2027

Summary of Benefits

Senior Whole Health of New York NHC (HMO D-SNP)

New York H5992-007-000

Serving: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Westchester Counties

Effective January 1 through December 31, 2027

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Senior Whole Health
BY MOLINA HEALTHCARE

Senior Whole Health of New York NHC (HMO D-SNP) 2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Senior Whole Health of New York NHC (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Senior Whole Health of New York NHC (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers



This is a summary of health services covered by Senior Whole Health of New York NHC (HMO D-SNP) for January 1, 2027. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. To request a copy of the *Evidence of Coverage*, you may go to SWHNY.com or call Member Services at (833) 671-0440 (TTY: 711), Hours are October 1 -March 31, 8 a.m. - 8 p.m. local time, 7 days a week. From April 1- September 30, Monday – Friday, 8 a.m. - 8 p.m. local time.

- Molina Healthcare is a D-SNP plan with a Medicare contract. D-SNP plans have a contract with the New York State Medicaid program. Enrollment depends on contract renewal.
- For more information about **Medicare**, you can read the *Medicare & You* handbook. Every year in the 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 booklet, you can access it online at the Medicare website (www.medicare.gov) or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.
- You can get this document for free in other formats, such as large print, braille, or audio. Call (833) 671-0440 (TTY:711), 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.
- This document is available for free in Albanian, Arabic, Bengali, Chinese, French, French Creole, Greek, Italian, Korean, Polish, Russian, Spanish, Tagalog, Urdu and Yiddish.
- To request your preferred language other than English and/or alternate format, call Member Services at (833) 671-0440, TTY: 711, 8 a.m. to 8 p.m., local time, 7 days a week.
- We will maintain a record of our members' preferred language and/or format preferences, and we will keep this information as a standing request for future mailings and communications. This will ensure that our members will not have to make separate requests each time.
- To change your standing request, call Member Services at (833) 671-0440, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time.

B. Frequently asked questions

The following table lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What's a Medicaid Advantage Plus (MAP/HMO) + Dual Eligible Special Needs Plan (D-SNP) plan?	Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Eligible (Medicaid and Medicare) Special Needs Plan (D-SNP). Our plan combines your Medicaid home care and long-term care services and your Medicare services. It combines your doctors, hospital, pharmacies, home care, nursing home care, behavioral health care (mental health and substance use/addiction services), and other health care providers into one coordinated health care system. It also has care managers to help you manage all of your providers and services. They all work together to provide the care you need. Our MAP plan is called Senior Whole Health of New York NHC (HMO D-SNP).
Will I get the same Medicare and Medicaid benefits in Senior Whole Health of New York NHC (HMO D-SNP) that I get now?	If you're coming to Senior Whole Health of New York NHC (HMO D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You'll get almost all your covered Medicare and Medicaid benefits directly from Senior Whole Health of New York NHC (HMO D-SNP). When you enroll in Senior Whole Health of New York NHC (HMO D-SNP), you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Senior Whole Health of New York NHC (HMO D-SNP) doesn't normally cover, you can get a temporary supply, and we'll help you to transition to another drug or get an exception for Senior Whole Health of New York NHC (HMO D-SNP) to cover your drug if medically necessary. If you're taking any Medicare Part D drugs that Senior Whole Health of New York NHC (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Senior Whole Health of New York NHC (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

Frequently Asked Questions (FAQ)	Answers
Can I use the same health care providers I use now?	That's often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Senior Whole Health of New York NHC (HMO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." You must use the providers in Senior Whole Health of New York NHC (HMO D-SNP)'s network. • If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you can use providers outside of Senior Whole Health of New York NHC (HMO D-SNP)'s network. See Chapter 3 in the *Evidence of Coverage* (Using the plan's coverage for your medical services) for more specific information about emergency, out-of-network, and out-of-area coverage. To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Senior Whole Health of New York NHC (HMO D-SNP)'s *Provider and Pharmacy Directory*. You can also visit our website at SWHNY.com for the most current listing. If Senior Whole Health of New York NHC (HMO D-SNP) is new for you, we'll work with you to develop an Individualized Plan of Care (ICP) to address your needs. You can keep using the providers you use now for 90 days or until your ICP is completed. Further, members who enroll on or after January 1, 2027, can continue to use their same behavioral health providers for up to 24 months as part of a continuous episode of care. "Continuous Behavioral Health Episode of Care" means a course of ambulatory behavioral health treatment, other than ambulatory detoxification and withdrawal services, which began prior to the effective date of the behavioral health benefit inclusion into MAP in the geographic service area in which services had been provided to an enrollee at least twice during the six months preceding January 1, 2027 by the same provider for the treatment of the same or related behavioral health condition.

Frequently asked questions (Continued)

Frequently Asked Questions (FAQ)	Answers
What's a Care Manager?	A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need. Members may have a Care Manager who works for the Plan as well as a specialized Health Home/Health Home Plus Care Manager (refer to **Section E.** Benefits covered outside of Senior Whole Health of New York NHC (HMO D-SNP)).
What are Managed Long-term Services and Supports (MLTSS)?	Managed Long-term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.
What happens if I need a service but no one in Senior Whole Health of New York NHC (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, such as due to shortage of staff with necessary expertise and/or availability to provide services, Senior Whole Health of New York NHC (HMO D-SNP) will cover services provided by an out-of-network provider.
Where's Senior Whole Health of New York NHC (HMO D-SNP) available?	The service area for this plan includes: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland and Westchester Counties, New York. You must live in one of these areas to join the plan.

Frequently asked questions (Continued)

Frequently Asked Questions (FAQ)	Answers
What's prior authorization?	Prior authorization means that you must get approval from Senior Whole Health of New York NHC (HMO D-SNP) before Senior Whole Health of New York NHC (HMO D-SNP) will cover a specific service, item, or drug or out-of-network provider. Senior Whole Health of New York NHC (HMO D-SNP) may not cover the service, item or drug if you don't get prior approval. **If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you don't need to get approval first**. Senior Whole Health of New York NHC (HMO D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from Senior Whole Health of New York NHC (HMO D-SNP) before the service is provided. Refer to **Chapter 3**, of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
Do I pay a monthly amount (also called a premium) under Senior Whole Health of New York NHC (HMO D-SNP)?	No. Because you have Medical Assistance (Medicaid), you won't pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.
Do I pay a deductible as a member of Senior Whole Health of New York NHC (HMO D-SNP)?	No. You don't pay deductibles in Senior Whole Health of New York NHC (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Senior Whole Health of New York NHC (HMO D-SNP)?	There's no cost-sharing (copays or deductibles) for medical services in Senior Whole Health of New York NHC (HMO D-SNP), so your annual out-of-pocket costs will be $0.

