

# You Deserve the RedShirt Treatment.<sup>®</sup> And a thank you.

## #1 Member Satisfaction Among Commercial Health Plans in New York

Our members mean a lot to us, and helping you get and stay healthy is what drives us every day. As Western New York's local health plan, we're also committed to supporting our community however we can. We've been providing the RedShirt Treatment for 40 years now, and we look forward to many more.



For J.D. Power 2020 award information, visit [jdpower.com/awards](https://www.jdpower.com/awards)

## INDEPENDENT HEALTH'S 2021 Enrollment Kit



You Deserve the RedShirt Treatment.<sup>®</sup>



# Welcome to Independent Health!



Our RedShirts<sup>SM</sup> are always working hard to make sure you get the support and guidance you deserve. At Independent Health, we help you understand your plan and benefits and seek to ensure you get the most value for your health care dollar.

As a member of Independent Health, this booklet will provide an overview of the unique benefits, tools and resources available to **help you get and stay healthy**. You can find even more detailed information about the plans and other services we offer by visiting [independenthealth.com](http://independenthealth.com).

**If you have any questions, now or throughout the year, our RedShirts<sup>SM</sup> are here to help.**

**Current Members:**

(716) 631-8701 or  
1-800-501-3439 (TTY: 711)

**Prospective Members:**

(716) 505-8515 or  
1-855-210-9930 (TTY: 711)

Monday – Friday, 8 a.m. – 5 p.m.

**It's all part of the RedShirt<sup>®</sup> Treatment.**



## HEALTH PLAN TYPES

- Considerations When Choosing the Right Plan ..... 2
- Copay Plans ..... 3
- Blended Plans ..... 3
- Deductible Plans ..... 4

## VALUE-ADDED BENEFITS

- Getting Started with Independent Health ..... 6
- Choosing Your Wellness Benefit ..... 7
- Wellness Discounts ..... 8
- Community Partnerships ..... 9

## GETTING CARE

- Find a Doctor ..... 10
- \$0 Preventive Services ..... 11
- Know Your Health Care Options ..... 12
- Worldwide Emergency Care ..... 13
- 24-Hour Medical Help Line ..... 13

## HEALTH TOOLS & APPS

- MyIH ..... 14
- Brook ..... 15
- FitWorks<sup>®</sup> ..... 15
- Telemedicine ..... 16
- Foodsmart<sup>™</sup> ..... 16
- Compare Rx Costs ..... 17
- Online Member Tools ..... 17

## IMPORTANT INFORMATION

- Explanation of Benefits ..... 18
- Privacy and Confidentiality ..... 19
- Privacy Notice ..... 20
- National Pharmacy Network ..... 24
- Drug Formulary ..... 25
- Limited English Proficiency ..... 29
- Enrollment Application ..... 33

## HEALTH PLAN TYPES

When it comes to your health coverage, it's important to make an informed decision. This booklet will help you understand all the Independent Health plans that may be available to you.

# Considerations When Choosing the Right Plan for You

## Understanding Key Terms

We understand there is a lot of information to wrap your arms around, and some of it can seem complicated. We're here to help you make the best decisions and provide clear information. Here are a few important terms you should understand when considering your plan options:

- **Deductible** – The amount you must spend out of pocket before Independent Health starts to contribute. For example, if your deductible is \$1,000, Independent Health doesn't pay anything until you've met your \$1,000 deductible for covered health care services that are subject to the deductible. A deductible does not apply to all services, such as preventive care.
  - **Embedded** – On a single policy, the single deductible must be met before Independent Health provides reimbursement for covered services. On a family policy, once a family member meets the single deductible the deductible is satisfied for that member.
  - **Non-Embedded (True Family)** – On a single policy, the single deductible must be met before Independent Health provides reimbursement for covered services. On a family policy, the entire family deductible must be met before Independent Health provides reimbursement for covered services. An individual on a family policy will NOT stop at the single deductible.
- **Coinsurance** – A percentage of the cost you are responsible for and Independent Health pays the rest. For example, if your doctor visit is \$100, your coinsurance payment of 20% would be \$20 and Independent Health pays \$80.
- **Copayment (Copay)** – A fixed dollar amount that you pay for a covered health care service. For example, if your copay is \$15 for a doctor visit but the visit itself costs \$100, Independent Health pays the difference of \$85.
- **First-Dollar Allowance** – A set amount or allowance of dollars that can be used to cover your initial medical expenses. Payments for medical charges are made from your first-dollar allowance balance, and if your allowance will cover the charge in full, you will have no out-of-pocket cost. Charges that exceed the allowance balance are subject to your plan's cost sharing terms. The plan deductible does not apply to all services, such as preventive care.
- **Out-of-Pocket Maximum** – This is the most you will have to pay for covered medical expenses in a plan year, including your deductible, copayments and coinsurance amounts. Once you reach the out-of-pocket maximum, all services are covered in full.

## Weigh Your Options

The selection of your plan should be based on what's right for you, your family and your specific needs. Consider your lifestyle, overall health, your anticipated use of health care and the amount of out-of-pocket on an upfront or monthly basis.

## Copay Plans

Copayment plans, or more commonly referred to as copay plans, offer the convenience of predictable copays for some frequently used health care services – right from the start. There's no deductible to meet first and coverage is comprehensive. While copay plans typically have a higher monthly premium, you get the peace of mind that comes with knowing you're only responsible for a flat, predictable copay for your health care services. Copay plans offer ease of use and little or no paperwork.

## Blended Plans

Independent Health's blended plans are another possible option for your coverage. These plans blend the elements of copays and/or coinsurance based on the health care services rendered. In-network coverage provides the convenience and flexibility of accessing physicians throughout Western New York. Covered out-of-network services will have higher copays and/or coinsurance.

Depending on your plan, a deductible may apply. After you've met your plan's deductible, you will start paying copays or coinsurance, which is your share of the health care cost. The copay/coinsurance you will be responsible for will either be a set dollar amount or an established percentage of the total charged amount for most services, and may vary by type of service. Your payment responsibility or plan details can be viewed online at any time through your member account at [independenthealth.com](https://independenthealth.com).



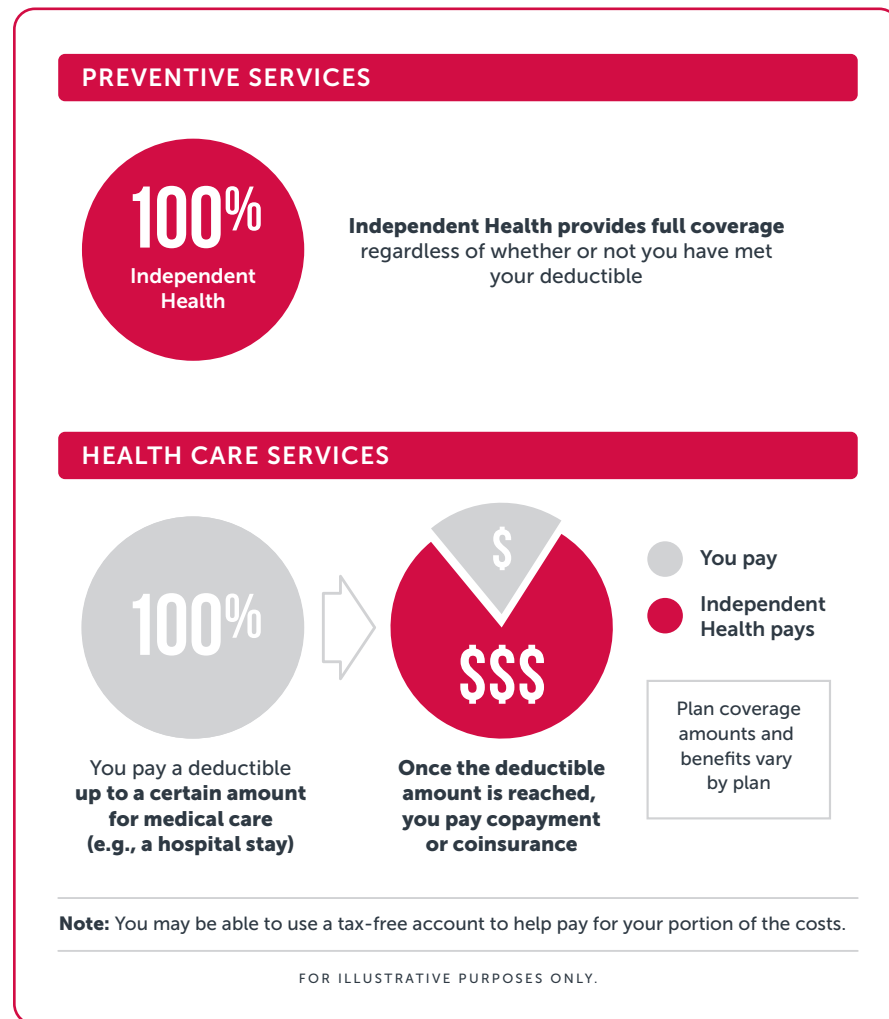
# Deductible Plans

If you own a house, a car or even a smartphone, you may already be familiar with how a deductible plan works. You purchase insurance, but you pay a certain amount of money for services you need before your insurance covers the rest. That's your deductible, and once you've reached it, your insurance coverage kicks in.

Your deductible health plan operates in a similar fashion. Deductible health plans generally have lower monthly premiums with higher deductibles (the amount you must spend before Independent Health starts to contribute). Deductible plans are ideal if you are healthy and looking for ways to reduce your monthly costs, while understanding that you'll pay more money out-of-pocket upfront when you need care.

While paying for any service, it's nice to know you can save money through the advantage of negotiated rates we have with providers. Plus, there are a variety of ways you can save on health care services – such as seeing your primary care physician and paying a much lower out-of-pocket expense than visiting the emergency room.

