



Family Choice
OF NEW YORK

Independent
Health[®]



INDEPENDENT HEALTH'S 2024
Medicare Family Choice[®] HMO I-SNP

Enhancing Quality of Care and Life

Stay involved with the care of your loved one living in a nursing home or an assisted living/adult care facility with the help of a coordinated care team.

THIS PLAN HAS YEAR-ROUND ENROLLMENT.



Experience the RedShirt® Treatment.

FOR MORE INFORMATION 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.

ONLINE:

www.independenthealth.com/familychoice



Family Choice
OF NEW YORK

Independent
 Health®



511 Farber Lakes Drive
Buffalo, NY 14221

Thank you for your interest in Independent Health's Medicare Family Choice® HMO-SNP plan.

At Independent Health, we strive to provide all our members with the service and support that they deserve. That's why we offer the Family Choice plan, specifically designed to care for the special needs of Medicare beneficiaries who are nursing home or assisted living residents and are eligible for an institutional Special Needs Plan.

A sales representative from Family Choice will be happy to answer any questions you may have and/or assist you in completing the enrollment application.

If you would like to enroll in Independent Health's Medicare Family Choice HMO-SNP plan, please call us 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.

You may also contact 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048), or visit <http://www.medicare.gov> for more information about Medicare benefits and services including general information regarding health or Part D benefits.

We look forward to hearing from you.

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.

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independenthealth.com

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Independent Health's Medicare Family Choice® HMO I-SNP 2024 About the Plan

The following is an overview of Independent Health's Medicare Family Choice® HMO I-SNP and plan benefits. The Evidence of Coverage will also help you get the most from your Independent Health's Medicare Family Choice coverage.

Independent Health's Medicare Family Choice HMO I-SNP is a Special Needs Plan with a Model of Care in place that provides services to meet your unique needs. Our Model of Care includes:

- Advanced Practice Provider (APP-Nurse Practitioner and/or Physician Assistant) visits to your nursing or assisted living/adult home facility.
- The "treat-in-place" philosophy brings as many services as medically indicated and appropriate to you in the nursing or assisted living/adult home facility.
- An Individualized Care Plan (ICP) is designed to meet your specific health care and psychosocial needs.

The Model of Care is an essential part of Independent Health's Medicare Family Choice HMO I-SNP plan.

Your acceptance, support and participation in the Family Choice Model of Care is essential to our ability to provide you with the special care and services to which the plan is committed.

The purpose of the Model of Care is to coordinate your care across time and settings and to promote appropriate care. The objectives of Independent Health's Medicare Family Choice Model of Care are:

- To assess your risk of developing serious medical conditions.
- To provide early intervention whenever possible, based on initial and ongoing assessments.
- To assure that the care delivered is appropriate for your age, health care wishes and health status.
- To identify medical problems as early as possible, which results in early treatment and the prevention of unnecessary hospitalizations.

- To communicate frequently with you, your family, providers and caregivers in order to effectively coordinate care.
- To monitor the use of resources so that care is effective, efficient and appropriate.
- To capture encounter and outcome data for measurement against performance thresholds as established in the Quality Management Program.

Upon enrollment, you will be assigned to a Family Choice Interdisciplinary Care Team (ICT) consisting of your primary care provider (PCP), a Family Choice APP and social worker.

CARE MANAGEMENT PROGRAM FOR MEMBERS LIVING IN A NURSING FACILITY

Your Interdisciplinary Care Team consists of your primary care provider, a Family Choice APP and social worker. Their individual responsibilities are:

The Primary Care Provider

- Works collaboratively with the APP to oversee and coordinate your care.
- Visits you on-site per state and federal guidelines and as needed for your care.
- May provide input to the ICT and ICP through communication with the APP.

The Advanced Practice Provider (APP)

- Coordinates the activities of the Interdisciplinary Care Team.
- Visits you onsite routinely or as medically necessary, offering the opportunity for early intervention and treatment in place by the nurse practitioner or physician assistant for change(s) in your condition.
- Communicates regularly with the facility staff and primary care provider to keep them informed of your condition and needs.
- Contacts your family routinely and/or with change in condition.

- Establishes and maintains collaborative relationships with facility staff.
- Conducts assessments, plans interventions and writes orders.
- Identifies the need for social service intervention with you, your caregiver and facility staff to provide education and support.
- Provides education to facility staff as requested and necessary.

The Social Worker/ Care Manager

- Assists you, your family and caregiver with psychosocial issues impacting your care, functional status or quality of life.
- Assists with care coordination, completion of the health risk assessment, and development of an Individualized Care Plan to meet your needs.

A Family Choice APP is on-call 24/7 to respond to your care needs.

CARE MANAGEMENT PROGRAM FOR MEMBERS LIVING IN AN ASSISTED LIVING/ADULT HOME FACILITY

If you live in a participating assisted living/adult home facility and meet the New York state criteria for Institutional Level of Care, you have a Care Management Program specifically designed for your needs. Your Interdisciplinary Care Team consists of your Primary Care Provider, a Family Choice APP and social worker. Their individual responsibilities are:

The Primary Care Provider

- Works collaboratively with the APP to oversee and coordinate your care.
- Visits you on-site per state and federal guidelines and as needed for your care.
- May provide input to the ICT and ICP through communication with the APP.

The Advanced Practice Provider (APP)

- Coordinates the activities of the Interdisciplinary Care Team.
- Visits you onsite routinely or as medically necessary, offering the opportunity for early intervention and treatment in place by the nurse practitioner or physician assistant for change(s) in your condition.

- Communicates regularly with your primary care provider to keep her/him informed of your condition and needs.
- Establishes and maintains collaborative relationships with you, your caregivers and facility staff.
- Responds to urgent care needs by being on call 24/7.
- Assists you and your family in accessing the care and services covered by the plan.

The Social Worker/ Care Manager

- Assists you, your family and caregiver with psychosocial issues impacting your care, functional status or quality of life.
- Assists with care coordination, completion of the health risk assessment, and development of an Individualized Care Plan to meet your needs.

