

2023



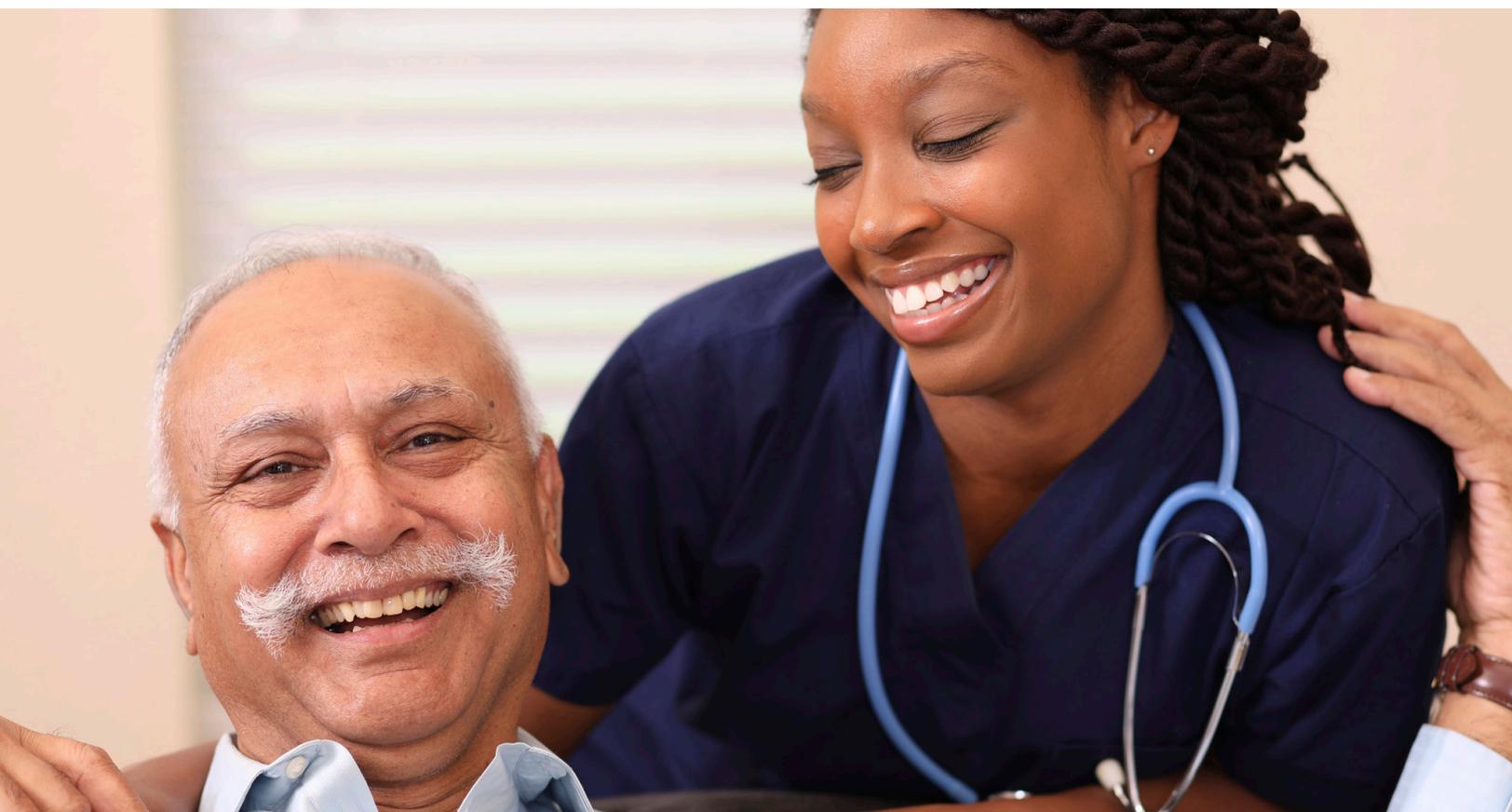
# Annual Notice of Change

## AgeWell New York Advantage Plus (HMO D-SNP)

A Medicaid Advantage Plus (MAP) Plan & Dual Special Needs Plan

**A Medicare Advantage Prescription Drug Plan (MAPD) with coordinated community based long term care services and access to both Medicare and Medicaid benefits, under a single managed care plan.**

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



## The Way to Age Well in New York



## AgeWell New York Advantage Plus (HMO D-SNP) offered by AgeWell New York, LLC.

### Annual Notice of Changes for 2023

You are currently enrolled as a member of AgeWell New York Advantage Plus (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. *Please see page 5 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.agewellnewyork.com](http://www.agewellnewyork.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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#### What to do now