## How It Works



To view a complete listing of preventive services, visit [independenthealth.com/preventive](https://independenthealth.com/preventive).

## Reaching Your Deductible

Once you've reached your deductible, you only have to pay either a percentage of the cost (coinsurance) or a fixed amount (copay). Keep in mind that deductible amounts vary based on the health plan you're in.

Let's see a typical example for a high-deductible health plan with copays after deductible:



## Features and Options of a Deductible Plan

There are many benefits to being in an Independent Health deductible plan, including:

- **Lower Premiums** – Because you pay more upfront at the time of service, you enjoy predictable, lower-monthly premiums throughout the year.
- **Deductible Tracker\*** – You'll always know where you are in your deductible with the help of our online deductible tracker. It keeps track of your spending so you don't have to.
- **High-Cost Protection** – Out-of-pocket maximums give you financial protection by limiting how much you're expected to spend during a benefit year, aside from your annual premium.
- **Tax-Free Savings** – Depending on your plan, you may be able to set aside dollars in a tax-free account to use toward out-of-pocket expenses associated with your deductible.
  - If your plan qualifies, you can also pair your high-deductible plan with a **Health Savings Account (HSA)** that can be funded by you – up to a yearly contribution limit. Any unused funds deposited can earn interest, tax free, and carry over year-to-year.

Out-of-network coverage (see any doctor, anywhere) is available for all plans, subject to coinsurance and deductibles. Excludes Catastrophic plans.

\* The tracker applies to your in-network deductible and reflects claims that have been submitted by your provider(s) and processed by Independent Health. Dependent claims information is tracked and reflected in the dollar amounts displayed through your deductible tracker.

## VALUE-ADDED BENEFITS

With Independent Health, we're not just here for you when you need health care services. We support your health through a more holistic approach. A wide range of value-added benefits help you get and stay healthy, while helping to keep you active, informed and engaged.

## Getting Started with Independent Health

As a member of Independent Health, here are four things you should do right away to make the most of your health plan, and your health:



**1. Download MyIH**

Create and access your account through the free MyIH mobile app or online through the website. MyIH is a quick and easy way to view everything you need in one convenient place. With the MyIH app you can access your plan benefits\*, review recent claims, track your deductible,\*\* find a doctor or search nearby urgent care locations and hospitals, view your ID card, review the most current drug formulary and more. Visit [independenthealth.com/MyIH](https://independenthealth.com/MyIH) to get started.

**NEW: Chat with a RedShirt!**

Download on the App Store | GET IT ON Google Play

### 2. Choose Your Wellness Benefit\*

Your plan offers the choice between two unique benefits: nutrition benefit or Health Extras<sup>SM</sup> benefit. If eligible, you will be prompted to make this selection upon creating an online account or at the start of a new plan year. Learn more about how these benefits work at [independenthealth.com/nutrition](https://independenthealth.com/nutrition) and [independenthealth.com/healthextras](https://independenthealth.com/healthextras).

### 3. Schedule an Annual Visit with Your PCP

It's important to choose a primary care physician (PCP) to coordinate your care and serve as the central source for information and guidance on all matters of your health and well-being. If you don't have a PCP, we can help find the right one for you. Visit [independenthealth.com/findadoctor](https://independenthealth.com/findadoctor) to search for physicians and other providers. Remember, annual checkups are **FREE!**

### 4. Join FitWorks®

Use our online wellness tool to engage in healthy activities and access resources that can help you stay motivated and on track while achieving your health and fitness goals. Visit [independenthealth.com/fitworks](https://independenthealth.com/fitworks) to learn more.

\* Benefits vary by plan.  
\*\* The tracker applies to your in-network deductibles and reflects claims that have been submitted by your provider(s) and processed by Independent Health.

## Choosing Your Wellness Benefit

Your plan offers the choice between two unique benefit options\*:

Independent Health's Nutrition Benefit	OR	Independent Health's Health Extras <sup>SM</sup> Benefit
Earn up to \$500 as an individual or \$1,000 as a family each year for buying fresh fruits and vegetables at TOPS Friendly Markets.		Receive a \$250 Prepaid Visa® Card that you, your spouse and any dependents enrolled in your plan can use to get and stay healthy.
<b>HOW IT WORKS:</b>		<b>HOW IT WORKS:</b>
<ul style="list-style-type: none"> <li>• Enter your TOPS BonusPlus® or BonusCard number during registration. If you do not have one, free applications are available at the Customer Service Center of your local TOPS. Use this card with your next in-store purchase to activate your account in the TOPS system.</li> <li>• Once registered, we will contact you within 10 business days to confirm if your enrollment was successful or if we need more information.</li> <li>• For every \$2 you spend on fresh produce, you'll receive a \$1 credit toward a quarterly Nutrition Rewards card**. Be sure to present your TOPS BonusPlus® or BonusCard with every purchase.</li> <li>• Your rewards card can be used on future in-store grocery purchases at TOPS (excluding tobacco products).</li> <li>• Nutrition Rewards cards are mailed quarterly.</li> <li>• Log in to your Independent Health account to track your rewards. Your cumulative earned rewards will also be displayed at the bottom of your TOPS receipt, online at <a href="https://TopsMarkets.com">TopsMarkets.com</a> or through the BonusPlus® app for your smartphone.</li> <li>• For more information on the nutrition benefit, visit <a href="https://independenthealth.com/nutrition">independenthealth.com/nutrition</a>.</li> </ul>		<ul style="list-style-type: none"> <li>• Once registered, you will receive your \$250 Health Extras card in the mail within approximately three weeks.</li> <li>• You can use your card immediately on a variety of health and wellness goods and services:                             <ul style="list-style-type: none"> <li>– Acupuncture</li> <li>– Adult Fitness Classes</li> <li>– Community Partners</li> <li>– Fitness Center Membership</li> <li>– Instructional Sports</li> <li>– Massage Therapy</li> <li>– Prepared Meals</li> <li>– Vitamins &amp; Herbs</li> <li>– Weight Loss Programs</li> </ul> </li> <li>• Your card balance will remain available through your annual renewal or through the term of your plan with Independent Health.</li> <li>• Be sure to use your \$250 by the end of your plan year, as unused funds will NOT roll over.</li> <li>• You can get reimbursed for eligible services when you weren't able to use your Health Extras card.</li> <li>• Reimbursement forms, vendor listings and other information on Health Extras can be found online at <a href="https://independenthealth.com/healthextras">independenthealth.com/healthextras</a>.</li> <li>• Log in to your member account to track your balance, view transactions, see how many days are left to spend any remaining dollars, and more!</li> </ul>
<b>HOW TO REGISTER:</b>		
<ol style="list-style-type: none"> <li>1. Visit <a href="https://independenthealth.com">independenthealth.com</a> to log in or register for an account when your health plan coverage begins.</li> <li>2. Make your benefit selection when prompted by the registration screen. You will have the option to go back and re-select either the nutrition benefit or Health Extras benefit during the registration process. Once complete, you will not be able to change your selection during your plan year.</li> </ol>		

\* Available on select Independent Health plans. Excludes Medicare Advantage plans. Benefits vary by plan.  
\*\* \$2 in fresh produce must be purchased in a single transaction. \$2 in fresh produce spending is calculated after all store discounts have been subtracted for your order. Canned or frozen fruits and vegetables are excluded. Money back is in the form of store credit for future purchases.


# Wellness Discounts

We partnered with a variety of organizations throughout the community to offer health and wellness discounts on a wide range of goods and services that can help you get and stay healthy. Simply show your member ID card and start saving. We're adding new partners all the time. Some discounts offer a savings of 30 percent or more!

### CHOOSE FROM A WIDE SELECTION:

- Acupuncture
- Adult Day Services
- Audiology and Medical Equipment
- Community Partners
- Dentists
- Health Education Classes and Programs
- Healthy Prepared Meals
- Instructional and Recreational Sport Programs and Lessons
- Massage Therapists
- Prepared Childbirth and Parenting Classes
- Vitamins and Herbs
- Weight Loss Programs
- Wellness and Fitness

Simply present your Independent Health member ID card at the time of purchase. It's that easy!


 To view or print the latest selections of wellness discounts and participating locations, visit [independenthealth.com/discounts](https://independenthealth.com/discounts). Use the convenient search tool to find discounts by category, name or city.