A Family Choice APP is on-call 24/7 to respond to your care needs.

THE ASSESSMENT PROCESS:

Within 90 business days of enrollment, an Interdisciplinary Care Team member will conduct a health risk assessment with you and, based on the results of that assessment, develops an Individualized Care Plan to meet your specific needs.

Thereafter, assessments are completed annually or following a hospital admission upon notification of discharge back to the facility.

The assessment process includes:

- Review of most recent comprehensive history and physical.
- A health risk assessment tool to address your specific medical, functional, cognitive, and psychosocial/social determinants of health and mental health needs.
- Review of facility medical record and care plan.
- Feedback from you, your caregivers and family.

The combined results of all assessments, as well as subsequent visits, form the basis for the development of your Individualized Care Plan.

Ancillary Services

Your Family Choice APP, working with your primary care provider and/or facility staff, will arrange for ancillary services that you may require. This includes services such as laboratory, outpatient radiology, physical therapy, chiropractic, skilled nursing level care, home health and mental health.

Hospitalization

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

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's Medicare Family Choice plan covers emergency services worldwide but does not cover routine care outside of the United States.

Post-Stabilization Care

Your Family Choice APP talks 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 say 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.

Urgent Care

- **Within Service Area:** Always seek care from your Family Choice APP, who is available or provides coverage 24 hours a day, 7 days a week, or at a participating urgent care center.
- **Outside Service Area:** Seek care at any urgent care center or walk-in clinic. Upon approval by Independent Health's medical director that services rendered were of an urgent nature, Independent Health's Medicare Family Choice HMO I-SNP will reimburse the out-of-network provider at the Medicare fee schedule or limiting charges as payment in full. Renal dialysis is covered while you are temporarily outside the service area, regardless of whether dialysis was foreseen or unforeseen. You are responsible for the applicable copayments.

Non-Emergency Transportation Benefit

If your APP or provider believes you should see a specialist or receive a service provided outside of your home, Family Choice provides non-emergency transportation to scheduled provider visits or diagnostic testing, via wheelchair van or stretcher service or other appropriate mode of transportation based on your medical needs. Refer to the Evidence of Coverage, "Transportation Non-Emergency" for benefit limitations.

Enrollment and Disenrollment

- Eligibility for Independent Health's Medicare Family Choice HMO I-SNP is available to all individuals eligible for Medicare who are entitled to Medicare Part A and enrolled in Part B. Members must be a permanent resident of a participating nursing or assisted living facility/adult home, qualify for an institutional level of care as defined by the State of New York, and select and use a Primary Care Provider who participates with Independent Health's Medicare Family Choice HMO I-SNP plan.

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Enrollment into Independent Health's Medicare Family Choice plan will automatically disenroll you from any other Medicare Advantage plan or a Medicare Part D plan.

Eligible beneficiaries are entitled to join or leave this plan at any time during the year.

Your Independent Health Medicare Advantage Member ID Card

Once you're an Independent Health Medicare Family Choice 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 Family Choice Plan.

Your Responsibilities as an Independent Health's Medicare Family Choice Plan Member

You have rights and responsibilities as a plan member. If you have any questions regarding your responsibilities, please call the Sales Department at the phone number listed on the final page.

Your Right to Appeal

Members have a right to appeal any decision the Independent Health organization 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).

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 or more of your 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 or call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours per day, 7 days per week.

Drug Formulary

The Individual Practice Association of Western New York, Inc. (IPA/WNY), the provider 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 providers prescribe. When providers write a prescription for Independent Health Members who have prescription drug coverage, they consult the formulary and select the needed medication. You also have 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 Quality Management program, please call Independent Health's Sales Department at (716) 635-4900 or 1-800-958-4405 (TTY: 711).

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.

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.



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.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. 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.

You must continue to pay your Part B premium if not otherwise paid for under Medicaid or by another third party. This plan is available to anyone with Medicare who permanently resides in a Skilled Nursing Facility (SNF) or an assisted living/adult home facility and meets the New York state criteria for an institutional level of care. Members must be a resident of an Independent Health's Medicare Family Choice plan participating nursing facility or assisted living/adult home facility located in Western New York. This plan is available to all Medicare eligibles who are entitled to Medicare Part A and enrolled in Part B. This plan requires the use of participating providers, except in the case of emergency care, urgent care or out of area renal dialysis.

Independent Health's Medicare Family Choice HMO I-SNP has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2023 based on a review of Independent Health's Medicare Family Choice HMO I-SNP Model of Care.

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).

Over-the-Counter (OTC) Coverage Through NationsOTC®



Independent Health Medicare members have access to hundreds of health and wellness products through the OTC benefit. With NationsOTC®, you can get brand-name or generic over-the-counter items like vitamins, pain relievers, dental supplies and much more.

Your Personal Health Profile: Built With You in Mind

You have the option of self-reporting your conditions. If you do this, you'll receive product recommendations and health information tailored to your unique needs. What you choose to share can be used to help you achieve your desired health goals.*

How It Works:

The benefit allowance is earned the first day of each quarter. The quarterly allowance unspent balances will roll over from quarter to quarter; however the balance will need to be used by December 31, 2024. If you spend more than the quarterly allowance amount, you can use a personal credit/debit card to cover the difference.

Ordering Is Easy! Experienced Advisors Are Available 24/7, All Year Long

Online: Visit NationsOTC.com/IndependentHealth

Phone: Call (877) 270-4239 (TTY: 711)

Mail: Complete and mail an order form using the postage-paid envelope to:

NationsOTC
1801 NW 66th Avenue, Suite 100
Plantation, FL 33313

Orders ship to your home at no additional cost, usually within 2 business days.

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-POS, HMO-SNP and PPO plans. Enrollment in Independent Health depends on contract renewal. Allowance is made available by quarter. Allowance will carry over quarter to quarter, but not plan year to plan year. Costs over the allowed amount are the member's responsibility. This benefit can only be used for covered items through NationsOTC.® *Information is private and will not be shared.