##### 1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

##### 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

### 3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in AgeWell New York Advantage Plus (HMO D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with AgeWell New York Advantage Plus (HMO D-SNP).
- Look in section 2.1, page to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### **Additional Resources**

- This document is available for free in Spanish.
- Please contact our Member Services number at **1-866-237-2310** for additional information. (TTY /TDD users should call **1-800-662-1220**.) Hours are 7 days a week 8:00 a.m. – 8:00 pm.
- **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.
- This information is available in a different format, such as large print. In addition, our website provides an accessibility widget that can be used to increase text size and features an audio screen reader. Please call Member Services at the number listed above if you need information in another format, language, or if you need help navigating the website and using the widget.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About AgeWell New York Advantage Plus (HMO D-SNP)**

- 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.

- When this document says “we,” “us,” or “our,” it means AgeWell New York, LLC. When it says “plan” or “our plan,” it means AgeWell New York Advantage Plus (HMO D-SNP).

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## ***Annual Notice of Changes for 2023***

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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for AgeWell New York Advantage Plus (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p>	\$0	\$0
<p><b>Doctor office visits</b></p>	<p>Primary care visits \$0 copay per visit.</p> <p>Specialist visits: \$0 copay per visit.</p>	<p>Primary care visits: \$0 copay per visit.</p> <p>Specialist visits \$0 copay per visit.</p>
<p><b>Inpatient hospital stays</b></p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.</p>	\$0 copay per day.	\$0 copay per day.

Cost	2022 (this year)	2023 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.6 for details.)</p>	<p>Depending on your level of “Extra Help” you may be eligible to pay the cost sharing amounts listed below:</p> <p>Deductible: \$0 or up to \$480.</p> <p><i>Copay</i> during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 or up to a \$9.85 copay per prescription.</li> <li>• <b>For generic drugs (including brand drugs treated as generic):</b> \$0 copay or \$1.35 copay or \$3.95 copay per prescription.</li> </ul> <p><b>For all other drugs:</b> \$0 copay or \$4.00 copay or \$9.85 copay per prescription.</p>	<p>Depending on your level of “Extra Help” you may be eligible to pay the cost sharing amounts listed below:</p> <p>Deductible \$0 or up to \$505.</p> <p><i>Copay</i> during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 or up to a \$10.35 copay per prescription.</li> <li>• <b>For generic drugs (including brand drugs treated as generic):</b> \$0 copay or \$1.45 copay or \$4.15 copay per prescription.</li> </ul> <p><b>For all other drugs:</b> \$0 copay or \$4.30 copay or \$10.35 copay per prescription.</p>
<p><b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p style="text-align: center;">\$3,450</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p style="text-align: center;">\$3,650</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	There is no change for the upcoming benefit year.

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b> You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$3,450	\$3,650 Once you have paid \$3,650 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

## Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at [www.agewellnewyork.com](http://www.agewellnewyork.com). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider and Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Provider and Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and Medicaid benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
<b>Dental Services</b> <i>(Comprehensive)</i>	<p>\$0 copay</p> <p>Dental services are covered through your Medicaid benefit. Covered services include necessary preventive, prophylactic and other routine dental care, services and supplies and dental prosthetics to alleviate a serious health condition.</p> <p><i>Prior Authorization may be required.</i></p>	<p>\$0 copay</p> <p>We cover up to \$2,000 towards Comprehensive Dental Services each year.</p> <p><i>Prior Authorization is required.</i></p> <p>For more information about your Comprehensive Dental Services benefit, please refer to Chapter 4 in your Evidence of Coverage.</p>

Cost	2022 (this year)	2023 (next year)
<b>Hearing Aids</b>	Up to a maximum of \$1,500 allowance for both ears combined every two (2) years for Hearing Aids.  <i>Prior Authorization is required.</i>	Up to a maximum of \$1,000 allowance for both ears combined every two (2) years for Hearing Aids.  <i>Prior Authorization is required.</i>
<b>Over the counter (OTC)</b>	You are eligible for a \$150 credit each month. (\$1,800 credit each year) to be used toward the purchase of over the counter (OTC) health and wellness products.  Unused credits do not roll over to the next period.	You are eligible for a \$225 credit each month. (\$2,700 credit each year) to be used toward the purchase of over the counter (OTC) health and wellness products.  Unused credits do not roll over to the next period.
<b>OTC: Healthy Foods for Diabetics</b>	Healthy Foods for Diabetics is <u>not</u> covered.	You may be eligible for a \$150 credit each month (\$1,800 credit each year) to be used toward the purchase of over the counter (OTC) health and wellness products.  Healthy grocery benefit for members with diagnosis of diabetes mellitus. Purchases (food and produce) may be made from a specified catalog. Member may utilize benefit to purchase pre-approved healthy foods.
<b>Rewards and Incentive Program</b>	Not covered.	You may be eligible to earn up to \$75 for completing certain Healthcare Actions.
<b>Vision Care Eyewear</b>	Credit for eyeglasses (lenses and frames) is not covered	\$200 credit for eyeglasses (lenses and frames) per year.  <i>Prior Authorization is required.</i>

