

2023

Summary of Benefits

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

New York H5992-007

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

Effective January 1 through December 31, 2023

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

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

2023 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Senior Whole Health of New York NHC. 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. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

Table of Contents

A. Disclaimers	2
B. Frequently asked questions	3
C. Overview of services	7
D. Additional services Senior Whole Health of New York NHC covers	25
E. Benefits covered outside of Senior Whole Health of New York NHC	27
F. Services not covered by Senior Whole Health of New York NHC (exclusions)	28
G. Your rights and responsibilities as a member of the plan	28
H. How to file a complaint or appeal a denied service	32
I. What to do if you suspect fraud	33



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week). The call is free. **For more information**, visit SWHNY.com

A. Disclaimers



This is a summary of health services covered by Senior Whole Health of New York NHC for January 1, 2023. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. Please call Member Services at (833) 671-0440 (TTY: 711), Monday - Friday, 8 a.m. to 8 p.m., local time (from October 1-March 31, 7 days a week) to request a copy of the *Evidence of Coverage* or go to [SWHNY.com](https://www.swhny.com).

- ❖ Senior Whole Health of New York NHC (HMO D-SNP) is a plan with a Medicare Advantage contract and a contract with the New York Medicaid program. Enrollment depends on annual contract renewal.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (833) 671-0440 (TTY:711), Monday - Friday, 8 a.m. to 8 p.m., local time (from October 1-March 31, 7 days a week). The call is free.
- ❖ ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call (833) 671-0440 (TTY: 711).
- ❖ ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (833) 671-0440 (TTY: 711).
- ❖ 果您说除英语之外的语言，我们可以为您提供免费的语言援助服务。电话：(833) 671-0440 (TTY: 711).
- ❖ You can ask that we always send you information in the language or format you need. This is called a standing request. We will keep track of your standing request so you do not need to make separate requests each time we send you information. To get this document in a language other than English, please contact Senior Whole Health of New York NHC Member Services at (833) 671-0440 (TTY: 711), 8 a.m. to 8 p.m., local time, 7 days a week, to update your record with the preferred language. To get this document in an alternate format, please contact Member Services at (833) 671-0440 (TTY: 711), 8 a.m. to 8 p.m., local time, 7 days a week. A representative can help you make or change a standing request. You can also contact your Case Manager for help with standing requests.
- ❖ Senior Whole Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

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 a day, 7 days a week. TTY users should call 1-877-486-2048.



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B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicaid Advantage Plus (MAP/HMO) + Dual Eligible Special Needs Plan (D-SNP) plan?	<p>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 services), and other health care providers into one coordinated health care system. It also has care coordinators 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.</p>
Will I get the same Medicare and Medicaid benefits in Senior Whole Health of New York NHC that I get now?	<p>If you are coming to Senior Whole Health of New York NHC from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and Medicaid benefits directly from Senior Whole Health of New York NHC.</p> <p>When you enroll in Senior Whole Health of New York NHC, 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 are taking any Medicare Part D prescription drugs that Senior Whole Health of New York NHC does not normally cover, you can get a temporary supply, and we will help you to transition to another drug or get an exception for Senior Whole Health of New York NHC to cover your drug if medically necessary.</p>



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Frequently Asked Questions (FAQ)	Answers
Can I use the same health care providers I use now?	<p>That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Senior Whole Health of New York NHC and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in Senior Whole Health of New York NHC’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Senior Whole Health of New York NHC’s network. See Chapter 3 in the <i>Evidence of Coverage</i> (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 (833) 671-0440 (TTY: 711), Monday - Friday, 8 a.m. to 8 p.m., local time (from October 1 - March 31, 7 days a week) or read Senior Whole Health of New York NHC’s <i>Provider and Pharmacy Directory</i>. You can also visit our website at SWHNY.com for the most current listing. • If Senior Whole Health of New York NHC is new for you, we will work with you to develop an individualized Plan of Care to address your needs. You can keep using the providers you use now for 90 days or until your individualized Plan of Care is completed.
What is a Care Manager?	<p>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.</p> <p>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 E. Benefits covered outside of Senior Whole Health of New York NHC on 39).</p>



