

Option Transfer Form Script – 2025

(This script is to be used when an existing Individual Medicare member wants to switch **HMO** to **HMO** plans or **PPO** to **PPO** plans. If member wants to elect an HMO to PPO - or PPO to HMO - they need to complete a new application.)

Script	Notes
<p>Servicing Representative:</p> <p><i>“Thank you for choosing Independent Health. I am (your name) and I will be assisting you with your request to switch from plan to plan within Independent Health.”</i></p>	
<p>Servicing Representative:</p> <p><i>“This call is being recorded and will serve as your electronic signature. Do you agree to being recorded and agree to enroll over the telephone?”</i></p>	<p>If the member does not agree, OTF cannot be completed.</p>
<p>Servicing Representative:</p> <p><i>“I need from you the following information. Last Name, First Name, Middle Initial, Street/Apartment #, City, State, County, Zip Code, Home telephone number and the Relationship to Enrollee. Optional is email Address- by providing your email address, you are agreeing to receive email communications from Independent Health.</i></p> <p><i>You certify that: 1) you are authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare”</i></p>	<p>THIS STEP IS ONLY COMPLETED IF AUTHORIZED INDIVIDUAL IS COMPLETING THE OTF.</p> <p>If Authorized rep is unable to certify do not complete OTF.</p>
<p>Servicing Representative:</p> <p><i>“We currently offer 4 HMO plans and 2 PPO plans. Five plans include prescription drug coverage and one plan without.</i></p> <p><i>Italics = must read</i></p> <p>Plan Benefit Review:</p> <ul style="list-style-type: none"> • <i>On all Independent Health HMO plans</i> • <i>Member must use Independent Health network providers to obtain routine services.</i> • <i>Participating Primary Care Doctor must be selected</i> • <i>Worldwide Coverage for Emergencies and Urgent Care visits, and \$10,000 annual maximum for unforeseen care outside of the United States</i> 	

Review Benefits of the plan member is currently not enrolled in:

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Encompass 65 Direct HMO

- *Monthly Premium paid to IHA is <\$0>*
- *Primary Copay on plan is <\$0>*
- *Specialist Copay is <\$35>, no referrals are required for Specialist*
- *Inpatient Hospital Copay on plan is <\$325 per day for days 1-6, and unlimited days for Medicare covered stays and \$1,950 annual maximum member copay> regardless of admission reason*
- *There is an Out-of-Pocket Max of \$6,750*
- *Prescription Benefit: <\$450> Deductible on Tiers 3,4 and 5:*
 - *<\$0> copay on tier 1*
 - *<\$20> copay on tier 2*
 - *<\$47> copay on Tier 3*
 - *<50%> coinsurance on Tier 4 and*
 - *<27%> coinsurance on Tier 5 medications*
- *After the member pays \$2,000 out-of-pocket for their prescription drugs, they will be in the Catastrophic Phase where members will have \$0 liability for Part D covered prescriptions and their tier 2 copay for excluded drugs covered under our supplemental coverage.*

Encompass 65 Core HMO

- *Monthly Premium paid to IHA is <\$73>*
- *Primary Copay on plan is <\$0>*
- *Specialist Copay is <\$30>, no referrals are required for Specialist*
- *Inpatient Hospital Copay on plan is <\$275 per day for days 1-6, and unlimited days for Medicare covered stays and \$1,650 annual maximum member copay> regardless of admission reason*
- *There is an Out-of-Pocket Max of \$6,750*
- *Prescription Benefit: <\$350> Deductible on Tiers 3,4 and 5:*
 - *<\$0> copay on tier 1*
 - *<\$15> copay on tier 2*
 - *<\$42> copay on Tier 3*
 - *<50%> coinsurance on Tier 4 and*
 - *<28%> coinsurance on Tier 5 medications*
- *After the member pays \$2,000 out-of-pocket for their prescription drugs, they will be in the Catastrophic Phase where members will have \$0 liability for Part D covered prescriptions and their tier 2 copay for excluded drugs covered under our supplemental coverage.*

