



***Independent Health's Medicare Family Choice® (HMO I-SNP)  
offered by Independent Health***

**Annual Notice of Changes for 2023**

Important Plan Information



## **Independent Health's Medicare Family Choice® (HMO I-SNP) offered by Independent Health**

# **Annual Notice of Changes for 2023**

You are currently enrolled as a member of Independent Health's Medicare Family Choice (HMO I-SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the Evidence of Coverage, which is located on our website at [www.IndependentHealth.com/Medicare](http://www.IndependentHealth.com/Medicare). You may also call Member Services to ask us to mail you an Evidence of Coverage.

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

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### **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.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- 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 Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023* handbook.
- 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, 2022, you will stay in Independent Health's Medicare Family Choice (HMO I-SNP).
- To change to a different plan, you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time

**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 from October 1 – March 31: Monday – Sunday, 8 a.m. – 8 p.m.; or 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 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About Independent Health's Medicare Family Choice (HMO I-SNP)**

- 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 document says “we,” “us,” or “our”, it means Independent Health Association. When it says “plan” or “our plan,” it means Independent Health's Medicare Family Choice (HMO I-SNP).

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## **Annual Notice of Changes for 2023 Table of Contents**

|   |           |
|---|-----------|
| <b>Summary of Important Costs for 2023 .....</b>  | <b>5</b>  |
| <b>SECTION 1 Changes to Benefits and Costs for Next Year .....</b>  | <b>6</b>  |
| Section 1.1 – Changes to the Monthly Premium .....  | 6         |
| Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....   | 6         |
| Section 1.3 – Changes to the Provider and Pharmacy Networks.....  | 7         |
| Section 1.4 – Changes to Benefits and Costs for Medical Services .....                                    | 8         |
| Section 1.5 – Changes to Part D Prescription Drug Coverage .....  | 9         |
| <b>SECTION 2 Deciding Which Plan to Choose .....</b>  | <b>12</b> |
| Section 2.1 – If you want to stay in <i>Independent Health's Medicare Family Choice (HMO I-SNP)</i> ..... | 12        |
| Section 2.2 – If you want to change plans .....   | 12        |
| <b>SECTION 3 Deadline for Changing Plans.....</b>   | <b>13</b> |
| <b>SECTION 4 Programs That Offer Free Counseling about Medicare .....</b>                                 | <b>13</b> |
| <b>SECTION 5 Programs That Help Pay for Prescription Drugs .....</b>                                      | <b>14</b> |
| <b>SECTION 6 Questions?.....</b>  | <b>15</b> |
| Section 6.1 – Getting Help from <i>Independent Health's Medicare Family Choice (HMO I-SNP)</i> .....      | 15        |
| Section 6.2 – Getting Help from Medicare.....   | 15        |

## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Independent Health's Medicare Family Choice (HMO I-SNP) in several important areas. **Please note this is only a summary of cost.**

| Cost  | 2022 (this year)  | 2023 (next year)  |
|---|---|---|
| <b>Monthly plan premium*</b><br>* Your premium may be higher or lower than this amount. See Section 1.1 for details.  | \$42.40   | \$38.90   |
| <b>Maximum out-of-pocket amount</b><br>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.) | \$3,000   | \$3,000   |
| <b>Doctor office visits</b>   | Primary care visits:<br>\$0 copayment per visit<br>Specialist visits:<br>\$0 copayment per visit  | Primary care visits:<br>\$0 copayment per visit<br>Specialist visits:<br>\$0 copayment per visit  |
| <b>Inpatient hospital stays</b>   | \$250 copayment per stay<br>\$600 annual copayment maximum.   | \$250 copayment per stay<br>\$600 annual copayment maximum.   |
| <b>Part D prescription drug coverage</b><br>(See Section 1.5 for details.)  | Deductible: \$0<br>Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$4</li> <li>• Drug Tier 2: \$15</li> <li>• Drug Tier 3: 25%</li> <li>• Drug Tier 4: 25%</li> <li>• Drug Tier 5: 33%</li> </ul> | Deductible: \$0<br>Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$4</li> <li>• Drug Tier 2: \$15</li> <li>• Drug Tier 3: 25%</li> <li>• Drug Tier 4: 25%</li> <li>• Drug Tier 5: 33%</li> </ul> |

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

| Cost  | 2022 (this year) | 2023 (next year) |
|---|------------------|------------------|
| <b>Monthly premium</b><br>(You must also continue to pay your Medicare Part B premium.) | <b>\$42.40</b>   | <b>\$38.90</b>   |

