

**2025**

# **Annual Notice of Changes**

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

**New York H5992-007-000**

Effective January 1 through December 31, 2025

## ***Senior Whole Health of New York NHC (HMO D-SNP) offered by Senior Whole Health of New York, Inc.***

# **Annual Notice of Changes for 2025**

You are currently enrolled as a member of Senior Whole Health of New York NHC (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [SWHNY.com](https://www.swhny.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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### **What to do now**

#### **1. ASK:** Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including coverage restrictions and cost sharing.
- Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
- Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.

☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.

☐ Think about whether you are happy with our plan.

#### **2. COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

#### **3. CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Senior Whole Health of New York NHC (HMO D-SNP).

- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Senior Whole Health of New York NHC (HMO D-SNP) .
- Look in section 3, page 10 to learn more about your choices.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### **Additional Resources**

- This document is available for free in Spanish, Chinese, Arabic, Korean, Russian, Italian, French, French Creole, Yiddish, Polish, Tagalog, Bengali, Albanian, Greek, Urdu.
- Please contact our Member Services number at (833) 671-0440 for additional information. (TTY users should call 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. This call is free.
- You can get this document for free in other language(s) or other formats, such as large print, braille, or audio. Call (833) 671-0440, (TTY:711). The call is free.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.
- Medicare approved Senior Whole Health to provide lower copayments on Part D Prescription Drugs as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.

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

- Molina Healthcare is a C-SNP, D-SNP and HMO plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Senior Whole Health of New York, Inc. When it says “plan” or “our plan,” it means Senior Whole Health of New York NHC (HMO D-SNP).

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## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Senior Whole Health of New York NHC (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<b>Monthly plan premium</b>	As you are eligible for Medicare cost-sharing assistance under the New York Medicaid program, you pay \$0	As you are eligible for Medicare cost-sharing assistance under the New York Medicaid program, you pay \$0
<b>Doctor office visits</b>	As you are eligible for Medicare cost-sharing assistance under the New York Medicaid program, you pay \$0	As you are eligible for Medicare cost-sharing assistance under the New York Medicaid program, you pay \$0
<b>Inpatient hospital stays</b>	As you are eligible for Medicare cost-sharing assistance under the New York Medicaid program, you pay \$0	As you are eligible for Medicare cost-sharing assistance under the New York Medicaid program, you pay \$0
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	As you are eligible for Low Income Subsidy (LIS) you pay <b>\$0 per prescription</b>	As you are eligible for Low Income Subsidy (LIS) you pay <b>\$0 per prescription</b>
<b>Maximum out-of-pocket amount</b>  This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.(See Section 1.2 for details.)	\$8,850  You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$9,350  You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	As you are eligible for Medicare cost-sharing assistance under the New York Medicaid program, you pay \$0	As you are eligible for Medicare cost-sharing assistance under the New York Medicaid program, you

Cost	2024 (this year)	2025 (next year)
pay \$0		

## Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount	\$8,850	\$9,350
Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	You are not responsible for paying any out-of- pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	You are not responsible for paying any out-of- pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

