

2023



Summary of Benefits

LiveWell (HMO)

A Medicare Advantage Prescription Drug Plan (MAPD)

Bronx, Kings (Brooklyn), Nassau, New York (Manhattan), Queens & Westchester



The Way to Age Well in New York

Before making an enrollment decision it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-866-237-3210 (TTY/TDD: 1-800-662-1220)**.

Understand the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.agewellnewyork.com or call **1-866-237-3210 (TTY/TDD: 1-800-662-1220)** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understand Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium unless it is paid by Medicaid. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copays/co-insurance may change on January 1, 2023.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Proposed Effective Date ____/____/____

Name _____

Address _____

Phone Number () _____

Name of Licensed Insurance Agent _____

Important Numbers

<p>AWNY (Member Services) 1-866-237-3210 (TTY/TDD: 1-800-662-1220) 7 days a week, 8:00 am – 8:00 pm. Note: From April 1 to September 30 we may use alternative technologies on weekends and federal holidays.</p> <p>Search for your Prescription Drugs in the AgeWell New York Formulary (List of Covered Drugs) www.agewellnewyork.com/for-members/covered-drugs/</p> <p>Search for your doctors in the AgeWell New York Provider Directory www.agewellnewyork.com/for-members/find-a-provider/</p>	<p>Elixir (Pharmacy Services) 1-844-782-7670 (TTY/TDD: 1-800-662-1220) 7 days a week, 24 hours a day</p> <p>EPIC Hearing Healthcare (Hearing Services) 1-877-606-3742 (TTY/TDD: 711) Monday-Friday, 9:00 am – 9:00 pm</p> <p>National Vision Administrators NVA (Vision Services) 1-844-344-1250 (TTY/TDD: 1-888-820-2990) 7 days a week, 24 hours a day</p> <p>Healthplex (Dental Services) 1-800-468-9868 (TTY/TDD: 1-800-662-1220) Monday-Friday, 8:00 am – 8:00 pm</p>
--	--

Navigating Medicare options

Turning 65, or becoming Medicare eligible, means choosing health care coverage that promotes healthy living and independence, and maintains your overall well-being. There are various health care coverage options to explore, from Original Medicare to a Medicare Advantage Prescription Drug Plan (MAPD).

- Receive your Medicare benefits by joining a Medicare Advantage Prescription Drug Plan such as LiveWell (HMO).
- Receive your Medicare benefits through Original Medicare (Fee-for Service Medicare).
- Compare health plans through the Medicare Plan Finder at www.medicare.gov. To learn more about Original Medicare costs and coverage view the current “Medicare & You” handbook at www.medicare.gov or get a copy by calling **1-800-Medicare (1-800-633-4227)** 24 hours a day 7 days a week (TTY/ TDD: **877-486-2048**).

Supporting your health care coverage needs

SUMMARY OF BENEFITS FOR MEDICAL, HOSPITAL AND DRUG BENEFITS COVERED BY:

LiveWell (HMO) from January 1, 2023, to December 31, 2023

LiveWell (HMO)	
Eligibility	You must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area at the time of enrollment.
Provider Network	You can see our plan's provider and pharmacy directory at www.agewellnewyork.com or call us and we will send you a copy of the provider and pharmacy directories.
Covered Drugs	You can see our plan's Formulary (List of Covered Drugs) at www.agewellnewyork.com .

Our service area includes:

Bronx, Kings, Nassau, New York (Manhattan), Queens, Westchester

AgeWell New York, LLC is a Health Maintenance Organization (HMO) plan with a Medicare contract. AgeWell New York, LLC has a State Medicaid Agency Contract with New York State Department of Health, and a New York State Medicaid contract for AgeWell New York Advantage Plus (HMO D-SNP). Enrollment in AgeWell New York, LLC depends on contract renewal. ATTENTION: If you speak Spanish, language assistance services are available to you free of charge. Call **1-866-237-3210 (TTY/TDD: 1-800-662-1220)**. ATENCIÓN: si hablas 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.





