

Welcome to Independent Health!

At Independent Health, making a difference for our members is what drives us every day. For over 45 years, our Western New York roots have shaped how we support the health and well-being of our communities. It is our privilege to provide Buffalo City School District retirees with the benefits they need to get and stay healthy, so you can get the most out of your membership all year long.

MyIH Account

Your MyIH account gives you 24/7 access to the information you need to manage your Medicare Advantage plan - and your health - all in one place. Easily view your member ID card, important plan documents, wellness benefits and more! Visit **IndependentHealth.com/MyIH** or download the MyIH mobile app.

It's All at Your Fingertips

- View claims, plan documents (including your Annual Notice of Change, Evidence of Coverage and Explanation of Benefits), and health tools.
- Manage communication preferences.
- Search for a doctor, pharmacy or provider and manage your doctors.
- Manage your personal action plan.
- View and share your member ID card through text message, email and more.
- Review your benefits and what's covered on your plan.*
- Chat one-on-one with a LIVE RedShirt.®
  - » Access with ease Mon. – Fri., 8 a.m. – 8 p.m.
  - » For added account protection, we have enhanced security through 2-step verification or optional passkey authentication each time you log in.

Download the FREE MyIH app:

Download on the App Store GET IT ON Google Play

IndependentHealth.com/MyIH

**Some MyIH features vary by plan and eligibility.*



Wellness Benefits

Our Medicare Advantage plans for Buffalo City School District Retirees include our Premier Wellness Package, giving you more of the benefits you need to get and stay healthy all year long.

Dental Benefit from Nova Healthcare Administrators

Keeping up with your routine dental visits is an important part of improving your overall well-being. To help you maintain a healthy mouth, Buffalo City School District retirees enjoy a $500 annual allowance for routine examinations, cleanings and X-rays that will help keep you smiling.

How Your Dental Benefit Works:

When you visit your dentist, you'll need to pay for the service and submit the paid receipt with a completed reimbursement form to Nova Healthcare Administrators. You may submit the form by mail, fax or by uploading the forms to the Nova website. Nova will provide your reimbursement up to the $500 allowance.

For your convenience, we have included a reimbursement form with this enrollment kit.

For more information or to reach Nova customer service, call **(716) 505-8566** or **1-877-268-3799** (TTY: 711).

Vision Benefit from EyeMed®

Routine vision exams help to keep your eyes in good condition, improve your quality of life and aid in the early detection of serious health conditions, such as diabetes and heart disease. At Independent Health, Buffalo City School District retirees enjoy comprehensive vision coverage and a $300 annual allowance toward eyewear, so your health always stays in sharp focus.

Your Vision Benefit Includes:

- Coverage for routine eye exams
- Digital retinal imaging
- Eyewear allowance
- Post-cataract appointments

Hearing Benefit from Start Hearing

Stay in the conversation through our comprehensive hearing benefit! Your Independent Health Medicare Advantage hearing benefit provides access toward high quality hearing aids and local professional care at a fraction of the cost.[1]

Your Hearing Benefit Includes:

- Hearing aid evaluation/assessment (performed by a network provider).
- Hearing aids purchased through Start Hearing.
- Different hearing aid options to choose.

To locate a participating Start Hearing audiologist near you, call Start Hearing at **1-888-821-4126** or visit **StartHearing.com/IndependentHealthMA**.



SilverSneakers® Fitness Benefit

Staying active is easier than ever with our SilverSneakers fitness benefit! Take steps to improve your overall fitness at any participating SilverSneakers facility nationwide with no activation fee or additional costs — included on all our Medicare Advantage plans.[2]

Your SilverSneakers Fitness Benefit Includes:

- $0 activation fee.
- Thousands of participating fitness locations nationwide.
- Virtual workshops and fitness classes taught by certified instructors.

Visit **SilverSneakers.com/StartHere** to create an online account and log in to view your SilverSneakers ID number. To find a participating location, visit **SilverSneakers.com/Locations**.

