

2019 Summary of Benefits

Medicare Advantage with Prescription Drug Plan
Dual Special Needs Plan (D-SNP)

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



Health Plans that Keep You Rockin'
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 1-866-586-8044.

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 <http://www.agewellnewyork.com> or call 1-866-586-8044 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

- ☐ 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 copayments/co-insurance may change on January 1, 2019.
- ☐ 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).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Proposed Effective Date ____/____/____

Name _____

Address _____

Phone Number (____) _____

Name of Licensed Sales Representative _____

Important Numbers

| | |
|---|---|
| AWNY (Member Services) 1-866-586-8044 (TTY) 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 EPIC Hearing (Hearing Services) 1-877-606-3742 Monday – Friday from 9:00 am – 9:00 pm Search for your Prescription Drugs in the AgeWell New York Formulary (List of Covered Drugs) www.agewellnewyork.com/for-members/covered-drugs/ | EnvisionRX (Pharmacy Services) 1-844-782-7670 7 days a week 24 hours a day NVA (Vision Services) 1-844-344-1250 7 days a week 24 hours a day HealthPlex (Dental Services) 1-800-468-9868 Monday-Friday 8:00 am – 8:00 pm Search for your doctors in the AgeWell New York Provider Directory www.agewellnewyork.com/for-members/find-a-provider/ |
|---|---|

Navigating Medicare options

Turning 65, 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 Plan.

- Receive your Medicare benefits by joining a Medicare Advantage plan such as FeelWell (HMO SNP).
- 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) 1-877-486-2048.

Supporting your health care coverage needs

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

FeelWell (HMO SNP) from January 1, 2019 to December 31, 2019

| | FeelWell (HMO SNP) |
|-------------------------|--|
| Eligibility | You must be entitled to Medicare Part A, be enrolled in Medicare Part B and Full New York State Medicaid, QMB Plus, SLMB Plus, or QMB Only, and live in our service area |
| 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 and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in AGEWELL NEW YORK, LLC depends on contract renewal. This information is not a complete description of benefits. Call 1-866-586-8044 (TTY: 1-800-662-1220) for more information. ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-866-586-8044 (TTY: 1-800-662-1220). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-586-8044 (TTY: 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
1-866-586-8044 | TTY 1-800-662-1220 | www.agewellnewyork.com



List of Covered Benefits



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 1-866-586-8044 (TTY 1-800-662-1220), 7 days a week 8:00 am – 8:00 pm to request a hard copy.






| | |
|-------------------------------------|--|
| | <p>FeelWell (HMO SNP)</p> <p>You must maintain Full Medicaid eligibility</p> |
| Monthly plan premium | \$0 |
| Deductible | \$0 deductible per year for in-network services. |
| Maximum out-of-pocket amount | <p>\$3,400</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 align="center">FeelWell (HMO SNP)</p> <p align="center">You must maintain Full Medicaid eligibility</p> |
| <p>Inpatient Hospital coverage</p>  | <p>\$0 copayment <i>Prior Authorization is required.</i></p> |
| <p>Outpatient Hospital coverage</p> <p>Outpatient hospital services</p> <p>Outpatient hospital observation services</p>  | <p>\$0 copayment <i>Prior Authorization is required for certain services.</i></p> <p>\$0 copayment <i>Prior Authorization is required.</i></p> |
| <p>Doctor Visits</p> <p>Primary Care Providers</p> <p>Specialists</p>  | <p>\$0 copayment</p> <p>\$0 copayment</p> |
| <p>Preventive Care</p>  | <p>\$0 copayment <i>Prior Authorization is required for Colorectal Cancer Screening.</i></p> |

| | |
|--|---|
| | <p align="center">FeelWell (HMO SNP)</p> <p align="center">You must maintain Full Medicaid eligibility</p> |
| | <p>Covered services include:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screening and counseling • Bone mass measurement (bone density) • Breast cancer screening (mammograms) • Cardiovascular disease screenings and risk reduction visit (therapy for cardiovascular disease) • Cervical and vaginal cancer screenings • Colorectal cancer screenings • Depression screening • Diabetes screenings and self-management training • Glaucoma tests Hepatitis C screening test • HIV screening • Immunizations • Lung cancer screening • Medicare Diabetes Prevention Program (MDPP) • Medical nutrition therapy services Obesity screening and counseling • Pneumococcal shot Prostate cancer screenings • Sexually transmitted infection (STI) screening and counseling • Smoking and tobacco-use cessation (counseling to stop smoking or using tobacco products) • “Welcome to Medicare” preventive visit • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered</p> |
| <p>Emergency care</p>  | <p>\$0 copayment US & Territories Only</p> |
| <p>Urgently needed services</p>  | <p>\$0 copayment US & Territories Only</p> |