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Frequently Asked Questions (FAQ)	Answers
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's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot 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 will cover services provided by an out-of-network provider.
Where is Senior Whole Health of New York NHC 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.
What is prior authorization?	<p>Prior authorization means that you must get approval from Senior Whole Health of New York NHC before Senior Whole Health of New York NHC will cover a specific service, item, or drug or out-of-network provider. Senior Whole Health of New York NHC may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. Senior Whole Health of New York NHC 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 before the service is provided.</p> <p>Refer to Chapter 3, of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p>



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Frequently Asked Questions (FAQ)	Answers
What is a referral	<p>A referral means that your primary care provider (PCP) must give you approval before you can use specialists or other providers in the plan's network. If you don't get approval, Senior Whole Health of New York NHC may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists.</p> <p>Senior Whole Health of New York NHC can provide you with a list of services that require you to get a referral from your PCP before the service is provided. For more information on when a referral is needed, call Member Services (833) 671-0440; TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1 - March 31, 7 days a week). Or refer to Chapter 3, of the <i>Evidence of Coverage</i>.</p>
Do I pay a monthly amount (also called a premium) under Senior Whole Health of New York NHC?	<p>No. You will not pay any monthly premiums to Senior Whole Health of New York NHC for your health coverage.</p> <p>Additionally, Medicaid will pay your Medicare Part B premium for you.</p>
Do I pay a deductible as a member of Senior Whole Health of New York NHC?	No. You do not pay deductibles in Senior Whole Health of New York NHC.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of Senior Whole Health of New York NHC?	There is no cost sharing for medical services in Senior Whole Health of New York NHC, so your annual out-of-pocket costs will be \$0.



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C. Overview of services

The following chart 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. Our plan covers 365 days per year (366 for leap year) for an inpatient hospital stay. <u>Prior authorization may be required.</u>
	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. <u>Prior authorization may be required.</u>
	Ambulatory surgical center (ASC) services	\$0	<u>Prior authorization may be required.</u>
You want to use a health care provider (This service is continued on the next page)	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	<u>Prior authorization may be required.</u>
	Visits to treat an injury or illness	\$0	<u>Prior authorization may be required.</u>



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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)	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0	<p>Covered Medicare Part B services include:</p> <ul style="list-style-type: none"> • 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 <p>We also cover some vaccines under our Part D prescription drug benefit.</p>
	Wellness visits, such as a physical	\$0	If you've had Part B for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. This is covered once every 12 months.
	"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.



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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	Emergency room services, including mental health emergencies at Comprehensive Psychiatric Emergency Programs (CPEPs)	\$0	<p>You may use any emergency room or CPEP if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are NOT covered outside of the U.S. and its territories. Except under limited circumstances. Contact the plan for details.</p> <p>If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, you must return to a network hospital in order for your care to continue to be covered.</p>
	Urgently needed services	\$0	<p>Urgently needed services are not emergency care.</p> <p>You do not need prior authorization and you do not have to be in-network.</p> <p>Urgently needed services are NOT covered outside the U.S. and its territories. except under limited circumstances.</p> <p>Under limited circumstances, our plan covers worldwide emergency and urgent care services up to \$10,000 per year. Contact the plan for details.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Lab tests, such as blood work	\$0	<i>Prior authorization may be required for other services.</i>
	X-rays or other pictures, such as CAT scans	\$0	<i>Prior authorization may be required.</i> <i>Prior authorization is not required for outpatient x-ray services.</i>
	Screenings, such as tests to check for cancer	\$0	
You need hearing/auditory services	Hearing screenings (including routine hearing exams)	\$0	Our plan covers hearing services and products when medically necessary to alleviate disability caused by the loss of impairment of hearing. <i>Prior authorization is not required.</i>
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	Our plan covers hearing services and products when medically necessary to alleviate disability caused by the loss of impairment of hearing. <i>Prior authorization is not required.</i>



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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	<p>All comprehensive and preventive dental services listed below are covered up to the annual plan maximum benefit coverage amount of \$3,000:</p> <p>Services are offered as unlimited up to your annual plan maximum allowance. Dental services covered include, but not limited to:</p> <p>Preventive dental care:</p> <ul style="list-style-type: none"> • Oral exams • Prophylaxis (cleaning) • Dental x-rays • Fluoride Treatments <p>Comprehensive dental care:</p> <ul style="list-style-type: none"> • Non-Routine • Diagnostic services • Restorative services • Endodontics • Periodontics • Extractions • Prosthodontics (including dentures), other Oral/Maxillofacial Surgery <p><i>Prior authorization may be required.</i></p>



