2027
Annual Notice of Change



ElderServe MAP

(HMO D-SNP)

For more information, call us **1-800-362-2266** (TTY/ TDD 711)
8 a.m. to 8 p.m. ET – 7 days a week.

www.ElderServeHealth.org

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ElderServe MAP (HMO D-SNP) offered by ElderServe Health Inc.

Annual Notice of Change for 2027

You're enrolled as a member of *ElderServe MAP (HMO D-SNP)*.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in *ElderServe MAP (HMO D-SNP).*
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage***.** Get a copy at *www.ElderServeHealth.org* or call Member Services at 1-800-362-2266 (TTY users should call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish, Chinese, and Russian.
- Call Member Services at *1-800-362-2266* (TTY users call *711*) for more information. Hours are 8:00 am to 8:00 pm ET, 7 days a week. This call is free.

You can get this information for free in other formats, such as large print braille or audio.

About ElderServe MAP (HMO D-SNP)

- ElderServe MAP (HMO D-SNP) is a plan with a Medicare and Medicaid contract. Enrollment in ElderServe MAP (HMO D-SNP) depends on contract renewal. Our plan also has a written agreement with the New York State Medicaid Program to coordinate your Medicaid benefits.
- When this material says "we," "us," or "our," it means *ElderServe Health Inc.* When it says "plan" or "our plan," it means ElderServe MAP (HMO D-SNP).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in *ElderServe MAP (HMO D-SNP)*.** Starting January 1, 2027, you'll get your medical and drug coverage through ***ElderServe MAP (HMO D-SNP)***. Go to Section 3 for more information about how to change plans and deadlines for making a change.

H6776_ANOC002CY27_M

Table of Contents

Summary of Important Costs for 2027 3

SECTION 1 Changes to Benefits & Costs for Next Year 5
Section 1.1 Changes to the Monthly Plan Premium 5
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount 5
Section 1.3 Changes to the Provider Network 6
Section 1.4 Changes to the Pharmacy Network 7
Section 1.5 Changes to Benefits & Costs for Medical Services 7
Section 1.6 Changes to Part D Drug Coverage 10
Section 1.7 Changes to Prescription Drug Benefits & Costs 11

SECTION 2 How to Change Plans 14
Section 2.1 Deadlines for Changing Plans 14
Are there other times of the year to make a change? 14

SECTION 3 Get Help Paying for Prescription Drugs 15

SECTION 4 Questions? 16
Get Help from *ElderServe MAP (HMO D-SNP)* 16
Get Help from Medicare 17
Get Help from Medicaid 18

Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	$0 or $58.80 for your Part D Premium	$0 or $40.50 for your Part D Premium
Part B Deductible	The Part B Deductible is $283 except for insulin furnished through an item of durable medical equipment. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	The Part B Deductible is $ 283 except for insulin furnished through an item of durable medical equipment. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0. *These are 2026 cost-sharing amounts and may change for 2027. ElderServe MAP will provide updated rates as soon as they are released.*
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	*$9,250* 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.	***$9,850*** 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.
Primary care office visits	*$0* per visit	*$0* per visit
Specialist office visits	*$0* per visit	*$0* per visit

	2026 (this year)	**2027 (next year)**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	$0 Coinsurance or Copayment	$0 Coinsurance or Copayment
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	*$615 Deductible* except for covered insulin products and most adult Part D vaccines *Depending on your level of Medicaid eligibility, you may not have any cost sharing responsibility. (Look at the separate inert, the "LIS Rider" for your deductible amount.) *Copayment/Coinsurance as applicable* during the Initial Coverage Stage: • Drug Tier 1: Depending on your Medicaid eligibility you pay: For generic drugs (including brand drugs treated as generic): $0 copay; or $1.60 copay; or $5.10copay; or 25% of the cost. For all other drugs: $0 copay; or $4.90 copay; or	$700.00 Deductible except for covered insulin products and most adult Part D vaccines *Depending on your level of Medicaid eligibility, you may not have any cost sharing responsibility. (Look at the separate inert, the "LIS Rider" for your deductible amount.) *Copayment/Coinsurance as applicable* during the Initial Coverage Stage: • **Drug Tier 1:** Depending on your Medicaid eligibility you pay: For generic drugs (including brand drugs treated as generic): $0 copay; or $1.65 copay; or $5.80 copay; or 25% of the cost.