Enhanced Annual Wellness Visit

There's no cost to you for your Enhanced Annual Wellness Visit (EAV), a comprehensive annual visit with your primary care physician (PCP). It's an important way to help maintain or improve your health and well-being.

Get Rewarded with Senior Savings
Buffalo City School District Retirees: Complete your EAV and get a $30 HRA card.



How It Works

- Schedule an appointment. Tell your doctor's office the appointment is for your Enhanced Annual Wellness Visit.
- Complete your Health Risk Assessment and answer each question to the best of your ability.
- Discuss your results with your doctor including your health goals/treatments and any current medical conditions.
- Within 90 days of your EAV, you'll receive a $30 Health Reimbursement Account (HRA) card in the mail! Use it toward qualified health care expenses, such as prescription drugs, dental and vision services, and more.

Please remember to keep this card until its expiration date, as future year rewards will automatically be reloaded. If you lose your card, simply call member services to request a replacement.

$0 Preventive Services

Staying up to date with your preventive care is key to maintaining and improving your health and well-being. Here are some of the preventive services that are covered in-network at a $0 copay.[3]



Covered in Full *(in-network only)*:

- Bone density (osteoporosis screening)
- Cervical cancer screening (Pap smear)
- Diabetes screening
- Enhanced Annual Wellness Visit
- Glaucoma screening
- Immunizations (flu, COVID-19, pneumonia, hepatitis B)
- Lipid screening (cardiovascular screening)
- Lung cancer screening
- **And More!**

For a complete list of services, refer to the Evidence of Coverage.



Telemedicine Benefit from Teladoc®

When you are traveling, need care after hours or can't reach your PCP or other provider, our telemedicine benefit[4] provided through Teladoc is always available for you. For a low copay, speak with a doctor anytime, anywhere, by phone or mobile app!

Your Telemedicine Benefit Includes:

- Year-round, 24/7 availability with quick response times.
- Trusted support from a board-certified, U.S. doctor licensed in the state you are calling from.
- Availability outside the U.S. via smartphone or mobile app, including on cruise ships.
- Medications may be prescribed if necessary for short-term antibiotics, antihistamines and more.

Create an account by calling **1-800-835-2362** (TTY: 1-800-877-8973) or by visiting **Teladoc.com/IH**.

Health Support with Brook

Brook offers a variety of programs personalized to your lifestyle and health goals. Brook+ and the Brook Health Companion are fully digital and available right on your smartphone.[5]

Your Brook Health Companion App Includes:

- Simple tracking of activity, sleep, medication and more.
- Support for general wellness and health conditions like diabetes and high blood pressure.
- Meal planning and nutrition advice from registered dietitians.

The Brook+ Diabetes Prevention Program Includes:

- Structured, CDC-recognized curriculum to help you reduce your risk of Type 2 diabetes.
- Access to a personal health coach to support you every step of the way.

Visit **Brook.Plus/IH** to learn more and take the 1-minute health quiz.



Getting the Care You Need

When you need care, it's reassuring to know you have options. At Independent Health, we provide access to care through our large provider networks, including Roswell Park Comprehensive Cancer Center and its community network practices, ensuring that you receive the right care at the right time.

Urgent and Emergency Care

With Independent Health's Medicare Advantage plans, you are always covered in the event of an emergency or urgent care situation, no matter where you are.

- Urgent care services can be a quicker and more cost-effective alternative to emergency rooms if you are not experiencing a life-threatening condition.
- Emergency coverage is included with all our plans.
- To find an urgent care center, visit **IndependentHealth.com/FindaDoctor**.

24-Hour Medical Help Line

Independent Health's 24-Hour Medical Help Line connects you to a staff of professional registered nurses – 24/7. The Medical Help Line is here to help you with non-emergency medical issues and advice, whether you're at home or out of town, and is listed on the back of Independent Health's ID cards for easy reference.[6]

Call **1-800-501-3439** to speak with a nurse for assistance in understanding symptoms and choosing the right care, including:

- Advice on how to treat a fever or minor injury.
- Medication interactions and side effects.
- Information about recent diagnoses and chronic conditions.