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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	<p>Covered services include:</p> <ul style="list-style-type: none"> • 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 of 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 <p><i>Prior authorization may be required.</i></p>
You have a mental health condition (This service is continued on the next page)	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), or critical access hospital)	\$0	<p>All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment.</p> <p>Except in an emergency, your health care provider must tell the plan of your hospital admission.</p> <p><i>Prior authorization may be required.</i></p>



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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)	<p>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)</p> <p>(Note: This is not a complete list of the plan's expanded outpatient mental health services. Call Member Services at (833) 671-0440; TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time (from October 1 - March 31, 7 days a week) or read the <i>Evidence of Coverage</i> for more information.)</p>	<p>\$0</p>	<p>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.</p> <p>Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices and Comprehensive Outpatient Rehabilitation Facilities (CORFs).</p> <p>Our plan covers additional outpatient rehabilitation services under the NY Medicaid benefit.</p> <p><i>Prior authorization may be required.</i></p>
You are having a mental health or substance use crisis	<p>Mobile Crisis services (assessment by telephone or mobile crisis team response); short-term residential crisis stabilization (for mental health crises)</p>	<p>\$0</p>	<p>Any approved mobile crisis or licensed crisis residence provider in New York State.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a mental health condition or a substance use disorder</p>	<p>Community Oriented Recovery and Empowerment (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).</p> <p>(Note: For more information about CORE Services and to determine whether you are eligible for them, call Member (833) 671-0440; TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time (from October 1 - March 31, 7 days a week) or read the <i>Evidence of Coverage</i>.)</p>	<p>\$0</p>	<p>CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services.</p> <p><i>Prior authorization may be required.</i></p>



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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 (This service is continued on the next page)	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 is not a complete list of the plan's expanded substance use disorder services. Call Member Services (833) 671-0440; TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time (from October 1 - March 31, 7 days a week) or read the <i>Evidence of Coverage</i> for more information.)	\$0	<i>Prior authorization may be required.</i>
	Smoking and tobacco cessation counseling	\$0	<ul style="list-style-type: none"> • 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 <i>Prior authorization is not required.</i>



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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	<p>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:</p> <ul style="list-style-type: none"> • 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 <p><i>Prior authorization required for medication.</i></p>



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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. <i>Prior authorization may be required.</i>
	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. <i>Prior authorization may be required.</i>
	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.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy (outpatient or in-home)	\$0	<i>Prior authorization may be required.</i>



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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	Ambulance services	\$0	<p>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</p> <p>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.</p> <p>Refer to "Worldwide emergency/urgent coverage" in this chart if you need emergency ambulance transport outside the U.S.</p>
	Emergency transportation	\$0	<i>Prior authorization required for non-emergent ambulance only.</i>
	Non-Emergency (Routine) Transportation (including mobile assistance vehicles (MAVs))	\$0	<p>Non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage)</p> <p><i>Prior authorization may be required.</i></p>



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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 (This service is continued on the next page)	Medicare Part B prescription drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	\$0	You pay nothing for chemotherapy and other Part B drugs. Read the <i>Evidence of Coverage</i> for more information about these drugs. <i>Prior authorization may be required.</i>
	Medicare Part D prescription drugs Tier 1: Generic and brand name drugs	\$0 As a member of our plan, your prescription drug copays are zero for: • 31-day supply preferred retail prescriptions • 31-day supply non-preferred retail prescriptions • 90-day supply mail order prescriptions	There may be limitations on the types of drugs covered. Refer to Senior Whole Health of New York NHC's <i>List of Covered Drugs (Formulary)</i> on our website at SWHNY.com for more information. Senior Whole Health of New York NHC 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 for certain drugs.
	Medicare Part D prescription drugs Tier 1: Generic and brand name 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, <i>List of Covered Drugs (Formulary)</i> , and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plan-compare .