## Section 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Updated directories are also located on our website at [SWHNY.com](http://SWHNY.com). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider & Pharmacy Directory at [SWHNY.com](http://SWHNY.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 Provider & Pharmacy Directory at [SWHNY.com](http://SWHNY.com) to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and Medicaid benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<b>Special Supplemental Benefits for the Chronically Ill (SSBCI)- Food and produce</b>	<p>You get \$220 every quarter (3 months) allowance for healthy food and produce. Upon approval, your Healthy You Card will be loaded with your allowance to access your benefit. Eligible members receive a debit card with an allowance every month to obtain healthy produce and food, such as vegetables, meat, seafood, dairy products, and water.</p> <p>Unused allowance does not carry over to next month, and expires at the end of the calendar year.</p> <p>Members who have the following chronic conditions are eligible: Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; and Stroke.</p>	<p>You get \$73 allowance every month for healthy food and produce. Upon approval, your Healthy You Card will be loaded with your allowance to access your benefit. Eligible members receive a debit card with an allowance every month to obtain healthy produce and food, such as vegetables, meat, seafood, dairy products, and water.</p> <p>Unused allowance does not carry over to next month, and expires at the end of the calendar year.</p> <p>Members who have the following chronic conditions are eligible: Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; and Stroke.</p> <p>Eligibility qualification required each year.</p>
<b>Special Supplemental Benefits for the Chronically Ill (SSBCI)- Pest Control, Service Animal Supplies, Non-Medicare-covered Genetic Test Kit, and Mental Health &amp; Wellness Applications</b>	<p>You get \$150 allowance every quarter (3 months) to be used towards the SSBCI benefits. Pest Control, Service Animal Supplies, Non-Medicare-covered Genetic Test Kit, and Mental Health &amp; Wellness Applications share a combined allowance every 3 months, but the maximum allowance amount is total of \$150 per quarter. Any unused funds at the end of each quarter will not carry over to the following quarter.</p>	<p>This is not covered as a supplemental benefit.</p>

Cost	2024 (this year)	2025 (next year)
	<p>Members who have the following chronic conditions are eligible:</p> <p>Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; and Stroke.</p>	
<b>Over-the-counter (OTC) items (Supplemental)</b>	You receive \$300 allowance every quarter (3 months) for use to access OTC items.	You get \$100 every month for OTC items. This allowance is combined with transportation benefit.
<b>Transportation non-Emergency (Supplemental)</b>	This is not covered as a supplemental benefit.	You receive \$100 allowance every month to access transportation. This allowance is combined with OTC benefit.
<b>Dental services (Supplemental)</b>	<p>We have established a partnership with DentaQuest 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 DentaQuest-affiliated provider.</p>	<p>We have established a partnership with DentaQuest 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 DentaQuest-affiliated provider.</p> <p>Plan covers the following dental services, which exceed the minimum requirements:</p> <p>Diagnostic, Preventive, Restorative Services, Endodontics, Periodontics, Prosthodontics (removable), Prosthodontics (fixed), Maxillofacial Prosthetics, Implant Services, Oral and Maxillofacial Surgery, Adjunctive General Services</p> <p>Note: The above coverage is for Medicare Supplemental</p>



Cost	2024 (this year)	2025 (next year)
		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.
<b>Part B step therapy</b>	The plan had Part B step therapy	See the 2025 Part B Drug (J-Code) step therapy list on our website for changes or call Member Services.

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 8 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately add new restrictions.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change. Some of these drug types may be new to you. For definitions of drug types, please see Chapter 11 of your Evidence of Coverage. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

## Changes to Prescription Drug Benefits and Costs

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

## Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

## Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<b>Stage 2: Initial Coverage Stage</b> During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b> The costs in this row are for a one-month 31-day supply when you fill your prescription at a network pharmacy. We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you.	Your cost for a one month supply filled at a network pharmacy with standard cost sharing: <b>Generic and preferred multi-source drugs:</b> You pay <b>\$0</b> per prescription. <b>All other drugs:</b> You pay <b>\$0</b> per prescription.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: <b>Generic and preferred multi-source drugs:</b> You pay <b>\$0</b> per prescription. <b>All other drugs:</b> You pay <b>\$0</b> per prescription

## Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

## SECTION 2 Administrative Changes

We are making administrative changes for next year. The information in the table below describes these changes.

Description	2024 (this year)	2025 (next year)
We will be utilizing a different vendor to administer your Healthy You card for 2025.	Your Healthy You card was administered by a vendor named InComm.	Your Healthy You card will be administered by NationsBenefits for 2025 (new cards will be shipped to members for 2025).

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Senior Whole Health of New York NHC (HMO D-SNP)

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Senior Whole Health of New York NHC (HMO D-SNP).

