



**Independent Health's Encompass 65® (HMO) offered by
Independent Health**

Annual Notice of Changes for 2022

Important Plan Information



Independent Health's Encompass 65® (HMO) offered by Independent Health

Annual Notice of Changes for 2022

You are currently enrolled as a member of Independent Health's Encompass 65 (HMO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
-

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 1 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.3 for information about our *Physician/Provider Directory*.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?

Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
- Review the list in the back of your *Medicare & You 2022* handbook.
- Look in Section 3.2 to learn more about your choices.

Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2021, you will be enrolled in Independent Health's Encompass 65 (HMO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. ENROLL: To change plans, join a plan between **October 15** and **December 7, 2021**

- If you don't join another plan by **December 7, 2021**, you will be enrolled in Independent Health's Encompass 65 (HMO).
- If you join another plan by **December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

Additional Resources

- Please contact our Member Services number at 716-250-4401 or 1-800-665-1502 for additional information. (TTY users should call 711.) Hours are October 1 – March 31: Monday - Sunday, 8 a.m. - 8 p.m. and April 1 - September 30: Monday - Friday, 8 a.m. - 8 p.m.
- Verbal translation of written materials is available via free interpreter services. For those with special needs, accessibility to benefit information or alternate formats (e.g., large print) of written materials are available upon request.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Independent Health's Encompass 65 (HMO)

- 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.
- When this booklet says “we,” “us,” or “our,” it means Independent Health. When it says “plan” or “our plan,” it means Independent Health's Encompass 65 (HMO).

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Independent Health's Encompass 65 (HMO) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at www.IndependentHealth.com/Medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$7,550	\$6,700
Doctor office visits	Primary care visits: \$0 Copay per visit Specialist visits: \$10 copayment per visit	Primary care visits: \$0 copayment per visit Specialist visits: \$10 copayment per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	\$200 copayment per day, days 1 through 5, then \$0 copayment per day, days 6 through 90, per benefit period. Unlimited days for Medicare covered stays. Annual copayment maximum of \$1,800	\$180 copayment per day, days 1 through 5, then \$0 copayment per day, days 6 through 90, per benefit period. Unlimited days for Medicare covered stays. Annual copayment maximum of \$1,080

Annual Notice of Changes for 2022

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	\$7,550	\$6,700 Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Physician/Provider Directory* is located on our website at www.IndependentHealth.com/Medicare. You may also call Member Services for updated provider information or to ask us to mail you a *Physician/Provider Directory*. **Please review the 2022 *Physician/Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your

provider might leave your plan but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2022 Evidence of Coverage*.

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
Diabetic Supplies - Insulin used with a pump	<p>In-Network:</p> <p>You pay a 20% coinsurance for insulin used with a pump.</p>	<p>In-Network:</p> <p>You pay a \$35 copay for insulin used with a pump.</p>
Diabetic Therapeutic Shoes or Inserts	<p>In-Network:</p> <p>You pay \$10 copay for this benefit.</p>	<p>In-Network:</p> <p>You pay nothing for this benefit.</p>
Durable Medical Equipment	<p>In-Network:</p> <p>You pay 20% coinsurance for this benefit.</p>	<p>In-Network:</p> <p>You pay 10% minimum coinsurance for this benefit. You pay 20% maximum coinsurance for this benefit.</p> <p>10% coinsurance applies when member uses our preferred DME provider, People First Mobility, for designated mobility devices. 20% coinsurance for all other DME items.</p> <p>See Chapter 4 of your EOC for more detail.</p>
Inpatient Acute Medicare-covered stay	<p>In-Network:</p> <p>You pay a \$200 copayment for days 1-5. You pay a \$0 copayment for days 6-90. There is a \$1800 out-of-pocket limit Every year.</p>	<p>In-Network:</p> <p>You pay a \$180 copayment for days 1-5. You pay a \$0 copayment for days 6-90. There is a \$1080 out-of-pocket limit Every year.</p>
Inpatient Medical Rehabilitation	<p>In-Network:</p> <p>You pay a \$200 copayment for days 1-5. You pay a \$0 copayment for days 6-90.</p>	<p>In-Network:</p> <p>You pay a \$180 copayment for days 1-5. You pay a \$0 copayment for days 6-90.</p>
Medicare-covered Observation Services	<p>In-Network:</p> <p>You pay \$200 copay for this benefit.</p>	<p>In-Network:</p> <p>You pay \$180 copay for this benefit.</p>

