

INDEPENDENT HEALTH'S  
2024 Medicare Advantage Plans



Speak with one of our friendly and knowledgeable RedShirts<sup>SM</sup> today:

**OVER THE PHONE**

*Joining Independent Health*

**(716) 504-3239** or **877-893-6387** (TTY:711)

*Current Members*

**(716) 250-4401** or **1-800-665-1502** (TTY: 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.

**FIND A REDSHIRT NEAR YOU**

Visit: [www.IndependentHealth.com/FindaRedShirt](http://www.IndependentHealth.com/FindaRedShirt)



Experience the RedShirt<sup>®</sup> Treatment.





511 Farber Lakes Drive  
Buffalo, NY 14221

Dear Retiree:

Thank you for your interest in Independent Health, the health plan more people choose for their Medicare Advantage plan coverage than any other plan in Western New York.\*

We are pleased to work with your employer to provide you with a choice for your Medicare Advantage group plan. Please take time to review all the benefits Independent Health offers you in 2024, including:

- The ability to **talk with a board-certified doctor through Teladoc®** 24 hours a day, here in WNY and throughout most of the country.
- Earn rewards for healthy behaviors, such as getting your enhanced annual well visit, flu shot and more.
- **Fitness program with SilverSneakers®** at \$0 cost to you.
- **Brook, a free personal health companion app** for your smartphone that provides 24/7 health coaching to help you make daily health decisions and provides support for chronic conditions like diabetes and hypertension.
- **Vision, Dental & Hearing Aid** benefits.
- And more...

A summary of benefits is enclosed for your review. Please review these benefits carefully. If you have questions or need assistance enrolling with Independent Health, contact your group administrator or call our Sales Department at (716) 635-4900 or 1-800-958-4405 (TTY: 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.

Once we receive your completed application from your employer, Independent Health will verify your Medicare eligibility and process your application immediately.

We look forward to serving you through your membership with Independent Health!

Sincerely,

Cathy Aquino  
VP of Sales, Medicare, Consumer & Small Business Markets

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. \*Per CMS enrollment data 7/23. Members may enroll in the plan only during specific times of the year. Contact Independent Health for more information. SilverSneakers is a registered trademark of Tivity Health, Inc. ©2023 Tivity Health, Inc. All rights reserved.

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[independenthealth.com](https://independenthealth.com)



### MEDICARE ADVANTAGE 2024 GROUP ENROLLMENT APPLICATION

Please contact Independent Health if you need information in another language or format (Braille).

To Enroll in an Independent Health group plan, please provide the following information:			
Employer or Union Name:	Group #:	Effective Date:	
Plan Name:			
LAST name:	FIRST name:	Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Birth date: (MM/DD/YYYY) ( ___/___/_____ )	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone Number: (     )	
Permanent Residence street address (P.O. Box is not allowed):			
City:	County:	State:	ZIP Code:
Mailing address, if different from your permanent address (PO Box allowed):			
Street address:	City:	State:	ZIP Code:
Email Address (Optional)*: _____			
<i>*By providing your email address, you are agreeing to receive email communications from Independent Health.</i>			
Please Provide Your Medicare Insurance Information			
Please take out your red, white and blue Medicare card to complete this section. <ul style="list-style-type: none"><li>Fill out this information as it appears on your Medicare card.</li></ul> -OR- <ul style="list-style-type: none"><li>Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.</li></ul>	Name (as it appears on your Medicare card): _____		
	Medicare Number: _____		
	Is Entitled to:	Effective Date:	
	HOSPITAL (Part A)	_____	
	MEDICAL (Part B)	_____	
You must have Medicare Part A and Part B to join a Medicare Advantage Plan			

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.

**Please read and answer these important questions:**

1. Are you the retiree?  Yes  No

If yes, retirement date (month/day/year): \_\_\_\_\_

If no, name of retiree: \_\_\_\_\_

2. Are you covering a spouse or dependents under this employer or union plan?  Yes  No

If yes, name of spouse: \_\_\_\_\_

Name(s) of dependent(s): \_\_\_\_\_

3. Do you or your spouse work?  Yes  No

4. Some individuals may have other drug coverage, including other private insurance, Worker's Compensation, VA benefits or State Pharmaceutical Assistance programs.

Will you have other prescription drug coverage in addition to Independent Health?  Yes  No

If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: \_\_\_\_\_

Member number for this coverage: \_\_\_\_\_

5. Are you a resident in a long-term care facility, such as a nursing home?  Yes  No

If "yes" please provide the following information:

Name of Institution: \_\_\_\_\_

Address & Phone Number of Institution (number and street): \_\_\_\_\_

6. Are you Hispanic, Latino/a, or Spanish in origin? Select all that apply.

No, not of Hispanic, Latino/a, or Spanish origin  Yes, Mexican, Mexican American, Chicano/a

Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino/a, or Spanish origin

I choose not to answer

7. What's your race? Select all that apply.

American Indian or Alaska Native  Asian Indian  Black or African American  Chinese

Filipino  Guamanian or Chamorro  Japanese  Korean  Native Hawaiian  Other Asian

Other Pacific Islander  Samoan  Vietnamese  White  I choose not to answer

**Please choose a Primary Care Physician (PCP) from the Provider Directory (note: required for all plans):**

Physician's Last Name \_\_\_\_\_ Physician's First Name \_\_\_\_\_

Physician's Address \_\_\_\_\_ Current Patient  Yes  No

**Please check one of the boxes below if you would prefer that we send you information in an accessible format.**

Braille  Large Print  Audio CD

Please contact Independent Health at 1-800-665-1502 if you need information in an accessible format other than what's listed above. Our office hours are October 1 – March 31: Monday – Sunday, 8 a.m. – 8 p.m.; April 1- September 30: Monday – Friday, 8a.m.- 8p.m. TTY users can call 711.

**I want to get the following materials electronically:**

Annual Notice of Change

E-mail address: \_\_\_\_\_

**Please Read and Sign Below**

Independent Health is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available (Example: Annual Enrollment Period from October 15 – December 7), or under certain special circumstances.

Independent Health serves a specific service area. If I move out of the area that Independent Health serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Independent Health, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Independent Health when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Independent Health coverage begins, I must get all of my health care from Independent Health, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Independent Health and other services contained in my Independent Health Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR INDEPENDENT HEALTH WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Independent Health, he/she may be paid based on my enrollment in Independent Health.