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

#### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Senior Whole Health of New York NHC (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Senior Whole Health of New York NHC (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – OR – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have New York Medicaid, you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare with a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can also switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York, the SHIP is called New York State Health Insurance Information, Counseling and Assistance Program (HIICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. New York State Health Insurance Information, Counseling and Assistance Program (HIICAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call New York State Health Insurance Information, Counseling and Assistance Program (HIICAP) at (800) 701-0501. You can learn more about New York State Health Insurance Information, Counseling and Assistance Program (HIICAP) by visiting their website <https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap>.

For questions about your New York Medicaid benefits, contact New York Medicaid at 1-800-505-5678, TTY: 711, Monday - Friday, 8:30 a.m.- 8 p.m., Saturday: 10 a.m.- 6 p.m.ET. Ask how joining another plan or returning to Original Medicare affects how you get your New York Medicaid coverage.

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in "Extra Help," also called the Low-Income Subsidy. "Extra Help" pays some of your prescription drug premiums, yearly deductibles and coinsurance. Because you qualify, you do not have a late enrollment penalty. If you have questions about "Extra Help", call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program.** New York has a program called Elderly Pharmaceutical Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the New York State Uninsured Care Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call 1-800-542-2437 or 1-844-682-4058. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Senior Whole Health of New York NHC (HMO D-SNP)

Questions? We're here to help. Please call Member Services at (833) 671-0440. (TTY only, call 711.) We are available for phone calls 7 days a week, Monday - Friday, 8 a.m. to 8 p.m. local time. Calls to these numbers are free.

#### **Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the 2025 *Evidence of Coverage* for Senior Whole Health of New York NHC (HMO D-SNP). The *Evidence*

*of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [SWHNY.com](http://SWHNY.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

### Visit our Website

You can also visit our website at [SWHNY.com](http://SWHNY.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

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## Section 7.2 – Getting Help from Medicare

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To get information directly from Medicare:

### Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Visit the Medicare Website

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document 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 document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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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## Section 7.3 – Getting Help from Medicaid

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To get information from Medicaid you can call New York Medicaid at 1-800-505-5678 TTY users should call TTY: 711.

Nassau County members may contact the local Department of Social Services.

Method	Nassau County Department of Social Services
CALL	516-227-7474
WRITE	Nassau County DSS 60 Charles Lindbergh Blvd Uniondale, NY 11553-3656
WEBSITE	<a href="https://www.nassaucountyny.gov/agencies/dss/medicaid/index.html">https://www.nassaucountyny.gov/agencies/dss/medicaid/index.html</a>

Bronx, Kings, New York, Queens, Richmond County members may contact the New York City Human Resources Administration/Department of Social Services.

Method	Human Resources Administration/Department of Social Services
CALL	718-557-1399
WEBSITE	<a href="https://www.nyc.gov/site/hra/about/about-hra.page">https://www.nyc.gov/site/hra/about/about-hra.page</a>

Orange County members may contact the local Department of Social Services.

Method	Orange County Department of Social Services
CALL	845-291-4000
WRITE	Orange County DSS Box Z, 11 Quarry Road Goshen, New York 10924-0678
WEBSITE	<a href="https://www.orangecountygov.com/285/Department-of-Social-Services">https://www.orangecountygov.com/285/Department-of-Social-Services</a>

Rockland County members may contact the local Department of Social Services.

Method	Rockland County Department of Social Services
CALL	845-364-3040
WRITE	Rockland County DSS Building L 50 Sanatorium Road Pomona, New York 10970
WEBSITE	<a href="http://rocklandgov.com/departments/social-services/contact-dss/">http://rocklandgov.com/departments/social-services/contact-dss/</a>

Westchester County members may contact the local Department of Social Services.

