



Independent Health's Medicare Passport® Connect (PPO) offered by Independent Health

Annual Notice of Change for 2026

You're enrolled as a member of Independent Health's Medicare Passport® Connect (PPO).

This material describes changes to our 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 Medicare Passport Connect (PPO).
- 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 www.independenthealth.com or call Member Services at 1-800-665-1502 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-800-665-1502 or 716-250-4401 (TTY users 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. 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 of written materials are available upon request.

About Independent Health's Medicare Passport Connect (PPO)

- 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 Medicare Passport Connect (PPO).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in Independent Health's Medicare Passport Connect (PPO).** Starting January 1, 2026, you’ll get your medical and drug coverage through Independent Health's Medicare Passport Connect (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* *Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$72.30	\$58.80
Medical Deductible	\$0	In-Network \$175 deductible applies to Outpatient Hospital Services Out-of-Network \$175 applies to all Medicare-covered services
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.)	From network providers: \$6,750 From network and out-of-network providers combined: \$10,100	From network providers: \$9,250 From network and out-of-network providers combined: \$13,900
Primary care office visits	In-Network \$0 copayment per visit Out-of-Network 50% Coinsurance per visit	In-Network Tier A PCP - \$0 copayment per visit. Tier B PCP - \$20 copayment per visit. Out-of-Network

	2025 (this year)	2026 (next year)
		\$175 Deductible applies, then 50% Coinsurance per visit
Specialist office visits	In-Network \$40 copayment per visit Out-of-Network 50% Coinsurance per visit	In-Network \$55 copayment per visit. Out-of-Network \$175 Deductible applies, then 50% Coinsurance per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	In-Network: \$325 copayment per day, Days 1-6 \$0 copayment per day, Days 7-90, per benefit period. Unlimited days for Medicare covered stays. \$1,950 annual copayment maximum applies Out-of-Network: 50% coinsurance per admission.	In-Network: Tier A Facility: \$375 copayment per day, Days 1-6 \$0 copayment per day, Days 7-90, per benefit period. Unlimited days for Medicare covered stays. \$2,250 annual copayment maximum applies Tier B facility: \$550 copayment per day, Days 1-4 \$0 copayment per day, Days 5-90, per benefit period. Unlimited days for Medicare covered stays.

	2025 (this year)	2026 (next year)
		\$2,445 annual copayment maximum applies Out-of-Network: \$175 deductible, then 50% per admission.
Part D drug coverage deductible (Go to Section 1.3 for details.)	Deductible: \$575 on all tiers except for covered insulin products and most adult Part D vaccines	Deductible: \$615 on all tiers except for covered insulin products and most adult Part D vaccines.
Part D drug coverage (Go to Section 1.4 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% You pay \$34 per month supply of each covered insulin product on this tier. Drug Tier 2: 25% You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 3: 25% You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: 25%	Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% coinsurance. You pay the lesser of 25% or \$35 per month supply of each covered insulin product on this tier. Drug Tier 2: 25% coinsurance. You pay the lesser of 25% or \$35 per month supply of each covered insulin product on this tier. Drug Tier 3: 25% coinsurance. You pay the lesser of 25% or \$35 per month supply of each covered insulin product on this tier.

	2025 (this year)	2026 (next year)
	<p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: 25%</p> <p>Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs. You can have cost sharing for drugs that are covered under our enhanced benefit.</p>	<p>Drug Tier 4: 25% coinsurance. You pay the lesser of 25% or \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: 25% coinsurance. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.</p> <p>No enhanced drug coverage.</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	\$72.30	\$58.80
(You must also continue to pay your Medicare Part B premium.)		