**Release of Information:** By joining this Medicare health plan, I acknowledged that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Independent Health will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

<b>Signature:</b>	<b>Today's Date:</b>
If you're the authorized representative, you must sign above and fill out provide the following information:	
Name:	Address:
Phone Number:	Relationship to enrollee:

**Office Use Only**

Name of staff member/agent/broker (if assisted in enrollment): \_\_\_\_\_

Plan ID#: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

ICEP/IEP: \_\_\_\_\_ AEP: \_\_\_\_\_ SEP (type): \_\_\_\_\_ Not Eligible: \_\_\_\_\_

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# Group 2024 About the Plan

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## **Are you eligible for Independent Health's Medicare Advantage plans?**

To be eligible for Independent Health's Medicare Advantage plans, it's important that you meet all of the following criteria:

- You must be entitled to Medicare's Medical Insurance Part A and enrolled in Part B.
- You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

## **Encompass 65<sup>®</sup> HMO-POS and Medicare Encompass<sup>®</sup> HMO and HMO-POS Plans**

- Generally, you must live in our service area and not be out of the service area for more than six months. Our service area includes Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming counties in New York state.

## **Medicare Passport PPO Plans**

- Generally, you must live in our service area and not be out of the service area for more than six months. Our service area includes the eight counties of Western New York. Please note some employers may offer out of area coverage which if available, allows you to live anywhere in the United States and access providers who accept Medicare.

Eligibility for any of Independent Health's Medicare Advantage plans is based on your eligibility for Medicare and not on age, health status or prior use of health services. You must continue to pay any required Medicare premiums. Enrollment in one of Independent Health's Medicare Advantage plans will automatically disenroll you from any other Medicare Advantage plan.

## **If you choose a plan with prescription drug coverage, do you qualify for a Low Income Subsidy?**

If you have limited income you may qualify for Extra Help to pay for your prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75) percent of drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, if you qualify you will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, please contact your local Social Security office at 1-800-772-1213 (TTY: 1-800-325-0778) between 7 a.m.-7 p.m., Monday-Friday, or call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours per day, 7 days per week.

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.

## **Enrolling is Easy**

To enroll in one of Independent Health's Medicare Advantage plans, complete the enrollment application included in this booklet and return it to your employer. For assistance with the application, just call us and we'll be glad to help you complete it. Once we receive confirmation of your enrollment from the federal government, we'll send you your member ID card and member kit.

## **Your Independent Health Medicare Advantage Member ID Card**

Once you're an Independent Health Medicare Advantage member, you'll receive a member ID card. Present this card in place of your Medicare card whenever you receive care, and begin enjoying your Independent Health Medicare Advantage plan.

## Your Responsibilities as a Medicare Advantage Plan Member

You have rights and responsibilities as a plan member. If you have any questions regarding your responsibilities, please call (716) 635-4900 or 1-800-958-4405 (TTY: 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.

## Your Right to Appeal

Members have a right to appeal any decision Independent Health makes regarding, but not limited to, a denial, termination, payment or reduction of services. This includes denial of payment for a service after the service has been rendered (post-service) or denial of service prior to the service being rendered (pre-service).

## Enrollment and Disenrollment Information

Ask your Group Administrator for your deadline to change plans. If you enroll in a new Medicare plan your coverage will begin January 1, 2024.

If you join an individual Independent Health Medicare Advantage plan or Original Medicare it would affect your employer or Union health benefits. **If you leave your Group plan, you may not be able to rejoin it. If you have questions, contact your group benefits administrator.**

## Coverage Away From Home

*In-network* – Use the telephone number on your member ID card to locate the nearest network provider.

*Out-of-network* – Your provider should bill Independent Health at the address on the back of your member ID card.

## Drug Formulary

The Individual Practice Association of Western New York, Inc. (IPA/WNY), the physician group that provides care for Independent Health members, has developed and maintained a therapeutic drug formulary since 1992. A drug formulary is a list of the most appropriate and cost-effective medications from which in-network physicians prescribe. When physicians write a prescription for

Independent Health members who have prescription drug coverage, they consult the formulary and select the needed medication. The member also has access to over 64,000 pharmacies across the country, including major pharmacy chains.

## Quality Management

Independent Health provides a comprehensive Quality Management (QM) program in an effort to implement programs to ensure quality clinical care and clinical services. The QM program is devised to evaluate the quality of care and services provided to Independent Health members, and identify opportunities for continuous improvement.

If you have any questions or would like a copy of our drug formulary or Quality Management program, please call our Sales Department at (716) 635-4900 or 1-800-958-4405 (TTY: 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.

## Independent Health's Utilization Management Program and Plan Information

The following is a general overview of Independent Health's Utilization Management (UM) program and plan benefits. Material you will receive upon joining Independent Health will also help you get the very most from your Independent Health coverage.

## Utilization Management (UM)

Independent Health has developed a comprehensive UM Program that provides a framework for evaluating and monitoring the appropriate use of health care services and resources. The purpose of the UM program is to provide an objective process for ensuring access to appropriate, quality and cost effective care for members. Program processes include the objective assessment, evaluation, planning and implementation of health care services. This includes, but is not limited to: out-of-plan requests, out-of-area services, inpatient hospital admissions, skilled nursing facility admissions, discharge planning and home health care. Coverage determinations are made in a timely manner in response to the clinical urgency of a situation and to comply with applicable laws, rules and regulations.

## **Case Management and Disease Management**

Independent Health offers care management programs and services to assist and coordinate care, based on a member's health needs.

Programs are coordinated by health professionals, who provide information on a variety of conditions, such as asthma, diabetes, coronary artery disease, congestive heart failure, COPD, depression, maternity management and other life changing health events. Members are educated and encouraged on how to take an active role in managing their health.

Additional care management programs, including hospital transitional care, frail elderly and palliative care, are available to assist members with complex care needs, who are discharged from the hospital and/or living at home with declining physical functioning relating to chronic and serious illnesses. These programs and services provide support and linkage to resources to optimize a member's independence and comfort.

Members may request a case management evaluation by calling Member Services and asking to speak with the Case Management Department. Call (716) 250-4401 or 1-800-665-1502 (TTY: 711).

**Case Management Hours of Operation:**  
Monday-Friday, 8 a.m.-5 p.m.

## PLAN SPECIFIC INFORMATION

### Plan Specific Information About Independent Health's:

- Encompass 65<sup>®</sup> HMO-POS
- Medicare Encompass<sup>®</sup> HMO and HMO-POS plans

#### Network Providers

You may choose to receive care from doctors, specialists or hospitals in Independent Health's provider network.

#### Out-of-Network Point of Service Benefits (HMO-POS plans only)

You may obtain Medicare-covered services from an out-of-network/out-of-area provider using your Point-of-Service (POS) benefit. Doing so may result in a higher cost share and is subject to any deductible and/or coinsurance as defined in your Evidence of Coverage (EOC). Limitations may apply.

If you choose to go to out-of-network/out-of-area providers, you may have to pay more for the services you receive. Services from out-of-network providers who are geographically in our service area, are NOT covered. Inpatient hospitalization following an emergency room visit, certain outpatient services, emergency care, urgent care and renal dialysis are covered as in-network services.