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

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

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

| Cost   | 2022 (this year) | 2023 (next year)   |
|--|------------------|--|
| <b>Maximum out-of-pocket amount</b><br>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | <b>\$3,000</b>   | <b>\$3,000</b><br>Once you have paid \$3,000 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. |

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## Section 1.3 – Changes to the Provider and Pharmacy Networks

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Updated directories are located on our website at [www.IndependentHealth.com/Medicare](http://www.IndependentHealth.com/Medicare). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 *Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| Cost                         | 2022 (this year)  | 2023 (next year)   |
|------------------------------|---|--|
| Accidental/Medical Dental    | You pay \$90 copay for this service in an emergency room setting.   | You pay \$95 copay for this service in an emergency room setting.  |
| Emergency Care               | You pay a \$90 copay for this benefit.  | You pay a \$95 copay for this benefit.   |
| Ground Ambulance Services    | You pay a \$55 copay for this benefit.  | You pay a \$80 copay for this benefit.   |
| Hearing Aids                 | <p>You pay a \$499 minimum copay for each hearing aid from a Start Hearing provider.</p> <p>You pay a \$2,799 maximum copay for each hearing aid from a Start Hearing provider.</p> | <p>You pay a \$499 minimum copay for each hearing aid from a Start Hearing provider.</p> <p>You pay a \$2,199 maximum copay for each hearing aid from a Start Hearing provider.</p> <p>Starkey Economy = \$499 Copayment</p> <p>Starkey Low = \$699 Copayment</p> <p>Starkey Select = \$999 Copayment</p> <p>Starkey Advanced = \$1,499 Copayment</p> <p>Starkey Premium = \$2,199 Copayment</p> |
| In-Home Fall Risk Assessment | This benefit is not covered.  | <p>You pay nothing for this benefit.</p> <p>You must use our plan approved provider for this service.</p>  |

| Cost                               | 2022 (this year)   | 2023 (next year)  |
|------------------------------------|--|---|
| OTC Items                          | <p>You pay nothing for this benefit.</p> <p>Members have a \$100 allowance every quarter.</p> <p>Allowances do not carry over quarter to quarter or plan year to plan year.</p>  | <p>You pay nothing for this benefit.</p> <p>Members have a \$100 allowance every quarter.</p> <p>Allowances accumulate quarter to quarter, but not plan year to plan year.</p>  |
| Worldwide Emergency Coverage       | <p>You pay a \$90 copay for this benefit.</p> <p>There is a \$10,000 plan benefit limit per occurrence for unforeseen care outside the United States and its territories.</p>  | <p>You pay a \$95 copay for this benefit.</p> <p>There is a \$10,000 plan benefit limit per occurrence for unforeseen care outside the United States and its territories.</p>   |
| Worldwide Emergency Transportation | <p>You pay \$55 copay for ground ambulance</p> <p>You pay a 20% coinsurance for air ambulance.</p> <p>There is a \$10,000 plan benefit limit per occurrence for unforeseen care outside the United States and its territories.</p> | <p>You pay \$80 copay for ground ambulance.</p> <p>You pay 20% coinsurance for air ambulance.</p> <p>There is a \$10,000 plan benefit limit per occurrence for unforeseen care outside the United States and its territories.</p> |

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically. **You can get the complete Drug List** by calling Member Services (see the back cover) or visiting our website ([www.IndependentHealth.com/Medicare](http://www.IndependentHealth.com/Medicare)).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a

product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

**Changes to Prescription Drug Costs**

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2022, please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.”

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

**Changes to the Deductible Stage**

| Stage                                   | 2022 (this year)   | 2023 (next year)   |
|---|--|--|
| <b>Stage 1: Yearly Deductible Stage</b> | Because we have no deductible, this payment stage does not apply to you. | Because we have no deductible, this payment stage does not apply to you. |

**Changes to Your Cost Sharing in the Initial Coverage Stage**

| Stage  | 2022 (this year)   | 2023 (next year)   |
|--|--|--|
| <p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p><b>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</b></p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1 – Preferred Generic:</b><br/>You pay \$4 per prescription.</p> <p><b>Tier 2 – Generic:</b><br/>You pay \$15 per prescription.</p> <p><b>Tier 3 – Preferred Brand:</b><br/>You pay 25% of the total cost.</p> <p><b>Tier 4 – Non-Preferred Drug:</b><br/>You pay 25% of the total cost.</p> <p><b>Tier 5 – Specialty Tier:</b><br/>You pay 33% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1 – Preferred Generic:</b><br/>You pay \$4 per prescription.</p> <p><b>Tier 2 – Generic:</b><br/>You pay \$15 per prescription.</p> <p><b>Tier 3 – Preferred Brand:</b><br/>You pay 25% of the total cost.</p> <p><b>Tier 4 – Non-Preferred Drug:</b><br/>You pay 25% of the total cost.</p> <p><b>Tier 5 – Specialty Tier:</b><br/>You pay 33% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p> |

**Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

**Important Message About What You Pay for Insulin** – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

## **SECTION 2 Deciding Which Plan to Choose**

### **Section 2.1 – If you want to stay in *Independent Health's Medicare Family Choice (HMO I-SNP)***

**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 Medicare Family Choice.

### **Section 2.2 – If you want to change plans**

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

#### **Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan
- *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, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Independent Health Association 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 Medicare Family Choice (HMO I-SNP).
- 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 Medicare Family Choice (HMO I-SNP).
- 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 so.
- – *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 3 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, 2023.

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

In certain situations, changes are also allowed at other times of the year. Examples include 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.

If you enrolled in a Medicare Advantage plan for January 1, 2023, 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, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### **SECTION 4 Programs That Offer Free Counseling about Medicare**

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

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](http://www.aging.ny.gov)).

## SECTION 5 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. 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 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; 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.
- **Prescription Cost sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. 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. 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. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call:

HIV Uninsured Care Programs

Empire Station

P.O. Box 2052

Albany, NY 12220

Phone: 1-800-542-2437 or 518-459-1641 (Out of State)

Email: [adap@health.ny.us](mailto:adap@health.ny.us)

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## SECTION 6 Questions?

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### Section 6.1 – Getting Help from *Independent Health's Medicare Family Choice (HMO I-SNP)*

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

#### **Read your 2023 *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 2023. For details, look in the 2023 *Evidence of Coverage* for Independent Health's Medicare Family Choice (HMO I-SNP). 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](http://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](http://www.IndependentHealth.com/Medicare). As a reminder, our website has the most up-to-date information about our provider network (*Physician/Provider Directory*) and our list of covered drugs (Formulary/Drug List).

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### Section 6.2 – Getting Help from Medicare

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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**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2023***

Read the *Medicare & You 2023* handbook. Every 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 document, you can get it at the Medicare website ([www.medicare.gov](http://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](https://IndependentHealth.com/Medicare) and click on "2023 Medicare 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](https://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](mailto:medicareservice@servicing.independenthealth.com)



INDEPENDENT HEALTH'S

## Medicare Advantage Provider Directories and Prescription Drug Formularies

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
- LIBERTY Dental® 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](http://www.independenthealth.com/Medicare).

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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](mailto: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](http://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.

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If you have a question about covered drugs, please call 1-800-665-1502 or visit [www.independenthealth.com/MedicareFormularies](http://www.independenthealth.com/MedicareFormularies) to access our online formulary. If you would like a formulary mailed to you, you may call the number above, request one at the website link provided above, or email [medicareservice@servicing.independenthealth.com](mailto:medicareservice@servicing.independenthealth.com).

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## Language Assistance Services

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| <b>English</b>       | ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-1502 (TTY: 711).                             |
| <b>Spanish</b>       | ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-1502 (TTY: 711).                            |
| <b>Chinese</b>       | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-1502 (TTY: 711)   |
| <b>Russian</b>       | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-1502 (телетайп TTY: 711).                             |
| <b>French Creole</b> | ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-665-1502 (TTY: 711).   |
| <b>Korean</b>        | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-1502 (TTY: 711) 번으로 전화해 주십시오.   |
| <b>Italian</b>       | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-665-1502 (TTY: 711). |
| <b>Yiddish</b>       | אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-665-1502 (TTY: 711).                                     |
| <b>Bengali</b>       | লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-665-1502 (TTY: 711)।                                |
| <b>Polish</b>        | UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-1502 (TTY: 711).                                    |
| <b>Arabic</b>        | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-665-1502 (رقم هاتف الصم والبكم: 117).                            |
| <b>French</b>        | ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-1502 (TTY: 711).                     |
| <b>Urdu</b>          | خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-665-1502 (TTY: 711)۔   |
| <b>Tagalog</b>       | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-1502 (TTY: 711).          |
| <b>Greek</b>         | ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-1502 (TTY: 711).         |
| <b>Albanian</b>      | KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-665-1502 (TTY: 711).                        |

Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-SNP, HMO-POS and PPO plans. Enrollment in Independent Health depends on contract renewal.

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## 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](mailto: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 [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).