Cost	2022 (this year)	2023 (next year)
<b>Behavioral Health: Office of Mental Health Services (OMH)</b>	Inpatient psychiatric services <i>Prior authorization required for elective services</i>	Inpatient psychiatric services <i>No prior authorization required</i>
	Outpatient clinic services <i>Prior authorization required</i>	Outpatient clinic services <i>No prior authorization required</i>
	Comprehensive psychiatric emergency program (CPEP) <i>Not offered</i>	Comprehensive psychiatric emergency program (CPEP) <i>No prior authorization required</i>
	ACT (Assertive Community Treatment) <i>Not offered</i>	ACT (Assertive Community Treatment) <i>Prior authorization required</i>
	Continuing Day Treatment <i>Not offered</i>	Continuing Day Treatment <i>Prior authorization required</i>
	Mobile Crisis and Crisis Residence <i>Not covered</i>	Mobile Crisis and Crisis Residence <i>No prior authorization required</i>
	Personalization Recovery Oriented Services (PROS) <i>Not offered</i>	Personalization Recovery Oriented Services (PROS) <i>Prior authorization required</i>

Cost	2022 (this year)	2023 (next year)
<b>Behavioral Health: Office of Addiction Services and Supports (OASAS)</b>	Medically Managed Detox – Inpatient <i>Not offered</i>	Medically Managed Detox – Inpatient <i>No prior authorization required</i>
	Medically Supervised Detox – Inpatient <i>Not offered</i>	Medically Supervised Detox – Inpatient <i>No prior authorization required</i>
	Medically Supervised Detox – Outpatient <i>Not offered</i>	Medically Supervised Detox – Outpatient <i>No prior authorization required</i>
	Inpatient Rehabilitation <i>Not offered</i>	Inpatient Rehabilitation <i>No prior authorization required</i>
	Addiction Treatment Center – State Operated Inpatient Rehabilitation <i>Not offered</i>	Addiction Treatment Center – State Operated Inpatient Rehabilitation <i>No prior authorization required</i>
	Residential Services <i>Not offered</i>	Residential Services <i>No prior authorization required</i>
	Outpatient Clinic <i>Prior authorization required</i>	Outpatient Clinic <i>No prior authorization required</i>
	Outpatient Rehabilitation <i>Not offered</i>	Outpatient Rehabilitation <i>No prior authorization required</i>
	Part 820 Residential Services <i>Not offered</i>	Part 820 Residential Services <i>No prior authorization required</i>
Opioid Treatment Program <i>Prior authorization required</i>	Opioid Treat Program <i>No prior authorization required</i>	

Cost	2022 (this year)	2023 (next year)
<b>Behavioral Health: Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS)</b>	Community Oriented Recovery and Empowerment (CORE) <i>Not offered</i>	Community Oriented Recovery and Empowerment (CORE) Services <i>No prior authorization required</i>
	Crisis Stabilization <i>Not offered</i>	Crisis Stabilization <i>No prior authorization required</i>

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically. **You can get the *complete Drug List*** by calling Member Services (see the back cover) or visiting our website ([www.agewellnewyork.com](http://www.agewellnewyork.com)).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert with this packet, please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.”

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

### Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible.</p>	<p>The deductible is 480.</p> <p>Your deductible amount is either \$0 or \$99, depending on the level of “Extra Help” you receive.</p> <p>(Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p>	<p>The deductible is \$505.</p> <p>Your deductible amount is either \$0 or \$104, depending on the level of “Extra Help” you receive.</p> <p>(Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p>

### Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2022 to 2023.

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 2: Initial Coverage Stage</b> Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: <b>Generic and brand name drugs:</b> You pay \$0 or up to a \$9.85 copay per prescription.</p> <p>Depending on your level of “Extra Help” you may be eligible to pay the subsidized copayments listed below: Generic drugs (including brand name drugs treated as generic): You pay \$0 copay per prescription. For all other drugs: You pay: \$0 copay or \$4.00 copay or \$9.85 copay per prescription.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: <b>Generic and brand name drugs:</b> You pay \$0 per prescription copay per prescription.</p> <p>Depending on your level of “Extra Help” you may be eligible to pay the subsidized copayments listed below: Generic drugs (including brand name drugs treated as generic): You pay \$0 copay per prescription. For all other drugs: You pay: \$0 copay or \$4.30 copay or \$10.35 copay per prescription.</p>
<p><b>Stage 2: Initial Coverage Stage (continued)</b> The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Once your total drug costs have reached \$4,430 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Once your total drug costs have reached \$4,660 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

**Important Message About What You Pay for Vaccines**

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

**Important Message About What You Pay for Insulin**

You won't pay more than \$0 for a one-month supply of each insulin product covered by our plan, even if you haven't paid your deductible.