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

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

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you'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)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from network providers count toward your in-network maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$6,750	\$9,250 Once you've paid \$9,250 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs don't count toward your maximum out-of-pocket amount for medical services.	\$10,100	\$13,900 Once you've paid \$13,900 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers 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 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 www.independenthealth.com.
- 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 our 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.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are no changes to our network of pharmacies for next year.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-800-665-1502 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

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

	2025 (this year)	2026 (next year)
Additional Telehealth Services	In-Network: For telehealth services with a PCP: \$0 copay For telehealth services with a specialist: \$40 copay For telehealth for Urgent Care services: \$55 copay Out-of-Network:	In-Network: For telehealth services with a PCP: Tier A - \$0 copay Tier B - \$20 copay For telehealth services with a specialist: \$55 copay For telehealth for Urgent Care services: \$40 copay

	2025 (this year)	2026 (next year)
	You pay 50% coinsurance for telehealth with a PCP or Specialist physician. You pay \$55 for Urgent Care telehealth services.	Out-of-Network: \$175 Deductible applies, then You pay 50% coinsurance for telehealth with a PCP or Specialist physician. You pay \$40 for Urgent Care telehealth services.
Advanced Radiology Services	<p>In-Network: You pay \$225 Copay for Advanced Radiology.</p> <p>Out-of-Network: You pay a 50% Coinsurance for Advanced Radiology.</p>	<p>In-Network:</p> <p>Tier A provider: You pay \$225 Copay for Advanced Radiology.</p> <p>Tier B provider: You pay \$550 Copay for Advanced Radiology.</p> <p>Out-of-Network: \$175 plan level deductible applies, then you pay a 50% Coinsurance for Advanced Radiology.</p>
Ambulance Services-Ground Ambulance	<p>In-Network: You pay \$300 Copay for evaluation, treatment or transportation by ground ambulance.</p> <p>Out-of-Network: You pay \$300 Copay for evaluation, treatment or transportation by ground ambulance.</p>	<p>In-Network: You pay \$265 Copay for evaluation, treatment or transportation by ground ambulance.</p> <p>Out-of-Network: You pay a \$175 deductible, then \$265 Copay for evaluation, treatment or</p>

	2025 (this year)	2026 (next year)
		transportation by ground ambulance.
Ambulatory Surgical Center Services	<p>In-Network: You pay \$350 Copay for this benefit.</p> <p>Out-of-Network: You pay a 50% Coinsurance for this benefit.</p>	<p>In-Network: You pay \$375 Copay for this benefit.</p> <p>Out-of-Network: \$175 plan level deductible applies, then 50% Coinsurance for this benefit.</p>
Dental Services - Medicare covered	<p>In-Network:</p> <p>You pay \$125 copay for Medicare-covered dental services in an Emergency Room.</p> <p>You pay \$55 copay for Medicare-covered dental services in an Urgent Care facility.</p> <p>You pay \$400 copay for Medicare-covered dental in an Outpatient Hospital Facility.</p> <p>You pay \$350 copay for Medicare-covered dental in an Ambulatory Surgical Center.</p> <p>You pay a \$40 copay for Medicare-covered dental in a Specialist Physician's office.</p>	<p>In-Network:</p> <p>You pay \$115 copay for Medicare-covered dental services in an Emergency Room.</p> <p>You pay \$40 copay for Medicare-covered dental services in an Urgent Care facility.</p> <p>You pay a \$175 deductible then a \$425 copay for Medicare-covered dental in a Tier A Outpatient Hospital Facility.</p> <p>You pay a \$175 deductible then a \$550 copay for Medicare-covered dental in a Tier B Outpatient Hospital Facility.</p> <p>You pay \$375 copay for Medicare-covered dental in an Ambulatory Surgical</p>

	2025 (this year)	2026 (next year)
	<p>Out-of-Network: You pay \$125 copay for Medicare-covered dental services in an Emergency Room.</p> <p>You pay \$55 copay for Medicare-covered dental services in an Urgent Care facility.</p> <p>You pay 50% Coinsurance for Medicare-covered dental services in a Specialist Physician's office, Outpatient Hospital Facility or Ambulatory Surgical Center.</p>	<p>Center.</p> <p>You pay a \$55 copay for Medicare-covered dental in a Specialist Physician's office.</p> <p>Out-of-Network: You pay \$115 copay for Medicare-covered dental services in an Emergency Room.</p> <p>You pay \$40 copay for Medicare-covered dental services in an Urgent Care facility.</p> <p>\$175 plan level deductible applies, then 50% Coinsurance for Medicare-covered dental services in a Specialist Physician's office, Outpatient Hospital Facility and Ambulatory Surgical Center.</p>
Dental Services – Routine and Comprehensive	<p>In-Network and Out-of-Network 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</p>	<p>In-Network and Out-of-Network You pay nothing for preventive dental services.</p> <p>You pay 50% coinsurance for comprehensive dental services.</p> <p>There is a \$1,500</p>