	2026 (this year)	2027 (next year)
	\$12.65 copay; or 25% of the cost. You pay \$35 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	For all other drugs: \$0 copay; or \$5.00 copay; or \$14.40 copay; or 25% of the cost. You pay \$35 per month supply of each covered insulin product on this tier. **Catastrophic Coverage Stage:** During this payment stage, you pay nothing for your covered Part D drugs

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	\$0 or \$58.80 for your Part D	***\$0 or \$ 40.50*** for your Part D

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've paid this amount, you generally pay nothing for covered Part A and Part B for the rest of the calendar year.

	2026 (this year)	**2027 (next year)**
Maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by 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. Your costs for covered medical services (such as copayments and deductibles) **count** toward your maximum out-of-pocket amount.	*$9,250* Once you've paid *$9,250* out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.	*$9,850* Once you've paid *$9,850* out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory www.ElderServeHealth.org* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at *www.ElderServeHealth.org.*
- Call Member Services at *1-800-362-2266* (TTY users call *711*) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at *1-800-362-2266* (TTY users call *711*) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can 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.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* www.ElderServeHealth.org to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.ElderServeHealth.org.
- Call Member Services at *1-800-362-2266* (TTY users call *711*) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at *1-800-362-2266* (TTY users call *711*) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare *and Medicaid* benefits and costs.

	2026 (this year)	**2027 (next year)**
Diabetic Supplies and Services (Diabetic Monitors)	Not Covered	You pay $0 copayment Prior Authorization is required
Cardiac Rehabilitation Services	*Prior Authorization required*	***Prior Authorization* not *required***
Pulmonary Rehabilitation Services	*Prior Authorization required*	***Prior Authorization* not *required***

Opioid Treatment Program Services	*Prior Authorization required*	***Prior Authorization* not *required***
Eye Exams	*Prior Authorization required*	***Prior Authorization* not *required***
Over-The-Counter (OTC) Items	$302 per month. Any unused amount is not carried over to the next period.	$295 per month. Any unused amount is not carried over to the next period.

Over-The-Counter (OTC) + Utility + Grocery Benefit	$302 per month. In addition, this benefit can be applied towards payment for utilities, food and produce. The benefit dollars cannot be carried over to the next month. The benefit cannot be converted to cash. For eligible members (with certain chronic conditions) the Special Supplemental Benefits for Chronically Ill (grocery benefit) combines with the OTC benefit to cover certain grocery items as part of the monthly OTC allowance, which may only be purchased at select pharmacies and/or retailers. The benefits mentioned are a part of special supplemental program for the chronically ill. Some examples of conditions include *Cardiovascular Disorder, Hypertension, Osteoarthritis, Endocrine Disorder and Gastrointestinal Disorder*. Eligibility for this benefit cannot be guaranteed based solely on your condition. Eligible members will be notified and provided instructions on how to access this benefit.	$295 per month. In addition, this benefit can be applied towards payment for utilities, food and produce. The benefit dollars cannot be carried over to the next month. The benefit cannot be converted to cash. For eligible members (with certain chronic conditions) the Special Supplemental Benefits for Chronically Ill (grocery benefit) combines with the OTC benefit to cover certain grocery items as part of the monthly OTC allowance, which may only be purchased at select pharmacies and/or retailers. The benefits mentioned are a part of special supplemental program for the chronically ill. Some examples of conditions include *Cardiovascular Disorder, Hypertension, Osteoarthritis, Endocrine Disorder and Gastrointestinal Disorder*. Eligibility for this benefit cannot be guaranteed based solely on your condition. Eligible members will be notified and provided instructions on how to access this benefit.

Preventive Supplemental Dental Services	You pay $0 copayment for the following Supplemental Preventative Dental Services: Oral Exams: Periodic oral evaluation: 2 every 6 months	You pay $0 copayment for the following Supplemental Preventative Dental Services: Oral Exams: Periodic oral evaluation: 1 every 6 months

Section 1.6 Changes to Part D 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.

You can get the *complete* Drug List by calling Member Services at *1-800-362-2266* (TTY users call *711*) or visiting our website at (*www.ElderServeHealth.org)*.

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 calendar 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're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at *1-800-362-2266* (TTY users call *711*) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs** may **not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by *September 30th,* call Member Services at *1-800-362-2266* (TTY users call *711*) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you reach the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach *$2,400.*

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	**2027 (next year)**
Yearly Deductible	*$615* Your deductible amount may be $0, depending on the level of "Extra Help" you receive. (Look at the separate insert, the LIS Rider, for your deductible amount.)	***$700*** Your deductible amount may be $0, depending on the level of "Extra Help" you receive. (Look at the separate insert, the LIS Rider, for your deductible amount.)