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).

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RedShirt RewardsSM

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">• FIT Test• Cologuard• Colonoscopy	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">• Diabetic Retinal Eye Exam• Diabetes Care - A1C Test• Kidney Health Evaluation (Urine Test)	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)

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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).



A plan for the unique needs of people living in a nursing home or assisted living facility *(Effective January 1, 2024)*

2024 BENEFITS	Independent Health's Medicare Family Choice® HMO I-SNP	Independent Health's Encompass 65® Basic HMO	Independent Health's Encompass 65® Core HMO	Independent Health's Encompass 65® Element HMO
Monthly Premium	\$48.70	\$129	\$65	\$0
Part D Prescription Benefit Tiers	No deductible \$4/\$15/25%/25%/33% to initial coverage limit of \$5,030	No deductible \$0/\$10/\$42/49%/33% to initial coverage limit of \$5,030	\$50 deductible on tiers 3, 4, & 5 only \$0/\$12/\$42/50%/32% to initial coverage limit of \$5,030	\$150 deductible on tiers 3, 4, & 5 only \$0/\$15/\$47/49%/30% to initial coverage limit of \$5,030
Primary Copay	\$0	\$0	\$0	\$0
Specialty Copay	\$0	\$20	\$30	\$40
Inpatient Hospital	\$250 copay per admission. Unlimited Days for Medicare covered stays. (\$600 annual member copay maximum).	Days 1-6 \$275 per day. \$1,650 annual member maximum	Days 1-6 \$295 per day. \$1,770 annual member maximum	Days 1-6 \$320 per day. \$1,920 annual member maximum
Ambulance / Non-Emergency Transportation	\$80 / \$0, 36 one-way trips	\$225 / \$0, 12 one-way trips	\$225 / \$0, 6 one-way trips	\$240 / Not Covered
Emergency Room ¹	\$100	\$100	\$100	\$100
Urgent Care ¹	\$0	\$55	\$55	\$55
Lab ²	\$0	\$0	\$0	\$0
General X-ray	10% coinsurance	\$30	\$35	\$40
Advanced Radiology	10% coinsurance	\$125	\$175	\$200
Speech, Physical, Occupational Therapy	\$0	\$5	\$10	\$20
OTC ³	\$100 per quarter (Benefit rolls over quarterly)	\$25 per quarter (Benefit rolls over quarterly)		
Preventive Services ⁴ / RedShirt Rewards	\$0 Preventive Services (such as colonoscopy, mammogram, flu, and pneumonia vaccines). NEW! Earn UP TO \$100 in RedShirt RewardsSM for a gift card of your choice from participating retailers just for taking healthy actions. Talk with a RedShirt [®] for details.			
Skilled Nursing Facility ⁵	Days 1-20 \$0; Days 21-100 \$0 per day	Days 1-20 \$0; Days 21-100 \$203 per day	Days 1-20 \$0; Days 21-100 \$203 per day	Days 1-20 \$0; Days 21-100 \$203 per day
MODEL OF CARE	A dedicated care team is included for Family Choice members	Not Covered	Not Covered	Not Covered
Annual Out of Pocket Maximum for Medicare Covered Services	\$3,000	\$7,300	\$7,300	\$7,550
Enhanced Diabetes Benefits <i>for those with a diabetes diagnosis</i>	For those with a diabetes diagnosis all plans include \$0 glucose monitors, diabetic shoes and inserts, and supplies, including lancets and test strips, up to \$35 insulins and more.	For those with a diabetes diagnosis all plans include \$0 glucose monitors, diabetic shoes and inserts, and supplies, including lancets and test strips, \$35 insulins and more.		
Vision	\$0 routine eye exam, \$150 coverage allowance for routine eyewear every year	\$0 routine eye exam, \$200 coverage allowance for routine eyewear every year		
Hearing Aid	\$45 hearing aid evaluation exam. Member pays \$499 – \$2,199 (per ear) for select hearing aid devices. You must use a provider in the Start Hearing benefits network. Included on all plans.			
Fitness (SilverSneakers [®]) ⁶	\$0 fitness benefit with access to thousands of locations nationwide.			

Please see reverse side for more specific information about the benefits of this special needs plan.

FAMILY CHOICE PLAN ENROLLMENT IS OPEN YEAR-ROUND

Speak with a Family Choice HMO I-SNP plan representative today 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. Or visit: [IndependentHealth.com/Medicare](https://www.independenthealth.com/Medicare)




**2024 INDEPENDENT HEALTH'S
 MEDICARE FAMILY CHOICE[®]
 HMO I-SNP PLAN**
 Enhancing Quality of Care and Life

This brochure provides a high-level comparison of this I-SNP plan with a few of Independent Health's popular Medicare Advantage plans, along with additional information and benefits eligible members enjoy with our Family Choice plan.





WITH FAMILY CHOICE YOU GET A DEDICATED CARE TEAM
 Our team of nurse practitioners and physician assistants partner with you, your loved one's provider and facility staff to enhance their quality of care and life.

AN INDIVIDUALIZED CARE PLAN

- **Personalized** – to meet your specific health care and psychosocial needs.
- **Supportive** – advanced practice providers are ready to assist 24 hours a day, 7 days a week through on-site assessments.
- **Coordinated** – to meet your needs and promote continuity of care across settings.

OUR CARE TEAM THEN WORKS TOGETHER TO:

- Treat in place in the comfort of your assisted living or skilled nursing facility, avoiding unnecessary hospital admissions.
- Review your Plan of Care regularly with your PCP and facility team.
- Keep the member, their family and all other team members informed through ongoing communication.


ELIGIBILITY

Independent Health's Medicare Family Choice HMO I-SNP plan might be right for your loved one if they meet the following criteria:

- Reside in a participating nursing or assisted living facility in Western New York, and not live outside the affiliated facility for more than 30 days.
- Must be entitled to Medicare Part A and enrolled in Medicare Part B. You do NOT need to be a current Independent Health member to qualify for this plan.