Using In-Network (IN) vs. Out-of-Network (OON) Providers

The Buffalo City School District Medicare Passport® Advantage PPO plan does not require referrals to see a participating specialist. However, if you are getting care from an OON provider, the provider must accept Medicare in order to be covered. We recommend that you always speak with your PCP before seeing a specialist.

National Network Through MultiPlan

Your plan includes access to out-of-state providers through the national network through MultiPlan. At these doctors and specialists, your plan works the same as in-network, giving you the same great coverage on benefits and services when you travel outside of Independent Health's service area.

- In Western New York - access to a wide network of local physicians and providers, hospitals, laboratories and local pharmacies.
- In Rochester – access to over 5,000 providers in Monroe county and several area hospitals.
- In Northwest PA – access to over 1,500 providers in Warren, Potter, Erie and McKean counties.

For any questions regarding using IN and OON providers, you can speak with a RedShirt to help you understand your options or you can search for your provider online at **www.IndependentHealth.com/FindaDoctor**.

Care Management

We offer Buffalo City School District retirees **free, expert care support** from a diverse team of health care professionals including registered nurses, behavioral health experts, medical social workers, registered dietitians and more.

Our Health Care Professionals Help You:

- Coordinate care with your PCP, specialists and other providers.
- Understand your medications and how to take them.
- Help you manage chronic conditions such as asthma and COPD.
- Work with you to achieve wellness goals including blood pressure regulation and weight management.
- Find treatment for mental health and substance abuse.
- And so much more!

To help you stay on top of your health, we have included a Care Management and Continuity Request Form with this booklet, if needed.



Prescription Coverage

Prescription drugs can be an important part of managing your health. The information below briefly outlines how this coverage works.

Formulary

A formulary is a list of medications covered under your Part D prescription drug benefit.

To view the most up-to-date drug formulary and to see if your drug is covered, visit **IndependentHealth.com/DrugList**. Your formulary will be labeled "Group Part D formulary."

Prescription Drug Tiers

The medications listed on our formulary are categorized by five cost-sharing tiers — ranging from Tier 1, the lowest-cost category that includes preferred generic drugs, up to Tier 5, which is the highest-cost category and includes specialty drugs.

TIER	DRUG TYPE	COPAY
1*	Preferred Generics	$
2	Generics	$$
3	Preferred Brands	$$$
4	Non-Preferred	$$$$
5	Specialty	$$$$$

**For your convenience, you can get a 100-day fill for a three-month supply.*

How Do I Enroll?

Completing an Application

We look forward to providing you with the RedShirt Treatment that you deserve.

When filling out your paper application, you will need to enter your:

- Name
- Date of Birth
- Address
- Phone Number
- Medicare Number (this number can be found on your red, white and blue Medicare ID card)
- Group Name and Account Number

Please be sure to sign and date your application. Any missing information could delay the start of your coverage.

Enroll By Mail:

Fill out your application included in this booklet and use the provided envelope to mail to:

Buffalo City School District Benefits Office
806 City Hall
Buffalo, NY 14202

Here's what you can expect next from Independent Health:

- **An Acknowledgement Confirmation Letter**
  You will receive a letter with your new Independent Health identification number.
- **Independent Health Member ID Card**
  You will receive your ID card within 10 days of receiving enrollment confirmation.

Have a question or need more information? We're here for you.

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

October 1 – March 31:
Monday – Sunday, 8 a.m. – 8 p.m.;

April 1 – September 30:
Monday – Friday, 8 a.m. – 8 p.m.



You Deserve the RedShirt Treatment®

Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-SNP, HMO-POS and PPO plans. Enrollment in Independent Health depends on contract renewal. Limitations, copayments, and restrictions may apply. Benefit and/or copayments may change on January 1 of each year. This information is not a complete description of benefits. See Evidence of Coverage for complete details.

A sales person will be present with information and applications. For accommodations of persons with special needs at sales meetings, please call (716) 635-4900 or 1-800-958-4405 (TTY users call 711): October 1 – March 31: Monday – Sunday, 8 a.m. – 8 p.m., April 1 – September 30: Monday – Friday, 8 a.m. – 8 p.m.