Cost	2021 (this year)	2022 (next year)
Non-Emergent Transportation Services-Plan-approved Location	<p>In-Network:</p> <p>You pay nothing for up to 12 one-way trips to an Independent Health network approved location. 30-mile limit applies per trip. Your ride must originate in the 8 counties of Western New York. Rides must be coordinated through SafeRide at 855-955-RIDE (7433) (TTY: 711) Monday - Sunday 8:00 a.m. - 8:00 p.m. or contact Independent Health Member Services. See your Evidence of Coverage for more information.</p>	<p>In-Network:</p> <p>You pay nothing for up to 24 one-way trips to an Independent Health network approved location. 30-mile limit applies per trip. Your ride must originate in the 8 counties of Western New York. Rides must be coordinated through SafeRide at 855-955-RIDE (7433) (TTY: 711) Monday - Sunday 8:00 a.m. - 8:00 p.m. or contact Independent Health Member Services. See your Evidence of Coverage for more information.</p>
Nutritional Dietary Benefit	<p>In-Network:</p> <p>Covered for beneficiaries with Diabetes and/or ESRD only.</p>	<p>In-Network:</p> <p>You pay nothing for up to 4 visits per year</p> <p>Now covered for all beneficiaries.</p>
OTC Items	<p>In-Network:</p> <p>Not Covered</p>	<p>In-Network:</p> <p>You pay nothing for this benefit. Members have a \$100 allowance every quarter. Allowances do not carry over quarter to quarter or plan year to plan year. Members must purchase select over-the-counter items through the NationsOTC catalog. Visit www.nationsotc.com/IndependentHealth to view the catalog, or call 877-270-4239 (TTY: 711) 24 hours a day 7 days a week to request a copy. Orders can be placed by mail using the order form in the catalog, by telephone or online. Please see your Evidence of Coverage for more information.</p>

Cost	2021 (this year)	2022 (next year)
Skilled Nursing Facility (SNF) Medicare-covered stay	<p>In-Network:</p> <p>You pay a \$0 copayment for days 1-20.</p> <p>You pay a \$184 copayment for days 21-100.</p>	<p>In-Network:</p> <p>You pay a \$0 copayment for days 1-20.</p> <p>You pay a \$188 copayment for days 21-100.</p>

SECTION 2 Administrative Changes

Cost	2021 (this year)	2022 (next year)
Reward and Incentive Programs	<p>Whole Health Assessment Incentive</p> <p>You earn a \$10 gift card when you complete Independent Health's Whole Health Assessment.</p>	<p>Independent Health's Medicare Rewards Program</p> <p>Complete select preventive services such as annual wellness, flu shot and health risk assessments and earn reward dollars that can be used to purchase over-the-counter or grocery items through NationsOTC. Reward dollars will be applied to your NationsOTC account when Independent Health receives a claim from your doctor after you have a preventive screening or exam. Individual reward eligibility may vary, based on preventive services needed. Annual reward maximum of \$150.</p> <p>Access your rewards at NationsOTC.com/IndependentHealth or call 877-270-4239 (TTY: 711). For more detailed information about Independent Health's Medicare Rewards Program visit Independenthealth.com/Medicare.</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Independent Health's Encompass 65 (HMO)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Independent Health's Encompass 65 (HMO).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Independent Health offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Independent Health's Encompass 65 (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Independent Health's Encompass 65 (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).

- – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2022.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2022, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2022. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In New York, the SHIP is called Health Insurance Information, Counseling and Assistance Program (HIICAP).

HIICAP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HIICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HIICAP at 1-800-701-0501. You can learn more about HIICAP by visiting their website (www.aging.ny.gov).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** New York has a program called New York State Elderly Pharmaceutical Insurance Coverage Program (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 5 of this booklet).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost sharing assistance through the New York State Department of Health. Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call:

NYS Department of Health at Uninsured Care Programs

Empire Station

P.O. Box 2052

Albany, NY 12220-0052

1-800-542-2437 or adap@health.ny.gov

SECTION 7 Questions?

