



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

Annual Notice of Change for 2026

You're enrolled as a member of Independent Health's Encompass 65 (HMO).

This material describes changes to your plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Independent Health's Encompass 65 (HMO).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You* 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at <http://www.independenthealth.com/medicare> or call Member Services at 716-250-4401 or 1-800-665-1502 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 716-250-4401 or 1-800-665-1502 (TTY users call 711) for additional information. 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. This call is free.
- 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.

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 material says “we,” “us,” or “our,” it means Independent Health. When it says “plan” or “our plan,” it means Independent Health's Encompass 65 (HMO).
 - **If you do nothing by December 7, 2025, you'll automatically be enrolled in Independent Health's Encompass 65 (HMO).** Starting January 1, 2026, you'll get your medical coverage through Independent Health's Encompass 65 (HMO). Go to Section 3 for more information about how to change plans and deadlines for making a change.
 - This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.
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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$6,750	\$6,750
Primary care office visits	\$0 copayment per visit	Tier A PCP: \$0 copayment per visit Tier B PCP: \$20 copayment per visit
Specialist office visits	\$10 copayment per visit	Tier A Specialist: \$10 copayment per visit Tier B Specialist: \$50 copayment per visit

	2025 (this year)	2026 (next year)
<p>Inpatient hospital stays</p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.</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>Tier A Hospital: \$150 copayment per day, days 1 through 5, then \$0 copayment per day, days 6 through 90, per benefit period.</p> <p>Annual copayment maximum of \$750</p> <p>Tier B Hospital: \$550 copayment per day, days 1 through 5, then \$0 copayment per day, days 6 through 90, per benefit period.</p> <p>Annual copayment maximum of \$2,750</p> <p>Unlimited days for Medicare covered stays.</p>

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$20	\$11

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've paid this amount, you generally pay nothing for covered Part A and Part B services (and other health services not covered by Medicare) for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount.	\$6,750	Once you've paid \$6,750 out of pocket for covered Part A and Part B services, you'll 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

Our network of providers has changed for next year. Review the 2026 *Provider Directory* www.independenthealth.com/medicare to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at <http://www.independenthealth.com/medicare>.
- Call Member Services at 1-800-665-1502 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can 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, call Member Services at 1-800-665-1502 (TTY users call 711) for help.

Our provider network has two tiers. If you use a Tier A provider or facility, your cost share will be lower than if you use a Tier B provider or facility.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Additional Telehealth Services	<p>For telehealth services with a PCP: \$0 copay</p> <p>For telehealth services with a specialist: \$10 copay</p> <p>For telehealth for Urgent Care services: \$55 copay</p>	<p>For telehealth services with a PCP: Tier A - \$0 copay Tier B - \$20 copay</p> <p>For telehealth services with a specialist: Tier A specialists - \$10 copay Tier B specialists - \$50 copay</p> <p>For telehealth for Urgent Care services: \$50 copay</p>
Advanced Radiology Services	You pay \$50 Copay for Advanced Radiology.	Tier A provider: \$50 Copay for Advanced Radiology.

	2025 (this year)	2026 (next year)
		Tier B provider: \$550 Copay for Advanced Radiology.
Ambulatory Surgical Center Services	You pay a minimum of \$0 Copay for certain joint replacement surgeries at an Ambulatory Surgical Center. You pay a maximum \$100 Copay for Ambulatory Surgical Center services.	You pay \$100 Copay for all services performed in an Ambulatory Surgical Center. Copayment applies to all Ambulatory Surgical Center services.
Dental Services – Medicare-covered	<p>You pay \$55 copay for Medicare-covered dental services in an Urgent Care facility.</p> <p>You pay \$100 copay for Medicare-covered dental services in an Outpatient Hospital Facility.</p> <p>You pay a \$10 copay for Medicare-covered dental services in a Specialist Physician's office.</p> <p>You pay \$125 copay for Medicare-covered dental services in an Emergency Room.</p>	<p>You pay \$50 copay for Medicare-covered dental services in an Urgent Care facility.</p> <p>You pay \$130 copay for Medicare-covered dental services in an Emergency Room.</p> <p>You pay \$100 copay for Medicare-covered dental in a Tier A Outpatient Hospital Facility.</p> <p>You pay \$550 copay for Medicare-covered dental in a Tier B Outpatient Hospital Facility.</p> <p>You pay a \$10 copay for Medicare-covered dental in a Tier A Specialist Physician's office.</p> <p>You pay \$50 copay for Medicare-covered dental in a Tier B Specialist Physician's office.</p>

