

# 2020 Summary of Benefits

Medicare Advantage with Prescription Drug (MAPD) Plan

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



**LiveWell  
(HMO)**



***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](http://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 copayments/co-insurance may change on January 1, 2021.
- 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 Sales Representative \_\_\_\_\_

### Important Numbers

<p><b>AWNY (Member Services)</b> 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><b>EPIC Hearing Healthcare (Hearing Services)</b> 1-866-956-5400 Monday-Friday, 9:00 am – 9:00 pm</p> <p>Search for your <b>Prescription Drugs in the AgeWell New York Formulary (List of Covered Drugs)</b> <a href="http://www.agewellnewyork.com/for-members/covered-drugs/">http://www.agewellnewyork.com/for-members/covered-drugs/</a></p>	<p><b>EnvisionRX (Pharmacy Services)</b> 1-844-782-7670 7 days a week, 24 hours a day</p> <p><b>National Vision Administrators NVA (Vision Services)</b> 1-844-344-1250 7 days a week, 24 hours a day</p> <p><b>Healthplex (Dental Services)</b> 1-800-468-9868 Monday-Friday, 8:00 am – 8:00 pm</p> <p>Search for your doctors in the <b>AgeWell New York Provider Directory</b> <a href="http://www.agewellnewyork.com/for-members/find-a-provider/">www.agewellnewyork.com/for-members/find-a-provider/</a></p>
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### 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 Plan.

- Receive your Medicare benefits by joining a Medicare Advantage 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](http://www.medicare.gov). To learn more about Original Medicare costs and coverage view the current “Medicare & You” handbook at [www.medicare.gov](http://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, 2020 to December 31, 2020**

	<b>LiveWell (HMO)</b>
<b>Eligibility</b>	You must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and not have End Stage Renal Disease (ESRD) at the time of enrollment
<b>Provider Network</b>	You can see our plan's provider and pharmacy directory at <a href="http://www.agewellnewyork.com">www.agewellnewyork.com</a> or call us and we will send you a copy of the provider and pharmacy directories
<b>Covered Drugs</b>	You can see our plan's Formulary (List of Covered Drugs) at <a href="http://www.agewellnewyork.com">www.agewellnewyork.com</a>

**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. Enrollment in AGEWELL NEW YORK, LLC depends on contract renewal. This information is not a complete description of benefits. Call 1-866-237-3210 (TTY/TDD: 1-800-662-1220) for more information. ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-866-237-3210 (TTY/TDD: 1-800-662-1220). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-237-3210 (TTY/TDD: 1-800-662-1220). Assistance services for other languages are also available free of charge at the number above.




**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](http://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](http://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.

	<b>LiveWell (HMO)</b>
<b>Monthly plan premium</b>	\$36.60
<b>Deductible</b>	\$600 Applies to Inpatient Hospital, Outpatient Surgery and Dialysis Services
<b>Maximum out-of-pocket amount</b>	\$6,700



	<b>LiveWell (HMO)</b>
<b>Inpatient Hospital coverage</b> 	<p>\$340 copayment per day for days 1 to 5;  \$0 copayment per day for days 6 to 90;  \$0 copayment per day for days 91 to 150 (lifetime reserve days).  <i>Prior Authorization is required.</i></p>
<b>Outpatient Hospital coverage</b> <b>Outpatient hospital services</b>        <b>Outpatient hospital observation services</b> 	<p>\$450 copayment 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>
<b>Doctor Visits</b> <b>Primary Care Providers</b> <b>Specialists</b> 	<p>\$15 copayment  \$0 copayment for an Annual Physical Exam, as a LiveWell member you are entitled to this benefit.</p> <p>\$40 copayment</p>





	LiveWell (HMO)
<b>Preventive Care</b>  	<p>\$0 copayment</p> <p><b>Covered services include:</b></p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screening (cholesterol, lipids, triglycerides)</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy, fecal occult blood test flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• Diabetes self-management training</li> <li>• Glaucoma test</li> <li>• Hepatitis C screening</li> <li>• HIV screening</li> <li>• Lung cancer screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infection screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</li> <li>• "Welcome to Medicare" preventive visit (one-time)</li> <li>• Annual Wellness Visit</li> </ul> <p><i>Prior Authorization is required for colonoscopy.</i></p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>