Out-of-network/non-contracted providers are under no obligation to treat Independent Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

[1] Hearing benefit is limited to Starkey Hearing Aids through Start Hearing, which come in various styles and colors. You must see a Start Hearing provider to use this benefit. Routine hearing exam/fitting and hearing aid copayments are not subject to the out-of-pocket maximum.

[2] SilverSneakers is a registered trademark of Tivity Health, Inc. ©2026 Tivity Health, Inc. All rights reserved. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. Participating locations ("PL") not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

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

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

[5] Brook+ is available to eligible Independent Health members based on an eligibility survey.

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

Independent Health®

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Buffalo City School District Retirees

2027 PASSPORT® PPO BENEFIT SUMMARY

Independent Health

NATIONAL NETWORK THROUGH MULTIPLAN

Enjoy In-Network costs outside of our service area — for services including routine care — by using our national network of doctors and specialists.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
General Information		
Deductible	$0	$0
Out-of-Pocket Maximum	$3,000 combined In- and Out-of-Network	$3,000 combined In- and Out-of-Network
More Than 20 Preventive Services		
Flu Vaccine	Covered in full	Covered in full
Hepatitis B Vaccine	Covered in full	$20 copay
Pneumonia Vaccine	Covered in full	$20 copay
COVID-19 Vaccine	Covered in full	$20 copay
All other preventive screenings and tests	Covered in full	$20 copay
Physician and Other Services		
Primary Care Physician	$5 copay	$20 copay
Specialty Physician	$15 copay	$20 copay
Outpatient Surgery (PCP's office)	$5 copay	$20 copay
Outpatient Surgery (Specialist's office)	$15 copay	$20 copay
Telemedicine Program (Teladoc®)	$10 copay	$10 copay
Emergency and Urgent Care Services		
Emergency Room	$50 copay	$50 copay
Ambulance	$25 copay	$25 copay
Urgent Care Center	$15 copay	$15 copay
Hospital and Other Facility Services		
Inpatient Hospital	Covered in full	$250 copay
Outpatient Surgical Procedures (Hospital Facility)	$15 copay	$75 copay
Outpatient Surgical Procedures (Ambulatory Surgery Center)	$15 copay	$75 copay
Skilled Nursing Facility	Covered in full up to 100 days per benefit period	$250 per stay up to 100 days per benefit period
Diagnostic Testing Services		
Lab Services	Covered in full	$20 copay
X-rays	$15 copay	$20 copay
Advanced Radiology	$15 copay	$20 copay
Diagnostic Tests	$15 copay	$20 copay
Radiation Therapy	$15 copay	$20 copay
Mental Health and Substance Abuse		
Inpatient Mental Health	Covered in full (190 day lifetime limit)	$250 copay per stay
Outpatient Mental Health	$15 copay	20% coinsurance
Inpatient Substance Abuse – Rehab	Covered in full	$250 copay per stay
Outpatient Substance Abuse	$15 copay	20% coinsurance
Rehabilitation Services		
Chiropractic – Medicare Covered	$15 copay	$20 copay
Physical – Occupational – Speech Therapies	$15 copay	$20 copay
Cardiac Rehabilitation	$15 copay	$20 copay
Pulmonary Rehabilitation	$15 copay	$20 copay