Method	Westchester County Department of Social Services
CALL	914-995-3333
WRITE	White Plains District Office 85 Court Street White Plains, NY 10601-4201
WEBSITE	<a href="http://socialservices.westchestergov.com/about-us/dss-district-offices">http://socialservices.westchestergov.com/about-us/dss-district-offices</a>

# Getting Important Plan Materials



## How to Get Important Plan Documents

You are important to us! We make it easy for you to get the information you need. Go online to view important plan documents and find a network provider or pharmacy. You can also look up your prescription drugs, anytime, anywhere, from any device. Your **2025** plan documents, like your Evidence of Coverage, Formulary, and Provider/Pharmacy Directory will be available online by **October 15, 2024**.

### Get to know your plan documents

- **Evidence of Coverage (EOC):** A guide to what's covered under your plan. It has details about your plan benefits and coverage, member rights, and more.
- **Formulary (Drug List):** A list of covered drugs under your plan.
- **Provider/Pharmacy Directory:** A list of network doctors, specialists, and pharmacies with phone numbers and addresses. You can find a network provider or pharmacy using our online directory at **MolinaHealthcare.com/ProviderSearch**.
- **Notice of Privacy Practice:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is located on our website at **[https://www.molinahealthcare.com/members/common/en-US/terms\\_privacy.aspx](https://www.molinahealthcare.com/members/common/en-US/terms_privacy.aspx)**.

### How to view or request a copy of a plan document



#### Online at MolinaHealthcare.com/Medicare

View or download a copy of your plan documents online anytime, anywhere. Use any device, like your computer, tablet, or mobile phone. Your **2025** plan documents will be available online by **October 15, 2024**.



#### Online at MyMolina.com

Visit our self-service member portal to view your plan documents online 24/7, or to find a network provider or pharmacy. Sign in to your My Molina Member Portal or set up an account at **MyMolina.com**. Click "Create an Account" and follow the step-by-step instructions to sign up.



#### Call toll-free

Let us know if you don't have computer access or if you prefer to have a printed copy of an EOC, Formulary, or Provider/Pharmacy Directory mailed to you. To request a printed copy of a plan document, call Member Services toll-free at **(833) 671-0440 (TTY: 711), Monday - Friday, 8 a.m. to 8 p.m., local time**.

### We're here to help

If you have questions about your benefits, need help finding a network provider or pharmacy, or would like to opt out of mailed materials, call Member Services toll-free at **(833) 671-0440 (TTY: 711)**.

# **Notice of Non-Discrimination and Accessibility**

Senior Whole Health of New York complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex (consistent with the scope of sex discrimination described at § 92.101(a)).

To help you effectively communicate with us, Senior Whole Health of New York provides services free of charge and in a timely manner:

- Senior Whole Health of New York provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters. (2) Information in other formats, such as large print, audio, accessible electronic formats, Braille.
- Senior Whole Health of New York provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need these services, contact Molina Member Services at 1-800-665-3086 or TTY/TDD: 711, Monday to Friday, 8 a.m. to 8 p.m., local time.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, you can file a grievance. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit  
200 Oceangate  
Long Beach, CA 90802  
Email: [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com)  
Website: <https://molinahealthcare.Alertline.com>

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Phone: 1-800-368-1019  
TTY/TDD: 800-537-7697

Complaint forms are available here: <http://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>



**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:**

如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费的口译服务回答您的问题。若要获得口译服务，请致电我们：1-833-671-0440。说普通话的人士会帮助您。这是免费服务。

**Chinese Cantonese:**

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打1-833-671-0440 聯絡我們。能說广东话的人士會為您提供協助。這是免費的服務。

**Tagalog:**

May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posibleng katanungan ninyo tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa 1-833-671-0440. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**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 các dịch vụ thông dịch miễn phí để trả lời các câu hỏi của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để có thông dịch viên, hãy gọi cho chúng tôi theo số 1-833-671-0440. Sẽ có nhân viên nói tiếng Việt trợ giúp quý vị. Đây là dịch vụ miễn phí.