	LiveWell (HMO)
<b>Emergency care</b> 	\$90 copayment Copayment is waived if you are admitted to a hospital within 24 hours. US & Territories Only
<b>Urgently needed services</b> 	\$40 copayment Copayment is waived if you are admitted to a hospital within 24 hours. US & Territories Only
<b>Diagnostic Services/Labs/Imaging</b>  <b>Diagnostic tests and procedures</b>  <b>Lab services</b>  <b>Diagnostic radiology services (e.g. MRI, CAT Scan)</b>  <b>Outpatient X-rays</b> 	\$20 - \$30 copayment for diagnostic procedures and tests <i>(\$20 copayment in the PCP, Physician Specialist and Free Standing Clinic/\$30 copayment in Outpatient Hospital Setting)</i> <i>Prior Authorization is not required.</i>  \$15 - \$40 copayment for lab services <i>(\$15 copayment in the PCP, Physician Specialist and Free Standing Clinic/\$40 copayment in Outpatient Hospital Setting)</i> <i>Prior Authorization is not required.</i>  \$250 copayment <i>Prior Authorization is required.</i>  \$30 copayment <i>Prior Authorization is not required.</i>
<b>Hearing services</b>  <b>Routine hearing exam</b>  <b>Fitting-evaluation(s) for hearing aids</b>	\$0 copayment Limited to 1 visit every year  \$0 copayment Unlimited visits every year







	<b>LiveWell (HMO)</b>
<b>Hearing Aids</b>  	<p>Up to a \$1,000 allowance for both ears combined every two years for hearing aids.</p> <p>Hearing aids services provided through <b>EPIC Hearing Healthcare</b></p>
<b>Dental services</b>  <b>Optional Supplemental Dental</b>  	<p><b>\$16 per month premium</b></p> <p>Preventive Dental: <b>\$0 copayment</b>  Oral Exams: 1 every 6 months  Cleaning: 1 every 6 months  Fluoride treatment: 1 every 6 months  X-rays: 1 every 6 months</p> <p>Comprehensive Dental:  Diagnostic Services: <b>\$0 copayment</b> 1 every 6 months  Restorative Services: <b>\$0-\$125 copayment</b>  Endodontics; Periodontics; Extractions; Prosthodontics; Other Oral/Maxillofacial Surgery: <b>\$0-\$150 copayment</b></p> <p><b>Prior authorization and limitations may apply for certain Comprehensive Dental services.</b> To get the complete list of services we cover, call us and ask for the “Evidence of Coverage”</p> <p>Dental services provided through <b>Healthplex</b></p>
<b>Vision care</b>  <b>Routine eye exam</b>  <b>Exam to diagnose and treat diseases and conditions of the eye</b>  <b>Glaucoma screening</b>  <b>Eyewear after cataract surgery</b>	<p>\$0 copayment  Limited to 1 visit per year</p> <p>\$0 copayment  Limited to 1 visit per year</p> <p>\$0 copayment</p> <p>\$0 copayment  <i>Prior Authorization may be required.</i></p>

	LiveWell (HMO)
<b>Optional Supplemental Vision</b>  	<b>\$9 per month premium</b>  We cover up to <b>\$275 every year for eyeglasses</b> <i>Prior Authorization is required for eyeglasses.</i>  Vision services provided through <b>National Vision Administrator (NVA)</b>
<b>Mental Health Services</b>  <b>Inpatient visit</b>  <b>Outpatient group therapy visit</b>  <b>Outpatient individual therapy visit</b>  	\$340 copayment per day for days 1 to 5; \$0 copayment per day for days 6 to 90; \$0 copayment per day for days 1 to 150 (lifetime reserve days). <i>Prior Authorization may be required.</i>  \$40 copayment <i>Prior Authorization is required.</i>  \$40 copayment <i>Prior Authorization is required.</i>
<b>Skilled nursing facility (SNF) care</b>  	\$0 copayment per day for days 1 to 20; \$178 copayment per day for days 21 to 100. <i>Prior Authorization is required.</i> No prior hospital stay is required.
<b>Physical Therapy</b>  	\$25 copayment <i>Prior Authorization is required.</i>

	LiveWell (HMO)
<b>Ambulance services</b>  <b>Ground Ambulance</b>  <b>Air Ambulance</b>  	<p>\$260 copayment  <i>Prior Authorization is required for non-emergent ambulance only.</i></p> <p>20% coinsurance  Coinsurance is <b>not</b> waived if admitted to hospital.  <i>Prior Authorization is required for non-emergent air ambulance only.</i></p>
<b>Transportation</b>  	Not Covered
<b>Medicare Part B prescription drugs</b>  <b>Chemotherapy drugs</b>  <b>Other Part B drugs</b>  	<p>Part B drugs may be subject to step therapy requirements</p> <p>20% coinsurance  <i>Prior Authorization is required.</i></p> <p>20% coinsurance  <i>Prior Authorization is required.</i></p>
<b>Acupuncture services</b>  	<p>\$10 copayment  Limited to 10 visit(s) every year</p>

