 annual maximum member copay>*
 - *Tier B is <\$550 per day for day for days 1-4, unlimited days for Medicare covered stays, and \$2,445 annual maximum member copay>*
 - *<Deductible then 50% coinsurance Out of Network per admission>*

This plan has a Standard Drug Formulary.

- *Prescription Benefit: <\$615> Deductible on all tiers:*
 - *<\$25%> coinsurance on tier 1,2,3,4, and 5*
- ***After the member pays \$2,000 out-of-pocket for prescription drugs, they will be in the Catastrophic Phase where members where members will have \$0 liability for Part D covered prescriptions.***
- *If prospective members want to understand how OON/ Non-contracted services are covered please review:*
 - *Out-of-network/ non-contracted providers are under no obligation to treat Independent Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services. But if you have a specific question on OON cost sharing now I would be happy to answer that for you.*

HMO no Rx Independent Health's Encompass 65 (HMO):

- *Monthly Premium paid to IHA is <\$0> and member will receive \$11 towards their Part B premium.*
- *Primary Copay on plan is <\$0> for Tier A or <\$20> for Tier B*
- *Specialist Copay is <\$10> for Tier A or <\$50> for Tier B, no referrals are required for Specialist*
- *Regardless of admission reason, Inpatient Hospital Copay on plan is:*
 - *Tier A is <\$150 per day for day for days 1-5, unlimited days for Medicare covered stays, and \$750 annual maximum member copay>*
 - *Tier B is <\$550 per day for day for days 1-5, unlimited days for Medicare covered stays, and \$2,750 annual maximum member copay>*
- *There is an Out-of-Pocket Max of \$6,750*

<p>Servicing Representative:</p> <p>[REDACTED]</p> <p><i>your First and Last Name as well as your Member Identification Number”</i></p>	
[REDACTED]	<p>IF member is selecting a new PCP please include new PCP name and address in comments.</p>
<p>Servicing Representative:</p> <p>[REDACTED]</p>	<p>IF member is updating phone number please include new phone number in comments.</p>
<p>Servicing Representative:</p> <p>[REDACTED]</p> <p>- Make sure to select plan that starts with 14320</p>	<p>Member must choose an HMO or PPO plan listed above.</p>
<p>[REDACTED]</p> <p><i>If yes – “By providing your phone number, you consent to receiving SMS/Text messages, phone calls using automated telephone dialer systems, or prerecorded voice or artificial voice messages from Independent Health, its affiliates, and agents automated message. Consent is not required as a condition of coverage. You may opt out of receiving these messages at any time by replying STOP to opt out of text messaging or calling Independent Health at 716-250-4401”</i></p>	<p>Please check/list preference in SR</p> <p>Member Services Preference Update Consents via OTF</p>
<p>Servicing Representative:</p> <p><i>“To verify your selection, I do need to read the following statement: I want to transfer from my current plan to the plan I have just selected. Please be aware that you can change health plans only at certain times during the year. Between October 15th and December 7th each year, anyone can join our plan for a January</i></p>	<p>Read this intro if member is enrolling DURING AEP FROM 10/15-12/7</p>
<p>Servicing Representative:</p> <p><i>“To verify your selection, I do need to read the following statement: I want to transfer from my current plan to the plan I have just selected. I understand that if this request is received by the end of any 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 15th and</i></p>	<p>Read this intro if member is enrolling outside of AEP</p>

<p>Servicing Representative:</p> <p>[REDACTED]</p> <p>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 co-insurance. Additionally, those who qualify will not be subject to 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/TDD users should call 1-877-486-2048.</p> <p>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.</p> <p>If you don't select a payment option, you will receive a bill each month.</p>	<p><u>Your Plan Premium Section</u> must be read in full by Servicing Representative.</p>
<p>Servicing Representative:</p> <p><i>"Which of the following premium payment options would you like to select?"</i></p> <ul style="list-style-type: none"> • Receive a bill • Automatic deduction from your monthly Social Security benefit or Railroad Retirement Board benefit check 	<p>Independent Health is not allowed to take credit card or bank account information over the phone in the same phone call as the enrollment request.</p> <p>If the member would like to sign up for auto deduct or pay by electronic funds transfer, they may do so after receiving their first bill.</p>
<p>Servicing Representative:</p> <p><i>"Would you like the Annual Notice of Change or the Evidence of Coverage document sent to you in a different format such as:</i></p> <ul style="list-style-type: none"> • Large Print 	

<ul style="list-style-type: none"> • Braille” 	
<p>“Would you like the Annual Notice of Change and Explanation of Benefits sent via</p> <p>- If yes, “By providing your e-mail address, you are agreeing to receive electronic documents and communications from Independent Health. What is your e-mail address?”</p> <p>CSR documents email address ANOC will be sent to</p>	<p>Enter this in IKA</p> <p>OR Siebel - Please check/list preference in SR</p> <p>Member Services Preference Update Consents via OTF</p>
<p>Servicing Representative:</p> <p>“Typically, you may enroll in a Medicare Advantage plan during the annual enrollment period between 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.”</p> <p>Servicing Representative must read the SEP box that applies to the member.</p> <p>“By checking the boxes that apply, you are certifying to the best of your knowledge, you are eligible for an Enrollment Period. If Independent Health later determines this information is incorrect, you may be disenrolled or CMS may reject your enrollment request.”</p>	<p>Read this section if the member is completing the OTF OUTSIDE OF AEP.</p> <p>Attestation is not required during AEP. Attestation of Eligibility for an Enrollment Period must be completed with the application.</p> <p>Independent Health representative will read and complete the Attestation of Eligibility for an Enrollment Period, outside of the Annual Enrollment Period, to ensure that the eligible Medicare individual is also eligible for an Enrollment Period.</p> <p>This form is included with the Option Transfer Form that is sent to Membership Operations.</p>
<p>Servicing Representative:</p> <p>“If you need additional information, please contact Independent Health at 1-800-665-1502 with any questions. TTY users call: 711.</p> <p>We are open:</p> <p>October 1- March 31: Monday, – Sunday 8 a.m. – 8 p.m.</p> <p>April 1 – September 30: Monday – Friday, 8 a.m. – 8 p.m.”</p> <p>Servicing Representative:</p>	<p>Independent Health representative to provide effective date, based on member request or allowance of SEP/ AEP election.</p>

<p><i>"Thank you for your information. Pending approval from the Centers for Medicare & Medicaid Services, you will be effective <insert effective date> into the <insert plan name>. You will receive a confirmation letter and a new Independent Health Identification card in the mail. If you have a pen, I will provide you with your confirmation number."</i></p> <p><i>This completes your enrollment. Thank you for your membership and have</i></p> <p>If no, wish member to have a nice day and give contact information below. If yes, continue to assist caller.</p>	<p>CSR- READS the SIEBEL SR number from the call record and gives that number to the member as their confirmation number.</p> <p>Independent Health representative must enter the information into Siebel.</p>
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