In Area

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Additional Services		
Durable Medical Equipment	$0 compression stockings; 20% for all other items	30% coinsurance
Prosthetic Devices	$0 diabetic shoes/inserts; 20% all other items	30% coinsurance
Home Health Care	Covered in full	$10 copay
Fitness Benefit with SilverSneakers®	$0 activation fee for annual gym membership. Thousands of facilities nationwide.	
Renal Dialysis	Covered in full	Inside service area: 20% for non-participating provider. Outside service area: $0 for non-participating providers.
Diabetic Supplies	Covered in full	$20 copay
Medicare Covered Podiatry Services	$15 copay	$20 copay
Routine Foot Care (3 visits per year)	$15 copay	$20 copay
Nutritional Therapy for ESRD or Diabetes	Covered in full	$20 copay
Hearing Aids and Evaluation Exam, with Start Hearing	$45 evaluation exam. Member pays $499 – $1,949 (per ear) for hearing aid devices.	
Prescription Drug Coverage (No Coverage Gap)		
Prescription Plan	$0/$1/$7/$20/$20	$0/$1/$7/$20/$20
Maintenance Medications	2 copays for a 90-day supply by mail order	2 copays for a 90-day supply by mail order
Vision Services		
Medical Eye Exam	$15 copay	$20 copay
Routine/ Refractive Exam	Covered in full	Covered in full
Eyewear – Routine – Annual Limit	$300 allowance Combined In- and Out-of-Network	$300 allowance Combined In- and Out-of-Network
Eyewear – Post Cataract Surgery	Covered in full	$20 copay
Dental Services		
Dental Allowance	$500 annual allowance (there is no dental network associated with this benefit, you may use the dentist of your choice and submit receipt for dental services).	
Medicare Part B Drugs		
Injectable Osteoporosis Drugs	Covered in full	Covered in full
Post Transplant Immunosuppressive	Covered in full	Covered in full
Certain Oral Cancer/Anti-nausea	Covered in full	Covered in full
Part B Drugs (other)	Covered in full	Covered in full

In Area

Questions? Call a RedShirt®

(716) 504-3239 or **1-877-893-6387** (TTY: 711)
October 1–March 31: Monday–Sunday, 8 a.m.–8 p.m.; April 1–September 30: Monday–Friday, 8 a.m.–8 p.m.

If PCP has a secondary specialty other than Internal Medicine, General Practice, Family Practice, Pediatrics, Geriatrics or Obstetrics/Gynecology, the specialty copay applies.

Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-SNP, HMO-POS and PPO plans. Enrollment in Independent Health depends on contract renewal. This chart is for general reference and is not a contract. This information is not a complete description of benefits. Call (716) 504-3239 or 1-877-893-6387 (TTY: 711) for more information. Additional information about benefits is available to assist you in making a decision about your coverage. See Evidence of Coverage for complete details. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. This plan is available to Buffalo City School District Retiree Medicare eligibles who are entitled to Medicare Part A and enrolled in Part B. The provider network may change at any time. You will receive notice when necessary.
Out-of-network/non-contracted providers are under no obligation to treat Independent Health's Medicare Passport PPO members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service.

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OMB No. 0938-1378
Expires: 12/31/2027

MEDICARE ADVANTAGE 2027 GROUP ENROLLMENT APPLICATION

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

To Enroll in an Independent Health group plan, please provide the following information:			
Employer or Union Name:	Group #:	Effective Date:	
Plan Name:			
LAST name: FIRST name: Middle Initial:			☐ Mr. ☐ Mrs. ☐ Ms.
Birth date: (MM/DD/YYYY) (_____ /_____ /_____)	Sex: ☐ M ☐ F	Home Phone Number: ( )	
Permanent Residence street address (P.O. Box is not allowed):			
City:	County:	State:	ZIP Code:
Mailing address, if different from your permanent address (P.O. Box allowed): Street address: City: State: ZIP Code:			

Please Provide Your Medicare Insurance Information	
Please take out your red, white and blue Medicare card to complete this section. • Fill out this information as it appears on your Medicare card. -OR- • Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.	Name (as it appears on your Medicare card): _____ Medicare Number: _____ Is Entitled to:_____ Effective Date:_____ HOSPITAL (Part A) _____ MEDICAL (Part B) _____ You must have Medicare Part A and Part B to join a Medicare Advantage Plan

Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-SNP, HMO- POS and PPO plans. Enrollment in Independent Health depends on contract renewal.