C. Overview of services

The following table is a quick overview of what services you may need and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. *Prior authorization may be required*. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	$0	We cover medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury. *Prior authorization may be required.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Ambulatory surgical center (ASC) services	$0	*Prior authorization may be required.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
You want to use an outpatient health care provider	Doctor visits (including visits to Primary Care Providers and specialists)	$0	*Prior authorization may be required.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to use an outpatient health care provider (Continued)	Visits to treat an injury or illness	$0	*Prior authorization may be required.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
You want to use a health care provider	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	$0	Covered Medicare Part B services include: • Pneumonia vaccine • Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary • Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B • COVID-19 vaccine • Other vaccines if you are at risk and they meet Medicare Part B coverage rules. We also cover some vaccines under our Part D prescription drug benefit. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Wellness visits, such as a physical	$0	Annual Wellness visit every 12 months.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to use a health care provider (Continued)	"Welcome to Medicare" preventive visit (one time only)	$0	Your first annual wellness visit can't take place within 12 months of your "Welcome to Medicare" preventive visit. However, you don't need to have had a "Welcome to Medicare" visit to be covered for annual wellness visits after you've had Part B for 12 months. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
You need emergency care	Emergency room services, including mental health emergencies at Comprehensive Psychiatric Emergency Programs (CPEPs)	$0	You may use any emergency room or CPEP if you reasonably believe you need emergency care. You don't need prior authorization and you don't have to be in-network. If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, you must have your inpatient care at the out-of-network hospital authorized by the plan. Worldwide emergency coverage is available to you up to $10,000 per year as a Medicare Supplemental benefit. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (Continued)	Urgent care	$0	Urgent care isn't emergency care. You don't need prior authorization and you don't have to be in-network. Urgent care ISN'T covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details. Our plan covers worldwide emergency and urgent care services up to $10,000 per year as a Medicare Supplemental Benefit. Contact the plan for details. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
You need medical tests	Lab tests, such as blood work	$0	Genetic lab testing requires prior authorization. Outpatient Lab services do not require prior authorization. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	X-rays or other pictures, such as CAT scans	$0	Prior authorization may be required for some services, however prior authorization is not required for outpatient x-ray services. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Screenings, such as tests to check for cancer	$0	As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services	Hearing screenings (including routine hearing exams)	$0	Our plan covers 1 routine hearing exam every year, and 1 fitting/evaluation for hearing aids every calendar year from a plan-approved provider. You must use the plan vendor to access this benefit. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Hearing aids (as well as fittings and associated accessories and supplies)	$0	Our plan covers up to 2 pre-selected hearing aids from a plan-approved provider every 2 years. You must use the plan vendor to access this benefit. This coverage is for your Medicare Supplemental Hearing Benefit. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	$0	We have established a partnership with Liberty Dental to provide comprehensive dental coverage that aligns with the services offered by New York State Medicaid, without any annual benefit caps. Services will be covered when they are received from a Liberty Dental-affiliated provider. Plan covers the following dental services, which exceed the minimum requirements: • Diagnostic • Preventive • Restorative Services • Endodontics • Periodontics • Prosthodontics (removable), Prosthodontics (fixed) • Maxillofacial Prosthetics • Implant Services • Oral and Maxillofacial Surgery • & Adjunctive General Services. Note: The above coverage is for Medicare Supplemental Dental Benefit. Your New York Medicaid Dental Benefit is also administered by your Senior Whole Health of New York NHC (HMO D-SNP). Please contact the Plan with any questions on this Medicaid benefit.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Vision services (including annual eye exams)	$0	We have partnered with a Vision Vendor to give you more value for your routine vision needs! Your Medicare Supplemental Benefit coverage includes: One routine eye exam every calendar year from our supplemental vision provider. For your routine eye exam, to find an in-network routine preventive vision provider close to you, you can: Search online using our supplemental vision provider online search tool at MolinaHealthcare.com. *Prior authorization not required for eye exams.* You may be able to access additional vision services, including eye exams, through your Medicaid benefit. Limitations may apply. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (Continued)	Glasses or contact lenses	$0	We have partnered with a Vision Vendor to give you more value for your routine vision needs! Your Medicare Supplemental Benefit coverage includes: An eyewear allowance of $350 every calendar year. You can use your eyewear allowance to purchase: • Contact lenses* • Eyeglasses (lenses and frames) • Eyeglass lenses and / or frames • Upgrades (such as tinted, U-V, polarized or photochromatic lenses). *If you choose contact lenses, your eyewear allowance can also be used to pay down all or a portion of your contact lens fitting fee. You're responsible for paying for any corrective eyewear over the limit of the plan's eyewear allowance. To find an in-network routine preventive vision provider close to you, you can: Search online using our supplemental vision provider online search tool at SWHNY.com. You may be able to access additional vision care benefits under your Medicaid benefit. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (Continued)	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	$0	Covered services include: • Medicare-covered vision care such as exams to diagnose and treat diseases and conditions of the eye • One Medicare-covered glaucoma screening each calendar year if you are at high risk for glaucoma • One Medicare-covered diabetic retinopathy screening each calendar year if you have diabetes • One pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens You may have additional vision care benefits under your Medicaid benefit. *Prior authorization may be required.* *As a MAP plan, we can coordinate your Medicare and Medicaid benefits.*