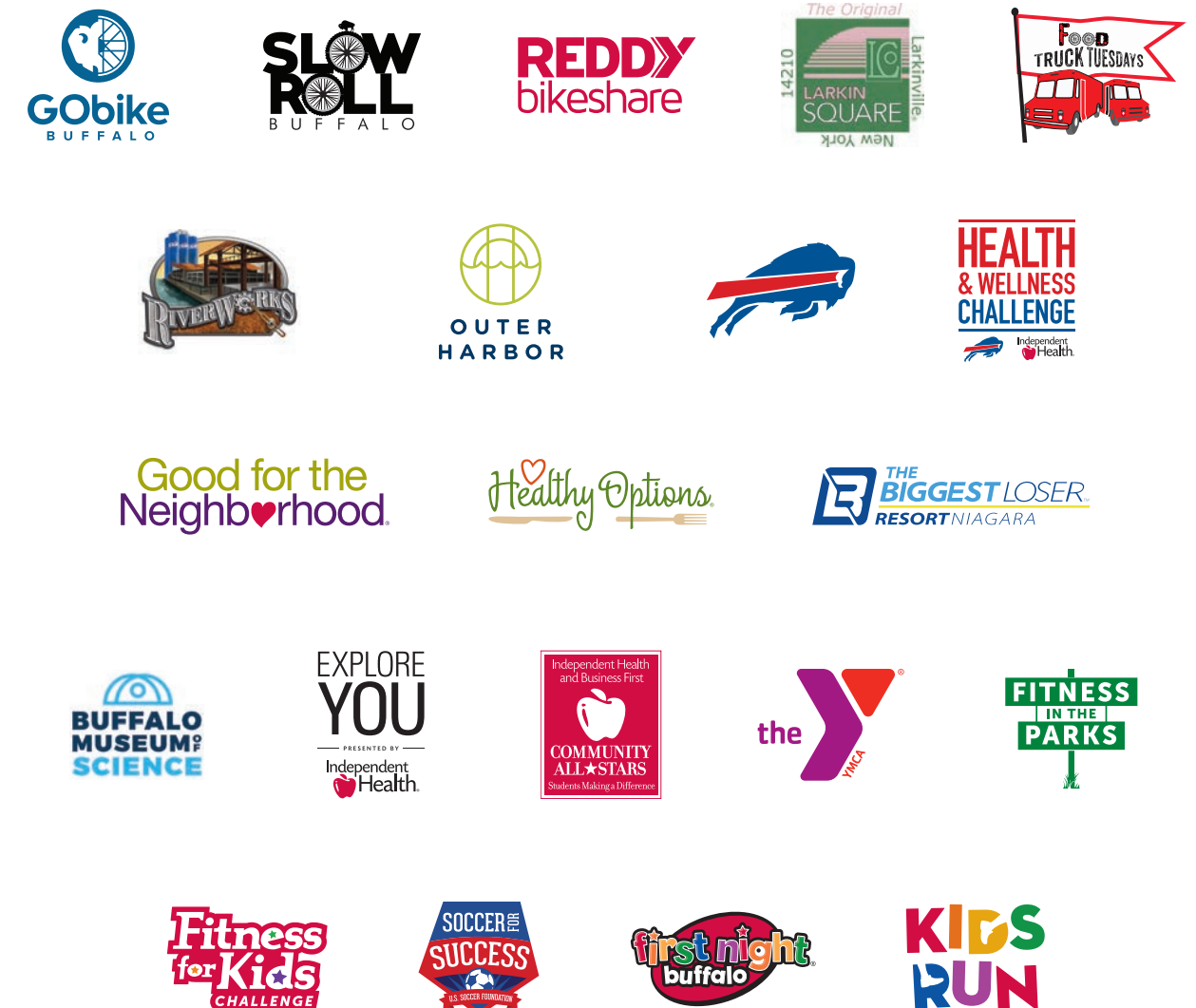


# Community Partnerships

Independent Health and the Independent Health Foundation are dedicated to improving the health and wellness of the Western New York community. That's why we partner with a wide range of local organizations to offer free fitness classes, health and wellness challenges, virtual/safe-distance activities, family-fun programs and events, and so much more. It's just one of the ways we can provide individuals like you and your family the education, support and tools needed to lead healthier lives.

Plus, as an Independent Health member, you're eligible to receive discounts with a variety of our community partners just by showing your member ID card!

 For more information on our partnerships, or for a list of upcoming programs and events, visit [independenthealth.com/inthecommunity](https://independenthealth.com/inthecommunity).



## GETTING CARE

Peace of mind comes from knowing your needs are covered, no matter the situation. Your Independent Health plan provides that protection and security by working with you, your unique needs and the ways with which you prefer to access your care.

## Find a Doctor

Independent Health makes it easy for you to find a health care provider who participates in our network. Our online Find a Doctor tool helps you search for in-network doctors, hospitals, facilities, urgent care centers or pharmacies whenever you need.

### How It Works:

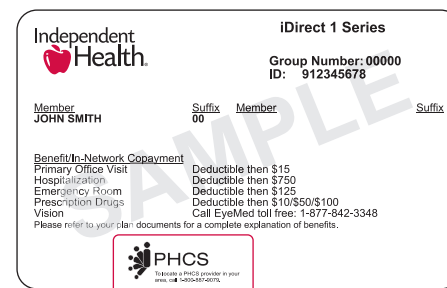
- STEP 1** Visit [independenthealth.com/findadoctor](https://independenthealth.com/findadoctor)
- STEP 2** Click one of the “Popular Searches” quick links or search the entire directory
  - If you are logged in to your Independent Health online account, your plan will be automatically recognized
- STEP 3** Filter Your Results
  - Perform more-specific searches based on distance, specialty, language, gender or if a provider is accepting new patients
- STEP 4** Click “View Details”
  - Get more information on each provider
  - See hospital affiliations (if applicable)
- STEP 5** Click “Get Directions”
  - See where a provider is located on the map

### Before Your Appointment

The Independent Health online provider directory is updated regularly. Make sure your provider participates in our network prior to each visit so the services you receive will be covered under your plan.

You can also search other provider networks outside Independent Health’s network:

To search for a participating provider, facility or pharmacy, visit [independenthealth.com/findadoctor](https://independenthealth.com/findadoctor).



Check your member ID card to verify your out-of-network provider network (if applicable). Your network may differ.

## \$0 Preventive Services

Staying up to date with your preventive care is key to maintaining and improving your health and well-being. That’s because, through prevention, illness can be detected and treated early. Independent Health wants to make members aware of all the **\$0 preventive services** offered to keep you healthy. Even those enrolled in a deductible health plan can enjoy **FREE** preventive services right from the start! It’s just one of the ways we’re helping you get and stay healthy.

### Top 10 FREE Preventive Services

- Annual Routine Checkup\*
- Cholesterol Screening
- Colonoscopy Screening
- Diabetes Screening
- High Blood Pressure Screening
- Mammography Screening
- Pap Smear Collection and Preparation
- Vaccinations
- Well-Child Visit\*
- Well-Woman Visit\*

### Additional FREE Preventive Services

- Abdominal Aortic Aneurysm Screening
- Alcohol Misuse Screening and Behavioral Counseling Intervention
- Aspirin Therapy Discussion for Prevention of Cardiovascular Disease
- Aspirin Therapy for Prevention of Cardiovascular Disease
- Asymptomatic Bacteriuria Screening in Pregnant Women
- Bone Density (Osteoporosis Screening)
- Breast and Ovarian Cancer Susceptibility, Genetic Testing\*\*
- Breast Cancer Preventive Medications
- Breast Feeding – Primary Care Intervention to Promote Breast Feeding
- Breast Feeding Supplies
- Breast Feeding Support and Counseling
- Bright Futures
- Chlamydia Screening
- Colonoscopy Pre-operative Visits
- Colonoscopy Preparation with Prescription
- Congenital Hypothyroidism Screening
- Contraceptive Methods and Counseling
- Dental Caries in Preschool Children, Treatment – Fluoride
- Depression Screening (Adults)
- Depression Screening (Maternal)
- Fall Prevention in Older Adults (Exercise or Physical Therapy)
- Folic Acid – Daily Supplement for Women During Pregnancy
- General Health Panel with Basic Metabolic Panel
- Gonorrhea – Prophylactic Medication for Newborns
- Gonorrhea Screening
- Health Risk Assessment
- Healthy Diet Counseling
- Hearing Loss Screening for Newborns
- Hepatitis B Virus Infection, Screening
- Hepatitis C Screening
- HIV Counseling
- HIV Screening
- HPV Screening
- Intensive Behavioral Therapy for Cardiovascular Disease
- Interpersonal and Domestic Counseling
- Interpersonal and Domestic Violence Screening
- Iron Deficiency in Pregnant Women Testing
- Iron Supplementation for Iron Deficiency in Pregnant Women
- Iron Supplementation in Children 6–12 months
- Lead Screening
- Lipid Screening (Cardiovascular Screening)
- Lung Screening – Low Dose CT
- Major Depressive Disorder Screening for Children and Adolescents
- Obesity Screening – Adults and Children
- Oral Contraceptives
- Over-the-counter Contraceptive Drugs and Devices
- Pediatric Health Care – “Bright Futures”
- Phenylketonuria Screening (Children)
- Prenatal Visit\* and One (1) Post-Partum Visit\*
- Preventive Laboratory Services
- Prostate Screening
- RH (D) Incompatibility Screening in Pregnant Women
- Screening for Urinary Incontinence
- Sexually Transmitted Infections Counseling
- Sickle Cell Disease Screening
- Skin Cancer Behavioral Counseling
- Smoking Cessation Counseling
- Smoking Cessation Intervention Pharmacotherapy
- Statin Preventive Medication
- Syphilis Screening
- Visual Impairment Screening (for children younger than 5 years old)

These services are covered in full when rendered by an in-network/participating provider. Some preventive services need to meet specific criteria. Please call Member Services at (716) 631-8701 or 1-800-501-3439 for clarification of coverage.

Please keep in mind a routine checkup (well visit) or preventive service can sometimes turn into a “sick visit,” in which you will be responsible for paying an office visit copay/coinsurance or, if enrolled in a deductible plan, all charges until your deductible level is met. There may be other services performed in conjunction with the above preventive care services, which are subject to any applicable liability as described in your contract.

To view a complete list of free preventive care services, visit [independenthealth.com/preventive](https://independenthealth.com/preventive).


\* Does not include procedures, injections, diagnostic services, laboratory and X-ray services, or any other services not billed as an Evaluations and Management (E&M) code.  
 \*\* Please note: BRCA mutation screening requires prior authorization to review for medical necessity based on product. Reference the following policy for additional information: Breast Cancer Susceptibility 1 and 2 (BRCA ½) Sequence Testing for Susceptibility to Hereditary Breast Cancer and BRACAnalysis® Rearrangement Test (BART).  
 Preventive Care Services are: Items or services with an “A” or “B” rating from the United States Preventive Services Task Force; immunizations pursuant to the Advisory Committee on Immunization Practices (“ACIP”) recommendations; and preventive care and screenings that are provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (“HRSA”).

# Know Your Health Care Options

When you or your family needs care, it's a comfort to know you have options. Knowing which option to choose can be a challenge. Helping you understand the differences is just one of the ways we can help you get and stay healthy, ensuring that your family gets the right care at the right time, and in the right setting.

Below is an example of health care options and costs for you to consider when seeking care. This example is based on a high-deductible plan. Actual costs may vary.