WELLNESS BENEFITS

Independent Health's Family Choice plan has you covered with additional wellness benefits, including non-emergency transportation, vision, over-the-counter and more. The following is a description of the icons listed on the front chart.

 **NON-EMERGENCY TRANSPORTATION**


Our Family Choice plan covers routine, non-emergency transportation services to help you get the medical care and services you need at a time convenient for you.

- You pay nothing for 36 one-way trips to a plan-approved, medically-appropriate location, including visits to your doctor, pharmacies and more!
- Each one-way trip is limited to 30 miles and must originate in the eight counties of Western New York. Other restrictions apply.

 **ENHANCED DIABETES BENEFITS**


If you have a diagnosis of diabetes, you are eligible for the following enhanced benefits:

- **Up to \$35** copay for covered insulins, even through the coverage gap.
- \$0 copay for continuous glucose monitors and their supplies.
- \$0 diabetic monitoring supplies, including glucose monitors, lancets and test strips.
- \$0 copay for diabetic labs (HbA1c, GFR).
- \$0 copay for an endocrinologist office visit.
- \$0 copay for diabetic retinopathy screening.
- \$0 copay for consultation with a nutritionist.

 **BROOK AND BROOK+**

Brook offers a variety of programs personalized to your lifestyle and health goals. Brook+ and the Brook Health Companion are fully digital and available right on your smartphone. Brook is free and supports you with:

- Access to Health Coaches who help create your personal path for success.
- Meal planning and nutrition advice from registered dietitians.
- Support for health goals like weight loss, diabetes prevention, and blood sugar control.

 **OVER-THE-COUNTER**

Independent Health Medicare members have access to hundreds of health and wellness products through the OTC benefit. With NationsOTC[®] you can get brand-name or generic over-the-counter items like vitamins, pain relievers, dental supplies and much more.



 **PREVENTIVE SERVICES**

Preventive care is key to maintaining and improving your health and well-being. Independent Health covers a long list of preventive services at \$0 cost for in-network services. Services include your Annual Wellness Visit (AWV), colonoscopy, mammogram, flu and pneumonia vaccines and more.

 **REDSHIRT REWARDSSM PROGRAM**

As an Independent Health Medicare member, you can earn up to \$100 in RedShirt Rewards just for completing actions that can help you manage your health and wellness. When you complete a qualifying action, you will earn rewards which can be redeemed for a gift card of your choice from participating retailers. Earning and redeeming your rewards is easy! There's no paper form for you to submit to earn reward dollars.

 **VISION**

Routine eye and vision exams are an important part of preventive health care. 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. With EyeMed[®] you can choose from thousands of private practitioners and the nation's top optical retailers.

 **HEARING AID BENEFIT**

Coverage for hearing aid evaluation, fitting and hearing aid purchase, with Start Hearing.

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 sales person will be present with information and applications. For accommodations of persons with special needs at sales meetings, please call (716) 635-4900 or 1-800-958-4405 (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. Benefits vary by plan. This information is not a complete description of benefits. See your evidence of coverage for full information. Benefits may change on January 1 of each year. 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., for more information. 1. \$10,000 annual maximum plan limit for unforeseen care outside the USA and its territories. 2. Member pays 20% for genetic testing. 3. For the over-the-counter allowance the amount earned each quarter needs to be used within the calendar year; amounts do not roll over year to year. 4. 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. 5. Skilled nursing facility benefit is not covered after day 100, per benefit period. 6. SilverSneakers is a registered trademark of Tivity Health, Inc. ©2023 Tivity Health, Inc. All rights reserved. This plan is available to all Medicare eligibles who are entitled to Medicare Part A, enrolled in Part B and who maintain an institutional level of care under NYS regulation. Members must reside in Western New York. This plan requires the use of participating providers, except in the case of emergency care, urgent care or out of area renal dialysis. 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).



2024 INDEPENDENT HEALTH'S MEDICARE FAMILY CHOICE® (HMO I-SNP) ENROLLMENT APPLICATION

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15-December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15-December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:
Independent Health

Attn: Membership, Government Operations
P.O. Box 610
Williamsville, NY 14231-9909

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Independent Health at (716) 635-4900 or 1-800-958-4405 toll free. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Independent Health al (716) 635-4900 o TTY: 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the 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.

Section 1 - All fields on this page are required (unless marked optional)

Select the plan you want to join: Preferred Effective Date (MM/DD/YYYY) _____

Independent Health's Medicare Family Choice® HMO I-SNP (Skilled Nursing Facility) H3362-020:
\$48.70 per month

Independent Health's Medicare Family Choice® HMO I-SNP (Assisted Living Facility/Adult Care Facility)
H3362-020: \$48.70 per month

FIRST name: _____ LAST name: _____ Middle Initial: _____

Birth date: (MM/DD/YYYY) (____/____/____) Sex: Male Female Phone number: (____) _____

Permanent Residence street address (Don't enter a PO Box): _____

City: _____ County: _____ State: _____ ZIP Code: _____

Mailing address, if different from your permanent address (PO Box allowed):
Street address: _____
City: _____ State: _____ ZIP Code: _____

Your Medicare information:

Medicare Number: _____ - _____ - _____

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Independent Health? Yes No

Name of other coverage: _____ Member number for this coverage: _____ Group number for this coverage: _____

This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that your condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days.

Are you a resident of a (check one) Nursing Home Assisted Living Facility/Adult Care Facility

List the institution's name, address, phone number and date of admission.

Name _____ Street _____ Suite # _____
City _____ State _____ County _____ ZIP code _____ Date of Admission _____
Telephone (area code and number) _____

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Independent Health's plan.
- By joining this Medicare Advantage Plan, I acknowledge that Independent Health will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- 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 I can be enrolled in only one MA plan at a time-and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions may apply for MA PFFS, MA MSA plans).
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.