	2025 (this year)	2026 (next year)
	<p>preventive and comprehensive dental services combined Every Year. Allowance is combined for In-Network and Out-of-Network services</p> <ul style="list-style-type: none"> • Oral exams: 2 every calendar year • Cleanings: 2 every calendar year • Fluoride treatment: 2 every calendar year Bitewing x-ray: 2 per calendar year • Full mouth x-ray: 1 every 36 months 	<p>maximum plan allowance for preventive and comprehensive dental services combined Every Year. Allowance is combined for In-Network and Out-of-Network services.</p> <ul style="list-style-type: none"> • Oral exams: 2 every calendar year • Cleanings: 2 every calendar year • Fluoride treatment: 2 every calendar year Bitewing x-ray: 2 per calendar year • Full mouth x-ray: 1 every 36 months
Diagnostic Testing	<p>In-Network: You pay a minimum \$0 Copay for Diagnostic Testing. You pay a maximum \$40 Copay for Diagnostic Testing.</p> <p>Out-of-Network: You pay a 50% Coinsurance for Diagnostic Testing.</p>	<p>In-Network: \$0 copayment for diagnostic tests by a Tier A Primary Care Physician. \$20 copayment for diagnostic tests by a Tier B Primary Care Physician. \$55 copayment for diagnostic tests by all Specialist.</p> <p>Out-of-Network: \$175 plan level deductible applies, then a 50% Coinsurance for Diagnostic Testing.</p>

	2025 (this year)	2026 (next year)
Emergency Care	In-Network and Out-of-Network: You pay a \$125 copay for this benefit.	In-Network and Out-of-Network: You pay a \$115 copay for this benefit.
Fall Prevention Program	In-Network and Out-of-Network: You pay nothing for this benefit.	In-Network and Out-of-Network: This benefit is not covered.
Hearing Aids	In-Network and Out-of-Network: 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.	In-Network and Out-of-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. Benefit is limited to preferred hearing aids through a provider in the Start Hearing Network.
Inpatient Hospital	In-Network: You pay a \$325 copayment for days 1-6. You pay a \$0 copayment for days 7-90.	In-Network: Tier A facility: You pay a \$375 copayment for days 1-6. You pay a \$0 copayment

	2025 (this year)	2026 (next year)
	<p>There is a \$1,950 out-of-pocket limit Every Year. Unlimited number of days for Medicare-covered hospital stays.</p> <p>Out-of-Network:</p> <p>You pay a 50% coinsurance for Inpatient Hospital services.</p>	<p>for days 7-90.</p> <p>There is a \$2,250 out-of-pocket limit Every Year.</p> <p>Unlimited number of days for Medicare-covered hospital stays.</p> <p>Tier B facility: You pay a \$550 copayment for days 1-4.</p> <p>You pay a \$0 copayment for days 5-90.</p> <p>There is a \$2,445 out-of-pocket limit Every Year.</p> <p>Unlimited number of days for Medicare-covered hospital stays.</p> <p>Out-of-Network: \$175 plan level deductible applies, then 50% coinsurance for Inpatient Hospital services.</p>
Inpatient Medical Rehab	<p>In-Network:</p> <p>You pay a \$325 copayment for days 1-6. You pay a \$0 copayment for days 7-90.</p> <p>Out-of-Network:</p>	<p>In-Network:</p> <p>Tier A facility: You pay a \$375 copayment for days 1-6. You pay a \$0 copayment for days 7-90.</p> <p>Tier B facility:</p>

