

THE WAY TO AGE WELL IN NEW YORK



Thank you for taking the first step to become part of the AgeWell New York family. The enclosed information will provide more details about our Medicare Advantage Prescription Drug Plan. Based on your income, you may qualify for **Extra Help** to pay for prescription drug costs, annual deductibles and co-insurance. If you have any questions, need help choosing a primary care physician or need assistance completing the enrollment form, please call our member services department at **1-866-237-3210 (TTY/TDD 1-800-662-1220)** or visit our website at agewellnewyork.com. This information is available in different languages and the bilingual staff at AgeWell New York is happy to assist you. We are available seven 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.

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

- ✓ Determine eligibility
- ✓ Review all plan materials
- ✓ Complete the 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

Thank you for your interest in AgeWell New York. We encourage you to take the time to carefully read through this booklet to get the most out of your Medicare Advantage Plan.

We look forward to hearing from you soon.

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: civilrightsunite@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>.