	Primary Care Physician (PCP)	Telemedicine*	24-Hour Medical Help Line**	Urgent Care Center	Emergency Room
<b>Average Claim Cost</b> (Before Deductible)	\$97	\$50	\$0	\$175	\$798
<b>Average Member Cost</b> (After Deductible)	Varies by Plan	Office Copay Applies	\$0	\$75	\$125
<b>Care Provider</b>	Primary Care Physician (PCP)	Board-certified, state-licensed physician	Registered Nurse (RN)	Physician, Physician Assistant, Nurse Practitioner, RN and LPN	Physician, Physician Assistant, Nurse Practitioner, RN and LPN and other hospital personnel
<b>Average Wait Time</b>	Varies by Office	16–20 minutes	Immediate	1–2 hours	3–5 hours
	<p>Your <b>PCP</b> is responsible for taking care of your health and, when necessary, arranging care for you with other health care providers. This is called "coordination of care," which helps to make sure you are getting the type of care you need. Call your PCP for:</p> <ul style="list-style-type: none"> <li>• Influenza</li> <li>• Rashes</li> <li>• Fevers</li> <li>• Regular and preventive care</li> <li>• Chronic conditions such as diabetes and high blood pressure</li> <li>• Immunization and screening</li> <li>• General questions about your health</li> </ul>	<p>When you can't reach your primary care physician, <b>Independent Health's telemedicine benefit provided through Teladoc®</b> allows you to talk with a doctor anytime, anywhere by phone, 24 hours a day, 7 days a week.</p> <p>Request consults for common illnesses, such as:</p> <ul style="list-style-type: none"> <li>• Allergies</li> <li>• Behavioral Health</li> <li>• Bronchitis</li> <li>• Cough and flu symptoms</li> <li>• Dermatology</li> <li>• Nasal congestion</li> <li>• Pink eye</li> <li>• Sinus problems</li> <li>• Urinary tract infection</li> </ul> <p>You may receive prescriptions for short-term antihistamines, antibiotics, cough suppressants or anti-bacterial agents.</p>	<p>When you can't reach your doctor, our <b>24-Hour Medical Help Line</b> is available 24 hours a day, 7 days a week to:</p> <ul style="list-style-type: none"> <li>• Recognize symptoms; choose appropriate care</li> <li>• Find doctors or hospitals</li> <li>• Manage health conditions</li> <li>• Explore treatment options</li> <li>• Identify medication side effects and interactions</li> <li>• Discuss what health screenings you need</li> </ul>	<p>An <b>urgent care center</b> provider can provide care for:</p> <ul style="list-style-type: none"> <li>• Sprains and strains</li> <li>• Minor broken bones</li> <li>• Mild asthma attacks</li> <li>• Ear infections</li> <li>• Small cuts</li> <li>• Minor burns and injuries</li> <li>• Other minor infections</li> </ul>	<p>Go to the hospital <b>emergency room</b> for:</p> <ul style="list-style-type: none"> <li>• Chest pain</li> <li>• Heavy or uncontrollable bleeding</li> <li>• Large open wounds</li> <li>• Trouble breathing</li> <li>• Major burns</li> <li>• Spinal injuries</li> <li>• Severe head injury</li> <li>• Loss of consciousness</li> <li>• Severe abdominal pain</li> </ul>

 To learn more about other options that can save you money, visit [independenthealth.com/waystosave](https://independenthealth.com/waystosave).

Benefits vary by plan.  
 \* Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Excludes Medicare Advantage plans.  
 \*\* Independent Health's 24-Hour Medical Help Line should not be used for diagnosis or as a substitute for a physician.  
 Note: Member costs were determined for an individual enrolled in Independent Health's iDirect 1 plan.

# Worldwide Emergency Care

An emergency situation can arise at anytime, anywhere. With Independent Health you have the security and peace of mind of knowing that in the event of an emergency or urgent care situation, you are always covered, no matter where you are in the world.

An emergency condition is generally a situation where the absence of immediate medical attention could result in the afflicted person's health or life being placed in serious jeopardy, or could result in serious impairment of bodily functions/organs or serious disfigurement. Examples include chest pain, broken bones, cuts requiring stitches, difficulty breathing and unconsciousness.

If you are experiencing a medical emergency, you should immediately go to an emergency room for treatment. You are not required to get approval prior to services. Emergency room services will be covered, subject to your copayment/coinsurance. If you are admitted to the hospital immediately following your emergency room treatment, the emergency room member cost share is waived and hospital charges will be subject to any inpatient copayment/coinsurance and personal convenience items.

Emergency room visits can be costly and time consuming, therefore chronic or less severe issues should be handled by your primary care physician (PCP) whenever possible during routine office hours. In addition, any follow-up care after receiving emergency medical care should be arranged through your PCP.

## 24-Hour Medical Help Line

When you can't reach your doctor or your health care center is closed, you can speak to an experienced registered nurse 24 hours a day, 7 days a week.

**Call 1-800-501-3439** and ask for the 24-Hour Medical Help Line.\*

### Help and Advice for Non-Emergency Medical Issues

- Information about heart disease, asthma or diabetes
- Details about common surgeries
- Advice on how to treat a child's fever or minor injury
- Help understanding symptoms and choosing the right care
- Medicine interactions and side effects
- Health and wellness information
- Advice on choosing foods that are good for you
- Information on how to quit smoking
- Vaccination information

### Choosing the Right Care

Helping you get and stay healthy is our top priority. Our nurses will answer your questions and help you learn more about the treatment and procedure options available to you for different health problems and diseases. The nurse may suggest you contact your doctor so you can be seen the following day. Remember, it's important to keep your primary care physician up to date on all matters of your health.

 To learn more, visit [independenthealth.com/24medhelp](https://independenthealth.com/24medhelp).

\* Independent Health's 24-Hour Medical Help Line should not be used for diagnosis or as a substitute for a physician.



## HEALTH TOOLS & APPS



In today's busy world it can be a challenge to get and stay healthy. That's why Independent Health offers convenient online resources and apps for support anytime, anywhere. When you download the MyIH app you'll have personalized, easy access to a wide range of tools and support – from nutrition and exercise to goal setting and managing your overall well-being.


### MyIH Mobile App

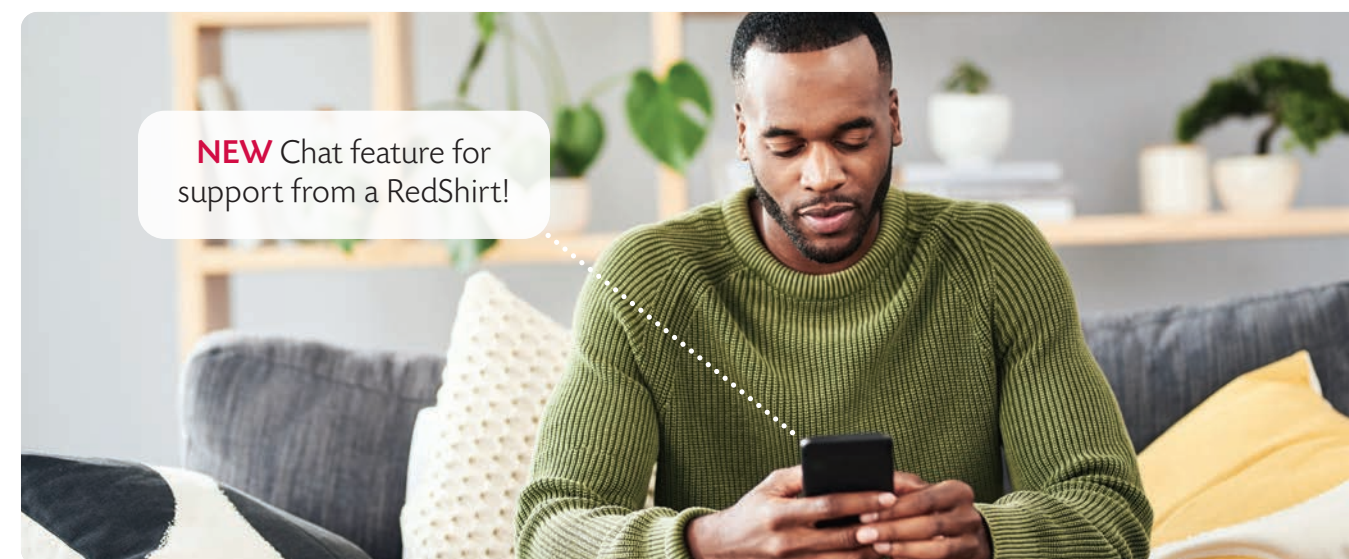
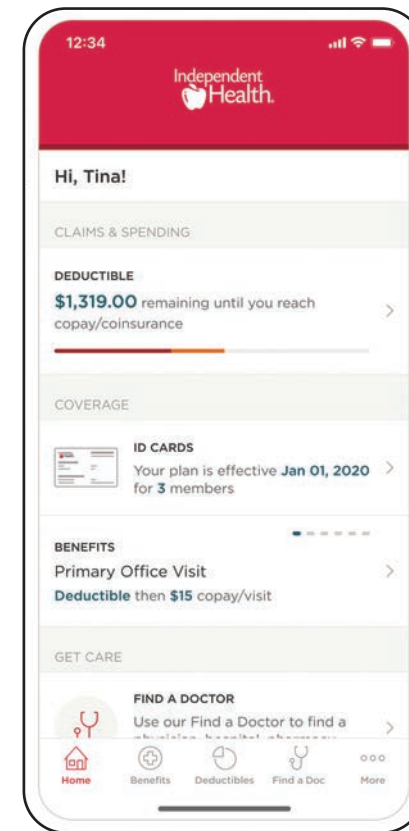
With the free MyIH app, you can get the RedShirt® Treatment anytime, anywhere – right from your smartphone.