**SECTION 2 Deciding Which Plan to Choose****Section 2.1 – If you want to stay in AgeWell New York Advantage Plus (HMO D-SNP)**

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our AgeWell New York Advantage Plus (HMO D-SNP).

**Section 2.2 – If you want to change plans**

We hope to keep you as a member next year but if you want to change for 2023 follow these steps:

**Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, AgeWell New York, LLC. offers other Medicare health plans *AND* Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

**Step 2: Change your coverage**

- **To change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from AgeWell New York Advantage Plus (HMO D-SNP).

- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from AgeWell New York Advantage Plus (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (**1-800-633-4227**), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY/TDD users should call **1-877-486-2048**.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

### SECTION 3 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

#### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York, the SHIP is called New York Health Insurance Information, Counseling and Assistance Program (HIICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. New York Health Insurance Information counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call New York Health Insurance Information, Counseling and Assistance Program (HIICAP) at **1-800-701-0501**. You can learn more about New York Health Insurance Information, Counseling and Assistance Program (HIICAP) by visiting their website (<https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap>).

For questions about your New York State Medicaid benefits contact **1-800-541-2831 (TTY/TDD 1-800-662-1220)**, Monday-Friday, 9:00 am – 5:00 pm. Ask how joining another plan or returning to Original Medicare affects how you get your New York State Medicaid coverage.

## **SECTION 5 Programs That Help Pay for Prescription Drugs**

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
  - 1-800-MEDICARE (**1-800-633-4227**). TTY/TDD users should call **1-877-486-2048**, 24 hours a day/7 days a week;
  - The Social Security Office at **1-800-772-1213** between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY /TDD users should call, **1-800-325-0778**; or
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** New York State has a program called New York State Elderly Pharmaceutical Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the New York AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call **1-800-542-2437 (TTY/TDD: 1-518-459-0121)**, Monday – Friday, 8:00 am - 5:00 pm.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from AgeWell New York Advantage Plus (HMO D-SNP)

Questions? We're here to help. Please call Member Services at **1-866-237-3210**. (TTY/TDD only, call **1-800-662-1220**.) We are available for phone calls 7 days a week 8:00 am – 8:00 pm. Calls to these numbers are free.

#### **Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for AgeWell New York Advantage Plus (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.agewellnewyork.com](http://www.agewellnewyork.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [www.agewellnewyork.com](http://www.agewellnewyork.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

### Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

#### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY/TDD users should call **1-877-486-2048**.

#### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2023***

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY /TDD users should call **1-877-486-2048**.

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### **Section 6.3 – Getting Help from Medicaid**

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To get information from Medicaid you can call New York State Medicaid at **1-800-541-2831**. TTY /TDD users should call **1-800-662-1220**, Monday-Friday, 9:00 am – 5:00 pm.



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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](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>.



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-866-237-3210** (TTY/TDD: **1-800-662-1220**). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-866-237-3210** (TTY/TDD: **1-800-662-1220**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-866-237-3210** (TTY/TDD: **1-800-662-1220**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-866-237-3210** (TTY/TDD: **1-800-662-1220**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-866-237-3210** (TTY/TDD: **1-800-662-1220**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-866-237-3210** (TTY/TDD: **1-800-662-1220**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-866-237-3210** (TTY/TDD: **1-800-662-1220**) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-866-237-3210** (TTY/TDD: **1-800-662-1220**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-866-237-3210** (TTY/TDD: **1-800-662-1220**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-866-237-3210** (TTY/TDD: **1-800-662-1220**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم (TTY/TDD: **1-800-662-1220**) **1-866-237-3210** على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية شخص ما يتحدث العربية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-866-237-3210** (TTY/TDD: **1-800-662-1220**) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-866-237-3210** (TTY/TDD: **1-800-662-1220**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-866-237-3210** (TTY/TDD: **1-800-662-1220**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-866-237-3210** (TTY/TDD: **1-800-662-1220**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-866-237-3210** (TTY/TDD: **1-800-662-1220**). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-866-237-3210** (TTY/TDD: **1-800-662-1220**)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



## AgeWell New York Advantage Plus (HMO D-SNP) 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](http://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, 5<sup>th</sup> Floor  
Albany, NY 12223

**Website** [www.aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap](http://www.aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap)



[agewellnewyork.com](http://agewellnewyork.com)

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