	2025 (this year)	2026 (next year)
	You pay a 50% coinsurance for Inpatient Medical Rehab.	<p>You pay a \$550 copayment for days 1-4.</p> <p>You pay a \$0 copayment for days 5-90.</p> <p>Out-of-Network: \$175 plan level deductible applies, then 50% coinsurance for Inpatient Medical Rehab.</p>
Intensive Outpatient Program Services	This service is not covered.	<p>In-Network: You pay \$55 copay for Intensive Outpatient Program Services.</p> <p>Out-of-Network: \$175 plan level deductible applies, then You pay a 50% coinsurance of the total cost for Intensive Outpatient Program Services.</p>
Medicare-covered Eye Exams	<p>In-Network: You pay a minimum \$0 Copay for Eye Exams. You pay a maximum \$40 Copay for Eye Exams.</p> <p>Out-of-Network: You pay a 50% Coinsurance for Eye Exams.</p>	<p>In-Network: You pay a minimum \$0 Copay for Eye Exams. You pay a maximum \$55 Copay for Eye Exams.</p> <p>Out-of-Network: \$175 plan level deductible then you pay a 50% Coinsurance for Eye Exams.</p>

	2025 (this year)	2026 (next year)
Medicare-covered Hearing Exams	<p>In-Network: You pay a minimum \$0 Copay for Hearing Exams. You pay a maximum \$40 Copay for Hearing Exams.</p> <p>Out-of-Network: You pay a 50% Coinsurance for Hearing Exams.</p>	<p>In-Network: You pay a minimum \$0 Copay for Hearing Exams. You pay a maximum \$55 Copay for Hearing Exams.</p> <p>Out-of-Network: \$175 plan level deductible applies, then you pay a 50% Coinsurance for Hearing Exams.</p>
Medicare-covered Podiatry Services	<p>In-Network: You pay \$40 Copay for Podiatry Services.</p> <p>Out-of-Network: You pay a 50% Coinsurance for Podiatry Services.</p>	<p>In-Network: You pay \$55 Copay for Podiatry Services.</p> <p>Out-of-Network: \$175 plan level deductible applies, then you pay a 50% Coinsurance for Podiatry Services.</p>
Non-Emergency Transportation	<p>In-Network and Out-of-Network:</p> <p>You pay nothing for unlimited rides through SafeRide.</p>	<p>In-Network and Out-of-Network:</p> <p>This benefit is not covered.</p>
Observation Services	<p>In-Network: You pay \$350 Copay for Observation Services.</p>	<p>In-Network:</p> <p>Tier A Facility: \$375 Copay for observation services.</p> <p>Tier B Facility: \$550 Copay</p>

	2025 (this year)	2026 (next year)
	Out-of-Network: You pay a 50% Coinsurance for Observation Services.	for observation services. Out-of-Network: \$175 plan level deductible applies, then you pay a 50% Coinsurance for Observation Services.
Outpatient Hospital Services	In-Network: You pay \$400 Copay for Medicare-covered Outpatient Hospital Services. Out-of-Network: You pay a 50% Coinsurance for Medicare-covered Outpatient Hospital Services.	In-Network: Tier A Outpatient Facility: \$175 plan level deductible applies, then \$425 Copay for outpatient hospital services. Tier B Outpatient Facility: \$175 deductible applies, then \$550 Copay outpatient hospital services. Out-of-Network: \$175 plan level deductible applies, then you pay a 50% Coinsurance for Outpatient Hospital Services.
Over-The-Counter (OTC) Items	In-Network: You pay nothing for this benefit. There is a \$100 allowance every three months. You must use NationsOTC.	This service is not covered.