	2025 (this year)	2026 (next year)
Dental Services – Routine and Comprehensive	You must use a LIBERTY Dental provider.	You may see a Dental provider that does not participate with LIBERTY Dental. You must submit claims from out-of-network providers to Liberty Dental for reimbursement.
Diagnostic Testing	You pay a minimum \$0 Copay for Diagnostic Procedures Tests. You pay a maximum \$10 Copay for Diagnostic Testing.	Tier A: \$0 copayment for diagnostic testing from a Primary Care Provider. \$10 copayment for diagnostic testing from a Specialist. Tier B: \$20 copayment for diagnostic testing from a Primary Care Provider. \$50 copayment for diagnostic testing from a Specialist.
Emergency Care	You pay a \$125 copay for this benefit.	You pay a \$130 copay for this benefit.
Fall Prevention Program	You pay nothing for this benefit.	This benefit is not covered.
Hearing Aids	You pay a minimum \$499 Copay for Hearing Aids. You pay a maximum \$1,949 Copay for Hearing Aids. Benefit is limited to preferred hearing aids through a provider in the Start Hearing Network.	\$250 allowance towards member cost share per ear per year. You pay a minimum \$499 Copay for Hearing Aids. You pay a maximum \$1,949 Copay for Hearing Aids.

	2025 (this year)	2026 (next year)
		Benefit is limited to preferred hearing aids through a provider in the Start Hearing Network.
Home Delivered Meals	<p>You pay nothing for this benefit.</p> <p>Home delivered meals for 14 consecutive days (up to 28 meals total) within 30 days of a discharge from an overnight stay in a hospital or skilled nursing facility.</p>	This benefit is not covered.
Inpatient Hospital	<p>You pay a \$150 copayment for days 1-5.</p> <p>You pay a \$0 copayment for days 6-90.</p> <p>There is a \$750 out-of-pocket limit Every Year.</p> <p>Unlimited number of days for Medicare-covered hospital stays.</p>	<p>Tier A Facility:</p> <p>You pay a \$150 copayment for days 1-5. You pay a \$0 copayment for days 6-90. There is a \$750 out-of-pocket limit Every Year. Unlimited number of days for Medicare-covered hospital stays.</p> <p>Tier B Facility:</p> <p>You pay a \$550 copayment for days 1-5. You pay a \$0 copayment for days 6-90. There is a \$2,750 out-of-pocket limit Every Year. Unlimited number of days for Medicare-covered hospital stays.</p>

	2025 (this year)	2026 (next year)
Inpatient Medical Rehab	You pay a \$150 copayment for days 1-5. You pay a \$0 copayment for days 6-90.	<p>Tier A facility:</p> <p>You pay a \$150 copayment for days 1-5. You pay a \$0 copayment for days 6-90.</p> <p>Tier B facility:</p> <p>You pay a \$550 copayment for days 1-5. You pay a \$0 copayment for days 6-90.</p>
Intensive Outpatient Program Services	This service is not covered.	You pay \$40 copay for Intensive Outpatient Program Services.
Observation Services	You pay \$150 Copay for Observation Services.	<p>Tier A Facility: \$150 Copay.</p> <p>Tier B Facility: \$550 Copay.</p>
Outpatient Hospital Services	You pay a minimum \$0 Copay for certain joint replacements at a preferred out-patient hospital. You pay a maximum \$100 Copay for other outpatient hospital services.	<p>Tier A Outpatient Facility: \$100 Copay for outpatient hospital services.</p> <p>Tier B Outpatient Facility: \$550 Copay for outpatient hospital services.</p> <p>Copayment applied to all Outpatient Hospital Services.</p>
Over-The-Counter (OTC) Items	You pay nothing for this benefit. There is a \$100 allowance every three months. You must use NationsOTC.	You pay nothing for this benefit. There is a \$75 allowance every three months. You must use NationsOTC.

	2025 (this year)	2026 (next year)
Part B Drug Administration	You pay nothing for the administration of a Part B drug in a Primary Care Provider's office. You pay \$10 copay for the administration of a Part B drug in a Specialist Provider's office.	Tier A: \$0 copayment for Part B drug administration in a Primary Care Provider's office. \$10 copayment for Part B drug administration in a Specialist Physician's office. Tier B: \$20 copayment for Part B drug administration in a Primary Care Provider's office. \$50 copayment for Part B drug administration in a Specialist Physician's office.
Primary Care Physician Services	You pay nothing for this benefit.	Tier A Primary care physician visit: \$0 Copay. Tier B Primary care physician visit: \$20 Copay.
Skilled Nursing Facility (SNF) Medicare-covered stay	You pay a \$0 copay for days 1-20 for SNF care. You pay a \$214 copay for days 21-100 for SNF care.	You pay a \$0 copay for days 1-20 for SNF care. You pay a \$218 copay for days 21-100 for SNF care.
Specialist Physician Services	You pay \$10 Copay for Physician Specialist Services.	Tier A Specialist visit:\$10 Copay. Tier B Specialist visit: \$50 Copay.
Supplemental Nutritional Counseling	You are covered for 4 visits for up to 3 hours each (12 hours annually) regardless of diagnosis.	This benefit is not covered.