Encompass 65 Basic HMO

- *Monthly Premium paid to IHA is <\$134>*
- *Primary Copay on plan is <\$0>*

- *Specialist Copay is <\$20>, no referrals are required for Specialist*
- *Inpatient Hospital Copay on plan is <\$250 per day for days 1-6, unlimited days for Medicare covered stays, and \$1,500 annual maximum member copay> regardless of admission reason*
- *There is an Out-of-Pocket Max of \$6,750*
- *Prescription Benefit: <\$250> Deductible on Tiers 3,4 and 5*
- *Prescription Benefit:*
 - *<\$0> copay on tier 1*
 - *<\$13> copay on tier 2*
 - *<\$42 >copay on Tier 3*
 - *<50%> coinsurance on Tier 4 and*
 - *<30%>coinsurance on Tier 5 medications*
- *After the member pays \$2,000 out-of-pocket for their prescription drugs, they will be in the Catastrophic Phase where members will have \$0 liability for Part D covered prescriptions and their tier 2 copay for excluded drugs covered under our supplemental coverage.*

Passport Access PPO:

- *Monthly Premium paid to IHA is <\$19>*
- *Primary Copay on plan is <\$0 in Network, 40% Out of Network>*
- *Specialist Copay is <\$40 in Network, 40% Out of Network>, no referrals are required for Specialist*
- *Inpatient Hospital Copay on plan is <\$320 per day for days 1-5, unlimited days for Medicare covered stays, and \$1,600 annual maximum member copay In Network only, 40% coinsurance Out of Network per admission>*
- *Prescription Benefit: <\$450> Deductible on Tiers 3,4 and 5:*
 - *<\$0> copay on tier 1*
 - *<\$20> copay on tier 2*
 - *<\$47>copay on Tier 3*
 - *<50%> coinsurance on Tier 4 and*
 - *<27%>coinsurance on Tier 5 medications*
- *After the member pays \$2,000 out-of-pocket for their prescription drugs, they will be in the Catastrophic Phase where members will have \$0 liability for Part D covered prescriptions and their tier 2 copay for excluded drugs covered under our supplemental coverage.*
- *If prospective members want to understand how OON/ Non-contracted services are covered please review:*

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. But if you have a specific question on OON cost sharing now I would be happy to answer that for you..

Passport Connect PPO:

- *Monthly Premium paid to IHA is <\$72.30>*
- *Primary Copay on plan is <\$0 in Network, 50% coinsurance Out of Network>*
- *Specialist Copay is <\$40 in Network, 50% coinsurance Out of Network>, no referrals are required for Specialist*
- *Inpatient Hospital Copay on plan is <\$325 per day for days 1-6, unlimited days for Medicare covered stays, and \$1,950 annual maximum member copay In Network only, 50% coinsurance Out of Network per admission>*
- *Prescription Benefit: <\$575> Deductible on all tiers:

 - *<\$25%> coinsurance on tier 1,2,3,4, and 5**
- *After the member pays \$2,000 out-of-pocket for their prescription drugs, they will be in the Catastrophic Phase where members will have \$0 liability for Part D covered prescriptions and their tier 2 copay for excluded drugs covered under our supplemental coverage.*
- *If prospective members want to understand how OON/ Non-contracted services are covered please review:

 - *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. But if you have a specific question on OON cost sharing now I would be happy to answer that for you.**

HMO no Rx Independent Health's Encompass 65 (HMO):

- *Monthly Premium paid to IHA is <\$0>*
- *Primary Copay on plan is <\$0>*
- *Specialist Copay is <\$10>, no referrals are required for Specialist*
- *Inpatient Hospital Copay on plan is <\$150 per day for day for days 1-5, unlimited days for Medicare covered stays, and \$750 annual maximum member copay> regardless of admission reason.*
- *There is an Out-of-Pocket Max of \$6,700*