Medically necessary services covered under the out-of-network benefit and delivered by a non-network provider require a coverage determination and are subject to coinsurance. A coverage determination involves telephoning Independent Health's Member Services to determine if the service is covered and medically necessary seventy-two (72) hours prior to receiving any elective services from a non-network provider. Such services include home infusion, dental services necessitated by accidental injury to sound natural teeth within twelve (12) months of the accident or when medically necessary, covered by our contract, due to congenital disease or anomaly (all other dental services are excluded unless your Group added a preventive dental rider to your plan),

durable medical equipment, admissions to a hospital or skilled nursing facility, skilled home care services, pulmonary rehabilitation, reconstructive procedures and medical supplies.

#### Prior Authorization for Out-of-Network Services to Be Covered at In-Network Cost Sharing

If medically necessary services cannot be provided in-network, your physician must obtain prior written authorization from Independent Health's Medical Director to request coverage for out-of-network services. If the Medical Director agrees that the services are medically necessary, covered by our contract, and that they cannot be provided in-network, an authorization is given for the out-of-network services. This would allow the service to be treated as an in-network service at an in-network cost share. An additional copayment is required for each Medicare service or test.

#### Ancillary Services

Your PCP, OB/GYN, or specialist can arrange for ancillary services you may require, including laboratory, outpatient radiology, outpatient physical therapy, chiropractic, skilled nursing facility, home health care and mental health. Certain services during an office visit may require an additional copayment (see Evidence of Coverage).

## Hospitalization

**Inpatient:** Except for any personal convenience items, all medically necessary inpatient services are covered minus the copayment/coinsurance, if applicable. The inpatient copayment does not apply if you are readmitted to a hospital within 60 days of your discharge from a hospital to a hospital or from a skilled nursing facility to a skilled nursing facility, even if the admission occurred in the previous calendar year.

**Observation/Outpatient Hospital:** Although you may physically be in the hospital, your medical needs may not require an acute inpatient level of care. Instead, you may require what is known as an outpatient level of care, which includes observation and ambulatory surgery. If medical needs can be met at an outpatient level of care, you will remain in the hospital but the copayment applied will be for outpatient services as defined in Chapter 4 of the Evidence of Coverage. Collaborative discussion will occur between the medical staff at the hospital and the medical staff at Independent Health to determine the level of care most appropriate for your medical needs.

**Outpatient:** Medically necessary ambulatory (outpatient) surgery is a covered benefit. Applicable copayment/coinsurance may apply.

Your PCP may be required to obtain prior approval for inpatient and outpatient services in-network.

## Emergency Care (Worldwide Coverage)

In the event you are experiencing a medical emergency, you should dial 911 or immediately go to an emergency room for treatment. You are not required to get approval prior to receiving medical emergency services. Independent Health covers emergency services worldwide but does not cover routine care outside of the United States.

## Post-Stabilization Care

Independent Health or your primary care physician will talk with the doctors who are giving you emergency care to help manage and follow up on your care. When the doctors who are giving you emergency care determine that your condition is stable and the medical emergency is over, what happens next is called “post-stabilization care.” **Your follow-up care (post-stabilization care) will be covered according to Medicare guidelines.** We will cover medically necessary services related to the emergency from the time the non-network provider requests authorization from us until: an in-network provider assumes responsibility for your care; we agree with the non-plan provider on a treatment plan for you; or you are discharged.

## Urgent Care

**Within Service Area** – Always seek urgent care within the service area at an in-network urgent care center, walk-in clinic or from your primary care physician (PCP), who is available or provides coverage 24 hours a day, 7 days a week.

**Outside Service Area** – Seek care at any urgent care center or walk-in clinic. Upon approval by the Medical Director that services rendered were of an urgent nature, Independent Health will reimburse the out-of-network physician at the Medicare fee schedule or limiting charges as payment in full less the applicable copayment/coinsurance. Renal dialysis is covered while a member is temporarily outside the service area, and within the U.S., regardless of whether dialysis was foreseen or unforeseen. You are responsible for the applicable copayment.

**Telemedicine** – See the Evidence of Coverage for benefit details.

## Plan Specific Information About Independent Health's:

- **Medicare Passport® PPO Plans**

### In-Network Providers

As a member of a PPO Plan, you must choose a primary care physician (PCP). A PCP is a physician who meets state requirements and is trained to give you medical care. If your PCP specializes solely in internal medicine, general practice, family practice, geriatrics, pediatrics or obstetrics/gynecology, you may get your routine care from a PCP for a lower copayment.

**If your PCP (or a covering physician that your primary care physician asks you to see in his or her absence) has a secondary specialty other than internal medicine, general practice, family practice, geriatrics, pediatrics or obstetrics/gynecology, you will be required to pay the specialist copayment associated with this physician visit.** Please refer to the physician/provider directory for a listing of physicians designated as PCPs. A PCP may also coordinate the rest of the covered services you get as a plan member.

All Independent Health PPO Medicare Advantage plans include access to out-of-state providers through our partnership with the national MultiPlan Medicare Advantage Network. At these providers, your plan works the same as in-network, giving you the same great coverage on benefits and services when you travel outside of Independent Health's service area.

Visit [www.independenthealth.com/medicare](http://www.independenthealth.com/medicare) before your visit to make sure the provider is in the MultiPlan Medicare Advantage Network or call Member Services. If you choose not to see a MultiPlan Medicare Advantage Network provider you will have to pay your out-of-network cost share, which may be higher.

### Prior Authorization for Out-of-Network Services to Be Covered at In-Network Cost Sharing

If medically necessary services cannot be provided in-network, your physician must obtain prior written authorization from Independent Health's Medical Director to request coverage for out-of-network services. If the Medical Director agrees that the services are medically necessary, covered by our plan, and that they cannot be provided in-network, an authorization is given for the out-of-network services. This would allow the service to be treated as in-network services at an in-network cost share. An additional copayment is required for each Medicare service or test.

### Ancillary Services

Your primary care physician, OB/GYN, or specialist can arrange for ancillary services you may require, including laboratory, outpatient radiology, outpatient physical therapy, chiropractic, skilled nursing facility, home health care and mental health. Certain services during a physician exam may require an additional copayment (see Evidence of Coverage).

### Hospitalization

**Inpatient:** Except for any personal convenience items, all medically necessary, Medicare-covered inpatient services are covered minus the copayment/coinsurance, if applicable. The inpatient copayment does not apply if you are readmitted to a hospital within 60 days of your discharge from a hospital to a hospital or from a skilled nursing facility to a skilled nursing facility.

**Observation/Outpatient Hospital:** Although you may physically be in the hospital, your medical needs may not require an acute inpatient level of care. Instead, you may require what is known as an outpatient level of care, which includes observation and ambulatory surgery. If medical needs can be met at an outpatient level of care, you will remain in the hospital but the copayment applied will be for outpatient services as defined in Chapter 4 of the Evidence of Coverage. Collaborative discussion will occur between the medical staff at the hospital and the medical staff at Independent Health to determine the level of care most appropriate for your medical needs.

**Outpatient:** Medically necessary ambulatory (outpatient) surgery is a covered benefit. Applicable copayment/coinsurance may apply.