- I understand that when my Independent Health coverage begins, I must get all of my medical and prescription drug benefits from Independent Health. Benefits and services provided by Independent Health and contained in my Independent Health “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Independent Health will pay for benefits or services that are not covered.
- Independent Health’s Medicare Family Choice HMO I-SNP serves a specific service area. If I move out of the area that Independent Health’s Medicare Family Choice HMO I-SNP 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’s Medicare Family Choice HMO I-SNP, 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’s Medicare Family Choice HMO I-SNP when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan.
- I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Independent Health’s Medicare Family Choice HMO I-SNP plan, he/she may be paid based on my enrollment in Independent Health’s Medicare Advantage plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (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 by Medicare.

Signature:**Today’s Date:**

If you’re the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone Number:

Relationship to enrollee:

Section 2 - All fields on this page are optional**Answering these questions is your choice. You can’t be denied coverage because you don’t fill them out.**

Select one if you want us to send you information in an accessible format.

 Braille Large Print Audio CD

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

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 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, 8 a.m.- 8 p.m. TTY users can call 711.

Do you work? Yes NoDoes your spouse work? Yes No

List your Primary Care Provider (PCP), clinic, or health center:

I want to get the following materials electronically:

 Annual Notice of Change E-mail address: _____

Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT), or credit card each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

How would you like to pay your monthly Medicare plan premium?

- Bill me by mail each month.
- Deduct my premium payment from my checking account each month through Electronic Funds Transfer (EFT). Please include a voided check with this application.

Enroll in paperless billing

Withhold my premium payment from my:

Social Security RRB payment^{1,2}

¹Automatic Deduction from your Social Security or Railroad Retirement Board (RRB) benefit check. The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums)

² If you enrolled in the **EPIC fee plan**, we recommend not selecting Social Security Deduction or EFT.

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T** pay Independent Health the Part D-IRMAA.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify 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, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at **www.socialsecurity.gov/prescriptionhelp**. If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover. If you don't select a payment option, you will get a bill each month.

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: _____

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)," System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Independent Health's Medicare Family Choice® HMO I-SNP Plan

Participating Skilled Nursing and Assisted Living/Adult Care Facilities

The following facilities participate in the Family Choice plan. With their help and support, we are able to provide our members and their families with an additional level of special care.

You must live in one of the following facilities to join this plan:

Skilled Nursing Facilities	Location	Address	Zip
Absolut Facilities			
Absolut Care of Aurora Park	East Aurora	292 Main St.	14052
Absolut Care of Gasport	Gasport	4540 Lincoln Dr.	14067
Avante Facilities			
Fiddler's Green Manor Rehabilitation and Nursing	Springville	168 W. Main St.	14141
Humboldt House Rehabilitation and Nursing Center	Buffalo	64 Hager St.	14208
Niagara Rehabilitation and Nursing	Niagara Falls	822 Cedar Ave.	14301
Catholic Health System			
Father Baker Manor	Orchard Park	6400 Powers Rd.	14127
McAuley Residence	Kenmore	1503 Military Rd.	14217
Mercy Nursing Facility at OLV	Lackawanna	55 Melroy Ave.	14218
St. Catherine Labouré Health Care Center	Buffalo	2157 Main St.	14214
Comprehensive Facilities			
Comprehensive at Williamsville, LLC	Williamsville	147 Reist St.	14221
Elderwood Nursing Facilities			
Elderwood at Amherst	Amherst	4459 Bailey Ave.	14226
Elderwood at Cheektowaga	Cheektowaga	225 Bennett Rd.	14227
Elderwood at Grand Island	Grand Island	2850 Grand Island Blvd.	14072
Elderwood at Hamburg	Hamburg	5775 Maelou Dr.	14075
Elderwood at Lancaster	Lancaster	1818 Como Park Blvd.	14086
Elderwood at Lockport	Lockport	104 Old Niagara Rd.	14094
Elderwood at Wheatfield	Niagara Falls	2600 Niagara Falls Blvd.	14304
Elderwood at Williamsville	Williamsville	200 Bassett Rd.	14221
Erie County Medical Center			
Terrace View Long Term Care Facility	Buffalo	462 Grider St.	14215
Kaleida Corporation			
Kaleida DeGraff Skilled Nursing Facility	North Tonawanda	445 Tremont St.	14120
Kaleida HighPointe on Michigan	Buffalo	1031 Michigan Ave.	14203
The McGuire Group Corporation			
Autumn View Health Care Facility	Hamburg	4650 Southwestern Blvd.	14075
Garden Gate Health Care Facility	Cheektowaga	2365 Union Rd.	14227
Harris Hill Nursing Facility	Williamsville	2699 Wehrle Dr.	14221
Northgate Health Care Facility	North Tonawanda	7264 Nash Rd.	14120
Seneca Health Care Facility	West Seneca	2987 Seneca St.	14224
Sapphire Care Group			
Williamsville Suburban	Williamsville	193 South Union Rd.	14221



Family Choice
OF NEW YORK

Independent
Health®

Independent Facilities			
Beechwood Nursing Home	Getzville	2235 Millersport Hwy.	14068
Brothers of Mercy Nursing Facility	Clarence	10570 Bergtold Rd.	14031
Buffalo Center for Rehabilitation and Nursing	Buffalo	1014 Delaware Ave.	14209
GreenField Health and Rehabilitation Center	Lancaster	5949 Broadway	14086
Lockport Rehab and Health Care Center	Lockport	909 Lincoln Ave.	14094
Our Lady of Peace Nursing Care Residence	Lewiston	5285 Lewiston Rd.	14092
Schoellkopf Health Center	Niagara Falls	621 Tenth St.	14302
Schofield Residence	Kenmore	3333 Elmwood Ave.	14217
Weinberg Campus – Rosa Coplon	Getzville	2700 North Forest Rd.	14068
Assisted Living / Adult Care Facilities	Location	Address	Zip
Absolut Care of Orchard Brooke	Orchard Park	6050 Armor Duells Rd.	14127
Sacred Heart Home	Clarence	4526 Ransom Rd.	14031
Tennyson Court	Williamsville	49 Tennyson Terrace	14221

This listing is current as of January 2024. Some facilities may have been added or removed from our network after this list was posted. We do not guarantee that each facility is still accepting new patients.