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Please read and answer these important questions:

1. Are you the retiree? ☐ Yes ☐ No
If yes, retirement date (month/day/year):_____
If no, name of retiree:_____

2. Are you covering a spouse or dependents under this employer or union plan? ☐ Yes ☐ No
If yes, name of spouse: _____
Name(s) of dependent(s): _____
_____

3. Do you or your spouse work? ☐ Yes ☐ No

4. Some individuals may have other drug coverage, including other private insurance, Worker's Compensation, VA benefits or State Pharmaceutical Assistance programs.
Will you have other prescription drug coverage in addition to Independent Health? ☐ Yes ☐ No
If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:

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

5. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No
If "yes" please provide the following information:
Name of Institution: _____
Address & Phone Number of Institution (number and street):_____
_____

Please choose a Primary Care Physician (PCP) from the Provider Directory (note: required for all plans):
Physician's Last Name_____Physician's First Name_____
Physician's Address_____Current Patient ☐ Yes ☐ No

Please check one of the boxes below if you would prefer that we send you information in an accessible format. ☐ Braille ☐ Large Print ☐ Audio CD ☐ Data CD
Please contact Independent Health at 1-800-665-1502 if you need information in an accessible format other than what's listed above. Our office hours are October 1 – March 31: Monday – Sunday, 8 a.m. – 8 p.m.; April1- September 30: Monday – Friday, 8a.m.- 8p.m. TTY users can call 711.

Email Communications

By checking the box(es) below and providing my email address, I agree to receive the following documents and notifications electronically from Independent Health.
Email Address: _____

___Annual Notice of Change
___Part C and Part D (if applicable) Explanation of Benefits
___Communications related to plan details, status or transactions, promotional activities, health and wellness recommendations, health education and other information.

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Text Messaging and Automated Phone Call Communications

By checking the box(es) below and providing my phone number, I expressly consent to receiving from Independent Health, its affiliates, and agents automated messages, including SMS/Text messages, phone calls using automated telephone dialer systems, or prerecorded voice or artificial voice messages at the number provided. Consent is not required as a condition of coverage. You may opt out of receiving these messages at any time by replying STOP to opt out of text messaging or calling Independent Health at 716-250-4401.

Mobile Phone Number: _____

I agree to receive the following from Independent Health regarding communications related to plan details, status or transactions, promotional activities, health and wellness recommendations, health education and other information.

___Automated Phone Calls ___Text Messages

Some messages may include health information that's specific to you. If you choose to receive emails and/or text messages, please know that electronic communication isn't always secure. There's a small risk that your messages could be seen or intercepted by someone else. By opting in, you understand and accept this risk. Message and data rates may apply.

Please Read and Sign Below
Independent Health is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available (Example: Annual Enrollment Period from October 15 – December 7), or under certain special circumstances. Independent Health serves a specific service area. If I move out of the area that Independent Health serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Independent Health, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Independent Health when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border. I understand that beginning on the date Independent Health coverage begins, I must get all of my health care from Independent Health, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Independent Health and other services contained in my Independent Health Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR INDEPENDENT HEALTH WILL PAY FOR THE SERVICES.**

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

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

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

Signature:	**Today's Date:**
If you're the authorized representative, you must sign above and provide the following information:	
Name:	Address:
Phone Number:	Relationship to enrollee:

Office Use Only

Name of staff member/agent/broker (if assisted in enrollment) _____

Plan ID#: _____

Effective Date of Coverage:_____

ICEP/IEP:_____ AEP:_____ SEP (type):_____Not Eligible:_____

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Medicare Advantage Dental Receipt Reimbursement

This form is to be used for reimbursement of dental services.
Please mail this Reimbursement Form and itemized bill and paid receipt to*:

Nova Healthcare Administrators, an Independent Health Company
PO Box 1534
Buffalo, NY 14231
Fax: (716) 774-8092

Or you may visit myflexspend.com to submit your completed reimbursement form and upload your receipts of payment.

*All paid receipts require the date of service, name of Dental Provider and amount paid. Cancelled checks are not acceptable in lieu of a paid receipt. Please keep a copy of all documents for your records, as copies submitted with your request will not be returned. Please do not staple receipts to your claim form. You must submit your claim to us within 12 months of the date you received the service.