Hours of Operation: 7 days a week 8:00 am – 8:00 pm Note: From April 1 to September 30, we may use alternative technologies on weekends and federal holidays.
1-866-237-3210 | TTY/TDD 1-800-662-1220 | www.agewellnewyork.com

List of Covered Benefits

AgeWell New York LiveWell (HMO) is a Medicare Advantage Prescription Drug plan that offers the same benefits as Original Medicare, PLUS other benefits like dental, vision, and more.

The benefits information provided is a summary of covered benefits and costs. It does not list every covered service, exclusion, or limitation. For a complete listing of services, please refer to the Evidence of Coverage, you can access it online at www.agewellnewyork.com, or you can call **1-866-237-3210 (TTY/ TDD: 1-800-662-1220)**, 7 days a week 8:00 am – 8:00 pm to request a hard copy.

LiveWell (HMO)	
Monthly plan premium	\$0
Deductible	\$1,000 Applies to Inpatient Hospital Acute, Inpatient Hospital Psychiatric, Ambulatory Surgical Center (ASC) Services, and Dialysis Services.
Maximum out-of-pocket amount	\$7,550

LiveWell (HMO)	
<p>Inpatient Hospital Coverage</p> 	<p>\$155 copay per day for days 1 to 5; \$0 copay per day for days 6 to 90; \$0 copay per day for days 91 to 150 (lifetime reserve days). <i>Prior Authorization is required.</i></p>
<p>Outpatient Hospital Coverage</p> <p>Outpatient Hospital Services</p>  <p>Outpatient Hospital Observation Services</p>	<p>\$475 copay for outpatient surgery after you pay your deductible 20% coinsurance of the cost for blood services 20% coinsurance of the cost for therapeutic radiological services 20% coinsurance for renal dialysis 20% coinsurance for other outpatient hospital services, such as clinical trials <i>Prior Authorization is required.</i></p> <p>20% coinsurance <i>Prior Authorization is required.</i></p>
<p>Ambulatory Surgery Center Services</p> 	<p>\$475 copay after you pay your deductible. <i>Prior Authorization is required.</i></p>
<p>Doctor Visits</p> <p>Primary Care Providers (PCP)</p> <p>Specialists</p> 	<p>\$10 copay for each in person visit or telehealth service \$0 copay for an Annual Physical Exam, as a LiveWell member you are entitled to this benefit</p> <p>\$25 copay for each in person visit or telehealth service <i>Referrals are not required.</i></p> <p>You may use a computer, a smart phone, a tablet, or other video technology; call your doctor to see if they offer services via telehealth and how to connect.</p>

LiveWell (HMO)

Preventive Care






\$0 copay



Covered services include:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual Wellness Visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening (cholesterol, lipids, triglycerides)
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, barium enemas, fecal occult blood test, flexible sigmoidoscopy, multi-target stool DNA tests)
- Depression screening
- Diabetes screening
- Diabetes self-management training
- Glaucoma test
- Hepatitis B (HBV) infection screening
- Hepatitis C screening
- HIV screening
- Immunizations (Flu shots, COVID-19 vaccine, Hepatitis B shots, Pneumococcal shots)
- Lung cancer screening
- Medical nutrition therapy services (no sign of tobacco-related disease)
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infection screening and counseling
- Tobacco use cessation counseling (counseling to stop smoking or using tobacco products)
- “Welcome to Medicare” preventive visit (one-time)



Prior Authorization is required for colonoscopy and barium enema screening.





Any additional preventive services approved by Medicare during the contract year will be covered.