Section 7.1 – Getting Help from Independent Health's Encompass 65 (HMO)

Questions? We're here to help. Please call Member Services at 1-800-665-1502 or 716-250-4401. (TTY only, call 711.) We are available for phone calls:

October 1 – March 31: Monday - Sunday, 8 a.m. - 8 p.m.

April 1 – September 30: Monday - Friday, 8 a.m. - 8 p.m.

Calls to these numbers are free.

Read your 2022 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2022. For details, look in the *2022 Evidence of Coverage* for Independent Health's Encompass 65 (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.IndependentHealth.com/Medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.IndependentHealth.com/Medicare. As a reminder, our website has the most up-to-date information about our provider network (*Physician/Provider Directory*).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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INDEPENDENT HEALTH'S

Evidence of Coverage (EOC)

Your EOC will not be mailed to you this year. Your EOC will be available no later than October 15th. You can access your EOC one of three ways.

1. Visit IndependentHealth.com/Medicare and click on "View 2022 Plans"

- Refer to the front of your Annual Notice of Change (ANOC) booklet to find the name of your plan.
- Find your plan name and click "Learn More".
- Under "Plan Details" click on "Annual Notice of Change/Evidence of Coverage." – You can download and save the document or print a copy for your records.

2. Create a secure account to view your EOC online:

- Visit IndependentHealth.com/Register.
- Have your member ID card handy during setup, as you will need to provide your member ID number to register.
- Choose a username and password – and then use it to sign into your account whenever you visit us online.
- Once you have registered and logged in, click on "Documents" to view your ANOC and EOC.

Plus, once you have registered, you can select "**Go Paperless**" to receive your ANOC and EOC electronically moving forward, instead of receiving them in the mail. To let us know you would like to go paperless, follow these steps:

- Once you are logged in to your online account, select "Manage Preferences" from the "Go Paperless" section on your account home.
- Under "Paperless Preferences" select "Electronic".

Please note that you always have the option to change your preferences in the future.

3. If you prefer to receive a copy of your EOC by mail, please contact Member Services:

(716) 250-4401 or 1-800-665-1502 (TTY users call 711)

October 1 – March 31: Monday – Sunday, 8 a.m. – 8 p.m.

April 1 – September 30: Monday – Friday, 8 a.m. – 8 p.m.

Or email us at: medicareservice@servicing.independenthealth.com



INDEPENDENT HEALTH'S

Medicare Advantage Provider Directories

At Independent Health, we're dedicated to helping you get the right care, at the right time, and in the right setting. That's why we offer a comprehensive network of health care providers, giving you choice and flexibility as to where you receive care.

To help you understand who participates in our network, we've compiled the names of our health care providers and wellness partners into the following directories and listings:

- Independent Health's Medicare Advantage Physician/Provider Directory
- Independent Health's Medicare Advantage Pharmacy Directory
- HealthPlex® Dental Directory (for routine/preventive dental providers)
- EyeMed® "Insight Network" Directory (for routine/refractive eye exam providers)
- SilverSneakers® Fitness Program participating facility listing
- Start Hearing, Inc. participating network provider listing

All of this information is available online at **www.independenthealth.com/Medicare**.

If you prefer to receive a copy by mail, please contact Member Services:

PHONE: (716) 250-4401 or 1-800-665-1502; (TTY users call 711)

October 1 – March 31: Monday – Sunday, 8 a.m. – 8 p.m.

April 1 – September 30: Monday – Friday, 8 a.m. – 8 p.m.

EMAIL: medicareservice@servicing.independenthealth.com

For the most up-to-date information on our provider listings, call Member Services or use our "Find a Doctor" tool online at **www.independenthealth.com/findadoc**. This tool gives you the option to search for providers or facilities by name, location or specialty, and print your results.



If you need help finding a network provider, please call 1-800-665-1502 or visit www.independenthealth.com/findadoc to access our online, searchable directory. If you would like a provider directory mailed to you, you may call the number above, request one at the website link provided above, or email medicareservice@servicing.independenthealth.com.

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Notice of Nondiscrimination

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>.

