

Independent Health's Medicare Advantage
Telephonic Enrollment Script
2025

Directions:

Prospective eligible Medicare individual has received, reviewed and discussed joining an Independent Health Medicare Advantage plan and wishes to enroll telephonically.

Italics= CSR Verbiage

Plan Benefit Review/Education:

CSR will only need to read benefits and costs that correspond to the plan that the prospect has stated that they are interested in joining

ALL PLANS:

- IHA Offers both HMO and PPO plans with and without prescription coverage. HMO stands for Health Maintenance Organization meaning you have to use our network of providers. PPO stands for Preferred Provider Organization meaning you have additional out of network coverage at a higher cost. The out of network provider must accept Original Medicare to be covered.
- To enroll in our Medicare Advantage Plans you must:
 - o Have and maintain both Medicare part A and Medicare part B and continue to pay your part B premiums (if you currently are doing so)
 - o Live and maintain residency in the WNY service area for at least 6 months of the year.
- The Annual Enrollment Period runs from Oct 15th-Dec 7th for a January 1st effective date. This is normally the only open enrollment period that you can pick up or drop Part D coverage. There are Special Enrollment Periods that may make you eligible to switch plans during the year (for example if you have EPIC, Medicaid, moving, etc.)
- By enrolling into this plan, this will automatically end your existing MA or Part D (PDP) plan. Check with your employer first if you are looking to have both Medicare Advantage Plans along with your employer plan to make sure your employer coverage will not end by enrolling into this plan.
- Our Medicare Advantage Plans pay claims in place of Medicare. When you need to use your insurance, you will show your Independent Health ID card instead of your Medicare card and pay the Independent Health copays/coinsurance listed. Keep your Medicare card on the side for safe keeping. Medicare will not pick up or cover your Independent Health copays.
- The materials we mail out include the CMS star ratings, summary of benefits, multi-language insert, plan information, as well as the application.
- Applications for Low Income Subsidy or EPIC (65 years or older) to help lower the cost of prescriptions are accepted year-round. Check with LIS or EPIC to see if you qualify.
- Would you like me to check your doctors or prescriptions to make sure they are covered?

Encompass 65 Direct HMO

- *The Direct HMO plan has a special network compared to the other plans. Before someone enrolls, inform member that Roswell Cancer Center is considered Out of Network.*
- *Member must use Independent Health network providers to obtain routine services.*
- *Participating Primary Care Doctor must be selected*

- *Worldwide Coverage for Emergencies and Urgent Care visits, and \$10,000 annual maximum for unforeseen care outside of the United States.*
- *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 prescription drugs, they will be in the Catastrophic Phase where members where members will have \$0 liability for Part D covered prescriptions and their tier 2 copay for excluded drugs covered under our supplemental drug coverage.***

Encompass 65 Core HMO

- *Member must use Independent Health network providers to obtain routine services.*
- *Participating Primary Care Doctor must be selected*
- *Worldwide Coverage for Emergencies and Urgent Care visits, and \$10,000 annual maximum for unforeseen care outside of the United States.*
- *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 prescription drugs, they will be in the Catastrophic Phase where members where members will have \$0 liability for Part D covered prescriptions and their tier 2 copay for excluded drugs covered under our supplemental drug coverage.***

Encompass 65 Basic HMO

- *Member must use Independent Health network providers to obtain routine services.*
- *Participating Primary Care Doctor must be selected*
- *Worldwide Coverage for Emergencies and Urgent Care visits, and \$10,000 annual maximum for unforeseen care outside of the United States.*

- *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 prescription drugs, they will be in the Catastrophic Phase where members where members will have \$0 liability for Part D covered prescriptions and their tier 2 copay for excluded drugs covered under our supplemental drug coverage.***

Passport Access PPO:

- *The Passport Access PPO plan has a special network compared to the other plans. Before someone enrolls, inform member that Roswell Cancer Center is considered Out of Network.*
- *There is an, Out-of-Pocket Max of \$6,750 In Network/ \$10,100 Combined Out of Pocket Maximum for medical services.*
- *Worldwide Coverage for Emergencies and Urgent Care visits, and \$10,000 annual maximum for unforeseen care outside of the United States.*
- *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 prescription drugs, they will be in the Catastrophic Phase where members where members will have \$0 liability for Part D covered prescriptions and their tier 2 copay for excluded drugs covered under our supplemental drug 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:

- *There is an, Out Of Pocket Max of \$6,750 In Network/ \$10,100 Combined Out of Pocket Maximum for medical services.*
- *Worldwide Coverage for Emergencies and Urgent Care visits, and \$10,000 annual maximum for unforeseen care outside of the United States.*
- *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 prescription drugs, they will be in the Catastrophic Phase where members where members will have \$0 liability for Part D covered prescriptions and their tier 2 copay for excluded drugs covered under our supplemental drug 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):

- *Member must use Independent Health network providers to obtain routine services.*
- *Participating Primary Care Doctor must be selected*
- *Worldwide Coverage for Emergencies and Urgent Care visits, and \$10,000 annual maximum for unforeseen care outside of the United States.*
- *Monthly Premium paid to IHA is <\$0> and member will receive \$20 towards their Part B premium.*
- *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 \$6,750*

“Do you understand the plan and benefits you are enrolling into?”

- **If yes – continue. Check salesforce to see if education has been completed.**
- **If no – review plan options. Check salesforce to see if education has been completed.**

<p>Start</p>	<p><i>“Thank you for choosing Independent Health. I am (your name) and I will be assisting your enrollment. Independent Health is a Medicare Advantage Organization with a Medicare contract offering HMO, HMO-SNP, and PPO Plans. Enrollment in Independent Health depends on contract renewal. This call is being recorded and that will serve as your electronic signature. Would you like to continue with this phone call?”</i></p> <p><i>“Please note that if a previous Independent Health plan was terminated due to non-payment, then the past due balance must be paid first before Independent Health can process the application.”</i></p> <p>If Yes Proceed If No – Application cannot be continued.</p> <p>H3362 = HMO Plans H3344 = PPO Plans Group Number = 14320</p>
<p>1)</p>	<p><i>“May I please have your zip code from your permanent address?”</i></p> <p>Representative enters zip code to ensure that the prospective members permanently resides within the approved service area.</p>
<p>2)</p>	<p><i>“Which Medicare Advantage plan and premium amount are you interested in joining.”</i></p> <p>Representative selects the plan chosen by the prospective member.</p>
<p>3)</p>	<p><i>“May I please have your Medicare number as it appears on your card? What is your date of birth?”</i></p> <p>Representative enters the prospective members MBI and date of birth.</p>
<p>4)</p>	<p><i>“What is your telephone number?”</i> <i>“Would you like to list an alternative phone number?”</i></p> <p>Enter Phone number(s) as given.</p>
<p>5)</p>	<p><i>“Optionally would you like to provide your email address? By providing your email address, you are agreeing to receive email communications from Independent Health.”</i></p> <p>Enter email address if given.</p>
<p>6)</p>	<p><i>“The following two questions are CMS requirements. You cannot be denied coverage because you choose to decline or don’t answer:</i> <i>Would you like to provide us with your race or origin?”</i> <i>Would you like to provide us with your gender identity or orientation?”</i></p>
<p>7)</p>	<p><i>“Please provide your permanent address (address, city, state and zip).</i></p> <p>Representative enters the permanent address and phone number if alternate number provided please input that as well.</p>
<p>8)</p>	<p><i>“Do you have a separate/different mailing address that you would like to list?”</i></p> <p>If prospective member identifies a mailing address, CSR completes the mailing address section (address, city, state and zip)</p>