To get the most up-to-date information about Independent Health’s Medicare Family Choice HMO I-SNP plan’s participating facilities in your area, call us 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.



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)。

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H3362_C6946_M Accepted 09292018



2024 Summary of Benefits

Medicare Advantage Plans with Part D Prescription Drug Coverage

Independent Health's Medicare Family Choice® (HMO I-SNP)

January 1, 2024 – December 31, 2024

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "**Evidence of Coverage**." You can also see the Evidence of Coverage on our website, <http://www.independenthealth.com/medicare>.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Independent Health's Medicare Family Choice (HMO I-SNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Independent Health's Medicare Family Choice (HMO I-SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Independent Health's Medicare Family Choice (HMO I-SNP)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-800-665-1502 (TTY: 711).

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Things to Know About Independent Health's Medicare Family Choice (HMO I-SNP)

Hours of Operation & Contact Information

If you are a member of this plan, call us at 1-800-665-1502, TTY: 711.

- From October 1 to March 31 we are open 8 a.m. – 8 p.m. Eastern Time, 7 days a week.
- From April 1 to September 30 we are open 8 a.m. – 8 p.m. Eastern Time, Monday –Friday.

If you are not a member of this plan, call us at 1-800-958-4405, TTY: 711.

- From October 1 to December 7 we are open 8 a.m. – 8 p.m. Eastern Time, 7 days a week.
- From December 8 to September 30 we are open 8 a.m. – 8 p.m. Eastern Time, Monday –Friday.

Our website: <http://www.independenthealth.com/medicare>.

Who can join?

To join **Independent Health's Medicare Family Choice (HMO I-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. Our service area includes these counties in New York: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming.

You must also meet the CMS requirements to join this Special Needs Plan.

Which doctors, hospitals, and pharmacies can I use?

Independent Health's Medicare Family Choice (HMO I-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (<http://www.independenthealth.com/medicare>).

Or, call us and we will send you a copy of the physician/provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.independenthealth.com/medicare>.
- Or, call us and we will send you a copy of the formulary.

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap and Catastrophic Coverage.

**If you have any questions about this plan's benefits or costs, please contact
Independent Health**

SECTION II - SUMMARY OF BENEFITS

Independent Health's Medicare Family Choice (HMO I-SNP)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium	\$48.70 per month. In addition, you must keep paying your Medicare Part B premiums.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$3,000 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs. Optical dispensing, non-Medicare covered dental, premiums, hearing aids, hearing aid evaluation, and Medicare Part D prescription drugs do NOT count towards the out-of-pocket maximum.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital	<u>In-Network:</u> \$250 Copay per stay \$600 annual copayment limit applies. Requires provider preauthorization except for emergency admissions.
Outpatient Hospital	<u>In-Network:</u> Outpatient hospital: 10% Coinsurance. Provider preauthorization may apply for some services.
Ambulatory Surgical Center	<u>In-Network:</u> Freestanding Ambulatory Surgical Center: 10% Coinsurance. See the provider directory for a listing of Freestanding Ambulatory Surgical Centers. Provider preauthorization may apply for some services.

SECTION II - SUMMARY OF BENEFITS

Independent Health's Medicare Family Choice (HMO I-SNP)

Doctor's Office Visits	<p><u>In-Network:</u></p> <p>Primary care physician visit: You pay nothing.</p> <p>Primary Care Physician is defined as Family Practitioners, General Practitioners, Internal Medicine, OB/GYN, Pediatricians and Gerontologists with no secondary specialty. If the Primary Care Physician has a secondary specialty other than internal medicine, General Practice, Family Practice, Geriatrics, Pediatrics or Obstetrics/Gynecology, the Specialist copayment associated with the physician will apply.</p> <p>Specialist visit: You pay nothing.</p>
Preventive Care <i>(e.g., flu vaccine, diabetic screenings)</i>	<p><u>In-Network:</u></p> <p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<p><u>In-Network:</u></p> <p>\$100 Copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Worldwide Emergency Coverage: \$100 Copay.</p> <p>\$10,000 plan limit per occurrence for the combined unforeseen event outside of the United States.</p>
Urgently Needed Services	<p><u>In-Network:</u></p> <p>You pay nothing.</p> <p>Worldwide Urgent Coverage: You pay nothing.</p> <p>\$10,000 plan limit per occurrence for the combined unforeseen event outside of the United States</p>

SECTION II - SUMMARY OF BENEFITS

Independent Health's Medicare Family Choice (HMO I-SNP)

Diagnostic Services / Labs/ Imaging	<p><u>In-Network:</u></p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing for routine lab tests - 20% Coinsurance for molecular or predisposition genetic testing.</p> <p>Diagnostic Advanced Radiology Services (such as MRI, CAT Scan): 10% Coinsurance.</p> <p>X-rays: 10% Coinsurance.</p> <p>Coinsurance will apply for a diagnostic x-ray and an advanced diagnostic radiologic service if both are billed on the same day by the same provider.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 10% Coinsurance.</p> <p>Provider preauthorization may apply for some services.</p>
Hearing Services	<p><u>In-Network:</u></p> <p>Exam to diagnose and treat hearing and balance issues: You pay nothing for a Specialist.</p> <p>Routine hearing exam: You Pay Nothing.</p> <p>Hearing Aid Evaluation Exam: \$45 Copay.</p> <p>Hearing Aid: \$499 - \$2,199 Copay.</p> <p>Copayment structure per hearing aid: \$499, \$699, \$999, \$1,499, \$2,199. Benefit is limited to preferred hearing aids, which come in various styles and colors. You must see a Start Hearing, Inc. provider to use this benefit. You cannot combine any promotional offers with our Hearing Aid benefit. Call Member Services for additional information about the network, or visit IndependentHealth.com/Medicare.</p>
Dental Services	<p><u>In-Network:</u></p> <p>Medicare Covered: You pay nothing.</p>
Vision Services	<p><u>In-Network:</u></p> <p>Exam to diagnose and treat diseases and conditions of the eye: You pay nothing for a Specialist.</p> <p>Routine eye exam, including yearly glaucoma screening (up to 1 visits every year): You pay nothing for an EyeMed provider.</p> <p>Eyeglasses or contact lenses after cataract surgery: You Pay Nothing.</p> <p>Eyeglasses (frames and lenses) or contact lenses: Our plan pays up to \$150 every year for eyewear from an EyeMed Provider. Any costs incurred above this amount for lenses, frames or contacts is the member's responsibility.</p>