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week). The call is free. **For more information**, visit SWHNY.com

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 & Items	\$0	<p>There may be limitations on the types of drugs covered.</p> <p>Please see the Senior Whole Health of New York NHC <i>List of Covered Drugs (Formulary)</i> on our website at SWHNY.com.</p> <p>All members are eligible for a HealthyYou Card for purchasing OTC items. \$500 maximum quarterly. Unused balance does not carry over to the following quarter.</p> <p>Show your HealthyYou debit card to participating providers to receive approved health related items at retailers. Card required for access to benefit. Unused balance does not carry over to the following quarter.</p>
	Diabetes medications	\$0	<i>Prior authorization may be required.</i>
You need foot care	Podiatry services (including routine exams)	\$0	<i>Prior authorization may be required.</i>
	Orthotic services	\$0	<i>Prior authorization may be required.</i>



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week). The call is free. **For more information**, visit SWHNY.com

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, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example	\$0	Our plan covers additional DME supplies. For a complete list of DME or supplies, call Member Services or read the <i>Evidence of Coverage</i> . <i>Prior authorization may be required.</i>
	(Note: This is not a complete list of covered DME or supplies. Call Member Services at (833) 671-0440; TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time (from October 1 - March 31, 7 days a week) or read the <i>Evidence of Coverage</i> for more information.)		
You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	
Other covered services (This service is continued on the next page)	Acupuncture	\$0	<ul style="list-style-type: none"> • Up to 12 visits for back pain in 90 days are covered for Medicare: 8 additional visits for those demonstrating an improvement • Plus 30 treatments every year for other conditions <i>Prior authorization may be required.</i>
	Care coordination	\$0	
	Chiropractic services	\$0	Covered services include: <ul style="list-style-type: none"> • Medically necessary “routine” chiropractic services • Manual manipulation of the spine to correct subluxation



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week). The call is free. **For more information**, visit SWHNY.com

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (This service is continued on the next page)	Diabetic supplies	\$0	Benefit includes diabetic monitoring supplies and therapeutic shoes or insert <i>Prior authorization required for shoes and inserts.</i>
	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.
	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	\$0	<ul style="list-style-type: none"> • Covered services include: Drugs for symptom control and pain relief • Short-term respite care • Home care <p>If you need non-hospice care (care that is not related to your terminal prognosis), you should contact us to arrange the services.</p> <p>Our plan covers hospice consultation services (one time only) for a terminally ill person who hasn't elected the hospice benefit.</p>
	Mammograms	\$0	



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week). The call is free. **For more information**, visit [SWHNY.com](https://www.swhny.com)

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (This service is continued on the next page)	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); social adult day care; and non-medical transportation)	\$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.
	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.
	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	
	Prosthetic services	\$0	<i>Prior authorization may be required.</i>



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week). The call is free. **For more information**, visit [SWHNY.com](https://www.swhny.com)

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)

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's *Evidence of Coverage*. If you have questions, you can also call Senior Whole Health of New York NHC Member Services at: (833) 671-0440; TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1 - March 31, 7 days a week).

D. Additional services Senior Whole Health of New York NHC covers

This is not a complete list. Call Member Services at (833) 671-0440; TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time (from October 1 - March 31, 7 days a week) or read the *Evidence of Coverage* to find out about other covered services.



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week). The call is free. **For more information**, visit [SWHNY.com](https://www.swhny.com)

Additional services Senior Whole Health of New York NHC covers	Your costs
Additional Sessions of Smoking and Tobacco Cessation Counseling	\$0
<p>HealthyYou Debit Card</p> <p>You receive a prepaid debit card that may be used toward select supplemental plan benefits such as:</p> <ul style="list-style-type: none"> • Over-the-counter items • Food and produce* • Special Supplemental Benefits for Chronic Illnesses — Menu option* <p>Funds are loaded onto the card each benefit period. A benefit period can be monthly, quarterly, or annually depending on the benefits. At the end of each benefit period, any unused allocated money will not carry over to the following period or plan year.</p> <p>*Eligibility requirements applicable</p>	\$0
Health Education	\$0
<p>In-Home Support Services</p> <p>Members have access up to 192 hours every year.</p> <p>You have access to in-home support services including cleaning, household chores, meal preparation and assistance with other instrumental activities of daily living.</p>	\$0
<p>Physical Fitness Benefit</p> <p>Members have access to contracted fitness facilities and Home Fitness Kits.</p>	\$0
Telehealth Services	\$0
Remote Access	\$0