On a PPO plan, prior authorization is recommended but not required when using your out-of-network benefits. While you don't need approval in advance for an out-of-network service, you or your doctor can ask us to make a coverage decision in advance.

### **Emergency Care (Worldwide Coverage)**

In the event you are experiencing a medical emergency, you should immediately call 911 or go to an emergency room for treatment. You are not required to get approval prior to receiving medical emergency services. Independent Health covers emergency services worldwide but does not cover routine care outside of the United States.

### **Post-Stabilization Care**

Independent Health or your primary care physician will talk with the doctors who are giving you emergency care to help manage and follow up on your care. When the doctors who are giving you emergency care determine that your condition is stable and the medical emergency is over, what happens next is called "post-stabilization care." **Your follow-up care (post-stabilization care) will be covered according to Medicare guidelines.** We will cover medically necessary services related to the emergency from the time the non-network provider requests authorization from us until: an in-network provider assumes responsibility for your care; we agree with the non-network provider on a treatment plan for you; or you are discharged.

### **Urgent Care**

**Within Service Area** – Always seek urgent care within the service area at an in-network urgent care center, walk-in clinic or from your primary care physician (PCP), who is available or provides coverage 24 hours a day, 7 days a week.

**Outside Service Area** – Seek care at any urgent care center or walk-in clinic. Independent Health will reimburse the out-of-network physician at the Medicare fee schedule or limiting charges, less the appropriate copayment or coinsurance, as payment in full. Renal dialysis is covered while a member is temporarily outside the service area, but within the

U.S., regardless of whether dialysis was foreseen or unforeseen. You are responsible for the applicable copayment/coinsurance.

Telemedicine – See the Evidence of Coverage for benefit details.

### **Out-of-Network Providers**

Includes medically necessary inpatient hospitalization and certain outpatient services provided by non-network providers, in and out of the service area, except in the cases of medical emergency, urgent care, renal dialysis and maternity.

For medically necessary services covered under the out-of-network benefit and delivered by a non-network provider, most services are subject to deductible and/or coinsurance. You may choose to ask Independent Health for a coverage determination prior to seeking services out-of-network. To request a coverage determination, call Independent Health's Member Services to determine if services are covered and medically necessary. Such services include, but are not limited to, inpatient hospital and mental health care, skilled nursing facility care, home health care, certain outpatient surgical procedures, durable medical equipment, MRI, MRA, PET and CT scans and comprehensive dental services.

Independent Health provides reimbursement for all Medicare-covered benefits regardless of whether they are received in-network, as long as they are medically necessary and covered by this contract. If your provider does not accept assignment from Medicare or you have received certain supplies, you may have to pay additional charges.

Out-of-network/non-contracted providers are under no obligation to treat Independent Health's Medicare Passport Advantage PPO members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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*At Independent Health, we're dedicated to making a difference in our members' lives by offering a variety of innovative health plans and services. That's why we make it easy for you to find the right health solutions for all your health care needs.*

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**Sales Department**

**(716) 635-4900** or **1-800-958-4405** toll-free  
(TTY: 711)

**Hours of Operation:**

October 1 – March 31: Monday – Sunday, 8 a.m. – 8 p.m.  
April 1 – September 30: Monday – Friday, 8 a.m. – 8 p.m.



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Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. See the Evidence of Coverage for complete details. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

The information is not a complete description of benefits. Call (716) 635-4900 or 1-800-958-4405 toll-free (TTY: 711) for more information.

Verbal translation of written materials is available via free interpreter services. For those with special needs, accessibility to benefit information or alternative formats of written materials are available upon request.



# RedShirt Rewards<sup>SM</sup>

IT PAYS TO GET AND STAY HEALTHY!

## Independent Health's Medicare RedShirt Rewards Program

As an Independent Health Medicare member, you can earn rewards for completing actions that can help you manage your health and wellness. When you complete an eligible action, you will earn rewards which can be redeemed for a gift card of your choice from participating retailers.

### How It Works

Earning and redeeming your rewards is easy.

1. Activate the program from your MyIH account.
2. Complete an eligible action listed in the chart below.
3. Receive a secure message through your account that allows you to choose your gift card!

### Start Earning Rewards Today

You can earn up to \$100 in RedShirt Rewards each plan year. Below is the list of eligible actions and how often you can earn a reward for each one, which is based on frequency guidelines for preventive services\* recommended by your health care provider.

Action	Frequency Guidelines	Reward Amount
Enhanced Annual Wellness Visit	Every Year	\$20
Health Risk Assessment	Every Year	\$10
Flu Shot	Every Year	\$10
Colon Cancer Screening Complete one of the following: <ul style="list-style-type: none"><li>• FIT Test</li><li>• Cologuard</li><li>• Colonoscopy</li></ul>	Every Year Every Three (3) Years Every Ten (10) Years	\$10
Breast Cancer Screening (Mammogram)	Every Two (2) Years	\$20
Bone Density Test	Every Two (2) Years	\$10
Diabetic Screenings Complete any of these screenings if you're living with diabetes: <ul style="list-style-type: none"><li>• Diabetic Retinal Eye Exam</li><li>• Diabetes Care - A1C Test</li><li>• Kidney Health Evaluation (Urine Test)</li></ul>	Every Year Every Year Every Year	\$10
Routine Blood Test	Every Year	\$10
Routine Vision Exam	Every Year	\$10
Enroll in Paperless EOB - Parts C or D	Every Year	\$5
Enroll in Paperless Annual Notice of Change (ANOC)	Every Year	\$5
Complete Account Activation	Every Year	\$5

## Frequently Asked Questions

### **How do I earn rewards?**

To get started, activate Independent Health's RedShirt Rewards program from your MyIH account — either on the MyIH app or MyIH.com. When you complete an eligible action, you will receive a secure message through your account that will allow you to choose a gift card from a range of participating retailers.

### **When are rewards reflected in my account?**

Rewards are processed daily. Your reward will be reflected in your account as soon as we process your claim or your online action has been completed. Claims for medical or pharmacy services must be received by November 30. Once a reward is earned, you'll receive a message in your account with a link you can use to choose your gift card.

### **What if I do not have access to my account or a computer?**

If you do not have access to a computer, tablet or smartphone, you can still take advantage of the RedShirt Rewards program by calling Member Services at the number below.

### **How do I redeem my rewards?**

You will be able to redeem your rewards through a link sent to your account. If you are unable to access this link, please call Member Services at **(716) 250-4401** or **1-800-665-1502** (TTY: **711**) to process your reward.

### **What is the maximum amount of rewards I can earn?**

You can earn up to a maximum of \$100 in RedShirt Rewards annually. Rewards earned will vary by member based on the frequency guidelines.\*

### **How long do I have to redeem my rewards?**

Reward links must be redeemed for a gift card by December 31 each year. Reward links expire at midnight on December 31 each year. Rewards do not carry over plan year to plan year.

### **Questions? Call a RedShirt®**

(716) 250-4401 or 1-800-665-1502 (TTY: 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.