It's another way we're providing you better access to manage your health care.

#### With MyIH, you can:

- Register or access your secure account
- View claims, plan documents and health tools
- Personalize your app experience to your preferences and your specific plan
- Find a doctor, nearby pharmacy or health care facility
- Access your member ID card – view it, show it from your phone or print it
- Review your benefits and what's covered on your plan
- Track spending with our deductible tracker\*

 To learn more or to download the free app, visit [independenthealth.com/myih](https://independenthealth.com/myih).









\* The tracker applies to your in-network deductible and reflects claims that have been submitted by your provider(s) and processed by Independent Health. Dependent claims information is tracked and reflected in the dollar amounts displayed through your deductible tracker.

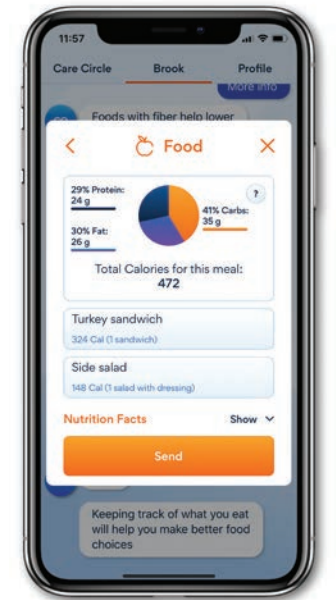
## Brook Personal Health Companion

When you need help setting health goals, a little advice, or even some words of encouragement to stay on the right path every day, the Brook **Personal Health Companion** is an on-demand digital health coach easily accessible from your smartphone.

#### Brook helps you get and stay healthy:

-  Simple tracking of food, activity, sleep, medications and more
-  Support for general wellness and health conditions like diabetes and high blood pressure
-  Meal planning and nutritional advice from registered dietitians
-  Set and reach the right goals for you to build healthy habits that last
-  Convenient in-app texting for support when you need it; no phone calls or appointments necessary

 To learn more or to download the free app, visit [independenthealth.com/brook](https://independenthealth.com/brook).




## FitWorks®

Independent Health wants to keep you motivated to live a healthier lifestyle. FitWorks is designed to help. It's an innovative online wellness tool with unique features that help you track and engage meaningful activities as you work to achieve your personal health and wellness goals.

#### WHAT IT OFFERS:

Whether you're looking to complement your existing health and wellness routine, or looking for a program that will give you a fresh start, FitWorks has something for everyone.

- **Social Platform** – Share and discuss workout ideas, healthy recipes, accomplishments and more!
- **Points System** – Earn FitWorks points for engaging in different activities and keep yourself on track to meeting personal goals.
- **Health and Wellness Challenges** – Participate in a variety of challenges, or create your own and challenge others to join you.
- **Well-Being Journal** – Keep on pace by taking the time to jot down how you're feeling and thinking and review the goals and challenges you've completed.
- **Mobile Version** – Track your progress, make journal entries and more on the go, all from your smartphone. Download the FitWorks Limeade app and sync your device with your account.

 To learn more about FitWorks, visit [independenthealth.com/fitworks](https://independenthealth.com/fitworks).

# Telemedicine


Now more than ever, many doctors, providers and members are taking advantage of virtual appointments and new ways to connect through technology. If you can't reach your primary care physician, our telemedicine benefit **provided through Teladoc®** conveniently puts you in touch by phone, mobile app or online video with a U.S. board-certified doctor anytime, anywhere.

## Teladoc helps you and your family feel better, faster:

- Trusted assistance for you and your covered dependents
- Includes board-certified pediatricians able to treat children age 0-17
- Average callback time for a general medical consult is 10 minutes
- Prescriptions (if needed) can be sent to a pharmacy of your choice
- Convenient for use while at home, work or out of town



Discuss common medical issues, such as cold and flu symptoms, bronchitis, allergies, pink eye, sinus problems and more – including behavioral health, mental health and dermatology services. Check your member plan documents for your applicable member cost share.\*

 To learn more or to download the free app, visit [independenthealth.com/telemedicine](https://independenthealth.com/telemedicine).

\* Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc phone consultations are available 24 hours, 7 days a week while video consultations are available during the hours of 7 a.m. to 9 p.m., 7 days a week. Benefits vary by plan. Excludes Medicare Advantage plans. Check your benefit plan documents for your applicable member cost share and other information associated with the telemedicine benefit. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission.




# Foodsmart™

In our day-to-day lives, we might not always find the time to eat as healthy as we'd like. Independent Health has teamed up with Foodsmart, formerly known as Zipongo, to offer a convenient and easy tool to help you incorporate healthy eating into your daily life – at home or on the go.

## Foodsmart simplifies eating well:

- Personalized to your goals and dietary preferences
- Meal planning and nutrition assistance
- **NEW: Virtual, one-on-one nutrition counseling visits with a registered dietitian at no cost to you**
- Look up and use healthy recipes
- Build meal calendars and shopping lists
- Access money-saving deals at local grocery stores
- Dedicated year-round support to make sustainable lifestyle changes



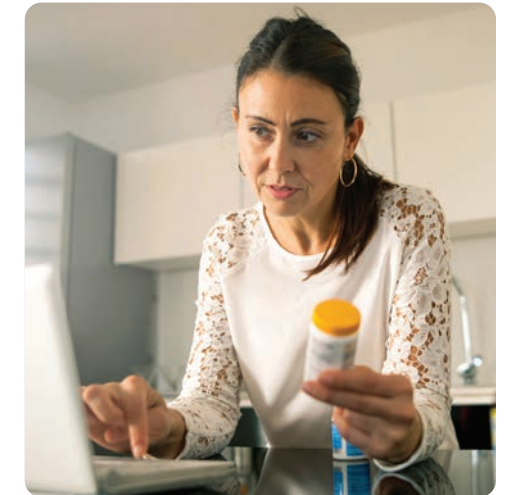
 To learn more or to download the free app, visit [independenthealth.com/zipongo](https://independenthealth.com/zipongo).

# Compare Rx Costs

Understanding all the options and managing the costs for the medications you need to keep your family healthy can be a challenge. Independent Health makes it easier with a tool that's accessible right from your secure online account.

## Compare, shop and save on your prescriptions:

- Simply type the name of the medication in the search bar
- Review drug uses and alternative options, including generics (when available)
- Compare real-time costs
- Locate nearby pharmacies and online resources for purchase
- View pricing and covered options specific to your plan
- Stay up to date with the latest information



 To start comparing, visit [independenthealth.com/login](https://independenthealth.com/login).

# Online Member Tools

As a member of Independent Health, you can get quick and easy access to the benefits of your health plan by creating an online account. You'll find a variety of tools and resources that you can use to help you get and stay healthy, which could potentially lower your health care costs in the future.

Creating an online account allows you to manage your health plan – and your health – in one place. Each time you log in, you'll be automatically directed to a personalized dashboard that provides a general overview of your benefits and other important features of your health plan.

- **Benefits** – How much will it cost to see my doctor? What's my cost for an emergency room visit? Am I covered out-of-network? When these questions arise, we have answers you need in one convenient place.
- **Health Dashboard** – A list of personalized preventive health recommendations for you and your doctor to create a wellness plan right for you.
- **Claims** – Keep track of your billing by viewing your medical or pharmacy claims, and when needed, download an Independent Health claim form.
- **Online Member ID Card** – View your card, print a copy for use or keep it on file.
- **Find a Doctor** – When logged in, your plan will be automatically recognized, providing you with a list of eligible, in-network providers and facilities by name, specialty or condition.

 Have your member ID card handy, then get started by visiting [independenthealth.com/register](https://independenthealth.com/register).


## IMPORTANT INFORMATION

When you need information about your benefits or your plan, you have plenty of resources to get what you need. You can always call the Independent Health RedShirts<sup>SM</sup> at (716) 631-8701 or 1-800-501-3439. The following section is also a handy reference that you can access throughout the year should you need it.

## Explanation of Benefits (EOB)

All Independent Health members will receive an Explanation of Benefits (EOB) after each health care visit or use. The EOB is not a bill, nor is payment expected at time of receipt.

Each EOB will provide details of the service provided, including date(s) of service, description, rate, any copays/coinsurance and member responsibility (if applicable). You'll also see an overview of your annual deductible (if applicable) and out-of-pocket maximums, including any remaining amounts toward meeting your threshold levels.



Independent Health Association, Inc.  
511 Farber Lakes Drive  
Buffalo, NY 14221

**Electronic Service Requested**

Mr. Sample  
1234 Main Street  
Anywhere, NY 14216

# SAMPLE

If you have any questions, please call Independent Health at (716) 631-2661 or (800) 257-2753 or visit us online at [www.independenthealth.com](http://www.independenthealth.com)

Statement Date: 03/21/13  
Page 1 of 1 F

**EXPLANATION OF BENEFITS – THIS IS NOT A BILL**      Please retain this copy for your records and tax purposes

<b>Member Name:</b> John Sample		<b>Group Name:</b> XXX XXXXXXX		<b>Group #:</b> 123456	
<b>Member ID #:</b> 12345678-01		<b>Provider:</b> Smith, Robert		<b>Claim #:</b> 9876543	

1	2	3	4	5	6	7	8	9	10
Dates of Service	Service Description	Rate	Deduct	Copay/Coins	Not Covered	Other Ins Paid	Provider Liability	Remark Code	Plan Pays
1/29/13	Medical Service	65.00	65.00	0.00	0.00	0.00	0.00	R	0.00
Totals 11			65.00	0.00	0.00				
Total Member Responsibility 13								12 Interest	0.00
								Total Plan Payment 14	0.00

**Remark code description:**  
R Paid at Usual and Customary Rate-UCR-. You are responsible for the Not Covered Amount when the provider balance bills.