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week). The call is free. **For more information**, visit [SWHNY.com](https://www.swhny.com)

Additional services Senior Whole Health of New York NHC covers	Your costs
<p>Special Supplemental Benefits for Chronic Illness</p> <p>\$150 allowance every 3 months for the following benefits:</p> <ul style="list-style-type: none"> • Mental health and wellness applications • Service Animal supplies • Pest control • Non-Medicare covered genetic test kits <p>\$220 allowance every 3 months for food and produce.</p> <p>Unused allowance does not carry over to the next quarter.</p> <p>You must use your HealthyYou Card to get the benefit and services. See HealthyYou Card section for more information.</p> <p>*Members must complete a Health Risk Assessment and meet the criteria outlined in Chapter 4 of the Evidence of Coverage.</p>	<p>\$0</p>

E. Benefits covered outside of Senior Whole Health of New York NHC

This is not a complete list. Call Member Services: at Services (833) 671-0440; TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time (from October 1 - March 31, 7 days a week) to find out about other services not covered by Senior Whole Health of New York NHC but are available through Medicaid fee-for-service.



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week). The call is free. **For more information**, visit [SWHNY.com](https://www.swhny.com)

Other services covered directly by Medicaid fee-for-service	Your costs
CSS (Community Support Services)	\$0
Home and Community Based Waiver Program Services	\$0
Comprehensive Medicaid case management	\$0
Directly observed therapy (DOT) for tuberculosis	\$0
AIDS Adult Day Health Care	\$0
Assisted Living Program	\$0

F. Services not covered by Senior Whole Health of New York NHC (exclusions)

The following services are not covered by our plan. This is not a complete list. Call Member Services (833) 671-0440; TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time (from October 1 - March 31, 7 days a week) to find out about other excluded services.

Services not covered by Senior Whole Health of New York NHC (exclusions)
Cosmetic surgery or procedures
Experimental medical and surgical procedures, equipment, and medications.
Naturopath services (uses natural or alternative treatments).
Reversal of sterilization procedures and or non-prescription contraceptive supplies.

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

As a member of Senior Whole Health of New York NHC, 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 cannot be refused medically necessary treatment. You can use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, read the Evidence of Coverage.



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week). The call is free. **For more information**, visit SWHNY.com

Your rights include, but are not 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 (including sex stereotypes and gender identity), 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 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 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 Senior Whole Health of New York NHC 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 are covered



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week). The call is free. **For more information**, visit [SWHNY.com](https://www.swhny.com)

- 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 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 does not 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 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



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week). The call is free. **For more information**, visit [SWHNY.com](https://www.swhny.com)

- **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
 - 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 are not 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 are a Senior Whole Health of New York NHC 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 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



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week). The call is free. **For more information**, visit [SWHNY.com](https://www.swhny.com)

- **You have the responsibility to obtain your services from Senior Whole Health of New York NHC.** You should:
 - Get all your health care from Senior Whole Health of New York NHC, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless Senior Whole Health of New York NHC provides a prior authorization for out-of-network care
 - Not allow anyone else to use your Senior Whole Health of New York NHC Member ID Card to obtain healthcare services
 - Notify Senior Whole Health of New York NHC when you believe that someone has purposely misused Senior Whole Health of New York NHC benefits or services

For more information about your rights, you can read Senior Whole Health of New York NHC's *Evidence of Coverage*. If you have questions, you can also call Senior Whole Health of New York NHC Member Services at (833) 671-0440; TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time (from October 1 - March 31, 7 days a week).

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 should cover something we denied, call Senior Whole Health of New York NHC at (833) 671-0440; TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time (from October 1 - March 31, 7 days a week). You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of Senior Whole Health of New York NHC's *Evidence of Coverage*. You can also call Senior Whole Health of New York NHC Member Services at (833) 671-0440; TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1 - March 31, 7 days a week).

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 of New York NHC
Attn: Appeals & Grievances
P.O Box 22816
Long Beach, CA 90801-9977

You must submit your complaint within 60 days of the event or incident.