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.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-665-1502 (TTY: 711). 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. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-1502 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-1502 (TTY: 711)。

\*Not all preventive services are medically appropriate every year. Independent Health uses the frequency guidelines adopted by the Centers for Medicare and Medicaid Services (CMS) and the U.S. Preventive Services Task Force (USPSTF).

Services must be rendered by an in-network/participating provider. Other services performed at the same time as preventive services may be subject to member cost sharing. Benefits vary by plan and are subject to change on January 1 each year. For more details refer to your Evidence of Coverage (EOC).

# \$0 Preventive Services



Staying up to date with your preventive care is key to maintaining and improving your health and well-being. Here is the list of the preventive services that are covered in-network at a \$0 copay with all of Independent Health's Medicare Advantage plans.

## Covered in full (in-network only):

- Abdominal Aortic Aneurysm Screening
- Alcohol Misuse Screening and Behavioral Counseling Intervention
- Bone Density (Osteoporosis Screening)
- Breast Cancer Screening (Mammography)
- Cervical Cancer Screening (Pap Smear)
- Colorectal Cancer Screening, Lab, Pathology, Sigmoidoscopy and Colonoscopy Screening
- Depression Screening
- Diabetes Screening
- Diabetes Self Management Training
- Enhanced Annual Well Visit
- Glaucoma Screening
- Hepatitis C Infection Screening
- HIV Counseling
- HIV Screening
- HPV Screening
- Immunizations (Flu, COVID-19, Pneumonia, Hepatitis B)
- Intensive Behavioral Therapy (IBT) for Cardiovascular Disease
- Lipid Screening (Cardiovascular Screening)
- Lung Cancer Screening
- Medical Nutrition Therapy Services
- Obesity Screening
- Prostate Specific Antigen (PSA) Testing
- Sexually Transmitted Infections Counseling
- Smoking Cessation Counseling

To learn more call Member Services at (716) 250-4401 or 1-800-665-1502 (TTY: 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.



**Not all preventive services are medically appropriate every year.** Independent Health uses the frequency guidelines adopted by CMS and the U.S. Preventive Services Task Force. Additional screenings would require a member to pay a copayment or coinsurance. These services are covered in full when rendered by an in-network/participating provider. There may be other services performed in conjunction with the above preventive care services. These other services will be subject to any applicable member liability per your contract.

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Y0042\_C9203\_M Accepted 07292023



## Get Personalized Health Support with Brook

Independent Health has partnered with Brook to offer personalized health and wellness support right from your smartphone, anytime you need it. With Brook+ and the Brook Health Companion app, keeping track of your health is now easier than ever.

Set wellness goals, receive nutrition advice and feel your best by taking the 1-minute health quiz to be matched with the Brook program that's right for you.

### Your Brook Health Companion App Includes:

- Simple tracking of food, activity, sleep, medication and more.
- Support for general wellness and health conditions like diabetes and high blood pressure.
- Meal planning and nutrition advice from registered dietitians.
- Motivation and accountability from a team of highly trained health experts.
- Assistance setting and reaching goals.

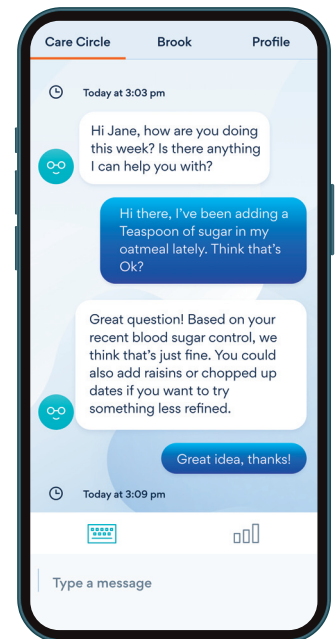
### The Brook+ Diabetes Prevention Program

Introducing a new, proven way to help you lose weight, boost your energy and reduce your risk for type 2 diabetes. Here's what you'll experience in the Brook+ Diabetes Prevention Program:

- Participate in the fully digital program on your own time, with a personal Health Coach who is there to support you every step of the way.
- Watch weekly videos, set goals with your Health Coach and track your progress.
- Receive a fitness tracker\* after 4 weeks of active participation.
- Structured, CDC-recognized curriculum to maintain progress and build lasting habits.

To learn more and sign up, visit: [brook.health/plus-dpp-ih](https://brook.health/plus-dpp-ih)

To contact Brook for technical help, call **1-800-266-4407** (TTY: 711) or visit [www.brook.health](https://www.brook.health)



\* Brook+ is available to eligible Independent Health members based on an eligibility survey. One fitness tracker voucher will be provided per eligible member after 4 weeks of program participation.

In addition to the Brook+ Diabetes Prevention Program offered by Independent Health, all eligible Medicare Advantage members also still qualify to participate in the Medicare Part B **Medicare Diabetes Prevention Program**. This is a traditional in-person, class-based program certified by the CDC. For more information regarding options for participation and what plan might be right for you, please contact an Independent Health RedShirt® by calling (716) 250-4401 or 1-800-665-1502 (TTY: 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.

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Y0042\_C8727\_M Accepted 08162022

# Vision Benefits from EyeMed®



Routine eye and vision exams are an important part of preventive health care. Staying up to date with your exams and prescriptions can help keep your eyes in good condition and improve your quality of life. Eye exams can also support your overall health and wellness by aiding in the early detection of serious health conditions, such as diabetes and heart disease. As part of Independent Health's wellness benefits, our Medicare Advantage members enjoy comprehensive vision coverage that helps keep your health in sharp focus.

## Your Vision Benefit Includes:

- Coverage for routine eye exams and an eyewear allowance.
- Digital retinal imaging, covered in full as part of an in-network routine eye exam with EyeMed.
- Post-cataract routine eye exam and eyewear.

## How It Works:

Locate a provider and schedule an eye exam appointment. With EyeMed, you can choose from thousands of private practitioners and the nation's top optical retailers. Convenient evening and weekend eye exam appointments are available.

For a complete list of providers near you, use the Provider Locator for the Insight network at [www.EyeMed.com](http://www.EyeMed.com) or call **1-877-842-3348** (TTY users call 1-866-308-5375), Monday-Saturday, 8 a.m.-11 p.m.; Sunday, 11 a.m.-8 p.m. ET.



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Y0042\_C9204\_M Accepted 07292023

# Preventive Dental Benefit



Maintaining a healthy mouth is an integral part of your overall health. It starts with keeping up with your preventive dental visits. With Independent Health’s wellness benefits, our Medicare Advantage plan members enjoy routine examinations, cleanings and X-rays that will help keep you smiling.

## Your Preventive Dental Benefit Includes:\*

- Preventive Dental Visit
- Oral Examinations – Once every 6 months.
- Routine Cleaning and Fluoride Treatments – Once every 6 months.
- Bitewing X-rays – 2x per calendar year.
- Full-Mouth X-rays – 1x in a 36-month period.