9)	<p>“Do you have anyone that you would like to list on your application as an emergency contact?” If prospective member identifies an emergency contact, enter name, relationship and phone number.</p>
10)	<p>PLAN PREMIUM PAYMENT OPTIONS “How would you like to pay your monthly plan premium?” <i>*(If you are enrolling in a plan with a \$0 premium, then you will not receive a bill unless if there is a Late Enrollment Penalty. CSR to select “receive a bill”.)</i></p> <p>“You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, or you can choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. <i>If you are interested in having your premium auto deducted from your checking account, Credit Card or through Electronic Funds Transfer, you can elect that after you receive your first premium bill.</i></p> <p><input type="checkbox"/> Bill me by mail each month. <input type="checkbox"/> Withhold my premium payment amount from my Social Security or RRB payment.</p>
11)	<p><u>CSR Continues reading for all payment selections:</u></p> <p>“If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. DON'T pay Independent Health the Part D-IRMAA.” <i>[Applies if Household of 1 making over \$97,000/year and Household of 2 making over \$194,000/year]</i></p>
12)	<p>“Will you have other prescription drug coverage (such as the VA, FEHB, TRICARE, or EPIC) in addition to Independent Health?” <i>If Yes Please provide the following: Name of the other coverage [ex. EPIC] Member number for this coverage [ex. EP#####] Group number for this coverage. [ex. NYSEPIC]</i></p> <p>CSR asks the question if not one of the prescription plans listed above: “Is that a Medicare Part D Stand Alone Prescription Drug Plan?” <i>If Yes: “Enrollment into Independent Health Medicare Advantage Plan will automatically terminate your Prescription Drug Coverage (Part D). Is this acceptable for you and do you want to continue with the application?” If Yes: continue to next question If No: Review plan options</i></p>
13)	<p>“Are you a resident in a long-term care facility such as a nursing home?” <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>“If YES please give me the institution’s name, address, phone number and date of admission.” CSR documents information accordingly</p>

14)	<p>“Are you currently enrolled in Medicaid through New York State?”</p> <p><input type="checkbox"/> Yes – enter the Medicaid number if the person has that</p> <p><input type="checkbox"/> No</p>
15)	<p>“Do you, on your own or through your spouse, have any health insurance other than Medicare, such as private insurance, Workers’ Compensation or VA benefits?”</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><i>“If YES, what kind of insurance do you have? And what is the name of your insurance?”</i></p> <p>CSR documents information accordingly</p>
16)	<p>“Do you or a spouse work?”</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
17)	<p>“Can you please give me your Primary Care Physician’s Name and address?”</p> <ul style="list-style-type: none"> • NOTE this information is Optional for a PPO Enrollment. • If an individual is on an HMO plan and does not have a PCP please advise that we can process the application, but we will auto-assign a PCP, they will need to contact IHA to update the information once they obtain a different PCP. • Rep is required to select the PCP with the appropriate corresponding location <p><input type="checkbox"/></p>
18)	<p>“If you need information in an accessible format other than what’s listed please contact Independent Health. Would you like us to send information in an accessible format such as Braille or Large Print?”</p> <p><input type="checkbox"/> Large Print</p> <p><input type="checkbox"/> Braille</p> <p><input type="checkbox"/> Audio CD</p> <p><input type="checkbox"/> Data CD</p>
19)	<p>“Would you like the Annual Notice of Change and Explanation of Benefits sent via mail or e-mail?”</p> <p>CSR documents email address ANOC will be sent to</p>
20)	<p><i>Enrollee Authorization:</i></p> <p>“I understand that my signature (or the signature of the person authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.”</p> <p>IF Individual is signing as the authorized representative. CSR must obtain all required information: Last Name, First Name, Middle Initial, Street/ Apartment #, City, State, County, Zip Code, Home Telephone and Relationship to Enrollee</p>
21)	<p>CSR asks beneficiary if they have the application in front of them and if they have reviewed the legal language on the back page of the application. If member indicates they have reviewed the information and have no questions skip to # 22.</p>

	<p>If beneficiary has not reviewed the information or has questions, please continue and read the following information:</p> <p><i>By completing this enrollment application, I agree to the following: I must keep both Hospital (Part A) and Medical (Part B) to stay in Independent Health's plan. I understand that I can be enrolled in only one MA plan at a time, and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans). By joining this Medicare Advantage Plan, I acknowledge that Independent Health will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).</i></p> <p><i>Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.</i></p> <p><i>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></p> <p><i>I understand that when my Independent Health coverage begins, I must get all of my medical and prescription drug benefits from Independent Health. Benefits and services provided by Independent Health and contained in my Independent Health "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Independent Health will pay for benefits or services that are not covered.</i></p>
22)	<p><i>If you have any questions, you can contact us: Toll Free: 1-800-958-4405 and TTY users call: 711 October 1- March 31: Monday-Sunday, 8 a.m. - 8p.m. April 1- September 30: Monday- Friday, 8 a.m. - 8 p.m. 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 and premium>. You will receive a new Independent Health Identification card and member kit 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>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. Independent Health representative must enter the information into Salesforce.com under the Account, include the confirmation number provided to the individual in the notes.</p>

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