| | FeelWell (HMO SNP) You must maintain Full Medicaid eligibility |
|--|--|
| Diagnostic Services/Labs/Imaging Diagnostic tests and procedures Lab services Diagnostic radiology services (e.g. MRI, CAT Scan) Outpatient X-rays  | \$0 copayment <i>Prior Authorization may be required.</i> \$0 copayment <i>Prior Authorization is not required.</i> \$0 copayment <i>Prior Authorization is required.</i> \$0 copayment <i>Prior Authorization is not required.</i> |
| Hearing services Exam to diagnose and treat hearing and balance issues Routine hearing exam Fitting-evaluation(s) for hearing aids Hearing Aids  | \$0 copayment \$0 copayment Limited to 1 visit(s) every year \$0 copayment Unlimited visits every year Up to a \$1,000 allowance for both ears combined every two years for hearing aids. Hearing aids services provided through EPIC hearing |
| Dental services Comprehensive dental services <ul style="list-style-type: none"> ○ Non-routine services | \$0 copayment Limited to 1 non-routine service(s) every year <i>Prior Authorization may be required.</i> |

| | FeelWell (HMO SNP) You must maintain Full Medicaid eligibility |
|---|--|
| <ul style="list-style-type: none"> ○ Restorative Services ○ Endodontics ○ Periodontics ○ Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  | <p>\$0 copayment Limited to 1 restorative service(s) every 60 months per tooth <i>Prior Authorization may be required.</i></p> <p>\$0 copayment Limited to 1 endodontic service(s) per life time per tooth <i>Prior Authorization may be required.</i></p> <p>\$0 copayment Limited to 1 periodontic service(s) every three years <i>Prior Authorization may be required.</i></p> <p>\$0 copayment Limited to 1 service(s) every 60 months per tooth <i>Prior Authorization may be required.</i></p> <p>Dental services provided through Healthplex</p> |
| Vision care Exam to diagnose and treat diseases and conditions of the eye Eyewear after cataract surgery  | <p>\$0 copayment</p> <p>\$0 copayment <i>Prior Authorization may be required.</i></p> <p>Vision services provided through NVA</p> |
| Mental Health Services Inpatient visit Outpatient group therapy visit | <p>\$0 copayment <i>Prior Authorization may be required.</i></p> <p>\$0 copayment <i>Prior Authorization is required.</i></p> |

| | FeelWell (HMO SNP) You must maintain Full Medicaid eligibility |
|---|--|
| Outpatient individual therapy visit  | \$0 copayment <i>Prior Authorization is required.</i> |
| Skilled nursing facility (SNF) care  | \$0 copayment <i>Prior Authorization is required.</i> No prior hospital stay is required. |
| Physical Therapy  | \$0 copayment <i>Prior Authorization is required.</i> |
| Ambulance services Ground Ambulance Air Ambulance  | \$0 copayment <i>Prior Authorization is required for non-emergent ambulance only.</i> \$0 copayment <i>Prior Authorization is required for non-emergent air ambulance only.</i> |
| Transportation  | Not Covered |
| Medicare Part B prescription drugs Chemotherapy drugs | \$0 copayment <i>Prior Authorization is required.</i> |