	<b>LiveWell (HMO)</b>
<b>Ambulatory Surgery Center Services</b>  	\$450 copayment after you pay your deductible
<b>Chiropractic Services</b>  	\$20 copayment
<b>Rehabilitation services</b>  <b>Cardiac and Pulmonary rehabilitation services</b>  <b>Occupational and Speech therapy visits</b>  	20% coinsurance <i>Prior Authorization is required.</i>  \$40 copayment for occupational therapy visits <i>Prior Authorization is required.</i>  \$25 copayment for speech therapy visits <i>Prior Authorization is required.</i>
<b>Podiatry services (Foot Care)</b>  	\$25 copayment

	LiveWell (HMO)
<b>Medical Equipment /Supplies</b>  <b>Diabetic monitoring supplies</b>  <b>Therapeutic shoes or inserts</b>  <b>Durable Medical Equipment</b>  <b>Prosthetic Devices</b>  <b>Prosthetic Medical Supplies</b>  	<p>\$0 copayment Our preferred manufacturers are <i>OneTouch</i> and <i>FreeStyle</i>.</p> <p>20% coinsurance <i>Prior Authorization is required.</i></p> <p>20% coinsurance <i>Prior Authorization is required.</i></p> <p>20% coinsurance <i>Prior Authorization is required.</i></p> <p>20% coinsurance <i>Prior Authorization is required.</i></p>
<b>Fitness program</b>  	<p>\$0 copayment</p> <p><b>Registration is required</b></p> <p>Fitness program provided through <b>SilverSneakers</b></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>
<b>Telemonitoring services</b>  	<p>\$0 copayment <i>Referral may be required.</i> <i>Prior Authorization may be required.</i></p>

	LiveWell (HMO)
<b>Opioid Treatment Services</b>  	20% coinsurance <i>Prior Authorization is required.</i>

LiveWell (HMO)		
Outpatient Prescription Drugs		
<b>Deductible</b>	\$290 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.	
	<b>Standard retail cost-sharing</b> (in-network) (30-day / 90-day supply)	<i>Save money with our mail-order program</i> <b>Standard mail-order cost-sharing</b> (up to a 90-day supply)
<b>Tier 1</b> (Preferred Generic)	\$3 / \$7.50	\$0
<b>Tier 2</b> (Generic)	\$12 / \$30	\$18
<b>Tier 3</b> (Preferred Brand)	\$47 / \$129.25	\$117.50
<b>Tier 4</b> (Non-Preferred Drug)	\$100 / \$275	\$250
<b>Tier 5</b> (Specialty Tier)	27% / 27%	27%
<b>Coverage Gap</b>	<p>After you spend up to \$4,020 for your drugs, our plan offers some drug coverage in the Coverage Gap Stage for Tier 1 Preferred Generic.</p> <p><b>Additional Gap Coverage:</b> Tier 1 Preferred Generic  Retail Cost 1 Month Supply: \$3 copayment  Retail Cost 2 Month Supply: \$6 copayment  Retail Cost 3 Month Supply: \$7.50 copayment  <b>Mail Order 3 Month Supply: \$0 copayment</b></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>	
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$3.60 copayment for generic (including brand drugs treated as generic) and a \$8.95 copayment for all other drugs.</li> </ul>	



## **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](http://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/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 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/TDD 1-800-662-1220 | Fax 1-866-909-5171

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## 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 M201  
Lake Success, New York 11042-2057  
1-866-237-3210  
TTY/TDD: 1-800-662-1220  
Fax: 855-895-0778  
Email: [civilrightsunit@agewellnewyork.com](mailto:civilrightsunit@agewellnewyork.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordination Unit is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 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 1-866-237-3210 (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:**

אויפֿמערקזאַם: אויב איר רעדט אידיש, זענען פֿאַרהאַן פֿאַר אייך שפּראַך הילף סערוויסעס פֿרײַ פֿון אפּצאל. רופּ 1-866-237-3210 (TTY/TDD: 1-800-662-1220).

**Bengali:**

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন

1-866-237-3210 (TTY/TDD: 1-800-662-1220)।

**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 1-866-237-3210 (رقم هاتف الصم والبكم: 1-866-237-3210).

**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).



[agewellnewyork.com](http://agewellnewyork.com)  
**866-237-3210**  
**TTY/TDD 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