	2025 (this year)	2026 (next year)
	Out-of-Network: You must use NationsOTC.	
Part B Drug Administration	In-Network You pay nothing for the administration of a Part B drug in a Primary Care Provider's office. You pay \$40 copay for the administration of a Part B drug in a Specialist Provider's office. Out-of-Network You pay a 50% Coinsurance for Part B Drug administration	In-Network \$0 copayment for Part B drug administration in a Tier A Primary Care Provider's office. \$20 copayment for Part B drug administration in a tier B Primary Care Provider's office. \$55 copayment for Part B drug administration in a Specialist Physician's office. Out-of-Network \$175 plan level deductible applies, then 50% coinsurance for Part B Drug administration
Primary Care Physician Services	In-Network: You pay nothing for this benefit. Out-of-Network: You pay a 50% Coinsurance for Primary Care Physician Services.	In-Network: Tier A Primary care physician visit: \$0 Copay. Tier B Primary care physician visit: \$20 Copay. Out-of-Network: \$175 plan level deductible applies, then you pay a 50% Coinsurance for

	2025 (this year)	2026 (next year)
		Primary Care Physician Services.
Routine Hearing Exams	<p>In-Network: You pay a minimum \$0 Copay for Routine Hearing Exams. You pay a maximum \$40 Copay for Routine Hearing Exams.</p> <p>Out-of-Network: You pay a 50% Coinsurance for Routine Hearing Exams.</p>	<p>In-Network: You pay a minimum \$0 Copay for Routine Hearing Exams. You pay a maximum \$55 Copay for Routine Hearing Exams.</p> <p>Out-of-Network: You pay a 50% Coinsurance for Routine Hearing Exams.</p>
Skilled Nursing Facility (SNF) Medicare-covered stay	<p>In-Network: You pay a \$0 copay for days 1-20 for SNF care. You pay a \$214 copay for days 21-100 for SNF care.</p> <p>Out-of-Network: You pay the 50% coinsurance of the total cost for days.</p>	<p>In-Network: You pay a \$0 copay for days 1-20 for SNF care. You pay a \$218 copay for days 21-100 for SNF care.</p> <p>Out-of-Network: \$175 plan level deductible applies, then you pay the 50% coinsurance of the total cost for days.</p>
Specialist Physician Services	<p>In-Network: You pay \$40 Copay for Specialist Physician Services.</p> <p>Out-of-Network: You pay a 50% Coinsurance for Specialist Physician Services.</p>	<p>In-Network: You pay \$55 Copay for Specialist Physician Services.</p> <p>Out-of-Network: \$175 plan level deductible applies, then you pay a 50% Coinsurance for</p>

	2025 (this year)	2026 (next year)
		Specialist Physician Services.
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	In-Network: You pay \$25 Copay for this benefit. Out-of-Network: You pay a 50% Coinsurance for this benefit.	In-Network: You pay \$20 Copay for this benefit. Out-of-Network: \$175 plan level deductible applies, then you pay a 50% Coinsurance for this benefit.
Supplemental Nutritional Counseling	In-Network: You pay nothing for this benefit Out-of-Network: This benefit is not covered.	In-Network and Out-of-Network: This benefit is not covered.
Urgent Care Coverage	In-Network and Out-of-Network: You pay \$55 Copay for this benefit.	In-Network and Out-of-Network: You pay \$40 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 \$115 copay for this benefit. There is a \$10,000 plan benefit limit per occurrence for unforeseen care.

	2025 (this year)	2026 (next year)
Worldwide Emergency Transportation	<p>You pay a \$300 copay for Worldwide Emergency transportation, treatment or evaluation by ground ambulance.</p> <p>You pay a 20% coinsurance for Worldwide Emergency transportation, treatment or evaluation by air ambulance. There is a \$10,000 plan benefit limit per occurrence for unforeseen care.</p>	<p>You pay a \$265 copay for Worldwide Emergency Transportation, treatment or evaluation by ground ambulance.</p> <p>You pay a 20% coinsurance for Worldwide Emergency Transportation, treatment or evaluation by air ambulance. There is a \$10,000 plan benefit limit per occurrence for unforeseen care.</p>
Worldwide Urgent Coverage	<p>You pay a \$55 copay for this benefit. There is a \$10,000 plan benefit limit per occurrence for unforeseen care.</p>	<p>You pay a \$40 copay for this benefit. There is a \$10,000 plan benefit limit per occurrence for unforeseen care.</p>