Section 1 – Member Information (Indicate the patient's name that received care) (please print)

Member Name _____

Address _____

Independent Health ID Number (refer to member ID card) _____

Phone Number ( ) _____

Group Number _____

Section 2 – Dental Provider Information (please print)

Dental Provider Name _____

Dental Provider Address _____

Total Amount of Request (receipt must be attached) $_____

Dental Provider NPI or Tax ID_____

Section 3 – Member Signature (Indicate the patient's name that received care)

I certify that the expenses for which I am requesting reimbursement were incurred for service or supplies by me, the subscriber, under the plan. Member name and Member ID must match the person who received the service.
These services were furnished on or after the effective date of my plan. I understand the reimbursement of these expenses should be requested and made only after I have collected all benefit payments available from all plans under which I am covered. I further certify that I have not deducted or will not deduct on my individual income tax return any of the expenses reimbursed through my Healthcare Account. I understand reimbursement will be made in accordance with the guidelines set by the Internal Revenue Service and the provisions of the plan. I accept all responsibility for the proper treatment of benefits under this plan with respect to eligibility, income tax reporting and liability.

Signature _____ Date _____

Please allow four to six weeks for reimbursement.
If you have questions, please call (716) 505-8566 or 877-268-3799 (TTY: 711);
Monday – Friday, 8 a.m. – 6 p.m.

nova®
An Independent Health company

Services provided by a dental provider or other practitioner who has been precluded by Medicare or debarred from receiving federal funds, except for emergency and urgently needed services, will not be covered.

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Medicare Advantage Dental Receipt Reimbursement

This form is to be used for reimbursement of dental services.
Please mail this Reimbursement Form and itemized bill and paid receipt to*:

Nova Healthcare Administrators, an Independent Health Company
PO Box 1534
Buffalo, NY 14231
Fax: (716) 774-8092

Or you may visit myflexspend.com to submit your completed reimbursement form and upload your receipts of payment.

*All paid receipts require the date of service, name of Dental Provider and amount paid. Cancelled checks are not acceptable in lieu of a paid receipt. Please keep a copy of all documents for your records, as copies submitted with your request will not be returned. Please do not staple receipts to your claim form. You must submit your claim to us within 12 months of the date you received the service.

Section 1 – Member Information (Indicate the patient's name that received care) (please print)

Member Name _____

Address _____

Independent Health ID Number (refer to member ID card) _____

Phone Number ( ) _____

Group Number _____

Section 2 – Dental Provider Information (please print)

Dental Provider Name _____

Dental Provider Address _____

Total Amount of Request (receipt must be attached) $_____

Dental Provider NPI or Tax ID_____

Section 3 – Member Signature (Indicate the patient's name that received care)

I certify that the expenses for which I am requesting reimbursement were incurred for service or supplies by me, the subscriber, under the plan. Member name and Member ID must match the person who received the service.
These services were furnished on or after the effective date of my plan. I understand the reimbursement of these expenses should be requested and made only after I have collected all benefit payments available from all plans under which I am covered. I further certify that I have not deducted or will not deduct on my individual income tax return any of the expenses reimbursed through my Healthcare Account. I understand reimbursement will be made in accordance with the guidelines set by the Internal Revenue Service and the provisions of the plan. I accept all responsibility for the proper treatment of benefits under this plan with respect to eligibility, income tax reporting and liability.

Signature _____ Date _____

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Care Management Continuity Form

MEDICARE

Thank you for choosing Independent Health. We are committed to ensuring you receive the right care at the right time and place. If you are new to Independent Health, you will be provided a minimum 90-day transition period, during which time we won't require prior authorization for any active course of treatment.

