



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

Annual Notice of Change for 2027

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, 2026, you'll stay in Independent Health's Encompass 65 (HMO).
- To change to a **different plan**, visit [Medicare.gov](https://www.medicare.gov) or review the list in the back of your *Medicare & You* 2027 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 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, 2026, you'll automatically be enrolled in Independent Health's Encompass 65 (HMO).** Starting January 1, 2027, 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 that is added to your monthly premium if you enroll in Medicare drug coverage in the future.
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Summary of Important Costs for 2027

	2026 (this year)	2027 (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	Tier A: \$0 copayment per visit Tier B: \$20 copayment per visit	\$0 copayment per visit
Specialist office visits	Tier A: \$10 copayment per visit Tier B: \$50 copayment per visit	\$30 copayment per visit

	2026 (this year)	2027 (next year)
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	Tier A Facility: 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. Tier B Facility: 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.	\$300 copayment per day, days 1 through 5, then \$0 copayment per day, days 6 through 90, per benefit period. Annual copayment maximum of \$1,500 Unlimited days for Medicare covered stays.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (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.	\$11	\$60

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.

	2026 (this year)	2027 (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	\$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 2027 *Provider Directory* 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 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. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Advanced Radiology Services	Tier A: \$50 Copayment for Advanced Radiology. Tier B: \$550 Copayment for Advanced Radiology.	You pay a \$150 Copay for Advanced Radiology.
Ambulance Services- Medicare-covered Ground Ambulance	You pay \$150 Copay for evaluation, treatment or transportation by ground ambulance.	You pay \$275 Copay for evaluation, treatment or transportation by ground ambulance.
Ambulatory Surgical Center Services	You pay \$100 Copay for all services performed in an Ambulatory Surgical Center.	You pay \$300 Copay for all services performed in an Ambulatory Surgical Center.
Dental Services	You pay \$50 Copay for Medicare-covered dental services in an Urgent Care facility. You pay \$130 Copay for Medicare-covered dental services in an Emergency Room. You pay \$100 Copay for Medicare-covered dental in a Tier A Outpatient Hospital Facility. You pay \$550 Copay for Medicare-covered dental in	You pay \$50 Copay for Medicare-covered dental services in an Urgent Care facility. You pay \$130 Copay for Medicare-covered dental services in an Emergency Room. You pay \$300 Copay for Medicare-covered dental in an Outpatient Hospital Facility. You pay \$30 Copay for Medicare-covered dental

	2026 (this year)	2027 (next year)
	a Tier B Outpatient Hospital Facility. You pay \$10 Copay for Medicare-covered dental in a Tier A Specialist Physician's office. You pay \$50 Copay for Medicare-covered dental in a Tier B Specialist Physician's office.	in a Specialist Physician's office.
Diagnostic Testing	Tier A: You pay a \$0 Copay for diagnostic testing with a primary care provider. You pay a \$10 Copay for diagnostic testing with a specialist. Tier B: You pay a \$20 Copay for diagnostic testing with a primary care provider. You pay a \$50 Copay for diagnostic testing with a specialist.	You pay a \$0 Copay for diagnostic testing with a primary care provider. You pay a \$30 Copay for diagnostic testing with a specialist.
Inpatient Hospital	Tier A Facility: 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. Tier B Facility: You pay a \$550 Copayment for days 1-5. You pay a \$0 Copayment for days 6-90.	You pay a \$300 Copayment for days 1-5. You pay a \$0 Copayment for days 6-90. There is a \$1,500 out-of-pocket limit Every Year. Unlimited number of days for Medicare-covered hospital stays.

	2026 (this year)	2027 (next year)
	There is a \$2,750 out-of-pocket limit Every Year. Unlimited number of days for Medicare-covered hospital stays.	
Inpatient Medical Rehab	Tier A facility: You pay a \$150 Copayment for days 1-5. You pay a \$0 Copayment for days 6-90. Tier B facility: You pay a \$550 Copayment for days 1-5. You pay a \$0 Copayment for days 6-90.	You pay a \$300 Copay for days 1-5. You pay a \$0 Copay for days 6-90.
Inpatient Psychiatric Medicare-covered	You pay a \$250 Copayment for days 1-6. You pay a \$0 Copayment for days 7-90.	You pay \$300 Copay for days 1-5. You pay \$0 Copay for days 6-90.
Inpatient Substance Abuse	You pay a \$250 Copayment for days 1-6. You pay a \$0 Copayment for days 7-90.	You pay \$300 Copay for days 1-5. You pay \$0 Copay for days 6-90.
Medicare-covered Eye Exams	You pay a \$0 Copay for Eye Exams with a primary care provider. You pay a \$10 Copay for Eye Exams with a specialist.	You pay a \$0 Copay for Eye Exams with a primary care provider. You pay a \$30 Copay for Eye Exams with a specialist.
Medicare-covered Hearing Exams	You pay a \$0 Copay for Routine Hearing Exams with a primary care	You pay a \$0 Copay for Routine Hearing Exams with a primary care