## How It Works:

Oral exams, routine cleanings, fluoride treatments, bitewing and full-mouth X-rays are fully covered when you visit a participating dentist. When you visit an in-network dentist for covered services, the dentist will directly bill our dental provider, Liberty Dental, making it easier and more convenient for you.

For more information, or to locate a participating dentist, please visit [www.IndependentHealth.com/Medicare](http://www.IndependentHealth.com/Medicare) and go to our “Find a Medicare Provider” page.



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. \*Limitations, cost sharing and restrictions may apply. Benefit and/or copayments/coinsurance may change on January 1 each year.

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Y0042\_C9317\_M Accepted 08062023

## Fitness Program – With SilverSneakers®



Staying active and healthy is easier than ever with Independent Health’s fitness benefit. All our Medicare Advantage plans include the SilverSneakers® program as part of our Wellness Benefits at no additional cost to you.

SilverSneakers is more than a fitness program. It’s an opportunity to take steps to improve your overall fitness, gain confidence and connect with your community. Whether you play tennis, swim laps, lift weights, visit the gym, or enjoy live classes from home, we have you covered.

### **SilverSneakers Helps You Get Active, at Home or on the Go:**

- Thousands of participating fitness locations\* nationwide with various amenities. Ability to enroll at multiple locations at any time.
- SilverSneakers LIVE™ virtual classes and workshops throughout the week.
- SilverSneakers On-Demand™ fitness classes available 24/7.
- SilverSneakers GO™ mobile app with adjustable workout plans and more.
- SilverSneakers FLEX® classes, walking groups and workshops near you.
- SilverSneakers classes\*\* designed for all levels and taught by instructors trained in senior fitness.

*Continued on next page*



## How It Works:

1. Visit **SilverSneakers.com/StartHere** to create an online account.
2. Log in to your SilverSneakers account to view your SilverSneakers ID number. Write it down or take a picture - you will need this number when you visit a participating location.
3. You can also enjoy virtual workouts online through your SilverSneakers account.
4. To find a participating location, visit **SilverSneakers.com/Locations**.

## Questions?

Contact SilverSneakers at **1-888-423-4632**

**Always talk with your doctor before starting an exercise program.**



SilverSneakers, SilverSneakers FLEX and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers GO, SilverSneakers LIVE and SilverSneakers On-Demand are trademarks of Tivity Health, Inc. ©2023 Tivity Health, Inc. All rights reserved. \*Participating locations ("PL") not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. \*\*Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

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Y0042\_C9228\_M Accepted 07292023

# Hearing Benefit – With Start Hearing

Stay in the conversation through better hearing and enjoy a greater quality of life! Your Independent Health Medicare Advantage hearing aid benefit\* provides you with high quality hearing aids and local professional care at a fraction of the cost. Many health plans – including original Medicare – don't offer a hearing aid benefit, leaving you to pay up to \$3,000 or more per hearing aid on the retail market.

## Your Hearing Benefit Includes:

- Hearing Aid Evaluation Exam – \$45 copayment (performed by a network provider).
- Hearing aids purchased through Start Hearing.
- 40 batteries per aid (included with non-rechargeable models).\*\*
- 3 follow-up visits at no cost with an in-network provider for fitting and adjustment of hearing aids.
- A worry-free purchase with a 60-day trial and up to a 3-year warranty.

HEARING AID OPTIONS	RETAIL COST	MEMBER COPAYMENT
Starkey Economy	\$1,673 (per aid)	\$499 copayment (per aid)
Starkey Low	\$2,338 (per aid)	\$699 copayment (per aid)
Starkey Select	\$2,738 (per aid)	\$999 copayment (per aid)
Starkey Advanced	\$3,238 (per aid)	\$1,499 copayment (per aid)
Starkey Premium	\$3,498 (per aid)	\$2,199 copayment (per aid)

*Starkey Hearing Technologies is the only major hearing aid manufacturer that is American owned and operated.*

## How It Works – To Get Hearing Aids:

1. You must use a provider in the Start Hearing network.
2. To locate a participating Start Hearing audiologist near you, call Start Hearing at 1-888-821-4126, or visit <https://www.starhearing.com/independenthealthma>.
3. If hearing loss is discovered, your audiologist will help you choose the right hearing aids and order them through Start Hearing.
4. When the hearing aids arrive, you'll return to have them fitted and programmed by your audiologist.



\*Our hearing aid coverage includes a \$45 copayment collected at the time of hearing aid evaluation exam. Benefit is limited to Starkey Hearing Aids through Start Hearing, which come in various styles and colors. You must see a Start Hearing provider to use this benefit. Routine hearing exam/fitting and hearing aid copayments are not subject to the out-of-pocket maximum.

\*\*Rechargeable battery options are available for an additional \$75 copayment per hearing aid.

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Y0042\_C9235\_M Accepted 07292023

# Telemedicine Benefit from Teladoc®



When you need care after hours, can't reach your primary care physician or are traveling, our telemedicine benefit,\* provided through Teladoc,® is always available for you. For a low copay, speak by phone with a doctor anytime, anywhere, for common medical issues, such as cold and flu symptoms, bronchitis, allergies, pink eye, sinus problems and more.

## Your Telemedicine Benefit Includes:

- Availability 24 hours per day, 7 days per week, year-round.
- Trusted support from a board-certified, U.S. doctor licensed in the state you are calling from.
- Teladoc available outside of the U.S. via smartphone or tablet app, including on cruise ships.\*\*
- Quick response, within minutes (during peak season average wait time can increase).
- Medications may be prescribed by the doctor if necessary for short-term antibiotics, antihistamines, anti-bacterial agents, etc.\*\*\*

## How It Works:

Create an account by calling **1-800-835-2362** (TTY:1-800-877-8973) or by visiting [www.Teladoc.com/IH](http://www.Teladoc.com/IH). Then enter the required information, including your medical history, contact information for your primary care physician and your preferred pharmacy. When you request a consult, the doctor will review your medical profile before contacting you to discuss your health concerns. If necessary, the doctor may prescribe medication for your diagnosis. Prescriptions can be sent to your preferred pharmacy. We recommend that you allow a record of your consultation to be sent to your primary care physician, with whom you may be advised to see for follow-up care.



\*Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc consultations are available 24 hours, 7 days a week. Check your benefit plan documents for your applicable member cost share and other information associated with the telemedicine benefit. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. \*\*Wait times may be up to 60 minutes. \*\*\*Part D drugs purchased outside of the U.S. are not covered.

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Y0042\_C9202\_M Accepted 07292023

## IMPORTANT INFORMATION:

### 2024 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



#### Independent Health - H3344

For 2024, Independent Health - H3344 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★

**Health Services Rating:** ★★★★★

**Drug Services Rating:** ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.



This plan got  
**MEDICARE'S  
HIGHEST  
RATING** (5 stars)

**The number of stars show how well a plan performs.**

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

#### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

#### Questions about this plan?

Contact Independent Health 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 800-958-4405 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 800-665-1502 (toll-free) or 711 (TTY).