18

**Summary information for 01/01/13 – 12/31/13**  
 Your individual annual deductible is \$1000.00  
 Amount applied to your individual annual deductible is 384.87 15  
 Amount remaining until you meet your individual annual deductible is \$615.13 16  
 Your annual out-of-pocket maximum is \$2000.00 17  
 Amount applied to your individual annual out-of-pocket maximum is \$384.87

To view a sample EOB, visit [independenthealth.com/EOB](http://independenthealth.com/EOB).

## Privacy and Confidentiality, Drug Formulary and Quality Management

### Privacy and Confidentiality

Upon joining Independent Health, a member contract and/or amendments are sent to you each year. This information outlines the rights, responsibilities and benefits you have as a member. As new and potential laws regarding protecting the privacy and confidentiality of health information are reviewed in the state and federal government, it is important for you to know that Independent Health is committed to maintaining the confidentiality of your health information.

- When you, as a subscriber, enroll with Independent Health, you give a general consent for your own medical records and those of your family members to be accessed by Independent Health as provided under the terms of your member contract.
- Independent Health's contracts with participating providers reinforce your right under New York state law to access your own medical records although your provider may charge a per page copying fee.
- You have the right to the protection of privacy of your health information in all settings, including privacy and confidentiality of all records pertaining to treatment unless otherwise provided by law or by your member contract.
- All member information and records used for purposes of preparing, compiling, or analyzing Independent Health measurement data shall be kept confidential. All member-specific information shall be removed from such measurement data prior release, except in circumstances when state or federal regulatory agencies request "patient level" data as allowed by law.
- Except under the terms of the member contract, Independent Health will not release a member's identifiable medical records to any third party, including the member's fully insured employer, without receiving a signed special release from the member.

### Drug Formulary

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

### Quality Management

Independent Health provides a comprehensive quality management (QM) program in an effort to implement programs to ensure quality clinical care, clinical service and HMO service. 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 Privacy and Confidentiality notice, Drug Formulary or Quality Management program, please call our sales department at (716) 631-5392 or 1-800-453-1910.

# 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 and regulations 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 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 only will 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 purposes of organ donation,** such as for procurement, banking or transplantation of organs, eyes, or tissue.
- **For research.** If we use or disclose your personal information for a research project that contributes to knowledge generally, we take 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. 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 fundraising.** We may use or disclose your personal information to raise funds for our business or for our related foundation, the Independent Health Foundation. If we do contact you to raise funds, we will provide you with an opportunity to opt out of future fundraising communications. If you chose to opt out, we will honor your decision and will not use your personal information for fundraising.
- **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 (such as Medicaid managed care) 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, Monday through Friday from 8 a.m. to 8 p.m., or email us at [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com).

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

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

- If you call and ask for specific information about your spouse’s medical claims, such as a list of their pharmacy claims, we will ask for your spouse’s written permission before disclosing any information to you.
- If you are a parent and ask for personal information about your son or daughter who is on your health insurance policy, but who is 18 or over, we will need to get your son or daughter’s written permission before disclosing their information to you.
- If you ask us for information about a health care item or service that your minor child can obtain without your parental consent, such as outpatient mental health treatment, we will ask for your child’s written permission before disclosing that information to you.

If you have questions, please call our toll-free Member Services number on your ID card, Monday through Friday from 8 a.m. to 8 p.m., or e-mail us at [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com).

### YOUR RIGHTS REGARDING YOUR PERSONAL INFORMATION

By law, you have several important rights with respect to your personal information. You may exercise any of the rights described below, or ask any questions about these rights by calling our toll-free Member Services number on your ID card, Monday through Friday from 8 a.m. to 8 p.m., or email us at [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com).

- **You have the right to ask us to restrict how we use, or disclose your personal information** for treatment, payment, or health care operations. You may also ask that we limit the information we give to others who are involved in your health care or payment for your health care such as a family member or a friend. Your request may be received verbally or in writing. Please note that we will accommodate reasonable restriction requests. If we do agree, we will honor your request unless it is an emergency situation.
- **You have the right to ask us to communicate with you by a different method or in a different manner.** For example, if you believe that you would be harmed if we send your personal information to your current mailing address (situations involving domestic disputes), you may ask us to send your personal information by fax instead of mail or to a P.O. Box instead of your home address. We will agree to reasonable requests.
- **You have the right to request a copy of your personal information** in your designated record set, including an electronic copy in many cases. You also have the right to inspect your personal information in your designated record set. A “designated record set” is a group of records that is used by or for us to make decisions about you. We may ask you to request copies of your personal information in writing and to specify the information you are requesting. We also may charge a reasonable fee for copying and mailing your personal information. We will respond to your request no later than 30 days after we receive it. If we are unable to act within the 30 days, we may extend that time by no more than an additional 30 days. In certain situations, we may deny your request, or part of your request, but we will tell you why we are denying your request. You have the right to ask for a review of that denial.
- **You have the right to ask us to make changes to your personal information** we maintain about you in your “designated record set” if you believe it is wrong or if information is missing. This is called the right “to amend” your personal information. Your request may be verbal or in writing, but you must provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to act within the 60 days, we may extend that time by no more than an additional 30 days. If we make the change, we will notify you that it was made. In some cases, we may deny your request to change your personal information. For example, we may deny your request if we did not create the information you want changed. If we deny your request, we will notify you in writing about the reason for the denial. The denial will explain your right to file a written statement of disagreement. These statements will be filed with the record you asked us to change.
- **You have the right to ask for an accounting of disclosures** we have made for reasons other than treatment, payment and health care operations. You have the right to receive a maximum of six (6) years’ worth of disclosures in your accounting. Your request for an accounting must be in writing and specify the information requested. We will act on your request within 60 days, unless we need an additional 30 days.
- **You have the right to receive an electronic or paper copy of this notice.**
- **You have the right and will receive notice about any breaches** of your personal information in accordance with applicable state and federal laws.
- **You have the right to file a complaint** if you believe your privacy rights have been violated or if you disagree with a decision we made about your access to your personal information. We will not take any action against you for filing a complaint. You may contact us with your complaint by calling, writing, or emailing 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](mailto: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](mailto:memberservice@servicing.independenthealth.com).

## 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.

## TRANSLATION STATEMENT

Verbal translation, alternate formats of written materials, and/or assistance for those with special needs, may be available upon request. (Traducción verbal, formatos alternativos de materiales escritos y/o asistencia para quienes tienen necesidades especiales, disponibles a solicitud.)

# National Pharmacy Network

When selecting your health care plan, important consideration should be placed on what prescription medications are covered, especially if you or your dependents rely on specialty or even regular use of medications.

For members who have a prescription drug rider, Independent Health offers our National Pharmacy Network. Whether you are out of the area for an extended period of time or are traveling across the country, members have access to more than 58,000 in-network pharmacies in the United States. In-network local pharmacy coverage is also available.

 To view Independent Health's drug formularies, visit [independenthealth.com/formulary](https://independenthealth.com/formulary).

# An Introduction to Independent Health's 2021 Drug Formulary

Independent Health drug formularies list out the drugs that are covered under your plan. The medications in each formulary are carefully selected by Independent Health's Pharmacy & Therapeutics Committee and are based on an evaluation of safety, quality, effectiveness and cost.

## Drug Formulary II

The following information applies to plans offered through the NY State of Health: The Official Health Plan Marketplace – for individuals through the Individual Marketplace. This information also applies to Independent Health plans offered to individuals directly, not through the marketplace. Check your summary of benefits to ensure this formulary (Drug Formulary II) is associated with your plan prior to using your prescription drug benefit.



## Essential Plan Formulary

The following information applies to plans offered through the Essential Plan. Check your summary of benefits to ensure this formulary is associated with your plan prior to using your prescription drug benefit.

## New York State Sponsored Plans Formulary

The following information applies to Independent Health's New York State Sponsored Plans, Child Health Plus and MediSource (Medicaid). Check your summary of benefits to ensure this formulary is associated with your plan prior to using your prescription drug benefit.

 To view the most up-to-date drug formularies, please visit [independenthealth.com/formulary](https://independenthealth.com/formulary).



Independent Health members benefit when their health care providers use the formulary because all medications included are selected due to their effectiveness and safety. Use of a formulary also ensures that premiums are kept to a minimum. The cost of each medication on the formulary is balanced with its effectiveness, which means that medications are not included on the formulary just because they are inexpensive; effectiveness is more important than the price of the medication. If a medication is not capable of achieving the desired effect, then the price of treating an illness or condition increases because other therapies must be used. Likewise, there are expensive medications that have not been proven to be any more effective than less costly alternatives.

Since 1996, all prescriptions for Independent Health members have been written from the formulary in order to qualify for coverage. When health care providers write a prescription for Independent Health members, they consult the formulary and select the medication needed. Occasionally, members need a medication that is not on the formulary. In cases when it is medically necessary for a patient to have a medication that is not included on the formulary, health care providers are encouraged to request a medical exception from Independent Health's Medical Director.

The health care provider will need to complete a medical exception form and fax it to Independent Health's Prior Authorization Department, who will review the details of the case.

Independent Health's three-tiered formulary lets you decide among preferred generic, preferred brand-name and non-preferred brand/generic medications with three different copayment/coinsurance levels:

- The lowest copayment/coinsurance is charged in Tier 1. This tier contains preferred generic medications, certain over-the-counter (OTC) medications and select brand-name medications.
- A higher copayment/coinsurance is charged for those medications in Tier 2. This tier contains non-preferred generic medications and preferred brand-name medications.
- The highest copayment/coinsurance is charged for those medications in Tier 3. This tier contains non-preferred brand-name medications and certain specified medications.
- Some medications are considered non-formulary (not covered), including brand-name medications with a generic equivalent. To obtain a medication that is non-formulary your health care provider is encouraged to submit a prior authorization request for coverage through the exceptions process. If the request is approved, that particular medication will be covered at your Tier 3 copayment/coinsurance level.