SECTION II - SUMMARY OF BENEFITS

Independent Health's Medicare Family Choice (HMO I-SNP)

Mental Health Care	<u>In-Network:</u> Outpatient group therapy visit: You pay nothing. Individual therapy visit: You pay nothing. Inpatient Mental Health Care: Days 1-5: \$250 Copay per day for each admission. Days 6-90: \$0 Copay per day.
Skilled Nursing Facility (SNF)	<u>In-Network:</u> You pay nothing per stay. Provider preauthorization is required.
Outpatient Rehabilitation	<u>In-Network:</u> Occupational therapy visit: You pay nothing. Physical therapy and speech and language therapy visit: You pay nothing.
Ambulance	<u>In-Network:</u> Ground Ambulance: \$80 Copay. Air Ambulance: 20% coinsurance. Provider preauthorization is required for planned transportation only.
Transportation	<u>In-Network:</u> \$0 Copay. 36 One-way trips every year to Plan-approved location. Trip must originate in the 8 counties of Western New York. Limit 30-miles per one-way trip. Transportation is provided through SafeRide.
Medicare Part B Drugs	<u>In-Network:</u> For Part B insulin: You pay nothing. For Part B drugs such as chemotherapy drugs: You pay nothing. Other Part B drugs: You pay nothing. Provider preauthorization may be required.
Foot Care (Podiatry Services)	<u>In-Network:</u> Foot exams: You pay nothing from a Podiatrist.

SECTION II - SUMMARY OF BENEFITS

Independent Health's Medicare Family Choice (HMO I-SNP)

	Foot Care: up to 8 visits every year.
Durable Medical Equipment	<u>In-Network:</u> 10% Coinsurance. Provider preauthorization may apply.
Diabetic Supplies and Services	<u>In-Network:</u> Diabetes monitoring supplies: You pay nothing. Diabetic Monitor: You pay nothing Limited to preferred products. Diabetes self-management training: You pay nothing. Therapeutic shoes or inserts: You pay nothing. If you have been diagnosed with diabetes You pay nothing for diabetic lab tests for HbA1c and GFR. You pay nothing for Endocrinologist with diagnosis of Diabetes. You pay nothing for diabetic retinopathy exam. You pay nothing for Specialist administering the exam
Prosthetic Devices (braces, artificial limbs, etc.)	<u>In-Network:</u> Prosthetic devices: 10% Coinsurance. Related medical supplies: You pay nothing Provider preauthorization may apply.
Wellness Program	<u>In-Network:</u> Fitness Benefit: You pay nothing. SilverSneakers® You pay nothing for this benefit. SilverSneakers gives you FREE access to: <ul style="list-style-type: none"> • Thousands of participating fitness center locations nationwide¹ • SilverSneakers Live classes and workshops taught by instructors trained in senior fitness • 200+ workout videos in the SilverSneakers On-Demand™ online library • SilverSneakers GO™ mobile app with digital workout programs

SECTION II - SUMMARY OF BENEFITS

Independent Health's Medicare Family Choice (HMO I-SNP)

- SilverSneakers FLEX®, giving you options to get active outside of traditional gyms (like recreation centers, malls and parks)
- Online fitness and nutrition tips

You must use participating Silver Sneakers fitness locations and programs. For a list of participating fitness facilities, go to www.silversneakers.com. Or call SilverSneakers (toll free) at 1-888-313-5653 (TTY: 711) or Independent Health Member Services at 800-665-1502 or 716-250-4401 (TTY: 711) See the Chapter 4 of your Evidence of Coverage for more details.

SECTION II - SUMMARY OF BENEFITS

Independent Health's Medicare Family Choice (HMO I-SNP)

PRESCRIPTION DRUG BENEFITS

Deductible	Prescription Drug Deductible: Not Applicable.
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Initial Coverage	You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the drug costs paid by both you and our Part D plan.
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Standard Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$4 copay	\$10 copay
Tier 2 (Generic)	\$15 copay	\$37.50 copay
Tier 3 (Preferred Brand)	25% coinsurance	25% coinsurance
Tier 4 (Non-Preferred Drug)	25% coinsurance	25% coinsurance
Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable

Standard Mail Order

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not Applicable	\$10 copay
Tier 2 (Generic)	Not Applicable	\$37.50 copay
Tier 3 (Preferred Brand)	Not Applicable	25% coinsurance
Tier 4 (Non-Preferred Drug)	Not Applicable	25% coinsurance
Tier 5 (Specialty Tier)	Not Applicable	Not Applicable

Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100 days on Tier 1 and up to 90 days on Tiers 2, 3, and 4) of a drug.

Please call us or see the plan's **"Evidence of Coverage"** on our website (<http://www.independenthealth.com/medicare>) for complete information about your costs for covered drugs.

SECTION II - SUMMARY OF BENEFITS

Independent Health's Medicare Family Choice (HMO I-SNP)

Coverage Gap	The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030. After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap.
Catastrophic Amount	After your yearly out-of-pocket drug costs reach \$8,000, you pay nothing.

DISCLAIMERS

This document is available in other alternate formats.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-665-1502 (TTY: 711).

ATENCIÓN: Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al 1-800-665-1502 (TTY: 711).

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

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Independent Health 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 Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services.

¹Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2020 Tivity Health, Inc. All rights reserved.