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1:	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is $: **For generic drugs (including brand drugs treated as generic)**: $0 copay; or $1.60 copay; or $5.10 copay; or 25% of the cost. **For all other drugs**: $0 copay; or $4.90 copay; or $12.65 copay; or 25% of the cost. You pay $35 per month supply of each covered insulin product on this tier. Once you have paid $*2,100* out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is $: **For generic drugs (including brand drugs treated as generic)**: $0 copay; or $1.65 copay; or $5.80 copay; or 25% of the cost. **For all other drugs**: $0 copay; or $5.00 copay; or $14.40 copay; or 25% of the cost. Once you have paid $*2,400* out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage)

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 How to Change Plans

To stay in *ElderServe MAP (HMO D-SNP)*, you don't need to do anything. Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our ***ElderServe MAP (HMO D-SNP)***.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from ***ElderServe MAP (HMO D-SNP)***. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from ***ElderServe MAP (HMO D-SNP)***.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll Call Member Services at *1-800-362-2266* (TTY users call *711*) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty.
    - **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 6), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, *ElderServe Health* offers other Medicare prescription drug plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

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

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- 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 recently moved into or currently live in 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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
  - Your State Medicaid office.
- **Help from your state's pharmaceutical assistance program (SPAP).** *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 (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the New York State HIV Uninsured Care Programs. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call1-800-542-2437. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at *1-800-362-2266* (TTY users call *711*) ***or*** visit Medicare.gov.

SECTION 4 Questions?

Get Help from *ElderServe MAP (HMO D-SNP)*

Call Member Services at *1-800-362-2266.* (TTY users call *711*.) We're available for phone calls 8:00 am to 8:00 pm, 7 days a week. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for *ElderServe MAP (HMO D-SNP).* The *Evidence of Coverage* is the legal, detailed description of our plan

benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at *www.ElderServeHealth.org* or call Member Services at *1-800-362-2266* (TTY users call *711*) to ask us to mail you a copy.

- **Visit *www.ElderServeHealth.org***

  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

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 Health Insurance Information, Counseling and Assistance Program (HIICAP).

Call (HIICAP) to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call *HIICAP* at 1-800-701-0501. Learn more about *HIICAP* by visiting (https://www.aging.ny.gov)

Get Help 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 can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2027**

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

Call New York State Medicaid Program at 1-800-541-2831 from 8:00 am to 8:00 pm, Monday through Friday and 9:00 am to 1:00 pm on Saturday. TTY users call 711 for help with Medicaid enrollment or benefit questions. You can write to your Local Department of Social Services (LDSS). Find the address for your LDSS at www.health.ny.gov/health_care/medicaid

Independent Consumer Advocacy Network (ICAN)
Phone: 1-844-614-8800 Mon.-Fri. 8:00 AM - 6:00 PM.
TTY: 711.
Mail: Independent Consumer Advocacy Network (ICAN)
Community Service Society of New York
633 Third Ave, 10th Floor
New York, NY 10017

Community Health Access to Addiction and Mental Healthcare Project (CHAMP)
Community Service Society of New York
633 Third Ave, 10th Floor
New York, NY 10017
Phone: 1-888-614-5400 (TTY Relay Service: 711)
Web: https://www.cssny.org/programs/entry/community-health-access-to-addiction-and-mental-healthcare-project-champ
Email: ombuds@oasas.ny.gov

The New York State Long Term Care Ombudsman Program
1-855-582-6769 Mon.-Fri. 9:00 AM – 5:00 PM
2 Empire State Plaza, 5th Floor
Albany, NY 12223
EMAIL: ombudsman@aging.ny.gov
www.aging.ny.gov/long-term-care-ombudsman-program

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1444. If you have comments or suggestions for improving this form, write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

ElderServe Health, Inc. Notice of Nondiscrimination

ElderServe Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR CFR § 92.101(a)(2)). ElderServe Health, Inc. does not exclude people or treat them less favorable because of race, color, national origin, age, disability, or sex.

ElderServe Health, Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Civil Rights Coordinator. If you believe that ElderServe Health, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

ElderServe Health, Inc.
ATTN Civil Rights Coordinator
80 West 225th Street
Bronx, NY, 10463

Phone: 1-800-771-0088, TTY 711
Fax: 1-888-341-5009

You may file a grievance in person or by mail, phone, or fax. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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

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

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 800-362-2266 TTY:711.	English
ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 800-362-2266 TTY:711.	Spanish
请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 800-362-2266 TTY:711。	Chinese
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