	2025 (this year)	2026 (next year)
Urgent Care Coverage	You pay a \$55 copay for this benefit.	You pay a \$50 copay for this benefit.
Worldwide Emergency Coverage	You pay a \$125 copay for this benefit. There is a \$10,000 plan benefit limit per occurrence for unforeseen care.	You pay a \$130 copay for this benefit. There is a \$10,000 plan benefit limit per occurrence for unforeseen care.
Worldwide Urgent Coverage	You pay a \$55 copay for this benefit. There is a \$10,000 plan benefit limit per occurrence for unforeseen care.	You pay a \$50 copay for this benefit. There is a \$10,000 plan benefit limit per occurrence for unforeseen care.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Reward and Incentive Programs	<p>Independent Health's Medicare Redshirt Rewards Program</p> <p>Complete select preventive services such as annual wellness, flu shot and health risk assessments and earn reward dollars applied to a retailer gift card of your choice through Tango Card. When an activity is completed, an e-mail will be sent with information on how to redeem your rewards on a gift card of your choice. Multiple retailers are</p>	Reward and Incentive Programs are not offered.

	2025 (this year)	2026 (next year)
	available. Annual Reward maximum of \$100.	

SECTION 3 How to Change Plans

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

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Independent Health's Encompass 65 (HMO).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Independent Health's Encompass 65 (HMO).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at (800) 665-1502 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty.
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Independent Health offers other Medicare health plans and Medicare drug plans. These other plans can have different coverage, monthly premiums, and cost-sharing amounts. As a reminder, Independent Health offers other Medicare health plans. These other plans may differ in coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778 or

- Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** 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 (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the New York State Department of Health. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, 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.

Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 5 Questions?

Get Help from Independent Health's Encompass 65 (HMO)

- **Call Customer Services at (716) 250-4401 or toll free at 1(800) 665-1502. (TTY users call 711.)**

We're 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 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the 2026 *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. Get the *Evidence of Coverage* on our website at www.independenthealth.com/medicare or call Member Services at (800) 665-1502 (TTY users call 711) to ask us to mail you a copy.

- Visit www.independenthealth.com/medicare

Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get 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).

Call Health Insurance Information, Counseling and Assistance Program (HIICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call HIICAP at 1-800-701-0501. You can learn more about HIICAP by visiting (www.aging.ny.gov).

Get Help 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 can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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 "2026 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, 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: medicare@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.

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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-665-1502 (TTY: 711) or speak to your provider.

Español (Spanish): ATENCIÓN: Si habla español, hay servicios de asistencia lingüística disponibles para usted de forma gratuita. También están disponibles, sin cargo adicional, los auxilios y servicios apropiados para proporcionar información en formatos accesibles. Llame al 1-800-665-1502 (TTY: 711) o hable con su proveedor.

中文 (Simplified Chinese): 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-665-1502（文本电话：711）或咨询您的服务提供商。

台語 (Traditional Chinese): 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-665-1502（TTY：711）或與您的提供者討論。

РУССКИЙ (Russian): ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-665-1502 (TTY: 711) или обратитесь к своему поставщику услуг.

יידיש (Yiddish): נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אידס און באדינונגס פֿאַר פראוויידינג אינפֿאָרמאַציע אין צוטריטלעך פֿאַרמאָטירונגען זענען אויך בנימצא פריי. רופן 1-800-665-1502 (TTY: 711) אָדער רעדן מיט דיין טרעגער.

বাংলা (Bengali): মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন বিনামূলে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অাে সযোগ ফরমাটে তথ্য দানের জন উপযু সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূলে উপলব্ধ রয়েছে। 1-800-665-1502 (TTY: 711) ন রে কল ক ন অথবা আপনার দানকারীর সাথে কথা বলুন।

Kreyòl Ayisyen (Haitian Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-800-665-1502 (TTY: 711) oswa pale avèk founisè w la.

한국어 (Korean): 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로

제공됩니다. 1-800-665-1502 (TTY: 711) 번으로 전화하거나 서비스 제공 업체에 문의하십시오.

(Arabic) العربية: تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-665-1502 (TTY: 711) أو تحدث إلى مقدم الخدمة.

Italiano (Italian): ATTENZIONE: Se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti per te. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il 1-800-665-1502 (TTY: 711) o parla con il tuo fornitore.

Français (French): ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-665-1502 (TTY: 711) ou parlez à votre prestataire.

POLSKI (Polish): UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-665-1502 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

(Urdu) اردو: توجہ دیں: اگر آپ اردو بولیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیسی میں معلومات فراہم کر کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-800-665-1502 (TTY: 711) پر ال ک یا اپنا فراہم کنندہ سے بات کریں۔

SHQIP (Albanian): VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shpesh për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-800-665-1502 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੁਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-800-665-1502 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

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. 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	800-665-1502 or 716-250-4401 Calls to this number are free. 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. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. October 1 - March 31: Monday - Sunday, 8 a.m. - 8 p.m. April 1 - September 30: Monday - Friday, 8 a.m. - 8 p.m.
FAX	716-631-1039
WRITE	511 Farber Lakes Drive, Buffalo, NY 14221 medicareservice@servicing.independenthealth.com
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	Health Insurance Information, Counseling, and Assistance Program New York State Office for the Aging 2 Empire State Plaza Albany, New York 12223-1251
WEBSITE	www.aging.ny.gov