

# CHOOSE YOUR WAY TO AGE WELL IN NEW YORK



Thank you for taking your first step towards becoming part of the AgeWell New York family.

Enclosed is everything you will need to find out if one of the AgeWell New York Medicare Advantage Prescription Drug Plans is for you. If you have any questions about how AgeWell New York could help you, or if you need help completing the enrollment form or choosing a primary care physician, please do not hesitate to call us at 1-866-237-3210, (TTY/TDD 1-800-662-1220 for the hearing impaired). We are available to take your call from 8:00 am to 8:00 pm seven (7) days a week. You can also visit us online at [www.agewellnewyork.com](http://www.agewellnewyork.com).

## **You can enroll in AgeWell New York in a few easy steps:**

- ✓ Determine eligibility
- ✓ Review all Plan Materials
- ✓ Complete Enrollment Packet

## **After enrollment you will receive the following important documents:**

- ✓ Enrollment verification letter and/or call
- ✓ Confirmation of Enrollment Letter
- ✓ Welcome Kit with your AgeWell New York Member ID Card

As a potential member, you should know that Members may enroll in the plan during specific times of the year and benefits and cost-sharing may change from year to year. Also, people with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to *seventy-five (75) percent 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 the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't know it. For more information about this Extra Help, contact your Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, seven (7) days a week. TTY/TDD users should call 1-877-486-2048.

Thank you again for your interest in AgeWell New York. If you would prefer this information in different languages, please call our Member Services Department at 1-866-237-3210 (TTY/TDD 1-800-662-1220 for the hearing impaired). We are available to take your call from 8:00 am to 8:00 pm seven (7) days a week. Note: From April 1 to September 30, we may use alternative technologies on weekends and Federal holidays.

We look forward to hearing from you soon.

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AgeWell New York, LLC is a Health Maintenance Organization (HMO) plan with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in AgeWell New York, LLC depends on contract renewal. ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-866-237-3210 (TTY/TDD: 1-800-662-1220). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-237-3210 (TTY/TDD: 1-800-662-1220). Assistance services for other languages are also available free of charge at the number above.

### **Notice of Non-Discrimination**

AgeWell New York complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AgeWell New York does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. AgeWell New York 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)
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact AgeWell New York Member Services at 1-866-237-3210.

If you believe that AgeWell New York 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:

AgeWell New York  
**Civil Rights Coordination Unit**  
1991 Marcus Avenue Suite M201  
Lake Success, New York 11042-2057  
1-866-237-3210  
TTY/TDD: 1-800-662-1220  
Fax: 855-895-0778

Email: [civilrightsunit@agewellnewyork.com](mailto:civilrightsunit@agewellnewyork.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordination Unit 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, DC 20201, 1-800-368-1019, TTY/TDD: 1-800-537-7697. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.