Health coverage is offered by Independent Health Association, Inc..

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at

Current members call toll-free: 1-800-665-1502, TTY users should call 711.

Prospective members call toll-free: 1-800-958-4405, TTY users should call 711.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit <http://www.independenthealth.com/medicare> or call 1-800-665-1502 (TTY 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- Effect on Current Coverage.** Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.
- This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.
- This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that your condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days.

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.



Western New York's ONLY 5-Star Medicare Advantage Plans*



Quality Matters

**As a 5-star Medicare Advantage plan,
you can switch to us at any time during the year.**

What are Medicare Star Ratings?

- Star ratings, compiled annually by Medicare, are an unbiased way to compare Medicare Advantage plans based on quality, value and performance.
- Health and pharmacy services are rated together through information gathered from clinicians, member surveys and other trusted sources.
- Stars for each plan show how well the plan performs cumulatively on a set of quality measures, designed to help Medicare beneficiaries objectively choose a plan.
- Ratings are based on a five-star scale, with one star meaning “poor” quality ranging up to five stars for “excellent” quality.

How are Star Ratings Measured?

- **Health Services:**
 - **Staying healthy:** Rates how often members got various screening tests, vaccines and other checkups to help them stay healthy.
 - **Managing chronic (long-term) conditions:** Rates how often members with different conditions received certain tests and treatments to help them manage their condition.
 - **Member experience with the health plan:** Rates member satisfaction with the plan based on how easy it is to get needed care, appointments, information and help from the plan (customer service).
 - **Member complaints and changes in the health plan's performance:** Measures how many complaints Medicare received about the health plan, the number of members who chose to leave the plan and how the health plan's quality improved or declined from the previous year.
 - **Health plan customer service:** Rates the timeliness and fairness of the health plan's appeals decisions.

continued on next page

- **Drug Services:**

- **Drug plan customer service:** Rates how well the drug plan handles calls and makes decisions about member appeals.
- **Member complaints and changes in the drug plan's performance:** Measures how many complaints Medicare received about the drug plan, the number of members who chose to leave the plan and how the drug plan's quality improved or declined from the previous year.
- **Member experience with drug plan:** Rates member satisfaction.
- **Drug safety and accuracy of drug pricing:** Rates how well the drug plan prices prescriptions and provides updated information on the Medicare website. Also rates information on how often members with certain medical conditions get prescription drugs that are considered safer and clinically recommended for their condition.

For more information about how Star Ratings are measured, visit [medicare.gov](https://www.medicare.gov).

It's not too late to experience the RedShirt® Treatment.
Switch to Independent Health Today.



*Every year, Medicare evaluates plans based on a 5-star rating system. Independent Health is the only Medicare Advantage plan in all 8 counties within the WNY service area to have 5 stars. 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).

Y0042_C9425_M Accepted 10302023

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
- 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).

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.

H3362_C9439_M Accepted 10222023



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.



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).

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.

H3344_C9440_M Accepted 10222023



2024 Medicare Family Choice[®] HMO I-SNP Enhanced Part D Prescription Drug Coverage

How Does Independent Health's Prescription Drug Coverage Work?

INITIAL COVERAGE

YOU PAY: Copay/Coinsurance
INDEPENDENT HEALTH PAYS:
Remaining cost

- When you are in this payment stage, you simply pay your copay for your covered medications. Independent Health pays the remaining cost of your medications.
- You generally stay in this payment stage until the amount of your year-to-date total drug costs (what you pay plus what Independent Health pays) reach **\$5,030**. You will then enter what is called the "Coverage Gap."
- Tier 1: \$4 copay
New for 2024! For your convenience, you can get a 100-day fill for a three-month supply.
Tier 2: \$15 copay
Tier 3: 25% coinsurance
Tier 4: 25% coinsurance
Tier 5: 33% coinsurance

COVERAGE GAP

When you are in the Coverage Gap, you are responsible for the full cost of your medications, except as noted below:

- You will pay 25% of the cost of your covered medications at the pharmacy (**75% discount**).
- The 75% **discounts are automatically taken at the point of sale**. That means no paperwork or additional work for you. You receive the cost savings automatically!
- When you are in this stage, you generally stay in it until the amount of your year-to-date true out-of-pocket costs reach **\$8,000**. You will then enter the Catastrophic Coverage Stage.*

CATASTROPHIC COVERAGE

NEW FOR 2024: Once your year-to-date out-of-pocket costs reach \$8,000 you will have **\$0 Cost/Coinsurance**.

- When you are in this payment stage, you will not have to pay anything for your drugs. You will also stay in this payment stage for the rest of the calendar year (through December 31).

Questions?

(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.



*As defined by the Centers for Medicare & Medicaid Services, dispensing fee will apply. The total cost of the medication, before the discount, minus the 5% for brand medications paid by Independent Health in the coverage gap applies to your true out-of-pocket costs. Your true out-of-pocket costs are the total of all drug costs paid by you, the enrollee, the Low Income Subsidy/Extra Help (if applicable) and all others whose payments count toward your (the enrollee's) out-of-pocket costs, including EPIC, our State Pharmaceutical Assistance Program.

Mail order and mail at retail are 2.5 times copay for 100-day supply on Tier 1 and 90-day supply on Tiers 2, 3, and 4. Only Maintenance drugs are available by mail order. Refer to formulary for more details.

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.

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

Beneficiaries must use network pharmacies to access their prescription drug benefit, unless a network pharmacy cannot be accessed.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. Limitations, copayments and restrictions may apply. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Members may enroll in the plan year-round. Contact Independent Health for more information.

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)。

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。

Independent Health's Privacy Notice

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).

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.

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.

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.

- **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.

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.

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

We're here for you.

Have a question? Need more information?
Our RedShirtsSM have the answers you need, and are ready to help.

Call or visit us online at www.independenthealth.com/familychoice.





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.

Medicare beneficiaries may also enroll in Independent Health through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at www.Medicare.gov. For more information contact Independent Health.

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)。