## IMPORTANT INFORMATION:

### 2024 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



#### Independent Health - H3362

For 2024, Independent Health - H3362 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★

**Health Services Rating:** ★★★★★

**Drug Services Rating:** ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
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- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

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#### Questions about this plan?

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## Multi-Language Insert

### Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 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](mailto: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 <http://www.hhs.gov/ocr/office/file/index.html>.



# Independent Health's Privacy Notice

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## OUR PROMISE

At Independent Health, we recognize our responsibility to be diligent stewards of your personal information. We value the relationship we have with our members and are committed to protecting your information with administrative, technical, and physical safeguards to protect against unauthorized access as well as threats and hazards to its security and integrity. We take great care to safeguard your personal information using

industry best practices. We also require these same standards of our business associates and vendors. Independent Health trains employees on a regular basis about the importance of protecting your personal information. We protect the privacy of your information in accordance with federal and state privacy and security laws such as the Health Insurance Portability and Accountability Act (HIPAA).

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.** This notice covers the privacy practices of Independent Health Association, Inc. and Independent Health Benefits Corporation.

## WHAT IS YOUR PERSONAL INFORMATION?

Personal information is any information about you received or created by Independent Health for the purpose of administering your health benefits. This includes any information that can identify you as an individual, such as your name, address and Social Security Number, as well as your financial, health, and other information.

## HOW INDEPENDENT HEALTH USES AND DISCLOSES YOUR PERSONAL INFORMATION

In order to administer your health insurance, Independent Health uses and discloses your personal information to coordinate treatment with your doctors, pay for your care, and administer our health care operations. Under the law, we may perform these functions without your specific authorization or approval. When performing these functions, we only use or disclose the minimum amount of information necessary. These functions include:

- **Treatment.** We may disclose your personal information to your health care providers to help them provide medical care to you. Here are a few examples:
  - If you are in the hospital, we may give your doctor at the hospital access to any medical or pharmacy records that we have. We may use your personal information to coordinate care.
  - To inform you of other health-related benefits, such as medical treatments, health-related products and services, or a description of our health plan or providers. For example, we might send you information about smoking cessation programs, weight loss programs, or prescription refill reminders.

- **Payment.** To help pay for your covered services, we may use and disclose your personal information. For example, we may use and disclose your personal information:
  - To pay your medical bills that your health care providers have submitted to us.
  - To conduct "utilization review" (which means deciding if a particular health care item or service is medically appropriate).
  - To coordinate benefits between our coverage and other insurers who may be fully or partially responsible for payments.
- **Health Care Operations.** We may use and disclose your personal information to others who help us conduct our health care operations. For example, we may disclose your personal information for the following purposes:
  - Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating Independent Health.
  - Conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs.
- **Business Associates.** We may disclose your personal information to companies with whom we have contracted with if they need it to perform services we have requested. For example, we may disclose your personal information to become approved or accredited by an independent quality assurance entity called the National Committee for Quality Assurance (NCQA). We will only disclose your personal information to outside entities that agree to protect



your personal information just as we would and we only transfer the minimum information necessary to accomplish a task. We obtain a written agreement from every business associate and review their practices to ensure they are protecting your personal information just as we would.

### **USES AND DISCLOSURES REQUIRED BY LAW**

We may use or disclose your personal information without your authorization when required by law:

- **For public health and disaster relief efforts.**
- **To regulatory bodies**, such as the United States Department of Health and Human Services (HHS), the New York State Department of Financial Services (DFS) and the New York State Department of Health (DOH).
- **To report public health activities.** For example, we may report to entities that track certain diseases such as cancer.
- **To a coroner or medical examiner** to help identify a deceased person, to determine a cause of death, or as authorized by law. We may also disclose your personal information to a funeral director as necessary to carry out their duties.
- **To public health agencies in order to avoid harm.** For example, we may report your personal information to a government authority if we believe there is a serious health or safety threat to you or others, or in cases of child abuse, neglect or domestic violence.
- **For health oversight activities**, such as audits, inspections, licensure and disciplinary actions.
- **To meet legal requirements.** For example, in response to a court ordered subpoena.
- **For law enforcement activities.** For example, we may disclose personal information to identify or locate a suspect, fugitive, material witness or missing person, to report a crime or to provide information about crime victims.
- **For specific government functions**, such as military and veteran activities, national security and intelligence activities, and providing protective services to the President.
- **For workers' compensation purposes.**

### **OTHER USES AND DISCLOSURES**

We may also use or disclose your personal information without your authorization in the following miscellaneous circumstances:

- **For certain employer-sponsored group health plans.** If you are enrolled in Independent Health because of your work and your employer has adopted certain privacy procedures, we may communicate with your employer to fulfill certain administrative requirements. Most often though, we will only disclose enrollment and disenrollment information and summary health information (i.e., aggregate data not including any of your identifiers like name, address, etc.) to your employer or any

broker acting on your employer's behalf. Please ask your employer for more details.

- **For research.** If we use or disclose your personal information for a research project that contributes to general knowledge, we take the proper steps to keep your information private and secure. In some instances we may have a research review board approve the procedures we have put in place to secure your personal information before disclosure. If we do not receive approval from a research review board, we will ask for your authorization before we use or disclose your personal information for research.
- **For underwriting.** Independent Health may receive your personal information for the purpose of underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, such as premium computations, contribution amounts, or application of preexisting condition exclusions (collectively "underwriting"). If we received your personal information for an underwriting purpose and you become an Independent Health member, we will only use or disclose your personal information in accordance with this notice and applicable law. If you do not become an Independent Health member, we will only use your personal information we received for underwriting, unless we are required by law to use it for another purpose. We will not use the genetic information for underwriting or prior to or in connection with your enrollment. Genetic information means information about your genetic tests (for example, analysis of human DNA, RNA or chromosomes) or the genetic tests of your family members, the manifestation of disease or disorder in your family members (for example, a family medical history) or any request of or receipt by you or your family members of genetic tests, genetic counseling or genetic education. The term genetic information does not include sex or age information. If you are pregnant, the term genetic information includes genetic information concerning the fetus. If you use reproductive technology, the term genetic information includes genetic information about an embryo.
- **If your personal information has been de-identified.** "De-identifying" information means removing all parts of your information that could identify you. HIPAA gives us rules to follow when "de-identifying" your personal information and permits us to disclose de-identified information without your authorization.

### **SPECIAL CONSIDERATIONS**

Either State or Federal law contain important limitations on how we can disclose your personal health information pertaining to HIV/AIDS, mental health, alcohol and substance abuse, sexually transmitted diseases, pregnancy/reproductive, and genetic testing. For those conditions, we follow

rigorous standards that provide heightened privacy protections to you. These additional standards are designed to give you added security and confidence regarding our handling of such information while still allowing you to obtain needed medical treatment freely and without hesitation.