Annual health related social needs screening and navigation to services	You can connect to organizations in your community that provide services to help with housing, transportation, and care management at no-cost to you, through a regional Social Care Network (SCN).	$0	If you're interested, please call Member Services and we'll connect you to a SCN in your area. The Social Care Navigator will verify your eligibility, tell you more about these services, and help you get connected to them.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition	Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), State Operated Addiction Treatment Center's (ATC), Inpatient addiction rehabilitation, Inpatient Medically Supervised Detox, or critical access hospital)	$0	Some of these services may be covered under your Medicaid benefits, including admissions for mental health services over the Medicare 190-day lifetime limit. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Adult outpatient mental health care • Continuing Day Treatment (CDT) • Partial hospitalization	$0	Some of these services may be covered under your Medicaid benefits. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Adult outpatient rehabilitative mental health care • Assertive Community Treatment (ACT) • Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) • Personalized Recovery Oriented Services (PROS)	$0	Some of these services may be covered under your Medicaid benefits. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition (Continued)	Adult outpatient rehabilitative mental health and addiction services for members who meet clinical requirements. These are also known as Community Oriented Recovery and Empowerment (CORE) services. CORE services: • Psychosocial Rehabilitation (PSR) • Community Psychiatric Supports and Treatment (CPST) • Empowerment services – peer supports • Family Support and Training (FST)	$0	Eligibility for Community Oriented Recovery and Empowerment (CORE) Services requires the recommendation of a Licensed Practitioner of the Healing Arts (LPHA4). CORE Services and other adult outpatient rehabilitative mental health and addiction services may be covered under your Medicaid benefits. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Adult mental health crisis services • Comprehensive Psychiatric Emergency Program (CPEP) • Mobile Crisis and Telephonic Crisis Services • Crisis Residential Programs	$0	Some of these services may be covered under your Medicaid benefits. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition (Continued)	Outpatient mental health care (including, but not limited to, clinical counseling and therapy, peer support, psychosocial rehabilitation, medication management, family psychoeducation, and intensive outpatient models of care) (**Note:** This isn't a complete list of the plan's expanded outpatient mental health services. Call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage* for more information.)	$0	Services may be provided by any OMH licensed, designated, or approved provider agency, or a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws. Some of these services may be covered under your Medicaid benefits. *Prior authorization may be required.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
You're having a mental health or substance use crisis	Mobile Crisis services (assessment by telephone or mobile crisis team response); short-term residential crisis stabilization (for mental health crises)	$0	Any approved mobile crisis or licensed crisis residence provider in New York State. Crisis services may be covered under your Medicaid benefits. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition or a substance use disorder	CORE Services (which are person-centered, recovery-oriented mobile behavioral health supports. CORE Services build skills and self-efficacy that promote and facilitate community participation and independence). (**Note**: For more information about CORE Services and to determine whether you're eligible for them, call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage.*)	$0	CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services. CORE services are covered under your Medicaid benefits. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
You have a substance use disorder	Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment) (**Note:** This isn't a complete list of the plan's expanded substance use disorder services. Call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage* for more information.)	$0	Some of these services may be covered under your Medicaid benefits. *Prior authorization may be required.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a substance use disorder (Continued)	Smoking and tobacco cessation counseling	$0	• Two counseling quit attempts per year • Each attempt includes up to four face-to-face visits • Plan offers 8 more visits in addition to Medicare as a Medicare Supplemental Benefit. *Prior authorization is not required.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a substance use disorder (Continued)	Opioid treatment program services	$0	Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP), which includes: • Agonist and antagonist medication-assisted treatment (MAT) medications • Dispensing and administration of MAT medications (if applicable) • Substance use counseling • Individual & group therapy • Toxicology testing • Intake activities • Periodic assessments *Prior authorization required for medication.* You may have additional opioid treatment benefits under your Medicaid benefits. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	$0	Our plan covers up to 100 days in a SNF under your Medicare benefit. We do not require a 3-day hospital stay prior to admission. You may have additional SNF care (residential health care facility) benefits under your Medicaid benefit. *Prior authorization may be required.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you (Continued)	Nursing home	$0	Non-skilled, personal care including help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving around and using the bathroom. It may also include care that most people do themselves, like using eye drops. In most cases, Medicare doesn't pay for custodial care. *Prior authorization may be required.* For custodial care options that may be available under your Medicaid benefits, see Custodial care (long-term care in a Nursing Facility) and Personal Care Assistance (PCA). These are other kinds of services that can help with activities of daily living like bathing, dressing, eating, getting in and out of a bed or chair, moving around, and using the bathroom. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you (Continued)	Custodial care (long-term care in a Nursing Facility)	$0	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission. These services are covered under your Medicaid benefits. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy (outpatient or in-home)	$0	*Prior authorization may be required.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services	Emergency transportation	$0	Covered ambulance services include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care only if they are furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by the plan. Non-emergency transportation by ambulance is appropriate if it is documented that the member's condition is such that other means of transportation could endanger the person's health and that transportation by ambulance is medically required. Refer to "Worldwide emergency/ urgent coverage" in this chart if you need emergency ambulance transport outside the U.S. *Prior authorization required for non-emergent ambulance only.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition	Medicare Part B drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	$0 See your *Evidence of Coverage* for additional information.	Read the *Evidence of Coverage* for more information on these drugs. *Prior authorization may be required.* *Part B drugs may be subject to step therapy.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (Continued)	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier Tier 6: Select Care Drugs	Depending on your income and institutional status, you pay the following: For generic drugs (including) brand drugs treated as generic): $0 copay; $1.65 copay; $5.80 copay For all other drugs: $0 copay; $5.00 copay; $14.40 copay	There may be limitations on the types of drugs covered. Refer to Senior Whole Health of New York NHC (HMO D-SNP)'s formulary name List of Covered Drugs (Formulary) at SWHNY.com for more information. Once you or others on your behalf pay $2,400 you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Evidence of Coverage* for more information on this stage Copayment during the Initial Coverage Stage: **Drug Tier 1 Preferred Generic**: $0 copay **Drug Tier 2 Generic**: $0, $1.65, or $5.80 copay for generic drugs (including brand drugs treated as generic) $0, $5.00, or $14.40 copay for all other drugs per prescription **Drug Tier 3 Preferred Brand**: $0, $1.65, or $5.80 copay for generic drugs (including brand drugs treated as generic) $0, $5.00, or $14.40 copay for all other drugs per prescription. **Drug Tier 4 Non-Preferred Drug**: $0, $1.65, or $5.80 copay for generic drugs (including brand drugs treated as generic) $0, $5.00, or $14.40 copay for all other drugs per prescription

