



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

Annual Notice of Changes for 2023

Important Plan Information

H3362_8695_M H3362_016 E65 (No Rx)



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

Annual Notice of Changes for 2023

You are currently enrolled as a member of Independent Health's Encompass 65 (HMO). 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 <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.**

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)
 - Think about how much you will spend on premiums, deductibles, and cost sharing
- Check to see if your primary care doctors, specialists, hospitals and other providers 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 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 Encompass 65 (HMO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Independent Health's Encompass 65 (HMO).
- 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 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 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 document says “we,” “us,” or “our,” it means Independent Health. When it says “plan” or “our plan,” it means Independent Health's Encompass 65 (HMO).

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Independent Health's Encompass 65 (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<p>Monthly plan premium (See Section 1.1 for details.)</p>	\$0	\$0
<p>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.)</p>	\$6,700	\$6,700
<p>Doctor office visits</p>	<p>Primary care visits: \$0 copayment per visit Specialist visits: \$10 copayment per visit</p>	<p>Primary care visits: \$0 copayment per visit Specialist visits: \$10 copayment per visit</p>
<p>Inpatient hospital stays</p>	<p>\$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</p>	<p>\$150 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 \$750</p>

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)
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

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)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	\$6,700	\$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

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**

2023 Physician/Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.

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.**

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. 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)
Additional Telehealth Services	You pay a \$65 copay for a telehealth visit for urgent care services.	You pay a \$60 copay for a telehealth visit for urgent care services.
Air Ambulance	You pay a 20% coinsurance for this benefit.	You pay a \$150 copay for this benefit.
Emergency Care	You pay a \$90 copay for this benefit.	You pay a \$95 copay for this benefit.
Eyewear	\$200 limit once every 12 months from an EyeMed provider. Balance must be used on the same date of service and provide no remaining balance for future use within the same benefit frequency.	\$200 maximum allowance each year to use toward eye wear from an EyeMed provider. Allowance does not have to be used all at once. The allowance can be used anytime throughout the year until it has been exhausted.
Health Education	You pay nothing for this benefit.	You pay a \$10 copay per class for certain community fitness classes. You pay nothing for other Health Education services.

Cost	2022 (this year)	2023 (next year)
Hearing Aids (all types)	<p>You pay a \$499 minimum copay for each hearing aid from a provider in the Start Hearing network. You pay a \$2,799 maximum copay for each hearing aid from a provider in the Start Hearing network.</p>	<p>You pay a \$499 minimum copay for each hearing aid from a provider in the Start Hearing network. You pay a \$2,199 maximum copay for each hearing aid from a provider in the Start Hearing network.</p> <p>Starkey Economy = \$499 Copayment Starkey Low = \$699 Copayment Starkey Select = \$999 Copayment Starkey Advanced = \$1,499 Copayment Starkey Premium = \$2,199 Copayment</p>
In-Home Fall Risk Assessment	<p>This benefit is not covered</p>	<p>You pay nothing for this benefit. You must use our plan approved provider for this service.</p>
Inpatient Medical Rehab	<p>You pay a \$180 copayment for days 1-5. You pay a \$0 copayment for days 6-90.</p>	<p>You pay a \$150 copayment for days 1-5. You pay a \$0 copayment for days 6-90.</p>
Medicare-Covered Inpatient Hospital	<p>You pay a \$180 copayment for days 1-5. You pay a \$0 copayment for days 6-90. Unlimited days for Medicare-covered stays. There is a \$1080 out-of-pocket limit every year.</p>	<p>You pay a \$150 copayment for days 1-5. You pay a \$0 copayment for days 6-90. Unlimited days for Medicare-covered stays. There is a \$750 out-of-pocket limit every year.</p>
Observation Services	<p>You pay a \$180 copay for this benefit.</p>	<p>You pay a \$150 copay for this benefit.</p>

Cost	2022 (this year)	2023 (next year)
OTC Items	<p>You pay nothing for this benefit.</p> <p>There is a \$100 allowance each quarter.</p> <p>The allowance does not carry over quarter to quarter or plan year to plan year.</p>	<p>You pay nothing for this benefit.</p> <p>There is a \$100 allowance each quarter.</p> <p>The allowance accumulates quarter to quarter. The allowance does not carry over plan year to plan year.</p>
Personal Emergency Response System (PERS)	<p>This benefit is not covered.</p>	<p>You pay nothing for this benefit. You must use our approved plan provider, NationsResponse, in partnership with ADT. You will have access to emergency alert devices, two-way connectivity to round-the-clock monitoring centers and scheduled wellness checks by ADT Companion agents. You will have three PERS units to choose from:</p> <ul style="list-style-type: none"> ADT On-The-Go (4G) ADT Medical Alert Plus (4G) ADT Medical Alert Basic
Skilled Nursing Facility (SNF) Medicare-covered stay	<p>You pay a \$0 copayment for days 1-20.</p> <p>You pay a \$188 copayment for days 21-100.</p>	<p>You pay a \$0 copayment for days 1-20.</p> <p>You pay a \$196 copayment for days 21-100.</p>
Urgently Needed Services	<p>You pay a \$65 copay for this benefit.</p>	<p>You pay a \$60 copay for this benefit.</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 of 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 of the United States and its territories.</p>

Cost	2022 (this year)	2023 (next year)
Worldwide Emergency Transportation	You pay a \$150 copay for ground ambulance services. You pay a 20% coinsurance for air ambulance services. There is a \$10,000 plan benefit limit per occurrence for unforeseen care outside of the United States and its territories.	You pay a \$150 copay for ground ambulance services and air ambulance services. There is a \$10,000 plan benefit limit per occurrence for unforeseen care outside of the United States and its territories.
Worldwide Urgent Coverage	You pay a \$65 copay for this benefit. There is a \$10,000 plan benefit limit per occurrence for unforeseen care outside of the United States and its territories.	You pay a \$60 copay for this benefit. There is a \$10,000 plan benefit limit per occurrence for unforeseen care outside of the United States and its territories.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – 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 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change 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, there may be 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), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

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 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).

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.
- **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 6 Questions?

Section 6.1 – 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 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 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 6.2 – 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

Visit the Medicare website (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.

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 (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) 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 “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.
- 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: medicare.service@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
- 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**.

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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Language Assistance Services

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-1502 (TTY: 711).
Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-1502 (TTY: 711).
Chinese	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)
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-1502 (телетайп TTY: 711).
French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-665-1502 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-1502 (TTY: 711) 번으로 전화해 주십시오.
Italian	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).
Yiddish	אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-665-1502 (TTY: 711).
Bengali	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-665-1502 (TTY: 711)।
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-1502 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-665-1502 (رقم هاتف الصم والبكم: 117).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-1502 (TTY: 711).
Urdu	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)۔
Tagalog	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).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-1502 (TTY: 711).
Albanian	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. Y0042_C7100_C



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 www.hhs.gov/ocr/office/file/index.html.



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Important Plan Information