LiveWell (HMO)	
<p>Emergency Care</p> 	<p>\$90 copay Copay is waived if you are admitted to a hospital within 24 hours. US & Territories Only</p>
<p>Urgently Needed Services</p> 	<p>\$40 copay Copay is waived if you are admitted to a hospital within 24 hours. US & Territories Only</p>
<p>Diagnostic Services/Labs/Imaging</p> <p>Diagnostic Tests and Procedures</p> <p>Lab Services</p> <p>Diagnostic Radiology Services (e.g. MRI, CAT Scan)</p> <p>Outpatient X-rays</p> 	<p>\$20 - \$30 copay diagnostic procedures and tests (\$20 copay for PCP, Physician Specialist and Freestanding Lab; \$30 copay in Outpatient Hospital Setting) <i>Prior Authorization may be required.</i></p> <p>\$10 - \$30 copay for lab services (\$10 copay, Lab: PCP, Physician Specialist, Freestanding Lab; \$30 copay Outpatient Hospital) <i>Prior Authorization is required for Genetic Testing.</i></p> <p>\$215-\$300 copay <i>Prior Authorization is required.</i></p> <p>\$30 copay <i>Prior Authorization is <u>not</u> required.</i></p>
<p>Hearing services</p> <p>Routine Hearing Exam</p> <p>Fitting-evaluation(s) for Hearing Aids</p>	<p>\$0 copay Limited to one (1) visit each year</p> <p>\$0 copay for visits for four (4) visit per year for Fitting/Evaluation for Hearing Aid within the first year after purchasing of a Hearing Aid.</p>

<p>Hearing Aids</p> 	<p>Up to a maximum of \$2,000 allowance for both ears combined every two (2) years for Hearing Aids.</p> <p><i>Authorization is required.</i></p> <p>Hearing Aids services provided through EPIC Hearing Healthcare.</p>
<p>Dental services</p> <p>Optional Supplemental Dental (Preventive and Comprehensive)</p> 	<p>\$15 per month premium</p> <p>Preventive Dental: \$0 copay Oral Exams: 1 every 6 months Cleaning: 1 every 6 months X-rays: 1 every 6 months</p> <p>Comprehensive Dental: Diagnostic Services: \$0 copay 1 every 6 months Restorative Services: \$0-\$125 copay Endodontics; Periodontics; Extractions; Prosthodontics; Other Oral/Maxillofacial Surgery: \$0-\$150 copay</p> <p><i>Prior authorization and limitations may apply for certain Comprehensive Dental services.</i></p> <p>To get the complete list of services we cover, call us, and ask for the “Evidence of Coverage”.</p> <p>Dental services provided through Healthplex.</p>

LiveWell (HMO)

<p>Vision care</p> <p>Routine Eye Exam</p> <p>Glaucoma Screening</p> <p>Eyewear after cataract surgery</p>	<p>\$0 copay Limited to one (1) visit each year</p> <p>\$40 copay for all other Medicare covered eye exams</p> <p>\$0 copay</p> <p>\$0 copay <i>Prior Authorization may be required.</i></p>
<p>Optional Supplemental Vision</p> 	<p>\$5.00 per month premium</p> <p>We cover up to \$275 every year for eyeglasses. <i>Prior Authorization is required for eyeglasses.</i></p> <p>Vision services provided through National Vision Administrator (NVA).</p>
<p>Mental Health Services</p> <p>Inpatient visit</p> <p>Outpatient group therapy visit</p> <p>Outpatient individual therapy visit</p> 	<p>\$155 copay per day for days 1 to 5; \$0 copay per day for days 6 to 90; \$0 copay per day for the Medicare-covered Lifetime Reserve Days. <i>Prior Authorization may be required.</i></p> <p>\$40 copay for each in person visit or telehealth service <i>Prior Authorization is required.</i></p> <p>\$40 copay for each in person visit or telehealth service <i>Prior Authorization is required.</i></p> <p>You may use a computer, a smart phone, a tablet, or other video technology; call your doctor to see if they offer services via telehealth and how to connect.</p>

LiveWell (HMO)	
<p>Skilled Nursing Facility (SNF) Care</p> 	<p>\$0 copay per day for days 1 to 20; \$188 copay per day for days 21 to 100.</p> <p><i>Prior Authorization is required</i> No prior hospital stay is required.</p>
<p>Physical Therapy</p> 	<p>\$35 copay <i>Prior Authorization is required</i></p>
<p>Ambulance services</p> <p>Ground ambulance</p> <p>Air ambulance</p> 	<p>\$260 copay Copay is waived if admitted to hospital <i>Prior Authorization is required for non-emergent ambulance only</i></p> <p>20% coinsurance Coinsurance is not waived if admitted to hospital. <i>Prior Authorization is required for non-emergent ambulance only.</i></p>
<p>Transportation</p> 	<p>Not covered</p>

LiveWell (HMO)

Medicare Part B Prescription Drugs

Chemotherapy/Radiation drugs

Other Part B drugs



Part B drugs may be subject to step therapy requirements.