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (Continued)			**Drug Tier 5 Specialty Tier**: $0, $1.65, or $5.80 copay for generic drugs (including brand drugs treated as generic) $0, $5.00, or $14.40 copay for all other drugs per prescription **Drug Tier 6 Select Care Drugs**: $0 copay Senior Whole Health of New York NHC (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Senior Whole Health of New York NHC (HMO D-SNP) for certain drugs. You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, List of Covered Drugs (Formulary), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on http://www.medicare.gov/plan-compare. Extended-day supplies are available at retail and/or mail order pharmacy locations. These

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (Continued)			drugs are listed on the plan's website. Note: You have prescription drug coverage under Medicare Part D. New York Medicaid does not cover any Medicare Part D drugs. Because you are eligible for Medicare and Medicaid services, you may have additional coverage of Over-the- Counter (OTC) and other non-Part D covered drugs under your New York Medicaid benefits that are not managed by the Plan. For questions about your Medicaid drug coverage, contact the New York Medicaid Helpline at (800) 541-2831. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (Continued)	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to Senior Whole Health of New York NHC (HMO D-SNP)'s List of Covered Drugs (Drug List) for more information. As a Medicare Supplemental Benefit, you have a $335 allowance every month on your Molina Healthy You debit card to spend on Over-the-Counter items. This amount is combined with your monthly Transportation allowance. If you don't use all of your monthly benefit allowance, the remaining balance will expire and not rollover to the next benefit period. You don't need a prescription from your doctor to get OTC items through this Medicare Supplemental Benefit. You must show your Molina Healthy You debit card to participating providers to receive approved health-related items at retailers. OTC hearing aids are covered and included in the OTC allowance. *Eligibility Requirements Applicable

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services (including routine exams)	$0	Medicare covered services include: • Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) • Routine foot care for members with certain medical conditions affecting the lower limbs. You may have coverage for additional podiatry services under your Medicaid benefits. *Prior authorization may be required.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Orthotic services	$0	*Prior authorization may be required.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, roll about knee walkers, walkers, and oxygen equipment and supplies, for example (**Note:** This isn't a complete list of covered DME or supplies. Call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage* for more information.)	$0	Our plan covers additional DME and supplies. For more information, call Member Services or see Chapter 4 of the *Evidence of Coverage*. *Prior authorization may be required.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
You need interpreter services	Spoken language interpreter	$0	These services are covered under your Medicaid benefit. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Sign language interpreter	$0	These services are covered under your Medicaid benefit. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services	Acupuncture	$0	Coverage includes: • Up to 12 visits for back pain in 90 days are covered under your Medicare benefit: 8 additional visits for those demonstrating an improvement • 40 additional medically necessary treatments every year for other conditions as a Medicare Supplemental Benefit. *Prior authorization may be required.* Your Medicaid benefits do not include acupuncture.
	Plan Care coordination	$0	Your care coordinator (also called your Care Manager) will help you manage all of your providers and services. Your Care Manager will also help coordinate your Medicare, Medicare Supplemental, and Medicaid benefits including all your MLTSS benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (Continued)	Chiropractic services	$0	Medicare covers manual manipulation of the spine to correct subluxation. You may also have coverage of chiropractic services for manual manipulation of the spine to correct subluxation under your Medicaid benefits. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Diabetic supplies	$0	Benefit includes diabetic monitoring supplies and therapeutic shoes or insert. We have a preferred manufacturer for diabetic test strips. We have an exception request coverage review process for non-preferred brands. *Prior authorization required for shoes and inserts.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	$0	EPSDT is for members under 21 years of age. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (Continued)	Family planning	$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Hospice care	$0	Medicare covered hospice services are covered outside of our plan. When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not Senior Whole Health of New York NHC (HMO D-SNP). See Chapter 4 of your *Evidence of Coverage* for more information about Medicare-covered hospice services. Our plan covers hospice consultation services (one time only) for a terminally ill person who hasn't elected the hospice benefit. As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Mammograms	$0	As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (Continued)	Managed Long-term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); and social adult day care)	$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility and allows them to get necessary care in a residential or community setting. MLTSS is available to all members; specific service authorization, including amount, is indicated in the member's individualized approved Plan of Care. Some services provided as MLTSS are not covered by Medicare. MLTSS is a part of your Medicaid benefits. *Prior authorization may be required.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (Continued)	OTC Hearing Aids	$0	OTC Hearing Aids are covered through your over-the-counter (OTC) allowance. You can only order these items through a plan approved vendor, but not at a retail location. For more information, please call Member Services.
	Personal Care Assistance (PCA) (assistance with daily activities such as bathing, dressing, using the bathroom, shopping, cooking, including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)	$0	Medicare doesn't cover personal care assistance services. Personal care assistance services are a Medicaid benefit provided to help qualified individuals maintain their health and safety in their own home. Your Care Manager can help you obtain more information about these services and whether you qualify. *Prior authorization may be required.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.
	Prosthetic services	$0	*Prior authorization may be required.* As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (Continued)	Services to help manage your disease	$0	Includes services by a physician or other accredited provider (registered nurse, physician assistant, nurse practitioner, or licensed dietitian). See the description for the specific service(s) recommended by your provider(s). As a MAP plan, we can coordinate your Medicare and Medicaid benefits.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read Senior Whole Health of New York NHC (HMO D-SNP)'s *Evidence of Coverage.* If you have questions, you can also call Senior Whole Health of New York NHC (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

D. Additional services Senior Whole Health of New York NHC (HMO D-SNP) covers

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage* to find out about other covered services.

Additional services Senior Whole Health of New York NHC (HMO D-SNP) covers	Your costs
Additional Sessions of Smoking and Tobacco Cessation Counseling (Supplemental)	8 counseling visits offered in addition to Medicare.
Additional Telehealth Benefits	You pay a $0 copay for certain telehealthservices, including: • Cardiac Rehabilitation Services • Primary Care Physician Services • Chiropractic Services • Occupational Therapy Services • Physician Specialist Services • Individual Sessions for Mental Health Specialty Services • Group Sessions for Mental Health Specialty Services • Podiatry Services • Other Health Care Professional • Individual Sessions for Psychiatric Services • Group Sessions for Psychiatric Services • Physical Therapy and Speech-Language Pathology Services • Opioid Treatment Program Services • Individual Sessions for Outpatient Substance Abuse • Group Sessions for Outpatient Substance Abuse
Fitness (Supplemental)	$0 Silver&Fit offers Members access to contracted fitness facilities and Home Fitness Kits for Members who prefer to exercise at home or while traveling.