	2026 (this year)	2027 (next year)
	provider. You pay a \$10 Copay for Routine Hearing Exams with a specialist.	provider. You pay a \$30 Copay for Routine Hearing Exams with a specialist.
Medicare-covered Occupational Therapy Services	You pay \$10 Copay for Occupational Therapy Services.	You pay \$35 Copay for Occupational Therapy Services.
Medicare-covered Opioid Treatment Services	You pay \$40 Copay for this Medicare-covered Opioid Treatment Services.	You pay \$0 Copay for this Medicare-covered Opioid Treatment Services.
Medicare-covered Other Health Care Professional Services	You pay a minimum \$10 Copay for Other Health Care Professional Services in Tier A. You pay a maximum \$50 Copay for Other Health Care Professional Services in Tier B.	You pay \$30 Copay for Other Health Care Professional Services.
Medicare-covered Outpatient Hospital Services	Tier A Outpatient Facility: \$100 Copay for outpatient hospital services. Tier B Outpatient Facility: \$550 Copay for outpatient hospital services.	You pay \$300 Copay for Outpatient Hospital Services.
Medicare-covered Physical Therapy and Speech Therapy Services	You pay \$10 Copay for Medicare-covered Physical Therapy and Speech Therapy Services.	You pay \$35 Copay for Medicare-covered Physical Therapy and Speech Therapy Services.
Medicare-covered Physician Specialist Services	Tier A Specialist visit: \$10 Copay. Tier B Specialist visit: \$50 Copay.	You pay a \$30 Copay for Specialist visit.
Medicare-covered Podiatry Services	You pay \$10 Copay for Podiatry Services.	You pay \$30 Copay for Podiatry Services.

	2026 (this year)	2027 (next year)
Medicare-covered X-Ray Services	You pay \$25 Copay for Medicare-covered X-Ray Services.	You pay \$35 Copay for Medicare-covered X-Ray Services.
Non-Emergency Medical Transportation	You pay nothing for 24 one-way rides through Nations Benefits.	You pay nothing for 24 one-way rides through Nations Benefits. Unlimited amount of rides to VA facilities in the Western New York area.
Observation Services	Tier A Facility: \$150 Copay. Tier B Facility: \$550 Copay.	You pay \$300 Copay for Observation Services.
Remote Access Technologies	For telehealth services with a PCP: Tier A - \$0 Copay Tier B - \$20 Copay For telehealth services with a specialist: Tier A specialists - \$10 Copay Tier B specialists - \$50 Copay For telehealth for Urgent Care services: \$50 Copay Teladoc: \$25 Copay	For telehealth services with a PCP: \$0 Copay For telehealth services with a specialist: \$30 Copay For telehealth for Urgent Care services: \$50 Copay Teladoc: \$0 Copay
Routine Hearing Exams	You pay a \$0 Copay for Routine Hearing Exams with a primary care provider. You pay a \$10 Copay for Routine Hearing Exams with a specialist.	You pay a \$0 Copay for Routine Hearing Exams with a primary care provider. You pay a \$30 Copay for Routine Hearing Exams with a specialist.
Skilled Nursing Facility (SNF) Medicare-covered stay	You pay a \$0 Copay for days 1-20 for SNF care. You pay a	You pay a \$0 Copay for days 1-20 for SNF care.

	2026 (this year)	2027 (next year)
	\$218 Copay for days 21-100 for SNF care.	You pay a \$221 Copay for days 21-100 for SNF care.
Worldwide Emergency Transportation	You pay a \$150 Copay for Worldwide Emergency Transportation, treatment or evaluation by air ambulance or ground ambulance. 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.	You pay a \$275 Copay for Worldwide Emergency Transportation, treatment or evaluation by air ambulance or ground ambulance. 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.

SECTION 2 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 Medicare health 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 2027, 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). Remember, not all Medicare health plans cover prescription drugs. Also be aware that for many plans you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate 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 [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), 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 2.1 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, 2027, 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, 2027.

Section 2.2 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 3 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 4 Questions?

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

- **Call Member 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 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, look in the 2027 *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 independenthealth.com/medicare or call Member Services at (800) 665-1502 (TTY users call 711) to ask us to mail you a copy.

- **Visit 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 (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 [Medicare.gov](https://www.Medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

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

- **Visit [Medicare.gov](https://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 2027***

The *Medicare & You 2027* 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 [Medicare.gov](https://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 “2027 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

All of this information is available online at **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 **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 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 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 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	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	aging.ny.gov