20% coinsurance
Prior Authorization is required.

20% coinsurance
Prior Authorization is required.




Acupuncture Services



\$10 copay

In addition to Medicare-covered Acupuncture services, our plan offers fifteen (15) additional visits each year.

For more information about our Acupuncture benefit, please refer to Chapter 4 in the Evidence of Coverage.

LiveWell (HMO)	
<p>Chiropractic Services</p> 	<p>\$20 copay</p>
<p>Rehabilitation Services</p> <p>Cardiac and Pulmonary Rehabilitation Services</p> <p>Occupational and Speech Therapy Visits</p> 	<p>20% coinsurance <i>Prior Authorization is required.</i></p> <p>\$40 copay for occupational therapy visits <i>Prior Authorization is required.</i></p> <p>\$35 copay for physical and speech therapy visits <i>Prior Authorization is required.</i></p>
<p>Podiatry Services (Foot Care)</p> 	<p>\$25 copay</p>

LiveWell (HMO)

Medical Equipment /Supplies

Diabetic Monitoring Supplies

\$0 copay
Our preferred manufacturers are *Precision, OneTouch* and *FreeStyle*.

Therapeutic Shoes or Inserts

20% coinsurance
Prior Authorization is required.

Durable Medical Equipment (DME)

20% coinsurance
Prior Authorization is required.

Prosthetic Devices

20% coinsurance
Prior Authorization is required.

Prosthetic Medical Supplies

20% coinsurance
Prior Authorization is required.



Telemonitoring Services



\$0 copay
Referral may be required.
Prior Authorization may be required.

LiveWell (HMO)

Opioid Treatment Services



20% coinsurance
Prior Authorization is required.

Telehealth Services

Primary Care Provider (PCP)

\$10 copay for Telehealth services provided by a Primary Care Provider (PCP)

Physician Specialist, Outpatient Mental Health, Psychiatric and Substance Abuse Services

\$40 copay for Telehealth services provided for Physician Specialist, Outpatient Mental Health, Psychiatric, and Substance Abuse services



You may use a computer, a smart phone, a tablet, or other video technology; call your doctor to see if they offer services via telehealth and how to connect.

LiveWell (HMO)

Outpatient Prescription Drugs

Deductible	\$350 for Tier 3, Tier 4, and Tier 5 Part D prescription drugs. For all other drugs, you will not have to pay any deductible and will start receiving coverage immediately.	
	Standard retail cost-sharing (in-network) (30-day / 90-day supply)	<i>Save money with our mail-order program</i> Standard mail-order cost-sharing (up to a 90-day supply)
Tier 1 (Preferred Generic)	\$3 / \$7.50	\$0
Tier 2 (Generic)	\$15 / \$37.50	\$22.50
Tier 3 (Preferred Brand)	\$47 / \$129.25	\$117.50
Tier 4 (Non-Preferred Drug)	\$100 / \$275	\$250
Tier 5 (Specialty Tier)	27% / 27%	27%
Coverage Gap	<p>After you spend up to \$4,660 for your drugs, our plan offers some drug coverage in the Coverage Gap Stage for Tier 1 Preferred Generic.</p> <p>Additional Gap Coverage: Tier 1 Preferred Generic Retail Cost 1 Month Supply: \$3 copay Retail Cost 2 Month Supply: \$6 copay Retail Cost 3 Month Supply: \$7.50 copay Mail Order 3 Month Supply: \$0 copay</p> <p>For all other drugs on the coverage gap stage, you pay no more than 25% of the costs of generic and brand name drugs and the 25% for generic and brand name drugs is paid by the plan. Only the amount you pay counts and moves you through the coverage gap.</p>	
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance or • \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs. 	

Mail Order

Receive a 90-day supply of select drugs mailed directly to your front door. There are no shipping and handling fees. Get a larger supply for lower copay.

Using this program may reduce or eliminate your pharmacy visits. If you have drugs that you take on a regular basis, for a long-term medical condition try our mail order program. Note: Requires a 90-day Prescription from your doctor.