All medications listed on the formulary will be available to you and you will be responsible for payment of the copayment/coinsurance as referenced in this document. You will note on the list that a medication's copayment/coinsurance is assigned to a tier. How this affects your copayment/coinsurance depends upon what prescription plan you have. Independent Health reserves the right to modify the copay/coinsurance/tier of a particular medication as necessary. For example, when a generic equivalent becomes available for a covered brand-name medication, the brand-name medication becomes non-formulary (not covered) and will be covered only if approved through the medical exception process. The generic equivalent medication will be covered in Tier 1 or Tier 2. Because of this, the actual copayment/coinsurance paid may not match the copayment/coinsurance tier levels as published in this document. To determine which prescription plan you have, please refer to your contract. Independent Health reserves the right to change the duration of an approved prior authorization through the medical exception process, including but not limited to the termination of a previously approved authorization. Approval of a prior authorization request does not itself guarantee payment; payment is made based on plan/benefit design. If you have further questions, you may contact Independent Health's Member Services Department.

Because there are thousands of medications in the marketplace, not all Tier 3 non-preferred medications can be listed here. Independent Health makes every attempt to provide you with as accurate a listing of medications as possible, however the list of medications and availability of generics can change frequently. Since this list was created, some medications may have been added, while others may have been deleted. For an updated version of the formulary please visit our website at [independenthealth.com/formulary](http://independenthealth.com/formulary).

### **Prior-Authorization**

Independent Health requires you to get prior authorization for certain medications. To obtain coverage for a medication requiring prior authorization, a prior authorization request for medical exception must be submitted by your health care provider and approved by Independent Health's Medical Director. Medications that require prior authorization are listed with a "PA" in the formulary.

### **Step Therapy**

In some cases, Independent Health requires you to first try certain medications to treat your medical condition before we cover another medication for that condition. Step therapy is a way to help you get the best quality and value from your prescription medication benefit. This usually means that an equally effective generic medication is prescribed before a more expensive brand-name medication. Step therapy may also ensure that two medications are used together if they are more effective. Medications that require step therapy are listed with a "ST" in the formulary.

### **Quantity Limitations**

Quantity limitations may apply to certain medications. Some medications are covered up to a specific quantity per 30 or 90 days. Some examples of medications with a quantity limitation are: sumatriptan (generic Imitrex®) and zolpidem tartrate (generic Ambien®). Medications with quantity limitations are listed with a "QL" in the formulary.

### **Specialty Medications**

In order to add value and accessibility in your pharmacy benefits, we offer a specialized prescription medication program for certain specialty medications through Reliance Rx® Specialty Pharmacy. Specialty medications include those that are either self-injectable, require special distribution, handling and/or are at limited supply and certain oral oncology medications. These medications are restricted to designated pharmacies such as Reliance Rx. Reliance Rx specializes in providing high-quality service for complex chronic conditions such as hepatitis, multiple sclerosis, cancer and rheumatoid arthritis.

Along with providing these specialized medications, Reliance Rx also provides a convenient way for you to receive the medication, by arranging delivery at no charge directly to your home. They can also provide you with education on the medication you're taking, refill reminders and even the necessary supplies, if applicable.

Specialty medications are listed with an "SP" on the formulary. Reliance Rx can be reached at 1-800-809-4763.

### **Age Restriction**

Some prescription medications are restricted by age due to safety reasons or Food and Drug Administration (FDA) recommended labeling. Medications with an age limit are listed with an "AL" in the formulary.

### **Maximum Daily Dose (MDD)**

Certain medications are dose limited by a maximum daily dose (MDD) as recommended by the Food and Drug Administration (FDA) for safety reasons. Limits may be set by the number of tablets/capsules per day or the total daily dose.

### **Maintenance Medications**

Independent Health allows up to a 90-day supply of certain medications to be filled. Medications eligible to be filled for a maintenance supply are indicated on the formulary. Medications eligible for up to a 90-day supply are listed with an "MM" on the formulary.

The first fill of new maintenance medications will require a 30-day initial fill to ensure you do not have any side effects. After the initial 30-day supply has shown you can tolerate the medication, you can receive future refills for up to a 90-day supply as prescribed.

### **Over-the-Counter (OTC) Medications**

Certain medications listed in the formulary are available over the counter. A prescription is required for coverage of the OTC products. OTC products that we cover are listed with an "OTC" on the formulary.

## Nondiscrimination statement and language assistance services

If you, or someone you're helping, have questions about Independent Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-501-3439.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Independent Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-501-3439.

**如果您，或是您正在協助的對象，有關於[插入 Independent Health 項目的名稱 Independent Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-800-501-3439。**

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Independent Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-501-3439.

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Independent Health, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-800-501-3439.

**만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Independent Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-501-3439 로 전화하십시오.**

Se tu o qualcuno che stai aiutando avete domande su Independent Health, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-800-501-3439.

אויב איר, אודר עמזער איר העלפסט, האט פראגעס וועגן, Independent Health האט דאס רעכט צו באקומען הילף און אינפארמאציע און אייער שפראך אומזיסט. צו רעדן מיט דער אי'בערוזעצער, קלונג 1-800-501-3439

যদি আপনি, অথবা আপনি অন্য কাউকে সহায়তা করছেন, সম্পর্কে প্রশ্ন আছে Independent Health আপনার অধিকার আছে বিনা খরচে আপনার নিজস্ব ভাষাতে সাহায্য পাবার এবং তথ্য জানবার। অনুবাদকের সাথে কথা বলার জন্য, কল করুন 1-800-501-3439

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie Independent Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-501-3439.

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Independent Health، فلدك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-800-501-3439

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Independent Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-501-3439.

اگر آپ کسی کو مدد دے رہے ہیں اور آپ دونوں کو سوال ہے Independent Health کے بارے میں، تو آپ دونوں کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ ترجمان سے بات کرنے کے لیے، 1-800-501-3439 فون کریں۔

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Independent Health, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap angisang tagasalin, tumawag sa 1-800-501-3439.

Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω απο το Independent Health, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 1-800-501-3439.

Nëse ju, ose dikush që po ndihmoni, ka pyetje për Independent Health, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin 1-800-501-3439.

## Sedative/Hypnotic Medications

Sedative/hypnotic medications are limited for all prescribers except sleep specialists to 14 tablets/capsules per month with a maximum of 3 fills per year (3 fills/365 days).

## Compounded Prescription Medications

Compounded prescriptions (medications that are not commercially manufactured) must be prepared by a participating pharmacy and contain at least one prescription component. The dispensing pharmacy is required to submit for prior approval and when covered the compounded prescription will be available at a Tier 2 copayment/coinsurance. Compounds which cost under \$250 do not require prior authorization if all other requirements are met. Compounds which cost more than \$250 will require prior authorization. Coverage is provided in accordance with our Compounding Medication Products Policy. Bulk products and powders are excluded from coverage because they are not prescription medication products that are approved under sections 505, 505(j) or 507 of the Federal Food, Drug, and Cosmetic Act.

## Diabetic Supplies/Medications

Products listed in this section are a covered benefit based on your plan. Products not listed require prior authorization. Copayments vary by plan.

BD needles and syringes are our preferred needle/syringe products.

OneTouch glucose meters, lancets, test strips, and supplies are our preferred diabetic supplies and do not require prior authorization.

One Touch will provide a glucose meter to you with no copayment. Quantities are limited to one meter per member. You can obtain a meter by calling LifeScan, Inc. at 1-888-377-5227, offer code 289IHA001. Please have your ID number available when you call.

Diabetic test strips are limited to a maximum of 100 per fill/30 days for non-insulin dependent diabetics. Diabetic test strips are limited to a maximum of 300 per 30 days for insulin dependent diabetics.

## Affordable Care Act (ACA) Preventive Services

Medications listed on the formulary that are covered as preventive services under the Affordable Care Act may be covered. Certain restrictions may apply. As drugs are added or removed from the United States Preventive Services Task Force recommendations list, these drugs may not be available to you through the ACA until you renew your plan. There is no copayment/coinsurance for these medications.

## Lost/Stolen/Damaged Medications

Replacement of any lost, stolen or damaged medications is the responsibility of the member.

## Dental Formulary

Drugs covered on our Dental Formulary are available when prescribed by a dental provider. Unless otherwise specified, all products are limited to a 10-day supply with one refill. Drugs included in our Dental Formulary are listed with a "DF" on the formulary. Drugs without a "DF" will not be covered when written by a dental provider.

## Limited Distribution Drugs

Some specialty medications can only be obtained through designated specialty pharmacies due to limited distribution placed on the medication by the manufacturer. These medications are listed with a "LDD" on the formulary.

## Preventive with Liability

Some medications are considered preventive care for those with qualifying chronic conditions. For deductible plans where this benefit is applied, you are responsible for your tiered copayment/coinsurance during the deductible phase. These medications are listed with a "PL" on the formulary.



**Discrimination is Against the Law**

Independent Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independent Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independent Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Independent Health’s Member Services Department.

If you believe that Independent Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Independent Health’s Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-501-3439, TTY users call 711, fax (716) 635-3504, [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com). You can file a grievance in person or by mail, fax, or email.

