



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

Annual Notice of Change for 2027

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, 2026, you'll stay in Independent Health's Medicare Passport Connect (PPO).
- 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 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, 2026, you’ll automatically be enrolled in Independent Health's Medicare Passport Connect (PPO).** Starting January 1, 2027, you’ll get your medical and drug coverage through Independent Health's Medicare Passport Connect (PPO). Go to Section 2 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* *Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$58.80	\$81.00
Medical Deductible	In-Network \$175 deductible applies to Outpatient Hospital Services Out-of-Network \$175 applies to all Medicare-covered services	In-Network \$275 deductible applies to Outpatient Hospital Services Out-of-Network \$275 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: \$9,250 From network and out-of-network providers combined: \$13,900	From network providers: \$9,850 From network and out-of-network providers combined: \$14,800
Primary care office visits	In-Network Tier A: \$0 copayment per visit Tier B: \$20 copayment per visit Out-of-Network	In-Network \$0 copayment per visit Out-of-Network Deductible then 50% Coinsurance per visit

	2026 (this year)	2027 (next year)
	Deductible then 50% Coinsurance per visit	
Specialist office visits	In-Network \$55 copayment per visit Out-of-Network Deductible then 50% Coinsurance per visit	In-Network \$55 copayment per visit. Out-of-Network Deductible then 50% Coinsurance per visit
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.	In-Network: Tier A: \$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: \$550 copayment per day, Days 1-4 \$0 copayment per day, Days 5-90, per benefit period. Unlimited days for Medicare covered stays. \$2,445 annual copayment maximum applies Out-of-Network: Deductible then 50% Coinsurance per admission.	In-Network: \$450 copayment per day, Days 1-5 \$0 copayment per day, Days 6-90, per benefit period. Unlimited days for Medicare covered stays. \$2,250 annual copayment maximum applies Out-of-Network: Deductible then 50% Coinsurance per admission.

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible Deductible: \$615 on all tiers except for covered insulin products and most adult Part D vaccines 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. Drug Tier 4: 25% coinsurance. You pay the lesser of 25% or \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 25% coinsurance.	Part D drug coverage deductible Deductible: \$700 on all tiers except for covered insulin products and most adult Part D vaccines. 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. Drug Tier 4: 25% coinsurance. You pay the lesser of 25% or \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 25% coinsurance.

	2026 (this year)	2027 (next year)
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs. No enhanced drug coverage.	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs. No enhanced drug coverage.

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	\$58.80	\$81.00
(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 Part D or 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 3 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.

	2026 (this year)	2027 (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.	\$9,250	\$9,850 Once you've paid \$9,850 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.	\$13,900	\$14,800 Once you've paid \$14,800 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 2027 *Provider Directory* 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 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. You may have a special enrollment period if your provider leaves the plan network.

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.

	2026 (this year)	2027 (next year)
Ambulatory Surgical Center Services	In-Network: You pay \$375 Copay for this benefit. Out-of-Network: Plan level deductible applies, then 50% Coinsurance for this benefit.	In-Network: You pay \$400 Copay for this benefit. Out-of-Network: Plan level deductible applies, then 50% Coinsurance for this benefit.
Annual Physical Exam	Annual Physical Exam (also known as the “Enhanced Annual Visit”). As a member of our Plan, you can receive an annual “Enhanced	The Annual Physical Exam is no longer covered. You will still have access to the Medicare Annual wellness visit with your provider.

	2026 (this year)	2027 (next year)
	Annual Visit” also referred to as an “EAV”. Only your chosen PCP currently on record with Independent Health can perform and bill for the annual EAV. You can receive an annual EAV one (1) time per calendar year. Once you have the EAV performed during the plan calendar year, the benefit is exhausted.	This is covered once every 12 months and is used to develop or update a personalized prevention plan based on your current health and risk factors.
Dental Services	In-Network: You pay \$115 Copay for Medicare-covered dental services in an Emergency Room. You pay \$40 Copay for Medicare-covered dental services in an Urgent Care facility. You pay the deductible then a \$425 Copay for Medicare-covered dental in a Tier A Outpatient Hospital Facility. You pay the deductible then a \$550 Copay for Medicare-covered dental in a Tier B Outpatient Hospital Facility. You pay \$375 Copay for Medicare-covered dental in an Ambulatory Surgical	In-Network: You pay \$115 Copay for Medicare-covered dental services in an Emergency Room. You pay \$40 Copay for Medicare-covered dental services in an Urgent Care facility. You pay the deductible and then \$450 Copay for Medicare-covered dental in an Outpatient Hospital Facility. You pay \$400 Copay for Medicare-covered dental in an Ambulatory Surgical Center. You pay a \$55 Copay for Medicare-covered dental

	2026 (this year)	2027 (next year)
	Center. You pay a \$55 Copay for Medicare-covered dental in a Specialist Physician's office. Out-of-Network: You pay \$115 Copay for Medicare-covered dental services in an Emergency Room. You pay \$40 Copay for Medicare-covered dental services in an Urgent Care facility. 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.	in a Specialist Physician's office. Out-of-Network: You pay \$115 Copay for Medicare-covered dental services in an Emergency Room. You pay \$40 Copay for Medicare-covered dental services in an Urgent Care facility. You pay the deductible and then 50% Coinsurance for Medicare-covered dental services in a Specialist Physician's office, Outpatient Hospital Facility or Ambulatory Surgical Center.
Diagnostic Testing	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.	In-Network: You pay a \$0 Copay for diagnostic testing with a Primary Care Provider. You pay a \$55 Copay for diagnostic testing with a Specialist. Out-of-Network: You pay the deductible and then a 50%

	2026 (this year)	2027 (next year)
	Out-of-Network: Plan level deductible applies, then a 50% Coinsurance for Diagnostic Testing.	Coinsurance for this benefit.
Fitness Benefit	In-Network: You pay nothing for this benefit. Out-of-Network: You pay nothing for this benefit when using a Silver Sneakers facility.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay the \$500 deductible and then 50% Coinsurance for this benefit.
Hearing Aids - Audiogram	In-Network and Out-of-Network: \$45 copay for audiogram \$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.	Not Covered.