| | |
|--|--|
| | <p align="center">FeelWell (HMO SNP) You must maintain Full Medicaid eligibility</p> |
| <p>Other Part B drugs</p>  | <p>\$0 copayment <i>Prior Authorization is required.</i></p> |
| <p>Acupuncture services</p>  | <p>\$0 copayment Limited to 6 visit(s) every year</p> |
| <p>Fitness program</p>  | <p>\$0 copayment</p> <p>Registration is required</p> <p>Fitness program provided through Silver Sneakers</p> <p>Silver Sneakers offers programming, social activities, health education seminars, and more all specifically designed for older adults. Each beneficiary receives a basic fitness membership at a participating location, including access to fitness equipment and Silver Sneaker classes lead by certified instructors.</p> |
| <p>Over-the-counter benefit</p>  | <p>\$0 copayment You are eligible for a \$80 allowance every month to be used toward the purchase of over-the-counter (OTC) health and wellness products.</p> |
| <p>Telemonitoring services</p>  | <p>\$0 copayment <i>Referral may be required.</i> <i>Prior Authorization may be required.</i></p> |

| | | |
|---------------------------------------|---|---|
| | FeelWell (HMO SNP) | |
| Outpatient Prescription Drugs | | |
| | Standard retail cost-sharing (in-network) (up to a 90-day supply) | Standard mail-order cost-sharing (up to a 90-day supply) |
| Deductible | \$0 for all Part D prescription drugs. | |
| Cost-Sharing for Covered Drugs | Generic drugs (including brand drugs treated as generic): You Pay: \$0 copay or \$1.25 copay or \$3.40 copay All other drugs: You pay: \$0 copay or \$3.80 copay or \$8.50 copay | Generic drugs (including brand drugs treated as generic): You Pay: \$0 copay or \$1.25 copay or \$3.40 copay All other drugs: You pay: \$0 copay or \$3.80 copay or \$8.50 copay |
| Coverage Gap | After your total drug costs (including what our plan has paid and what you have paid) reach \$3,820 , you will pay no more than 37% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap. | |
| Catastrophic Coverage | After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100 , you pay the greater of: <ul style="list-style-type: none">• 5% coinsurance, or• \$3.40 copayment for generic (including brand drugs treated as generic) and a \$8.50 copayment 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 envisionpharmacies.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 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 EnvisionMail 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 1-800-662-1220 | Fax 1-866-909-5171

Covered Benefits by Medicaid

AgeWell New York's FeelWell (HMO SNP) is for people who qualify for Medicare and Medicaid that are known as dual eligible. As a dual eligible, you have benefits under both the federal Medicare program and the state-operated Medicaid program. The Original Medicare and supplemental benefits you receive as a member of this plan are listed above. The kind of Medicaid benefits you receive are determined by your state and may vary based upon your income and resources. With the assistance of Medicaid, some dual eligible do not have to pay for certain Medicare costs. The information below reflects services and applicable coverage through Medicaid Fee for Services (FFS) which are available under Medicaid for people who qualify for full Medicaid, AgeWell New York holds a coordination of benefits contract with the New York State Department of Health (NYSDOH). Under this agreement AgeWell New York FeelWell (HMO SNP) coordinate all Medicare and Medicaid benefits on your behalf.

| Medicaid benefit categories and type of assistance served | |
|--|---|
| Full Benefit Dual Eligible (FBDE) | Payment of your Medicare Part B premiums, in some cases Medicare Part A premiums and full Medicaid benefits |
| SLMB-Plus | Payment of your Medicare Part B premiums and full Medicaid benefits |
| QMB-Plus | Payment of your Medicare Part A and Part B premiums, deductibles, cost-sharing (excluding Part D copayments) and full Medicaid benefits |
| Qualified Medicare Beneficiary (QMB Only) | Payment of your Medicare Part A and/or Part B premiums, deductibles and cost-sharing (excluding Part D copayments) |

Please understand that Medicaid benefits may vary based on income level and other standards and your Medicaid benefits can change throughout the year. You may not be qualified for all Medicaid benefits depending on your level of Medicaid. However, as a member of our plan, you can access plan benefits regardless of your Medicaid status. You may contact New York City Human resources Administration at 1-718-557-1399 for the most current and accurate information regarding your eligibility and benefits.