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week). The call is free. **For more information**, visit [SWHNY.com](https://www.swhny.com)

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 complaint to (562) 499-0610
- Write to:
Senior Whole Health of New York NHC
Attn: Appeals & Grievances
P.O Box 22816
Long Beach, CA 90801-9977

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 Member Services. Phone numbers are (833) 671-0440; TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time (from October 1 - March 31, 7 days a week). 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, 24 hours a day, 7 days a week.
- Or, call the New York State Medicaid Fraud Hotline 1-877-87 FRAUD.
- To report suspected fraud, contact Senior Whole Health of New York's Fraud Hotline at (866) 606-3889.



If you have questions, call Senior Whole Health Member Services at (833) 671-0440, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week). The call is free. **For more information**, visit [SWHNY.com](https://www.swhny.com)



Medicare Language Assistance Services

Free aids and services, such as sign language interpreters and written information in alternative formats are available to you. Call 1-833-671-0440 (TTY: 711).

English:

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-671-0440. Someone who speaks English can help you. This is a free service.

Spanish:

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-671-0440. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin:

我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-671-0440。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese:

您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-671-0440。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog:

Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-671-0440. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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French:

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-671-0440. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese:

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-671-0440 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German:

Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-671-0440. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean:

당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-671-0440 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian:

Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-671-0440. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-671-0440. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi:

हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-671-0440 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

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Italian:

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-671-0440. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português:

Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-671-0440. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole:

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-671-0440. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish:

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-671-0440. Ta usługa jest bezpłatna.

Japanese:

当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご利用になるには、1-833-671 0440 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Bengali:

আমাদের স্বাস্থ্য বা ওষুধ বিষয়ক পরিকল্পনা সম্পর্কে আপনার কোনও প্রশ্নের উত্তর দিতে আমাদের কাছে বিনামূল্যে দোভাষীর পরষিবো রয়েছে। কোনও দোভাষী পতে আমাদের 1-833-671-0440 নম্বরে ফোন করুন। ইংরাজি/ভাষাতে কথা বলনে এমন কটে আপনাকে সাহায্য করতে পারে। এই পরষিবোট বিনামূল্যে

Yiddish:

וצ. נאלפ גארד רעדא טלעה רעזנוא רעביא נבאה קילגעמ טעוו ריא סעגארפ עכלעוו ייס נרעפטנע וצ סעסיוורעס גנוצעזרעביא עטסיזמוא וצ נלעטש רימ טסיזמוא זיא סיוורעס סאד. נפלעה קייא נעק נארפש/שילגנע טדער סאוו רענייא ווא. 1-833-671-0440 קיוא זדנוא טגנילק, רעצעזרעביא נא נעמוקאב.

Urdu:

کیا ہے۔ زسورس نامچرت تفم ساپ ےرامہ ےیل ےک ےنید باوج اک نول اوس یھب یسک ےک پآ یں ےراب ےک ےبوصنم تایشنم ای ھتلی ےرامہ ے۔ اتکس رک ددم یک پآ صخش یھب یئوک ال او ےنلوب نابز/یزی رگنا یں یرک لاک رپ 1-833-671-0440 فرص یں ےم، ےیل ےک ےنرک لصاح نامچرت ے۔ سورس تفم کی ےی

Greek:

Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας για να απαντήσουμε σε οποιεσδήποτε ερωτήσεις σας σχετικά με το πρόγραμμα ασφάλισης υγείας ή φαρμακευτικής περίθαλψης της εταιρείας μας. Για να σας παρασχεθεί διερμηνέας, καλέστε μας στο 1-833-671-0440 . Κάποιος που μιλά Αγγλικά/Γλώσσα θα σας βοηθήσει. Αυτή η υπηρεσία είναι δωρεάν.

Albanian:

Ne ofrojmë shërbime interpretimi pa pagesë për t'iu përgjigjur çdo pyetjeje që mund të keni rreth planit tonë shëndetësor ose të barnave. Për të marrë një interpret, thjesht na telefononi në 1-833-671-0440. Dikush që flet anglisht/gjuhën mund t'ju ndihmojë. Ky është një shërbim pa pagesë.



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