Additional services Senior Whole Health of New York NHC (HMO D-SNP) covers (Continued)

Additional services Senior Whole Health of New York NHC (HMO D-SNP) covers	Your costs
Health Education	Programs to help you learn to manage your health conditions, including health education, learning materials, and care tips.
Hearing Services (Supplemental)	Routine hearing exam $0 copay, 1 every year Fitting for hearing aid/evaluation $0 copay, 1 every year Hearing aids $0 copay Our plan covers up to 2 pre-selected hearing aids covered from a plan approved provider every 2 years.
Nurse Advice Line	Our Nurse Advice Line is available 24 hours a day and 7 days a week. Call (844) 658-8544, TTY: 711.

Additional services Senior Whole Health of New York NHC (HMO D-SNP) covers (Continued)

Additional services Senior Whole Health of New York NHC (HMO D-SNP) covers	Your costs
Over-the-counter (OTC) items (Supplemental)	You get $335 every month on your pre-funded debit card that you can spend on plan-approved OTC items and OTC hearing aids. Any amount that you do not use will not carry over into the next month. You do not need a prescription from your doctor to get OTC items through this Medicare Supplemental Benefit. This amount is combined with Transportation Services (to Plan Approved location) and your Special Supplemental Benefits for the Chronically Ill (SSBCI) including Food and Produce*, Transportation for non-medical needs*, and Utilities*. If you don't use all of your monthly benefit allowance, the remaining balance will expire and not rollover to the next benefit period. You must show your pre-funded debit card to participating providers to receive approved health-related items at retailers. Your pre-funded debit card is required to access this benefit. You can get more information about your pre-funded debit card in this Summary of Benefits and in **Chapter 4** of the *Member Handbook*.

Additional services Senior Whole Health of New York NHC (HMO D-SNP) covers (Continued)

Additional services Senior Whole Health of New York NHC (HMO D-SNP) covers	Your costs
Pre-funded Debit Card (Healthy You card)	$0 copay You receive a $335 combined monthly allowance on a pre-funded debit card that may be used towards select supplemental plan benefits such as: • Over-the-Counter items • Transportation (Non-Emergency) • Food and Produce* • Transportation non-medical needs* • Utilities* Funds are loaded onto the card each month. At the end of each month, any unused allocated funds will not carry out to the following month or plan year. *Eligibility requirements applicable

Additional services Senior Whole Health of New York NHC (HMO D-SNP) covers (Continued)

Additional services Senior Whole Health of New York NHC (HMO D-SNP) covers	Your costs
Special Supplemental Benefit for Chronically Ill Help with Certain Chronic Conditions (Supplemental)*	You receive a $335 combined monthly allowance on a pre-funded debit card that may be used towards select supplemental plan benefits such as: Food and Produce Utility Bills (Electricity and Natural Gas, Water) Transportation for Non-Medical Needs Please see the Pre-funded Debit Card (Healthy You card) section for a complete list of benefit and services that are included in the combined allowance. Unused allowance does not carry over to next month. No-Cost Smartphone with Unlimited Data Plan SSBCI-eligible members can receive a no-cost smartphone with unlimited talk, text, and data through Thrive Mobile which is not included in the above combined allowance. There is no monthly service bill while you are enrolled in the plan and eligible for this benefit. *Prior authorization may be required.* Members must meet the criteria outlined in **Chapter 4** of the *Evidence of Coverage*.
Transportation - Non-Emergency (Supplemental)	$0 copay $335 combined allowance every month for Transportation Services (to Plan Approved location). Unused allowance does not carry over to the next month. Please see the Pre-funded debit card (Healthy You card) section for a complete list of benefit and services that are included in the combined allowance.

Additional services Senior Whole Health of New York NHC (HMO D-SNP) covers (Continued)

Additional services Senior Whole Health of New York NHC (HMO D-SNP) covers	Your costs
Vision Services (Supplemental)	We have partnered with a Vision Vendor to give you more value for your routine vision needs! Supplemental Vision services covered include, but not limited to: Coverage includes: One routine eye exam every calendar year An eyewear allowance You can use your $350 eyewear allowance to purchase: Contact lenses* Eyeglasses (lenses and frames) Eyeglass lenses and / or frames Upgrades (such as, tinted, U-V, polarized or photochromatic lenses). *If you choose contact lenses, your eyewear allowance can also be used to pay down all or a portion of your contact lens fitting fee. You are responsible for paying for any corrective eyewear over the limit of the plan's eyewear allowance. $0 copay for up to 1 routine eye exam (and refraction) for eyeglasses every calendar year.
Worldwide Emergency/Urgent Coverage (Supplemental)	$0 copay You are covered for worldwide emergency and urgent care services up to $10,000.

E. Benefits covered outside of Senior Whole Health of New York NHC (HMO D-SNP)

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other services not covered by Senior Whole Health of New York NHC (HMO D-SNP) but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
Certified Community Behavioral Health Clinics (CCBHC)	$0
Children's Crisis Residence Services Youth ages 18-20	$0
Comprehensive Medicaid case management	$0
CSS (Community Support Services)	$0
Directly observed therapy (DOT) for tuberculosis	$0
Health Home (HH) and Health Home Plus (HH+) Care Management services	$0

F. Services that Senior Whole Health of New York NHC (HMO D-SNP), Medicare, and Medicaid don't cover

The following services aren't covered by our plan. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Senior Whole Health of New York NHC (HMO D-SNP), Medicare, and Medicaid don't cover	
Cosmetic surgery if not medically necessary	Services of a provider that isn't part of the plan, unless the plan sends you to that provider
Experimental medical and surgical procedures, equipment, and medications.	Reversal of sterilization procedures
Personal and Comfort items	
Naturopath services (uses natural or alternative treatments).	

G. Your rights and responsibilities as a member of the plan

As a member of Senior Whole Health of New York NHC (HMO D-SNP), you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you can't be refused medically necessary treatment. You can use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, read the *Evidence of Coverage*.

Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex, age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
  - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
  - Be free from any form of physical restraint or seclusion
  - Not be billed by network providers
  - Have your questions and concerns answered completely and courteously
  - Apply your rights freely without any negative effect on the way Senior Whole Health of New York NHC (HMO D-SNP) or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
  - Senior Whole Health of New York NHC (HMO D-SNP)
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Care Managers
  - Your rights and responsibilities
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year. You can call (833) 671-0440, if you want to change your PCP.
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered

- Refuse treatment as far as the law allows, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. Senior Whole Health of New York NHC (HMO D-SNP) will pay for the cost of your second opinion visit.
- Make your health care wishes known in an advance directive

- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call (833) 671-0440 if you need help with this service.
  - Have your *Evidence of Coverage* and any printed materials from Senior Whole Health of New York NHC (HMO D-SNP) translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
  - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - Access an easy process to voice your concerns, and to expect follow-up by Senior Whole Health of New York NHC (HMO D-SNP)
  - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers
  - Ask for a State Appeal (State Fair Hearing)

- Get a detailed reason why services were denied

Your responsibilities include, but aren't limited to, the following:

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
  - Treat your health care providers with dignity and respect
  - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
  - Tell your health care provider your health complaints clearly and provide as much information as possible
  - Tell your health care provider about yourself and your health history
  - Tell your health care provider that you're a Senior Whole Health of New York NHC (HMO D-SNP) member
  - Talk to your PCP, Care Manager, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency)
  - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
  - Notify Senior Whole Health of New York NHC (HMO D-SNP) Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
  - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
  - Partner with your Care Team and work out treatment plans and goals together
  - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from Senior Whole Health of New York NHC (HMO D-SNP).** You should:
  - Get all your health care from Senior Whole Health of New York NHC (HMO D-SNP), except in cases of emergency, urgent care, behavioral health crisis services, out-of-area dialysis services, or family planning services, unless Senior Whole Health of New York NHC (HMO D-SNP) provides a prior authorization for out-of-network care
  - Not allow anyone else to use your Senior Whole Health of New York NHC (HMO D-SNP) Member ID Card to obtain healthcare services
  - Notify Senior Whole Health of New York NHC (HMO D-SNP) when you believe that someone has purposely misused Senior Whole Health of New York NHC (HMO D-SNP) benefits or services

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can also call Senior Whole Health of New York NHC (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

H. How to file a complaint or appeal a denied service

If you have a complaint or think Senior Whole Health of New York NHC (HMO D-SNP) should cover something we denied, call Senior Whole Health of New York NHC (HMO D-SNP) at (833) 671-0440; TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call Senior Whole Health of New York NHC (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

To file the complaint (grievance):

- Call Member Services at (833) 671-0440; TTY: 711
- Fax your complaint to (562) 499-0610
- Write to:

  Senior Whole Health
  Attn: Appeals & Grievances
  P.O. Box 22816
  Long Beach, CA 90801-9977

You can make a complaint at any time unless it is about a Part D drug. If the complaint is about a Part D drug, you must make it within 60 calendar days after you had the problem you want to complain about.

You may file an appeal request within 60 days of receiving the coverage decision. You may file your appeal orally or in writing. To appeal a decision about medical coverage:

- Call Member Services at (833) 671-0440; TTY: 711
- Fax your appeal to (562) 499-0610
- Write to:

  Senior Whole Health
  Attn: Appeals & Grievances
  P.O. Box 22816
  Long Beach, CA 90801-9977

Independent Consumer Advocacy Network (ICAN)

Phone: (844) 614-8800 Mon.-Fri. 8:00 AM - 6:00 PM.

TTY: 711.

Mail: Independent Consumer Advocacy Network (ICAN)

Community Service Society of New York

633 Third Ave, 10th Floor

New York, NY 10017

How to file a complaint or appeal a denied service (Continued)

You also have a right to contact the New York State Department of Health about your complaint. Contact the Department of Health by:

- Phone: (866) 712-7197
- Mail: New York State Department of Health

  Bureau of Consumer Services

  99 Washington Ave/ One Commerce Plaza 16th Fl
  Albany, NY 12210
- E-mail: mltccomplaints@health.ny.gov

I. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at Senior Whole Health of New York NHC (HMO D-SNP) Member Services. Phone numbers are the numbers listed at the bottom of this page.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, call the New York State Medicaid Fraud Hotline 1-877-87 FRAUD.
- To report suspected fraud, contact Senior Whole Health of New York NHC (HMO D-SNP)'s Fraud Hotline at (866) 606-3889

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, call Senior Whole Health of New York NHC (HMO D-SNP) Member Services:

(833) 671-0440
Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m., local time.
Member Services also has free language interpreter services available for non-English speakers.
TTY: 711
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, 8 a.m. to 8 p.m., local time.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call Senior Whole Health of New York NHC (HMO D-SNP)'s Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room).

  Nurses can answer health questions or concerns. This service does not replace the care from a doctor. This service is available at no cost to you. Call (877) 353-0185, TTY New York Relay (800) 662-1220. Calls to this number are free. This service is open 24 hours a day, 7 days a week.

Notice of Availability

We offer free interpreter and translation services to help you understand your health or drug plan. This includes support from someone who speaks your language.

We also provide free aids and services—such as sign language interpreters and written materials in alternative formats—to ensure everyone can access the information they need. To request these services, please call Member Services at the number listed on your Member ID card.

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the Member Services number on the back of your ID card or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma.

También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles.

Llame al número del Departamento de Servicios para Miembros que figura en el reverso de su tarjeta de identificación o hable con su proveedor.

Simplified Chinese

注意：如果您说 中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 ID 卡背面的客户服务号码或咨询您的服务提供商。

Traditional Chinese

注意：如果您說 台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請撥打您 ID 卡背面的會員服務部電話號碼或諮詢您的服務提供者。

Russian

ВНИМАНИЕ! Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также бесплатны. Позвоните по номеру службы поддержки клиентов, указанному на обратной стороне вашей идентификационной карты, или обратитесь к своему поставщику услуг.

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nimewo Sèvis Manm ki sou do kat ID ou a oswa pale ak pwofesyonèl swen sante ou a.

Korean

주의:한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. ID 카드 뒷면에 있는 회원 서비스 번호로 전화하거나 서비스 제공업체에 문의하십시오.

Italian

ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente strumenti ausiliari e servizi adeguati per fornire informazioni in formati accessibili. Si prega di contattare il numero del Servizio per i membri riportato sul retro della propria tessera identificativa o di rivolgersi al proprio fornitore.