In order to qualify for enrollment in FeelWell (HMO SNP) you must participate in the New York State Medicaid Program. The Medicare Advantage benefits and cost-sharing protections you receive as a member of this plan are listed in the above sections entitled Listing of Covered Benefits. The below chart describes Medicaid benefits that you may be entitled to depending on your level of Medicaid under the New York State Medicaid program. If you have any questions concerning what benefits you are entitled to under the Medicaid program, please call the Local Departments of Social Services, (New York's Medicaid Program) as follows. New York State Department of Health Medicaid Helpline at 1-800-541-2831, New York City Human Resources Administration at 1-718-557-1399, Nassau County Department of Social Services at 1-516-227-7474, Suffolk County Department of Social Services at 1-631-854-9700, or Westchester County Department of Social Services at 1-914-995-3333.

| Benefit Category | Medicaid fee for Service |
|--|--|
| Inpatient Hospital Care including Substance Abuse and Rehabilitation | Medicaid covers Medicare deductibles, copays and coinsurances. Up to 365 days per year (366 days for leap year). |
| Skilled Nursing Facility (SNF) | Medicaid covers Medicare deductibles, copays and coinsurances. Medicaid covers additional days beyond Medicare 100 day limit. |
| Doctor Office Visits | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Podiatry Services | Medicaid covers Medicare deductibles, copays and coinsurances (QMB and QMB-Plus Only). |
| Chiropractic Services | Medicaid covers Medicare deductibles, copays and coinsurances (QMB and QMB-Plus Only). |
| Outpatient Substance Abuse Care | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Outpatient Mental Health | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Outpatient Services/Surgery | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Ambulance Services | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Emergency Care | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Urgently Needed Care | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Outpatient Rehabilitation Services | Medicaid covers Medicare deductibles, copays and coinsurances. Physical Therapy is limited to 40 visits per year. Occupational, and Speech Therapies are limited to 20 visits per therapy per year. Except for children under 21, or if you have been determined to be developmentally disabled by the Office for People with developmental Disabilities, or if you have a traumatic brain injury. |
| Prosthetic Devices | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Diabetics Self-Monitoring Training, Nutrition Therapy and supplies | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Diagnostic Tests, X-Rays, Lab Services and Radiology Services | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Bone Mass Measurements | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Colorectal Screening Exams | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Immunizations | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Mammograms | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Pap Smears and Pelvic Exams | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Prostate Cancer Screening Exams | Medicaid covers Medicare deductibles, copays and coinsurances. |

| Benefit Category | Medicaid fee for Service |
|--|---|
| End Stage Renal Disease | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Prescription Drugs | Medicaid does not cover Part D covered drugs or copays. Medicaid Pharmacy Benefits allowed by State Law (select drug categories excluded from the Medicare Part D benefit). Certain Medical Supplies and Enteral Formula when not covered by Medicare. |
| Over the Counter Drugs | Certain over the counter medications are covered. |
| Dental | Medicaid covers Medicare deductibles, copays and coinsurances. Medicaid covered dental services including necessary preventive, prophylactic and other routine dental care, services, and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization. AgeWell New York FeelWell (HMO SNP) offers dental care through a contract with Healthplex, an expert in providing high quality dental services. Covered services include regular and routine dental services such as preventive dental check-ups, cleaning, x-rays, fillings, and other services to check for any changes or abnormalities that may require treatment and/or follow-up care for you. |
| Transportation (Routine) | Includes ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to the enrollee's medical condition. |
| Inpatient Mental Health Services (over 190-day lifetime limit) | Medicaid covers Medicare deductibles, copays and coinsurances. All inpatient mental health services, including voluntary or involuntary admissions for mental health services over the Medicare 190 day lifetime limit. |
| Non-Medicare covered Home Health Services | Medicaid covers Medicare deductibles, copays and coinsurances, medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g. home health aide services with nursing supervision to medically instable individuals). |
| Non-Medicare Covered Durable Medical Equipment | Medicaid covers Medicare deductibles, copays and coinsurances. Medicaid covered durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula, and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period time; are primarily and customarily used for medical purposes; are |

| Benefit Category | Medicaid fee for Service |
|---------------------------------------|--|
| | generally not useful to a person in the absence of illness or injury and are fitted, designed or fashioned for a particular individual's use. Must be ordered by a practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bar) |
| Private Duty Nursing Services | Medicaid covers Medicare deductibles, copays and coinsurances. Private duty nursing services are covered when determined by the physician to be medically necessary. Nursing services can be provided through an approved certified home health agency, a licensed home care agency, or a private practitioner. Nursing services may be intermittent, part time or continuous and must be provided in an Enrollee's home in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan. |
| Non-Medicare Covered Hearing Services | Medicaid covers Medicare deductibles, copays and coinsurances. Hearing Services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing and selecting, fitting, and dispensing, hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings, and replacement parts. AgeWell New York FeelWell (HMO SNP) members receive additional hearing benefits beyond those covered by Medicare or Medicaid, including hearing aid allowance of up to \$1000 every two years. |
| Non-Medicare Covered Vision Services | Services of Optometrists, Ophthalmologists, and Ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed. |
| Hospice | Medicaid covers Medicare deductibles, copays and coinsurances. |

