



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

Annual Notice of Changes for 2025

Important Plan Information

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 4 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 the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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, 2024, 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, 2025**. This will end your enrollment with Independent Health's Encompass 65 (HMO).
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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).

-
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

**Annual Notice of Changes for 2025
Table of Contents**

Summary of Important Costs for 2025 5

SECTION 1 Changes to Benefits and Costs for Next Year 6

 Section 1.1 – Changes to the Monthly Premium6

 Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....6

 Section 1.3 – Changes to the Provider Network.....6

 Section 1.4 – Changes to Benefits and Costs for Medical Services7

SECTION 2 Deciding Which Plan to Choose 10

 Section 2.1 – If you want to stay in Independent Health's Encompass 65 (HMO).....10

 Section 2.2 – If you want to change plans10

SECTION 3 Deadline for Changing Plans..... 11

SECTION 4 Programs That Offer Free Counseling about Medicare 11

SECTION 5 Programs That Help Pay for Prescription Drugs 12

SECTION 6 Questions?..... 13

 Section 6.1 – Getting Help from Independent Health's Encompass 6513

 Section 6.2 – Getting Help from Medicare13

Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Independent Health's Encompass 65 (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p>Monthly plan premium (See Section 1.1 for details.)</p>	\$0	<p>\$0</p> <p>Part B Premium Give Back \$20</p>
<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	\$6,750
<p>Doctor office visits</p>	<p>Primary care visits: \$0 copayment per visit</p> <p>Specialist visits: \$10 copayment per visit</p>	<p>Primary care visits: \$0 copayment per visit</p> <p>Specialist visits: \$10 copayment per visit</p>
<p>Inpatient hospital stays</p>	<p>\$150 copayment per day, days 1 through 5, then \$0 copayment per day, days 6 through 90, per benefit period.</p> <p>Unlimited days for Medicare covered stays.</p> <p>Annual copayment maximum of \$750</p>	<p>\$150 copayment per day, days 1 through 5, then \$0 copayment per day, days 6 through 90, per benefit period.</p> <p>Unlimited days for Medicare covered stays.</p> <p>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	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Part B Premium Give Back	\$0	\$20

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	2024 (this year)	2025 (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	\$6,750 Once you have paid \$6,750 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

Updated directories are 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, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory www.independenthealth.com/medicare 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	2024 (this year)	2025 (next year)
Ambulance Services- Medicare-covered Air Ambulance	You pay \$150 Copay for evaluation, treatment or transportation by air ambulance.	You pay 20% Coinsurance for evaluation, treatment or transportation by air ambulance.
Ambulatory Surgical Center Services	You pay \$100 Copay for this benefit.	You pay a minimum \$0 Copay for certain joint replacement surgeries at an Ambulatory Surgical Center. You pay a maximum \$100 Copay for Ambulatory Surgical Center services.
Dental Services	<p>You pay nothing for preventive dental services.</p> <p>You pay 50% coinsurance for comprehensive dental services.</p> <p>There is a \$1,000 maximum plan allowance for preventive and comprehensive dental services combined Every Year.</p> <ul style="list-style-type: none"> • Oral exams: 1 every 6 months • Cleanings: 1 every 6 months • Fluoride treatment: 1 every 6 months • Bitewing x-ray: 2 per calendar year 	<p>You pay nothing for preventive dental services.</p> <p>You pay 50% coinsurance for comprehensive dental services.</p> <p>There is a \$2,000 maximum plan allowance for preventive and comprehensive dental services combined Every Year.</p> <ul style="list-style-type: none"> • Oral exams: 2 every year • Cleanings: 2 every year • Fluoride treatment: 2 every year

Cost	2024 (this year)	2025 (next year)
	<ul style="list-style-type: none"> • Full mouth x-ray: 1 every 36 months <p>Additional optional supplemental dental packages are not offered.</p> <p>You must use a LIBERTY Dental provider.</p>	<ul style="list-style-type: none"> • Bitewing x-ray: 2 per calendar year • Full mouth x-ray: 1 every 36 months <p>Additional optional supplemental dental packages are not offered.</p> <p>You must use a LIBERTY Dental provider.</p>
Emergency Care	You pay a \$100 copay for this benefit.	You pay a \$125 copay for this benefit.
Hearing Aids	<p>You pay a minimum \$499 Copay for Hearing Aids. You pay a maximum \$2,199 Copay for Hearing Aids.</p> <p>Loss and damage warranty claims subject to \$125 deductible per ear.</p>	<p>You pay a minimum \$499 Copay for Hearing Aids. You pay a maximum \$1,949 Copay for Hearing Aids.</p> <p>Loss and damage warranty claims subject to \$250 deductible per ear.</p>
Help with Certain Chronic Conditions	<p>If a member has been diagnosed with diabetes: \$0 copayment for an office visit with an endocrinologist.</p> <p>If you have been diagnosed with lower back pain: \$0 copayment for initial evaluation with a physical therapist \$0 copayment for first physical therapy session.</p> <p>If you have been diagnosed with depression: \$0 copayment for first visit with a participating mental health provider.</p>	<p>\$10 per visit with an endocrinologist regardless of diagnosis.</p> <p>\$10 per visit for physical therapy regardless of diagnosis.</p> <p>\$20 per visit for outpatient mental health regardless of diagnosis.</p>
Medicare-covered Diabetic Supplies	You pay nothing for this benefit.	You pay a minimum 0% Coinsurance for Medicare-covered Diabetic Supplies. You pay a maximum 20%