### **USES AND DISCLOSURES WE WILL NOT MAKE**

Even though permitted by law, we will not use and disclose your personal information for the following reasons:

- **Sale.** We will not sell your personal information.

### **USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

If we disclose your information for a reason that does not fit in one of the general categories listed above, we must obtain your written permission. This written permission is called an “authorization.” Here are examples of instances when **we must ask for your permission** before disclosing your personal information:

- If you consult an attorney and your attorney needs your personal information in order to represent you.
- If anyone other than you or a doctor who is treating you asks us to disclose your personal information.
- If we use your personal information to market an outside company’s product or service and we receive financial payment from the outside company for making the communication. However, we may send you refill reminders and communications about treatment, health-related products or services that are included in your plan, case management, and governmental programs without asking for your authorization first.

If you give us written permission and then change your mind about that permission, you may take back or revoke your written permission at any time, except if we have already acted based on your permission. If you have questions or would like to obtain a copy of our authorization form, please call our toll-free Member Services number on your ID card or e-mail us at [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com).

### **WHEN YOU ASK US FOR PERSONAL INFORMATION ABOUT OTHERS**

If you request your family members’ personal information, **we may need to obtain written permission from that family member.** Here are some examples:

- If you call and ask for specific information about your spouse’s medical claims, such as a list of their pharmacy claims, we will ask for your spouse’s written permission before disclosing any information to you.
- If you are a parent and ask for personal information about your son or daughter who is on your health insurance policy, but who is 18 or over, we will need to get your son or daughter’s written permission before disclosing their information to you.

- If you ask us for information about a health care item or service that your minor child can obtain without your parental consent, such as outpatient mental health treatment, we will ask for your child’s written permission before disclosing that information to you.

If you have questions, please call our toll-free Member Services number on your ID card or e-mail us at [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com).

### **YOUR RIGHTS REGARDING YOUR PERSONAL INFORMATION**

By law, you have several important rights with respect to your personal information. You may exercise any of the rights described below, or ask any questions about these rights by calling our toll-free Member Services number on your ID card or e-mail us at [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com).

- **You have the right to ask us to restrict** how we use, or disclose your personal information for treatment, payment, or health care operations. You may also ask that we limit the information we give to others who are involved in your health care or payment for your health care such as a family member or a friend. Your request may be received verbally or in writing. Please note that we will accommodate reasonable restriction requests. If we do agree, we will honor your request unless it is an emergency situation.
- **You have the right to ask us to communicate with you by a different method or in a different manner.**  
For example, if you believe that you would be harmed if we send your personal information to your current mailing address (situations involving domestic disputes), you may ask us to send your personal information by fax instead of mail or to a P.O. Box instead of your home address. We will agree to reasonable requests.
- **You have the right to request a copy** of your personal information in your designated record set, including an electronic copy in many cases. You also have the right to inspect your personal information in your designated record set. A “designated record set” is a group of records that is used by or for us to make decisions about you. We may ask you to request copies of your personal information in writing and to specify the information you are requesting. We also may charge a reasonable fee for copying and mailing your personal information. We will respond to your request no later than 30 days after we receive it. If we are unable to act within the 30 days, we may extend that time by no more than an additional 30 days. In certain situations, we may deny your request, or part of your request, but we will tell you why we are denying your request. You have the right to ask for a review of that denial.
- **You have the right to ask us to make changes** to your personal information we maintain about you in your “designated record set” if you believe it is

wrong or if information is missing. This is called the right “to amend” your personal information. Your request may be verbal or in writing, but you must provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to act within the 60 days, we may extend that time by no more than an additional 30 days. If we make the change, we will notify you that it was made. In some cases, we may deny your request to change your personal information. For example, we may deny your request if we did not create the information you want changed. If we deny your request, we will notify you in writing about the reason for the denial. The denial will explain your right to file a written statement of disagreement. These statements will be filed with the record you asked us to change.

- **You have the right to ask for an accounting of disclosures** we have made for reasons other than treatment, payment and health care operations. You have the right to receive a maximum of six (6) years’ worth of disclosures in your accounting. Your request for an accounting must be in writing and specify the information requested. We will act on your request within 60 days, unless we need an additional 30 days.
- **You have the right to receive an electronic or paper copy of this notice.**
- **You have the right and will receive notice about any breaches** of your personal information in accordance with applicable state and federal laws.

- **You have the right to file a complaint** if you believe your privacy rights have been violated or if you disagree with a decision we made about your access to your personal information. We will not take any action against you for filing a complaint. You may contact us with your complaint by calling, writing, or e-mailing Independent Health’s Information Risk Office:

**Information Risk Office  
Independent Health  
511 Farber Lakes Drive  
Buffalo, New York 14221  
(716) 631-3001 or 1-800-247-1466  
TTY: 1-800-432-1110**

**memberservice@servicing.independenthealth.com**

You could also contact the United States Department of Health and Human Services (HHS).

### OUR OBLIGATION

We are required by law to maintain the privacy of your personal health information, give you notice of our legal duties and privacy practices, notify you following a breach of your personal information, and to follow the terms of the notice currently in effect. We may change the terms of this notice at any time. The revised notice will apply to any personal information we maintain. Once revised, we will give you the new notice by United States mail and will post it on our website.

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### QUESTIONS

If you have any questions about this notice or about how we use or disclose your personal information, please contact Independent Health’s Information Risk Office at (716) 631-3001 or 1-800-247-1466.

Our Information Risk Office is open Monday – Friday from 9 a.m. to 5 p.m. You can also contact us by e-mail at [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com).

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### COUNT ON US HOW INDEPENDENT HEALTH PROTECTS YOUR PERSONAL FINANCIAL INFORMATION

Most information we obtain about you relates to your health. However, your personal information could contain information that is financial in nature. We may obtain personal financial information about you from the following sources:

- Information received from you on applications or other forms such as your name, address, Social Security Number, and telephone number;
- Information about your transactions with us, our affiliates or others, such as your premium payment history, enrollment history, type of health insurance

coverage, medical claims history, and coordination of benefits information; and

- Information about you from other sources, such as your employer or a hospital or medical facility you have visited.

**Independent Health does not sell your personal financial information for any reason.** We do not disclose your personal financial information, except as required by law and in order to perform treatment, payment and health care operations.



**Prospective Members**  
Independent Health  
Attn: Sales Dept  
511 Farber Lakes Drive  
Buffalo, New York 14221

(716) 635-4900  
1-800-958-4405  
TTY: 711

[www.independenthealth.com/medicare](http://www.independenthealth.com/medicare)



## We're here for you.

Have a question? Need more information?  
Our RedShirts<sup>SM</sup> have the answers you need, and are ready to help.





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.

A salesperson will be present with information and applications. For accommodations of persons with special needs at meetings, please call (716) 635-4900 or 1-800-958-4405 (TTY: 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.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-665-1502 (TTY: 711).

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.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-1502 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-1502 (TTY: 711)。