To assist us in ensuring a smooth transition for you, please complete this form if you:

1. **Currently have a Case Manager assigned to you with your current insurance carrier.**
2. **Are currently in an active course of treatment for an acute medical or behavioral health condition or trauma:**
   - Heart Attack, Stroke, or unstable chronic medical condition
   - Recent major surgery still in the follow-up period (6-8 weeks)
   - Transplant candidate
   - Newly diagnosed or relapsed cancer in midst of chemotherapy or radiation
   - Dialysis treatment
   - Mental health or substance use treatment
   - Doctor visit or hospital stay with documented changes in treatment within 21 days prior to plan effective date
   - Other medical condition(s) or continued care needs: _____
3. **Are scheduled to be in the hospital when coverage through Independent Health starts.**
4. **Have a chronic health condition such as Diabetes Mellitus, Coronary Artery Disease or Hypertension and would like the added support of an Independent Health Care Manager.**

Please complete the following:

Last Name: _____ First Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Daytime Phone Number where we can reach you: (____) _____

Email Address: _____ Employer Name: _____

Primary Care Provider Name: _____ Phone Number: (____) _____

Specialist Name: _____ Phone Number: (____) _____

Please mark all that apply:

____ Need assistance understanding coverage and benefits

____ Need assistance changing to a new primary care provider

____ Need assistance managing medical condition(s)

____ Currently taking a specialty medication that requires prior authorization

____ Currently receiving treatment requiring prior authorization (supporting documentation attached)

Please return completed form to:

Email: LGsales@independenthealth.com

Mail: Independent Health, Sales Administration, 511 Farber Lakes Drive, Williamsville, NY 14221

Questions? Call **Medicare Member Services** at **(716) 250-4401** or **1-800-665-1502 (TTY: 711);**
Oct. 1 – Mar. 31: Mon. – Sun., 8 a.m. – 8 p.m.; Apr. 1 – Sept. 30: Mon. – Fri., 8 a.m. – 8 p.m.

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IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Independent Health - H3362

For 2026, Independent Health - H3362 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★★
Health Services Rating:	★★★★★
Drug Services Rating:	★★★★★

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

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

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

Star Ratings are based on factors that include:

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

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



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

The number of stars show how well a plan performs.

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

Get More Information on Star Ratings Online
Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

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

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Independent Health - H3344

For 2026, Independent Health - H3344 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★½
Health Services Rating:	★★★★½
Drug Services Rating:	★★★★½

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

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

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

Star Ratings are based on factors that include:

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

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

The number of stars show how well a plan performs.

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

Get More Information on Star Ratings Online
Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

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

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-665-1502 (TTY: 711) or speak to your provider.

Español (Spanish): ATENCIÓN: Si habla español, hay servicios de asistencia lingüística disponibles para usted de forma gratuita. También están disponibles, sin cargo adicional, los auxilios y servicios apropiados para proporcionar información en formatos accesibles. Llame al 1-800-665-1502 (TTY: 711) o hable con su proveedor.

中文 (Simplified Chinese): 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-665-1502（文本电话：711）或咨询您的服务提供商。

台語 (Traditional Chinese): 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-665-1502（TTY：711）或與您的提供者討論。

РУССКИЙ (Russian): ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-665-1502 (TTY: 711) или обратитесь к своему поставщику услуг.

יידיש (Yiddish): נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעבטיגט פאר דיר פריי. צונעמען אַידס און באַדינונגס פֿאַר פּראַווייַדינג אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך בנימצא פריי. רופן 1-800-665-1502 (TTY: 711) אָדער רעדן מיט דיין טרעגער.

বাংলা (Bengali): মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-800-665-1502 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

Kreyòl Ayisyen (Haitian Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-800-665-1502 (TTY: 711) oswa pale avèk founisè w la.

한국어 (Korean): 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-665-1502 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

العربية (Arabic): تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-665-1502 (711) أو تحدث إلى مقدم الخدمة.

Italiano (Italian): ATTENZIONE: Se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti per te. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il 1-800-665-1502 (TTY: 711) o parla con il tuo fornitore.

Français (French): ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-665-1502 (TTY: 711) ou parlez à votre prestataire.

POLSKI (Polish): UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-665-1502 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

اردو (Urdu): توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-800-665-1502 (TTY:711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

SHQIP (Albanian): VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-800-665-1502 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-800-665-1502 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

Notice of Nondiscrimination

Discrimination is Against the Law

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

Independent Health:

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

If you need these services, contact Independent Health's Member Services Department. If you believe that Independent Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Independent Health's Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-665-1502, TTY users call 711, fax (716) 635-3504, medicareservice@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