Enroll Today

Register ONLINE

- 1) Go to elixirsolutions.com
- 2) Click register now
- 3) Create a Member Profile

Once you register you can: Select your shipping preference, add a credit card to your account, change your personal information, order and track refills in your account, and view your order history.

Register by PHONE

Enroll via telephone at **1-866-909-5170** or **TTY/TDD 1-800-662-1220**
(Monday – Friday 8:00 am – 10:00 pm and Saturday 8:30 am – 4:30 pm)

Register by MAIL

Complete by enrollment form and mail to Elixir at: 7835 Freedom Ave NW, North Canton, OH 44720.

E-Prescriptions

Have your physician electronically prescribe (e-prescribe) your refills via the internet. Call or fax your next 90-day prescription:

Call Center 1-866-909-5170 | TTY/TDD 1-800-662-1220 | Fax 1-866-909-5171

AgeWell New York, LLC is a Health Maintenance Organization (HMO) plan with a Medicare contract. AgeWell New York, LLC has a State Medicaid Agency Contract with New York State Department of Health, and a New York State Medicaid contract for AgeWell New York Advantage Plus (HMO D-SNP). Enrollment in AgeWell New York, LLC depends on contract renewal. ATTENTION: If you speak Spanish, language assistance services are available to you free of charge. Call **1-866-237-3210 (TTY/TDD: 1-800-662-1220)**. ATENCIÓN: si hablas 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 Nondiscrimination

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 M107
Lake Success, New York 11042-2057
1-866-237-3210
TTY/TDD: 1-800-662-1220
Fax: **855-895-0778**
Email: 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>.

Multi-Language Assistance Services

English:

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-866-237-3210 (TTY/TDD: 1-800-662-1220).

Spanish:

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).

Chinese:

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-237-3210 (TTY/TDD : 1-800-662-1220)。

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1- 866-237-3210 (телетайп: 1-800-662-1220).

French Creole:

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-237-3210 (TTY/TDD: 1-800-662-1220).

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-237-3210 (TTY/TDD: 1-800-662-1220)번으로 전화해 주십시오.

Italian:

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-237-3210 (TTY/TDD: 1-800-662-1220).

Yiddish:

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל.
רופ 1-866-237-3210 (TTY/TDD: 1-800-662-1220).

Bengali:

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে।
ফোন করুন ১-৮৬৬-২৩৭-৩২১০ (TTY/TDD: ১-৮০০-৬৬২-১২২০)।

Polish:

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-866-237-3210 (TTY/TDD: 1-800-662-1220)**.

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم
3210-237-866-1 (رقم هاتف الصم والبكم: 1-800-662-1220).

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-866-237-3210 (ATS : 1-800-662-1220)**.

Urdu :

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں
1-866-237-3210 (TTY/TDD: 1-800-662-1220).

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-866-237-3210 (TTY/TDD: 1-800-662-1220)**.

Greek:

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-866-237-3210 (TTY/TDD: 1-800-662-1220)**.

Albanian:

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-866-237-3210 (TTY/TDD: 1-800-662-1220)**.

LiveWell (HMO) Member Services

Call 1-866-237-3210

Calls to this number are free, 7 days a week from 8:00 am to 8:00 pm.

Note: From April 1 to September 30, we may use alternative technologies on weekends and federal holidays. Free language interpreter services are available for non-English speakers.

TTY/TDD 1-800-662-1220

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free, 7 days a week from 8:00 am to 8:00 pm.

Write AgeWell New York, LLC
Attn: Member Services
1991 Marcus Ave, Suite M107
Lake Success, NY 11042
info@agewellnewyork.com

Website agewellnewyork.com

New York Health Insurance Information Counseling and Assistance Program (HIICAP)

New York Health Insurance Information Counseling and Assistance Program (HIICAP) is a state program that receives money from the federal government to provide free local health insurance counseling to people with Medicare.

Call 1-800-701-0501

Write New York State Office for the Aging
2 Empire State Plaza, 5th Floor
Albany, NY 12223

Website www.aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap



agewellnewyork.com

Toll Free 1-866-237-3210 • TTY/TDD 1-800-662-1220