If you need help filing a grievance, Independent Health’s Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>

# Notes

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

# Notes



## Enrollment Application/Change Form

Please clearly **PRINT** all information

P.O. Box 710, Buffalo, NY 14231-0710 independenthealth.com

### KEY

- † Supporting documentation required
- ‡ If allowed by plan; supporting documentation may be required
- § Must include date of qualifying event

Employer Admin. Initials:	Date:
---------------------------	-------

**To avoid a delay in your health insurance coverage, please be sure ALL SECTIONS ARE COMPLETED**

**What type of insurance are you applying for (select one)?**

- Employer Group – actively employed  
  COBRA  
  Individual (application must include payment and supporting documentation)

### A Coverage Information

**Name of Employer** *(not needed for individuals not associated with employer group)*

<b>Account Number</b>	<b>Sub Account</b> <i>(if applicable)</i>	<b>Plan Name</b>
-----------------------	---	------------------

<b>Effective Date</b> <i>(date the coverage for this applicant should be effective)</i> <small>Failure to include a date in this field may result in a delay in your coverage.</small>	<b>Employee ID/Division/Union/Class</b> <i>(if applicable)</i>
---	--

### B Qualifying Event Information

**Enroll/Add Coverage** *(enter date and select reason below)*   **Date of Qualifying Event:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (ex: date of hire)

**Check One:**

- |  |  |   |                                     |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Open Enrollment               | <input type="checkbox"/> New Hire §              | <input type="checkbox"/> Newborn §                      | <input type="checkbox"/> Marriage § |
| <input type="checkbox"/> Relocated/transfer §          | <input type="checkbox"/> Adoption/Guardianship † | <input type="checkbox"/> Involuntary Loss of Coverage § |                                     |
| <input type="checkbox"/> Change in Employment Status § | <input type="checkbox"/> Domestic Partner ‡      | <input type="checkbox"/> Enrolling COBRA coverage       |                                     |
| <input type="checkbox"/> Other † _____                 |  |   |                                     |

**Disenroll/Cancel Coverage** *(enter date and select reason below)*   **Effective date of cancellation:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check One:**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Terminate Employment                                     | <input type="checkbox"/> Deceased                          | <input type="checkbox"/> Dependent Max age reached               | <input type="checkbox"/> Divorced †     |
| <input type="checkbox"/> Moved out of area  | <input type="checkbox"/> No longer eligible                | <input type="checkbox"/> Nonpayment                              | <input type="checkbox"/> Other coverage |
| <input type="checkbox"/> Layoff/Strike  | <input type="checkbox"/> Cancel coverage for entire family | <input type="checkbox"/> Cancel coverage for all dependents only |   |
| <input type="checkbox"/> Cancel coverage for the following dependents only: _____ |  |  |   |

**Change(s) to existing plan** *(enter date and select reason below)*   **Effective date of change:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check One:**

- |                                  |                                    |   |                                    |   |
|----------------------------------|------------------------------------|---|------------------------------------|---|
| <input type="checkbox"/> Address | <input type="checkbox"/> Phone No. | <input type="checkbox"/> Marital status | <input type="checkbox"/> Last Name | <input type="checkbox"/> New Employment type* |
|----------------------------------|------------------------------------|---|------------------------------------|---|

**\*If new employment type check one box below:**

- |   |                                |                                   |  |                                      |
|---|--------------------------------|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Active   | <input type="checkbox"/> COBRA | <input type="checkbox"/> Inactive | <input type="checkbox"/> Surviving Insured | <input type="checkbox"/> TEFRA/DEFRA |
| <input type="checkbox"/> Retired <small>Check here if employee is changing to retired status.</small> |                                |                                   |  |                                      |

Social Security Number (SSN) must be provided for the employee/individual and for ALL dependents. Any applications submitted without a SSN for each employee/individual may be delayed or denied. Please see your employer's Benefit Administrator if you are unable to supply a SSN for each applicant.

**C Employee/Individual Information**

<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <span style="font-size: 24px;">-</span> </div>			
<b>Employee/Individual SSN</b>			
<b>Employee/Individual Last Name</b>		<b>First Name</b>	<b>Middle Initial</b>
<b>Employee Status if Applicable</b> <input type="checkbox"/> A (Active) <input type="checkbox"/> R (Retired) <input type="checkbox"/> C (Cobra)			
<b>Address</b> <i>(PO Box not accepted)</i>			Apartment/Suite/Building
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Date of Birth (MM/DD/YYYY)</b>
(   )			(   )
<b>Gender</b>	<b>Mobile Phone No.</b> <i>(include area code)</i>	<b>Home Phone No.</b> <i>(include area code)</i>	
<b>Email address</b>		<b>Primary Language</b> <i>(if other than English)</i>	

**Primary Care Physician** *(refer to Find A Doctor tool at independenthealth.com/findadoctor)*

Provider Name	Provider Address	Are you a current patient of this physician? (Y or N)
---------------	------------------	---

**Other Health Insurance** *Indicate if you or anyone else on this application will have other health insurance while enrolled with Independent Health. This is for informational purposes only, and the answers you provide will have no bearing on eligibility.*

Insurance Carrier Name	Policy No./MBI	Name of Insured
------------------------	----------------	-----------------

Are you or anyone included on this application covered by Medicare?  
 Yes  
 No  
 Effective Date: \_\_\_\_\_

**Have you obtained stand-alone dental coverage that provides a pediatric dental essential health benefit through a New York Health Benefit Exchange-certified stand-alone dental plan offered outside the New York Health Benefit Exchange?**  
 Yes  
 No

If you answered "yes," please provide the name of the company issuing the stand-alone dental coverage:

---

If you answered "no," we will help secure this coverage through a plan underwritten and administered by Delta Dental of New York, Inc. Additional premium may apply.

Please complete the reverse of this application including dependent information (if applicable). Applicant signature required.

**Employee/Individual Social Security Number**

-

**Dependent #1**

<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <span style="font-size: 24px;">-</span> </div>				† Supporting documentation required         ‡ If allowed by plan; supporting documentation required	
<b>Dependent SSN</b>					
<b>Relationship to Employee/Individual</b>					
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild ‡ <input type="checkbox"/> Legal ward † <input type="checkbox"/> Domestic Partner ‡ <input type="checkbox"/> Other † _____ <span style="font-size: 8px;">(please specify)</span>					
<b>Dependent/Spouse Last Name</b>		<b>First Name</b>	<b>Middle Initial</b>	<b>Date of Birth (MM/DD/YYYY)</b>	
(   )				(   )	
<b>Gender</b>	<b>Mobile Phone No.</b> <i>(include area code)</i>		<b>Home Phone No.</b> <i>(include area code)</i>		
<b>Email address</b>				<b>Primary Language:</b> <i>(if other than English)</i>	
<b>Primary Care Physician</b> <i>(refer to Find A Doctor tool at independenthealth.com/findadoctor)</i>					
Provider Name		Provider Address		Are you a current patient of this physician? (Y or N)	

**Dependent #2**

<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <span style="font-size: 24px;">-</span> </div>				† Supporting documentation required         ‡ If allowed by plan; supporting documentation required	
<b>Dependent SSN</b>					
<b>Relationship to Employee/Individual</b>					
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild ‡ <input type="checkbox"/> Legal ward † <input type="checkbox"/> Domestic Partner ‡ <input type="checkbox"/> Other † _____ <span style="font-size: 8px;">(please specify)</span>					
<b>Dependent/Spouse Last Name</b>		<b>First Name</b>	<b>Middle Initial</b>	<b>Date of Birth (MM/DD/YYYY)</b>	
(   )				(   )	
<b>Gender</b>	<b>Mobile Phone No.</b> <i>(include area code)</i>		<b>Home Phone No.</b> <i>(include area code)</i>		
<b>Email address</b>				<b>Primary Language:</b> <i>(if other than English)</i>	
<b>Primary Care Physician</b> <i>(refer to Find A Doctor tool at independenthealth.com/findadoctor)</i>					
Provider Name		Provider Address		Are you a current patient of this physician? (Y or N)	

**Dependent #3**

<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <span style="font-size: 24px;">-</span> </div>				† Supporting documentation required         ‡ If allowed by plan; supporting documentation required	
<b>Dependent SSN</b>					
<b>Relationship to Employee/Individual</b>					
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild ‡ <input type="checkbox"/> Legal ward † <input type="checkbox"/> Domestic Partner ‡ <input type="checkbox"/> Other † _____ <span style="font-size: 8px;">(please specify)</span>					
<b>Dependent/Spouse Last Name</b>		<b>First Name</b>	<b>Middle Initial</b>	<b>Date of Birth (MM/DD/YYYY)</b>	
(   )				(   )	
<b>Gender</b>	<b>Mobile Phone No.</b> <i>(include area code)</i>		<b>Home Phone No.</b> <i>(include area code)</i>		
<b>Email address</b>				<b>Primary Language:</b> <i>(if other than English)</i>	
<b>Primary Care Physician</b> <i>(refer to Find A Doctor tool at independenthealth.com/findadoctor)</i>					
Provider Name		Provider Address		Are you a current patient of this physician? (Y or N)	

For additional dependents, please attach an additional copy of this page. Applicant signature required.

**Certification and Consent – Signature REQUIRED**

I certify that the information given on this application is current, true and correct to the best of my knowledge and I have read and agree to this statement. I understand that this application and my spouse or eligible dependent's subsequent receipt of health care services are subject to the terms of the applicable coverage document. I understand that if I enroll in a health coverage product through my employer, my employer is responsible for remitting premium payments on my behalf, or in the case of self-insured employers, my employer is responsible for paying my health care claims. I consent to any person or institution that shall have rendered health services to me or to any member of my family under the applicable coverage document to make available any photographs, records or information regarding such services to Independent Health<sup>1</sup>. Any information received or generated by Independent Health shall be kept confidential and secure as required by applicable laws, rules, regulations or contract. I also consent to Independent Health disclosing my health information or the health information of any member of my family for Independent Health's or a provider, health plan, health care clearinghouse or other covered entity's treatment, payment or health care operations as permitted by applicable laws, rules and regulations. This consent shall remain in effect until revoked by me in writing or a maximum of 24 months from this authorization.

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

\_\_\_\_\_  
X Employee/Individual Signature

\_\_\_\_\_  
Date:

<sup>1</sup>"Independent Health" means Independent Health Association, Inc. or Independent Health Benefits Corporation for members who enroll in a health coverage product through their employers or on their own. For an individual whose employer self-insures his or her health coverage, the term "Independent Health" means Independent Health Corporation, a third party administration company.