| Benefit Category | Medicaid fee for Service |
|---|---|
| Physical Exams | Medicaid covers Medicare deductibles, copays and coinsurances. |
| Health/Wellness Education | No coverage. |
| Out-of-Network Family Planning services provided under the direct access provisions of the waiver | Medicaid Coverage Provided. |
| Personal Care Services | Medicaid Coverage Provided. Provides some or total assistance with such activities as personal hygiene, dressing, and feeding and nutritional and environmental support function tasks. Services must be medically necessary and ordered by the enrollee's physician and provided by a qualified person. |
| Certain Mental Health Services | Medicaid coverage of certain Mental Health Services includes: <ul style="list-style-type: none"> • Intensive Psychiatric Rehabilitation Treatment Programs • Day Treatment • Continuing Day Treatment • Case Management for Seriously and Persistently Mentally III (Sponsored by state or local mental health units). • Partial Hospitalization. • Assertive Community Treatment (ACT). • Personalized Recovery Oriented Services (PROS). |
| Methadone Maintenance treatment Program (MMTP) | Medicaid Coverage Provided. |
| Rehabilitation Services Provided to residents of OMH Licensed Community Residence (CRs) and Family Based Treatment Programs | Medicaid Coverage Provided. |
| Office for People with Developmental Disabilities (OPWDD) Services | Medicaid Coverage Provided. |
| Comprehensive Medicaid case Management | Medicaid Coverage Provided. |
| Directly Observed Therapy for Tuberculosis (TB) Disease | Medicaid Coverage Provided. |
| AIDS Adult Day Health Care | Medicaid Coverage Provided. |
| HIV COBRA Case Management | Medicaid Coverage Provided. |
| Assisted Living Program | Medicaid Coverage Provided. |
| Adult Day Health Care | Medicaid Coverage Provided. |
| Personal Emergency Response Services (PERS) | Medicaid Coverage Provided. An electric device which enables certain high risk patients to secure help in the event of a physical, emotional, or environmental emergency. A variety of electronic alert systems exist using different |

| Benefit Category | Medicaid fee for Service |
|------------------|--|
| | signaling devices. Such systems are usually connected to a patient's phone is activated. In the event of an emergency, the signal is received and appropriately acted on by a response center. |

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 1-866-586-8044. 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
1-866-586-8044
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, TDD: 1-800-537-7697
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Insert

English:

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-866-586-8044 (TTY: 1-800-662-1220).

Spanish:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1- 866-586-8044 (TTY: 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 1-866-586-8044 (TTY : 1-800-662-1220)。

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1- 866-586-8044 (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- 866-586-8044 (TTY: 1-800-662-1220).

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-586-8044 (TTY: 1-1-800-662-1220)번으로 전화해 주십시오.

Italian:

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-586-8044 (TTY: 1-800-662-1220).

Yiddish:

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל.
רופ 1-866-586-8044 (TTY: 1-800-662-1220).

Bengali:

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নীচেরচায় ভাষা সহায়তা পরষিবো উপলব্ধ আছে। ফোন করুন ১-৮৬৬-৫৮৬-৮০৪৪ (TTY: ১-৮০০-৬৬২-১২২০)।

Polish:

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.
Zadzwoń pod numer
1- 866-586-8044 (TTY: 1-800-662-1220).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-586-8044
(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- 866-586-8044 (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 1-866-586-8044
(TTY: 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 1-866-586-8044 (TTY: 1-800-662-1220).

Greek:

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1- 866-586-8044 (TTY: 1-800-662-1220).

Albanian:

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në
1- 866-586-8044 (TTY: 1-800-662-1220).



agewellnewyork.com
866-586-8044
TTY/TDD 800-662-1220