**German:**

Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. 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 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-671-0440번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:**

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру 1-833-671-0440. Вам бесплатно поможет русскоязычный сотрудник.

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

**Hindi:**

हमारी स्वास्थ्य या दवा योजना के बारे में अगर आपके कुछ सवाल हैं, तो उनके जवाब देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ उपलब्ध हैं। दुभाषिया पाने के लिए, हमें 1-833-671-0440 पर कॉल करें। हृदी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

**Italian:**

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

**Portuguese:**

Disponos 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 ouwa asirans medikaman 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。通訳をご用命になるには、1-833-671-0440 にお電話ください。日本語を話す人が支援いたします。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 পরামর্শ রয়েছে। কোনও দোভাষী পতে, আমাদের 1-833-671-0440 নম্বরে ফোন করুন। বাংলা বলতে পারেন এমন কউে আপনাকে সাহায্য করতে পারেন। এটি একটি বিনামূল্যের পরামর্শ।

**Yiddish:**

מיר האבן פריי יבערזעצער בא דינונגס צו ענטפערן אלע פראגן וואס איר קען האבן וועגן אונזער געזונט אדער מעדיצין פלאן. צו באקומען אן יבערזעצער, נאר רופן אונז אויף 1-833-671-0440. איינער וואס רעדט יידיש קען דיר העלפן. דאס איז א פריי סערוויס.

**Urdu:**

ہم اپنے صحت یا منشیات کے منصوبوں سے متعلق آپ کے کسی بھی سوال کا جواب دینے کے لیے مفت تشریحی خدمات بھی پیش کرتے ہیں۔ اگر آپ کو مترجم کی ضرورت ہے تو براہ کرم 1-833-671-0440 پر کال کریں۔ اردو بولنے والے عملے آپ کی مدد کر سکتے ہیں۔ یہ خدمات مفت ہیں۔

**Greek:**

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

## **NOTICE OF PRIVACY PRACTICES**

### **SENIOR WHOLE HEALTH OF NEW YORK, INC.**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Senior Whole Health of New York, Inc. dba “Senior Whole Health by Molina Healthcare” (“**Senior Whole Health**”, “**we**” or “**our**”) uses and shares protected health information about you to provide your health benefits as a Senior Whole Health member. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this Notice is October 1, 2021.

**PHI** means protected health information. PHI is health information that includes your name, Member number or other identifiers, and is used or shared by Senior Whole Health.

#### **Why does Senior Whole Health use or share your PHI?**

We use or share your PHI to provide you with health care benefits. Your PHI is used or shared for treatment, payment, and health care operations.

#### **For Treatment**

Senior Whole Health may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

#### **For Payment**

Senior Whole Health may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

#### **For Health Care Operations**

Senior Whole Health may use or share PHI about you to run our health plan. For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve Member concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. It includes but is not limited to, the following:

- Improving quality;
- Actions in health programs to help Members with certain conditions (such as asthma);
- Conducting or arranging for medical review;
- Legal services, including fraud and abuse detection and prosecution programs;
- Actions to help us obey laws;
- Address Member needs, including solving complaints and grievances.

We will share your PHI with other companies (“**business associates**”) that perform different kinds of activities for our health plan. We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment, or other health-related benefits and services.

**When can Senior Whole Health use or share your PHI without getting written authorization (approval) from you?**

In addition to treatment, payment and health care operations, the law allows or requires Senior Whole Health to use and share your PHI for several other purposes including the following:

**Required by law**

We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

**Public Health**

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

**Health Care Oversight**

Your PHI may be used or shared with government agencies. They may need your PHI for audits.

**Research**

Your PHI may be used or shared for research in certain cases, such as when approved by a privacy or institutional review board.

**Legal or Administrative Proceedings**

Your PHI may be used or shared for legal proceedings, such as in response to a court order.