Cost	2024 (this year)	2025 (next year)
		Coinsurance for supplies used with a non-therapeutic continuous glucose monitor.
Medicare-covered Outpatient Hospital Services	You pay \$100 Copay for Medicare-covered Outpatient Hospital Services.	You pay a minimum \$0 Copay for certain joint replacement surgeries at an Outpatient Hospital. You pay a maximum \$100 Copay for other outpatient hospital Services.
Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	You pay \$10 Copay for this benefit.	You pay \$25 Copay for this benefit.
Skilled Nursing Facility (SNF) Medicare-covered stay	You pay a \$0 copayment for days 1-20. You pay a \$203 copayment for days 21-100.	You pay a \$0 copayment for days 1-20. You pay a \$214 copayment for days 21-100.
Teladoc Behavioral Health	Behavioral health through Teladoc is not covered.	You pay a \$0 copay for behavioral health services through Teladoc. See Chapter 4 of the Evidence of Coverage for details on how to access this benefit.
Worldwide Emergency Coverage	You pay a \$100 copay for this benefit. There is a \$10,000 plan benefit limit per occurrence for unforeseen care.	You pay a \$125 copay for this benefit. There is a \$10,000 plan benefit limit per occurrence for unforeseen care.
Worldwide Emergency Transportation	You pay a \$150 copay for evaluation, treatment or transportation by an air/ground ambulance for Worldwide Emergency Transportation. There is a \$10,000 plan benefit limit per occurrence for unforeseen care.	You pay a \$150 copay for evaluation, treatment or transportation for Worldwide Emergency Transportation by a ground ambulance. You pay a 20% coinsurance for evaluation, treatment or transportation for

Cost	2024 (this year)	2025 (next year)
		Worldwide Emergency Transportation by an air ambulance. There is a \$10,000 plan benefit limit per occurrence for unforeseen care.

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 plans for 2025 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 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2).

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, 2025.

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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 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.
- **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

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 2025 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 2025. For details, look in the *2025 Evidence of Coverage* for Independent Health's Encompass 65. 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* 2025

Read the *Medicare & You* 2025 handbook. Every fall, this document 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.

H3362_C9897_1_M H3362_016 E65 (No Rx)

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://www.independenthealth.com) and click on “2025 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 “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](https://www.independenthealth.com), click on LOG IN, and then click on Get Started to create a secure account.
- 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, go to “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 Delivery” select the checkboxes for the documents you wish to access electronically and save your paperless preferences.

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 Customer Service:

(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
- Liberty Dental® Dental Directory
- 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.

Y0042_C8033_2_C

Multi-Language Insert
Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-665-1502. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-665-1502. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-665-1502。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-665-1502。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-665-1502. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-665-1502. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-665-1502 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-665-1502. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-665-1502번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-665-1502. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-665-1502. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-665-1502 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-665-1502. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-665-1502. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-665-1502. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-665-1502. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、1-800-665-1502にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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.



Independent Health's Encompass 65 (HMO) Member Services

Method	Customer Services – Contact Information
CALL	<p>800-665-1502 or 716-250-4401</p> <p>Calls to this number are free.</p> <p>Hours of operation (Eastern time): October 1 - March 31: Monday - Sunday, 8 a.m. - 8 p.m. April 1 - September 30: Monday - Friday, 8 a.m. - 8 p.m. After business hours and on Saturdays, Sundays, and holidays please leave a message. Callers should include their name, phone number and the time they called, and a representative will return their call no later than one business day after they leave a message.</p> <p>Member Services also has free language interpreter services available for non-English speakers.</p>
TTY	<p>711</p> <p>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free.</p> <p>October 1 - March 31: Monday - Sunday, 8 a.m. - 8 p.m. April 1 - September 30: Monday - Friday, 8 a.m. - 8 p.m.</p>
FAX	716-631-1039
WRITE	<p>511 Farber Lakes Drive, Buffalo, NY 14221 medicareservice@servicing.independenthealth.com</p>
WEBSITE	www.independenthealth.com

Health Insurance Information, Counseling and Assistance Program

(HIICAP) (New York's SHIP) HIICAP is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

Method	Contact Information
CALL	HIICAP Hot Line: 1-800-701-0501
TTY	Dial 711
WRITE	<p>Health Insurance Information, Counseling, and Assistance Program New York State Office for the Aging 2 Empire State Plaza Albany, New York 12223-1251</p>
WEBSITE	www.aging.ny.gov