	2026 (this year)	2027 (next year)
Inpatient Hospital	In-Network: Tier A facility: You pay a \$375 Copayment for days 1-6. You pay a \$0 Copayment for days 7-90. There is a \$2,250 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 1-4. You pay a \$0 Copayment for days 5-90. There is a \$2,445 out-of-pocket limit Every Year. Unlimited number of days for Medicare-covered hospital stays. Out-of-Network: You pay the plan level deductible and then a 50% Coinsurance for Inpatient Hospital services.	In-Network: You pay a \$450 Copayment for days 1-5. You pay a \$0 Copayment for days 6-90. There is a \$2,250 out-of-pocket limit Every Year. Unlimited number of days for Medicare-covered hospital stays. Out-of-Network: You pay the deductible and then a 50% Coinsurance for Inpatient Hospital services.

	2026 (this year)	2027 (next year)
Inpatient Medical Rehab	In-Network: Tier A facility: You pay a \$375 Copayment for days 1-6. You pay a \$0 Copayment for days 7-90. Tier B facility: You pay a \$550 Copayment for days 1-4. You pay a \$0 Copayment for days 5-90. Out-of-Network: Plan level deductible applies, then 50% Coinsurance for Inpatient Medical Rehab.	In-Network: You pay a \$450 Copay for days 1-5. You pay a \$0 Copay for days 6-90. Out-of-Network: Plan level deductible applies, then 50% Coinsurance for Inpatient Medical Rehab.
Medicare-covered Diabetic Monitors	This service is not covered.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay the deductible and then 50% Coinsurance for this Medicare-covered Diabetic Monitors.
Medicare-covered Primary Care Physician Services	In-Network: Tier A Primary care physician visit: \$0 Copay. Tier B Primary care physician visit: \$20 Copay.	In-Network: You pay a \$0 Copay for primary care physician. Out-of-Network: You pay the deductible

	2026 (this year)	2027 (next year)
	Out-of-Network: Plan level deductible applies, then you pay a 50% Coinsurance for Primary care physician.	and then 50% Coinsurance for this benefit.
Observation Services	In-Network: Tier A Facility: \$375 Copay. Tier B Facility: \$550 Copay. Out-of-Network: You pay the deductible and then a 50% Coinsurance for Observation Services.	In-Network: You pay \$450 Copay for Observation Services. Out-of-Network: You pay the deductible and then a 50% Coinsurance for Observation Services.
Outpatient Hospital Services	In-Network: Tier A Outpatient Facility: Plan level deductible applies, \$425 Copay for outpatient hospital services. Tier B Outpatient Facility: Plan level deductible applies, \$550 Copay for outpatient hospital services. Out-of-Network: Plan level deductible applies, then you pay a 50% Coinsurance for Outpatient Hospital Services.	In-Network: Plan level deductible applies and then a \$450 Copay for Medicare-covered Outpatient Hospital Services. Out-of-Network: Plan level deductible applies and then a 50% Coinsurance for this Medicare-covered Outpatient Hospital Services.

	2026 (this year)	2027 (next year)
Parkinson's Boxing Fitness Classes	You pay \$20 Copay.	This benefit is not covered.
Remote Access Technologies	Teladoc: \$25 Copayment	Teladoc: Not Covered.
Skilled Nursing Facility (SNF) Medicare-covered stay	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. Out-of-Network: Plan level deductible applies, then you pay the 50% Coinsurance of the total cost for days.	In-Network: You pay a \$0 Copay for days 1-20 for SNF care. You pay a \$221 Copay for days 21-100 for SNF care. Out-of-Network: Plan level deductible applies, then you pay the 50% Coinsurance of the total cost for days.

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. A copy of our Drug List is provided electronically and posted online at independenthealth.com/individuals-and-families/medicare. Your Drug List is called Independent Health's Medicare Advantage 2027 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 you about your drug costs. If you get Extra Help and you don't get this material by September 30th, 2026, 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.

- **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 reach \$2,400.

- **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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2026 (this year)	2027 (next year)
Yearly Deductible	The deductible is \$615 .	The deductible is \$700 .

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; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 - Preferred Generic	25% of the total cost.	25% of the total cost.
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.	You pay the lesser of 25% or \$35 per month supply of each covered insulin product on this tier.	You pay the lesser of 25% or \$35 per month supply of each covered insulin product on this tier.

	2026 (this year)	2027 (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 the lesser of 25% or \$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 the lesser of 25% or \$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 the lesser of 25% or \$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.

SECTION 2 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 type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Independent Health's Medicare Passport Connect (PPO).

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 Medicare Passport Connect (PPO). 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**, you can enroll in a Part D plan, and you'll automatically be 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 [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 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 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 3 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. 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 2027 you do not need to submit a new election request to continue participating in 2027. **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. To learn more about this payment option, call us at (800)665-1502 (TTY users should call 711) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 4 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 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *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 IndependentHealth.com/Medicare or call Member Services at 1-800-665-1502 or 716-250-4401 (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/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 (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.service@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
- Independent Health's Medicare Advantage Formulary

All of this information is available online at [**independenthealth.com/Medicare**](https://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 [**independenthealth.com/findadoc**](https://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 [**independenthealth.com/DrugList**](https://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 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 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	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	aging.ny.gov