**Law Enforcement**

Your PHI may be used or shared with police for law enforcement purposes, such as to help find a suspect, witness or missing person.

**Health and Safety**

Your PHI may be shared to prevent a serious threat to public health or safety.

**Government Functions**

Your PHI may be shared with the government for special functions. An example would be to protect the President.

**Victims of Abuse, Neglect or Domestic Violence**

Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

**Workers Compensation**

Your PHI may be used or shared to obey Workers Compensation laws.

**Other Disclosures**

Your PHI may be shared with funeral directors or coroners to help them do their jobs.

**When does Senior Whole Health need your written authorization (approval) to use or share your PHI?**

Senior Whole Health needs your written approval to use or share your PHI for a purpose other than those listed in this Notice. Senior Whole Health needs your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

**What are your health information rights?**

You have the right to:



- **Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)**

You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use Senior Whole Health's form to make your request.

- **Request Confidential Communications of PHI**

You may ask Senior Whole Health to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to make your request in writing. You may use Senior Whole Health's form to make your request.

- **Review and Copy Your PHI**

You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Senior Whole Health Member. You will need to make your request in writing. You may use Senior Whole Health's form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases, we may deny the request.

*Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.*

- **Amend Your PHI**

You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a Member. You will need to make your request in writing. You may use Senior Whole Health's form to make your request. You may file a letter disagreeing with us if we deny the request.

- **Receive an Accounting of PHI Disclosures (Sharing of Your PHI)**

You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

- for treatment, payment or health care operations;
- to persons about their own PHI;
- sharing done with your authorization;
- incident to a use or disclosure otherwise permitted or required under applicable law;
- PHI released in the interest of national security or for intelligence purposes; or
- as part of a limited data set in accordance with applicable law.

We will charge a reasonable fee for each list if you ask for this list more than once in a 12-month period. You will need to make your request in writing. You may use Senior Whole Health's form to make your request.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call Senior Whole Health Member Services at the toll-free phone number on your Senior Whole Health ID card, 7 days a week, 8 a.m. to 8 p.m., local time. TTY/ TDD users, please call 711.

**What can you do if your rights have not been protected?**

You may complain to Senior Whole Health and to the Department of Health and Human Services if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care and benefits will not change in any way.

You may file a complaint with us at:

**By Phone:**

Call Senior Whole Health Member Services at the toll-free phone number on your Senior Whole Health ID card, 7 days a week, 8 a.m. to 8 p.m. local time. TTY/TDD users, please call 711.

**In Writing:**

Senior Whole Health  
Attention: Medicare Appeals and Grievances  
P.O. Box 22816  
Long Beach, CA 90801

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

U.S. Department of Health & Human Services  
Office for Civil Rights  
200 Independence Ave., S.W.  
Suite 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019; (800) 537-7697 (TDD); (202) 619-3818 (FAX)

**What are the duties of Senior Whole Health?**

Senior Whole Health is required to:

- Keep your PHI private;
- Give you written information such as this on our duties and privacy practices about your PHI;
- Provide you with a notice in the event of any breach of your unsecured PHI;
- Not use or disclose your genetic information for underwriting purposes;
- Follow the terms of this Notice.

**This Notice is Subject to Change**

**Senior Whole Health reserves the right to change its information practices and terms of this Notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, Senior Whole Health will post the revised Notice on our web site and send the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to our members then covered by Senior Whole Health.**

**Contact Information**

If you have any questions, please contact the following office:

**By Phone:**

Call Senior Whole Health Member Services at the toll-free phone number on your Senior Whole Health ID card, 7 days a week, 8 a.m. to 8 p.m. local time. TTY/TDD users, please call 711.

You can get this document for free in other formats, such as large print, braille, or audio. Call Senior Whole Health Member Services at the toll-free phone number on your Senior Whole Health ID card, 7 days a week, 8 a.m. to 8 p.m. local time. TTY/TDD users, please call 711. The call is free.