<p>Servicing Representative:</p> <p><i>“To complete your option transfer form, I do need to ask you again to please state your First and Last Name as well as your Member Identification Number”</i></p>	
<p>Servicing Representative: PCP: Please verify with member that the PCP on file is still current.</p>	<p>IF member is selecting a new PCP please include new PCP name and address in comments.</p>
<p>Servicing Representative: Phone Number: Please verify with member that the phone number we have on file is still current.</p>	<p>IF member is updating phone number please include new phone number in comments.</p>
<p>Servicing Representative: <i>“Can you please confirm the plan you would like to enroll in from the options provided.”</i> - Make sure to select plan that starts with 14320</p>	<p>Member must choose an HMO or PPO plan listed above.</p>
<p><i>“CMS requires us to ask the following questions. You cannot be denied coverage because you don’t answer these questions. Would you like to provide us with your race, origin, or ethnicity?” Would you like to provide us with your gender identification or orientation?”</i></p>	<p>Select Option in IKA if answered</p>
<p>Servicing Representative: <i>“To verify your selection, I do need to read the following statement: I want to transfer from my current plan to the plan I have just selected. Please be aware that you can change health plans only at certain times during the year. Between October 15th and December 7th each year, anyone can join our plan for a January 1 effective date.”</i></p>	<p>Read this intro if member is enrolling DURING AEP FROM 10/15-12/7</p>
<p>Servicing Representative: <i>“To verify your selection, I do need to read the following statement: I want to transfer from my current plan to the plan I have just selected. I understand that if this request is received by the end of any month, my new plan will generally be effective the 1st of the following month. Please be aware that you can change health plans only at certain times during the year. Between October 15th and December 7th each year, anyone can join our plan for a January 1 effective date.”</i></p>	<p>Read this intro if member is enrolling outside of AEP</p>
<p>Servicing Representative:</p>	

<p><i>"If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay your monthly plan premium, including any late enrollment penalty you have or may owe by mail, Electronic Funds Transfer (ETF), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board Check each month.</i></p> <p><i>People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048.</i></p> <p><i>If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.</i></p> <p><i>If you don't select a payment option, you will receive a bill each month.</i></p>	<p>Your Plan Premium Section must be read in full by Servicing Representative.</p>
<p>Servicing Representative: <i>"Which of the following premium payment options would you like to select?" *If you are enrolling in a plan with a \$0 premium, then you will not receive a bill unless there is a Late Enrollment Penalty.</i></p> <ul style="list-style-type: none"> • <i>Receive a bill</i> • <i>Automatic deduction from your monthly Social Security benefit or Railroad Retirement Board benefit check</i> 	<p>Independent Health is not allowed to take credit card or bank account information over the phone in the same phone call as the enrollment request.</p> <p>If the member would like to sign up for auto deduct or pay by electronic funds transfer, they may do so after receiving their first bill.</p>
<p>Servicing Representative: <i>"Would you like the Annual Notice of Change or the Evidence of Coverage document sent to you in a different format such as:</i></p> <ul style="list-style-type: none"> • <i>Large Print</i> • <i>Braille"</i> • <i>Audio or Data CD</i> 	

<p>Servicing Representative:</p> <p><i>“Typically, you may enroll in a Medicare Advantage plan during the annual enrollment period between October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.”</i></p> <p>Servicing Representative must read the SEP box that applies to the member.</p> <p><i>“By checking the boxes that apply, you are certifying to the best of your knowledge, you are eligible for an Enrollment Period. If Independent Health later determines this information is incorrect, you may be disenrolled or CMS may reject your enrollment request.”</i></p>	<p>Read this section if the member is completing the OTF OUTSIDE OF AEP. Attestation is not required during AEP. Attestation of Eligibility for an Enrollment Period must be completed with the application.</p> <p>Independent Health representative will read and complete the Attestation of Eligibility for an Enrollment Period, outside of the Annual Enrollment Period, to ensure that the eligible Medicare individual is also eligible for an Enrollment Period.</p> <p>This form is included with the Option Transfer Form that is sent to Membership Operations.</p>
<p>Servicing Representative:</p> <p><i>“If you need additional information, please contact Independent Health at 1-800-665-1502 with any questions. TTY users call: 711.</i></p> <p><i>We are open:</i></p> <p><i>October 1- March 31: Monday, – Sunday 8 a.m. – 8 p.m.</i></p> <p><i>April 1 – September 30: Monday – Friday, 8 a.m. – 8 p.m.”</i></p> <p>Servicing Representative:</p> <p><i>“Thank you for your information. Pending approval from the Centers for Medicare & Medicaid Services, you will be effective <insert effective date> into the <insert plan name>. You will receive a new Independent Health Identification card shortly in the mail. Confirmation will come in writing. If you have a pen I will provide you with your confirmation number.”</i></p> <p><i>“This now completes your request to switch plans within Independent Health. Do you have any more questions?”</i></p> <p>If no, wish member to have a nice day and give contact information below. If yes, continue to assist caller.</p>	<p>Independent Health representative to provide effective date, based on member request or allowance of SEP/ AEP election.</p> <p>CSR- READS the SIEBEL SR number from the call record and gives that number to the member as their confirmation number.</p> <p>Independent Health representative must enter the information into Siebel.</p>