Yiddish

אַבטונג: אויב איר רעדט יידיש, שפּראַך הילף סערוויסעס זענען בארעבטיגט פריי פאר דיר. פּאַסיקע אידס און באַדינונגס פֿאַר צושטעלן אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך פריי בנימצא. רופט דעם מיטגליד באַדינען נומער אין קריק פֿון דיין ID קאַרטל אָדער רעדט מיט דיין צושטעלער.

Bengali

মনোযোগ দিন: যদি আপনি বাংলা বলেন, তাহলে আপনার জনয্ বিনামূলেয্ ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অয্াক্সেসযোগয্ ফরময্াটে তথয্ পর্দানের জনয্ উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূলেয্ উপলব্ধ রয়েছে। আপনার আইডি কাডের্র পিছনে থাকা সদসয্ পরিষেবা নমব্রে কল করুন অথবা আপনার পর্দানকারীর সাথে কথা বলুন।

Polish

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer Działu Obsługi Klienta podany na odwrocie Twojej karty identyfikacyjnej lub porozmawiaj ze swoim dostawcą.

Arabic

تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجانًا. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل بقسم خدمات الأعضاء على الرقم المدون على ظهر بطاقة هويتك أو تحدث إلى مقدم الخدمات.

French

ATTENTION : Si vous parlez français, des services d’assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés sont également mis à votre disposition gratuitement pour vous fournir les informations dans des formats accessibles. Appelez les Services aux adhérents au numéro figurant au dos de votre carte d’adhérent, ou adressez-vous à votre prestataire.

Urdu

اردو

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت لسانی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ ممبر سروسز کو اپنے ID کارڈ کی پچھلی جانب موجود نمبر پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo ng tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga accessible na format. Tawagan ang numero ng Mga Serbisyo sa Miyembro sa likod ng ID card mo o makipag-usap sa iyong provider.

Greek

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε τον αριθμό των υπηρεσιών Μέλους που βρίσκεται στο πίσω μέρος της κάρτας αναγνωριστικού σας ή απευθυνθείτε στον πάροχό σας.

Albanian

VINI RE: Nëse flisni anglisht, shërbimet falas të ndihmës gjuhësore janë të disponueshme për ju. Gjithashtu, disponohen falas ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të aksesueshme. Telefononi Shërbimet ndaj Anëtarëve në numrin që ndodhet në pjesën e pasme të kartës suaj të identitetit ose flisni me ofruesin tuaj të shërbimit.

German

HINWEIS: Wenn Sie Sprache einfügen sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste für die Übermittlung von Informationen in zugänglicher Form sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer des Mitgliederservices auf der Rückseite Ihres Ausweises an oder sprechen Sie mit Ihrem Anbieter.

Pennsylvania Dutch

GEB ACHT: Wann du Pennsylvanisch Deitsch schwetzscht, Schprooch Helfe Services sin meeglich mitaus Koscht. Appropriate Auxiliary Aids un Services un Services Information zu gewwe in helfreiche Formats sin aa meeglich mitaus Koscht. Ruf die Member Services Nummer uff die Rickseit vun dei ID Kaart odder Schwetz mit dei Provider.

Vietnamese

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Ngoài ra, chúng tôi còn có các dịch vụ và phương tiện hỗ trợ khác phù hợp, hoàn toàn miễn phí để cung cấp thông tin theo các định dạng dễ sử dụng. Vui lòng gọi đến số điện thoại của bộ phận Dịch vụ thành viên có trên mặt sau thẻ ID của quý vị để trao đổi với nhà cung cấp dịch vụ của quý vị.

Somali

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada caawimaada luuqada oo bilaash ah ayaad heli kartaa.

Agabka kaalmaatiga oo sax ah iyo adeegyada xogta ku bixiya qaab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan.

Wac lambarka Adeegyada Macaamiisha ee ku qoran dhabarka danbe ee kaarkaaga aqoonsiga ama la hadal dhakhtarkaaga.

Japanese

注意：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。ID カードの裏面にある会員サービス番号に電話するか、プロバイダーにご相談ください。

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби й послуги з надання інформації в доступних форматах також пропонуються безкоштовно. Зателефонуйте на номер служби підтримки учасників, указаний на звороті вашого посвідчення особи, або зверніться до свого постачальника послуг.

Romanian

ATENȚIE: Dacă vorbiți română, aveți la dispoziție servicii gratuite de asistență lingvistică. Sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru furnizarea informațiilor în formate accesibile. Contactați Serviciul pentru Membri la numărul de telefon înscris pe verso-ul cardului de identificare sau adresați-vă furnizorului dumneavoastră.

Amharic

ማስታወሻ፣ አማርኛ የምናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች ለእርስዎ ይኖራል። እንዲሁም፣በሚገኙ ቅርፀቶች መረጃ ለማቅረብ ተገቢ የመርጃ ድጋፎች እና አገልግሎቶች በነፃ ይኖራሉ። በID ካርድዎ ጀርባ ላይ ባለው የአባላት አገልግሎቶች ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ።

Thai

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลข ฝ่ายบริการสมาชิกที่ระบุไว้ด้านหลังบัตรประจำตัวของคุณหรือพูดคุยกับผู้ให้บริการของคุณ

Persian

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی به صورت رایگان در دسترس شماست. همچنین، خدمات و کمک‌های لازم برای ارائه اطلاعات به صورت‌های مختلف و قابل دسترسی، به صورت رایگان در اختیار شما قرار می‌گیرد. با شماره خدمات اعضا که پشت کارت شناسایی شما درج شده تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Samoan

FAAMATALAGA: Afai e te tautala faa-Samoa, o loo i ai gagana fesoasoani i gagana e Le totogia mo oe. Fesoasoani fa'aopopo talafeagai ma auaunaga ina ia tuuina atu ai faamatalaga e maua I limits e faigofie ona maua o loo maua foi e le totogia. Vala'au le Auaunaga a Sui Auai i le numera o i taua o lau ID card pe talanoa i lauvrautua.

Ilocano

PAKAAMMO: No agsasaoka iti Ilocano, magun-odam dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti format a nalaka a ma-access. Tawagam ti numero ti Serbisio para Kadagiti Miembro iti likudan ti ID card-mo wenno makisaritaka iti provider-mo.