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. Your plan uses Independent Health's Standard formulary and a copy of our Drug List is provided electronically. Your Drug List is called Independent Health's Medicare Advantage 2026 Standard Part D Formulary.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your Evidence of Coverage and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-800-665-1502 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We have sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by September 30th, 2025, call Member Services at 1-800-665-1502 or 716-250-4401 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs total drug costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2025 (this year)	2026 (next year)
Yearly Deductible	The deductible is \$575 .	The deductible is \$615 .

Drug Costs in Stage 2: Initial Coverage

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long term supply or for mail order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1 - Preferred Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of the total cost. You pay \$34 per month supply of each covered insulin product on this tier.	25% of the total cost. You pay the lesser of 25% or \$35 per month supply of each covered insulin product on this tier.

	2025 (this year)	2026 (next year)
Tier 2 - Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.	25% of the total cost. You pay the lesser of 25% or \$35 per month supply of each covered insulin product on this tier.
Tier 3 - Preferred Brand We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.	25% of the total cost. You pay the lesser of 25% or \$35 per month supply of each covered insulin product on this tier.
Tier 4 - Non-Preferred Drug We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.	25% of the total cost. You pay the lesser of 25% or \$35 per month supply of each covered insulin product on this tier.
Tier 5 - Specialty Tier We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of the total cost.	25% of the total cost.

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-800-665-1502 (TTY users call 711) or visit www.Medicare.gov.
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.</p> <p>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 available.</p> <p>Annual Reward maximum of \$100.</p>	Reward and Incentive Programs are not offered.

SECTION 3 How to Change Plans

To stay in Independent Health's Medicare Passport Connect (PPO), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, 2025, you'll automatically be enrolled in our Independent Health's Medicare Passport Connect (PPO).

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 Medicare Passport Connect (PPO).
- **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 Medicare Passport Connect (PPO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-800-665-1502 or 716-250-4401 (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 (Go to Section 1.1).
- **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 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 can 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 can 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 call 1-800-325-0778
 - 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 New York State Department of Health. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.** Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at (800)665-1502 (TTY users should call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Independent Health's Medicare Passport Connect (PPO)

- **Call Member Services at 1-800-665-1502 or 716-250-4401. (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, go to the 2026 *Evidence of Coverage* for Independent

Health's Medicare Passport Connect (PPO). The *Evidence of Coverage* is the legal, detailed description of our 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 1-800-665-1502 or 716-250-4401 (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/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

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 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. 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 and Prescription Drug Formularies

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

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

- Independent Health's Medicare Advantage Physician/Provider Directory
- Independent Health's Medicare Advantage Pharmacy Directory
- Liberty Dental® Dental Directory
- EyeMed® "Insight Network" Directory (for routine/refractive eye exam providers)
- SilverSneakers® Fitness Program participating facility listing
- Start Hearing participating network provider listing
- Independent Health's Medicare Advantage 2026 Standard Part D Formulary

All of this information is available online at [**www.independenthealth.com/Medicare**](http://www.independenthealth.com/Medicare).

If you prefer to receive a copy by mail, please contact Customer Service:

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

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

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

EMAIL: [**medicareservice@servicing.independenthealth.com**](mailto:medicareservice@servicing.independenthealth.com)

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



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

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। অর্থাৎ, সযোগ ফরম্যাটে তথ্য দানের জন উপযুক্ত 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 제공업체에 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۔ قال 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 ن اپ م کنندہ سے ات ک ن۔

SHQIP (Albanian): VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë 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 Customer Service 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 Customer Service 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 Customer Service 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 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 Medicare Passport Connect (PPO) Member Services

Method	Member Services – Contact Information
CALL	1-800-665-1502 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 Service also has free language interpreter services available for non-English speakers.
TTY	Call 711 This number 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/medicare

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: 1-800-665-1502
TTY	Call 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