Gujarati

ધ્યાન આપો: જા તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા ID કાર્ડની પાછળ આપેલા સભ્ય સેવાઓ નંબર પર કૉલ કરો અથવા તમારા પર્દાતા સાથે વાત કરો.

Portuguese

ATENÇÃO: se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Também estão disponíveis, de forma gratuita, ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis. Ligue para o número dos Serviços de apoio aos membros que se encontra no verso do seu cartão de identificação ou fale com o seu prestador de serviços de saúde.

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। अपने ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर पर कॉल करें या अपने प्रदाता से बात करें।

Khmer

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ*ភាសាខ្មែរ*សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្ម ដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅលេខសេវាបម្រើសមាជិកនៅខាងក្រោយកាត ID របស់អ្នក ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າ ທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີບໍລິການສະມາຊິກຢູ່ດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ ຫຼື ລົມກັບຜູ້ໃຫ້ ບໍລິການຂອງທ່ານ.

Karen

ဟ်သူၢ်ဟ်သး– နမ့ၢ်ကတိၤ ကညီကျာ် အယိ, တၢ်အိၢ်ဒီး ကျာ်တၢ်ဆီၢ်ထွဲမၤစၢၤ လၢတလာ်ဘူၢ်လာ်စ့ၤ လၢနဂီၢ်လီၤ. တၢ်အိၢ်ဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအကြားအဘၢၢ် လၢကဟ့ၢ် တၢ်ဂုၢ်တၢ်ကျိၤ လၢတၢ်မၤနၢ်အီၤသူတဖၢ် လၢတလာ်ဘူၢ်လာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး ကရၢဖိတၢ်မၤစၢၤတၢ်မၤ အလီတဲစိနီၢ် ဂံၢ်လၢ အိၢ်ဖဲနလာ်အုၢ်သး (ID) ခးက့အလိၤ မ့တမ့ၢ် တဲတၢ်ဒီး ပှၤလၢအဟ့ၢ်နၤတၢ်ကွၢ်ထွဲနှၢ် တက့ၢ်.

Swahili

KUMBUKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa zinapatikana pia bila malipo. Piga simu kwa nambari ya Huduma za Wanachama iliyo nyuma ya kadi yako ya kitambulisho au zungumza na mtoa huduma wako.

Serbian

PAŽNJA: Ukoliko govorite Srpski, dostupne su vam besplatne usluge jezičke podrške.

Dostupne su vam i besplatne odgovarajuće pomoći i usluge za pružanje informacija u formatima za lak pristup.

Pozovite broj za usluge za članove koji se nalazi na poleđini vaše ID kartice ili se obratite pružaocu usluge.

Croatian

PAŽNJA: Ako pričate Hrvatski, na raspolaganju su vam besplatne usluge pomoći za jezik.

Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno.

Nazovite broj Službe za članove na poleđini vaše osobne iskaznice ili razgovarajte sa svojim pružateljem usluga.

Nepali

सावधान: तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि नि:शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। ID कार्डको पछाडिपट्टि लेखिएको Member Services नम्बरमा फोन गर्नुहोस्, नभए डाक्टरसँग कुरा गर्नुहोस्।

Yoruba

ÀKÍYÈSÍ: Bí o bá ń sọ èdè Yorùbá, àwọn iṣẹ́ ìrànlọ́wọ́ èdè ọ̀fẹ́ wà fún ọ. Àwọn ohun èlò ìrànlọ́wọ́ àti àwọn iṣẹ́ tó yẹ láti pèsè àlàyé ní àwọn ọ̀nà tó rọrùn ló wà lọ́fẹ̀ẹ́. Pe nọ́mbà Àwọn iṣẹ́ Ọmọ ẹgbẹ́ tó wà ní ẹ̀yìn káàdì ìdánimọ̀ rẹ tàbí bá olùpèsè rẹ sọ̀rọ̀.

Tamil

கவனிக்கவும்: நீங்கள் தமிழ் பேசுபவர் என்றால், உங்களுக்கு இலவச மொழி உதவிச் சேவைகள் கிடைக்கும். அணுகல் வசதிக்கேற்ற வடிவங்களில் தகவலை வழங்குவதற்கான தகுந்த, கூடுதல் உதவி அம்சங்களும் சேவைகளும் கூட கட்டணமின்றிக் கிடைக்கும். உங்கள் வழங்குநரிடம் பேச, உங்கள் ஐடி கார்டின் பின்பக்கமுள்ள உறுப்பினர் சேவை மைய எண்ணை அழைக்கவும்.

Navajo

SHOOH: Diné bizaad yiníłti’, t’áá jiik’ehgo saad bee áká’ánída’awo’ígíí t’áá hadoohkáát nihá kéé’ hóló. T’áá ajiłii íiyisí át’éego nihá át’éego bee haz’ánígíí dóó t’áá ádáhodooníígíí biniiyé t’áá jíík’eh nihá kéé’ hóló Member Services béésh bee hane’í bikáá’ dah naaznil doo ID card ni’ dooleeł ná’ádoolwołígíí bikáá’ nihá át’é.

Shoshone

NENKAHI: Uuiss en taikw Sosohni, yu yowk taikwa tuwahntsawaiyn mahhpittsiyahnkuuk en. To kwain tuwahntsawaiyn tes tuwahntsawaiyn uut uutinantuuinkehn uukuup tsa taw natehpop suwait mampittsiyankunk yuyowk nai nimeht. Nimai suun suhmah tuwahntsawaiyn tetehtsep piinak tehpop en nuwaiyn en taikw uhmah natsu tainepeh tes waipeh.

Choctaw

Kullóshi: Chi Chahta anumpa ish anumpuli hosh, aiittola towa la hosh chi chiahullo li. Himona, achukma ut ish anumpuli hinla ia, il im anumpuli holisso kapvchi shulush isht ia, towa la hosh chi. Chi ID holisso okpulo bok aiittola na isht ia hosh pisa, il chi isht ia isht iachi pisa.

Punjabi

ਧਿਆਨ ਦਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੋਣਗੀਆਂ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੋਣਗੀਆਂ। ਤੁਹਾਡੇ ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਮੈਂਬਰ ਸਰਵਸਿਜ਼ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਤੁਹਾਡੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

Syriac

ܫܡܘܥ ܐܢ ܐܝܬ ܠܟ ܐܢ ܐܢ ܐܢ

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