2027
Annual Notice of Change



ElderServe Star

(HMO I-SNP)

For more information, call us **1-800-580-7000** (TTY/ TDD 711)
8 a.m. to 8 p.m. ET – 7 days a week.

www.ElderServeHealth.org

ElderServe Star (HMO I-SNP) offered by *ElderServe Health Inc.*

Annual Notice of Change for 2027

You're enrolled as a member of *ElderServe Star (HMO I-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 Star (HMO I-SNP)*.
- To change to a **different plan**, you can switch plans or switch to Original Medicare (either with or without a separate Medicare drug plan) at any time.
- 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*, *which is located on our website at www.ElderServeHealth.org*. You may also call Members Services at 1-800-580-7000 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in *Spanish.*
- Call Member Services at *1-800-580-7000* (TTY users call *711*) for more information. Hours are 8:00 am to 8:00 pm ET. This call is free.
- *You can get this information for free in other formats, such as large print, braille, or audio.*

About *ElderServe Star (HMO I-SNP)*

- *ElderServe Health is an (HMO I-SNP) plan with a Medicare contract. Enrollment in ElderServe Star (HMO I-SNP) depends on contract renewal.*
- When this material says "we," "us," or "our," it means *ElderServe Health Inc.* When it says "plan" or "our plan," it means *ElderServe Star (HMO I-SNP)*.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled *ElderServe Star (HMO I-SNP).*** Starting January 1, 2027, you'll get your medical and drug coverage through *ElderServe Star (HMO I-SNP)* Go to Section 3 for more information about how to change plans and deadlines for making a change.

Table of Contents

Summary of Important Costs for 2027 3

SECTION 1 Changes to Benefits & Costs for Next Year 6

Section 1.1 Changes to the Monthly Plan Premium 6

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount 6

Section 1.3 Changes to the Provider Network 7

Section 1.4 Changes to the Pharmacy Network 7

Section 1.5 Changes to Benefits & Costs for Medical Services 8

Section 1.6 Changes to Part D Drug Coverage 9

Section 1.7 Changes to Prescription Drug Benefits & Costs 10

SECTION 2 How to Change Plans 11

Section 2.1 Deadlines for Changing Plans 12

Section 2.2 Are there other times of the year to make a change? 12

SECTION 3 Get Help Paying for Prescription Drugs 13

SECTION4 Questions? 14

Get Help from *ElderServe Star (HMO I-SNP)* 14

Get Free Counseling about Medicare 14

Get Help from Medicare 15

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.	$58.80 (Part D Plan Premium)	$22.00 (Part D Plan Premium)
Part B Deductible	*$283* except for insulin furnished through an item of durable medical equipment	*$283* except for insulin furnished through an item of durable medical equipment **These are the 2026 amounts and will change in 2027. ElderServe will provide updated rates as soon as they are released.**
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	*$9,250*	*$9,850*
Primary care office visits	*20%* per visit	***20%* per visit**
Specialist office visits	*20%* per visit	***20%* per visit**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care,	$1,736 deductible for each benefit period	$1,736 deductible for each benefit period

	2026 (this year)	**2027 (next year)**
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.	Days 1-60: $0 copay Days 61-90: $434 copay per day Day 91 and beyond: $868 copay per day for each "lifetime reserve day" for each benefit period	Days 1-60: $0 copay Days 61-90: $434 copay per day Day 91 and beyond: $868 copay per day for each "lifetime reserve day" for each benefit period ***These are the 2026 amounts and will change in 2027. ElderServe will provide updated rates as soon as they are released.***
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible $615 except for covered insulin products and most adult Part D vaccines. *Copayment* during the Initial Coverage Stage: Drug Tier 1: *25%* You pay no more than $*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.	Part D drug coverage deductible *$700 except for covered insulin products and most adult Part D vaccines.* *Copayment* during the Initial Coverage Stage: Drug Tier 1: *25%* You pay no more than $*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. If you get "Extra Help" paying for your drugs,

	2026 (this year)	**2027 (next year)**
	If you get "Extra Help" paying for your drugs, you may be eligible for reduced cost-sharing. Please refer to your "Low Income Subsidy (LIS) Rider."	you may be eligible for reduced cost-sharing. Please refer to your "Low Income Subsidy (LIS) Rider."

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.)	$58.80 for you Part D premium	*$22.00 for your Part D premium*

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.

- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 1 for more information about Extra Help from Medicare.

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 services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) **count** toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	***$9250*** Once you've paid *$9250* 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 *1-800-580-7000* (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 *1-800-580-7000* (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 *1-800-580-7000* (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 *1-800-580-7000* (TTY users call *711*) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	**2027 (next year)**
Skilled Nursing Facility (SNF)	In 2026, the amounts for each benefit period after at least a 3-day Medicare covered hospital stay are: Days 1 – 20: $0 Copayment per day Days 21 – 100: $217 copayment per day. Days 101 and beyond: you pay all costs.	In 2026, the amounts for each benefit period after at least a 3-day Medicare covered hospital stay are: Days 1 – 20: $0 Copayment per day Days 21 – 100: $217 copayment per day. Days 101 and beyond: you pay all costs. ***These are the 2026 amounts and will change in 2027. ElderServe will provide updated rates as soon as they are released.***
Diabetic Supplies and Services (Diabetic Monitors)	N/A	20% Coinsurance
Intensive Outpatient Program Services	Authorization is required	Authorization is not required

	2026 (this year)	2027 (next year)
Mental Health Specialty Services	*Authorization is required*	***Authorization is not required***
Psychiatric Services	*Authorization is required*	***Authorization is not required***
Opioid Treatment Program Services	*Authorization is required*	***Authorization is not required***
Outpatient Substance Abuse	*Authorization is required*	***Authorization is not required***
Eye Exam	*Authorization is required*	***Authorization is not required***
In Network Maximum Out Of Pocket (MOOP)	*$9,250*	***$9,850***

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, and posted online at *www.ElderServeHealth.org*.

You can get the *complete* Drug List by calling Member Services at *1-800-580-7000* (TTY users call 711) or visiting our website at *Member Materials – ElderServe Star*.

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 *1-800-580-7000* (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 don't get this material by September 30th call Member Services at 1-800-580-7000 (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've reached 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 total drug 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*	**$700**

Drug Costs in Stage 2: Initial Coverage

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:	***25*% of the total cost** **You pay *$35* per month supply of each covered insulin product on this tier**	**25% of the total cost** **You pay *$35* per month supply of each covered insulin product on this tier.**

SECTION 2 How to Change Plans

To stay in *ElderServe Star (HMO I-SNP),* you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our *ElderServe Health Plans (HMO I-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 Health Plans (HMO I-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 Medicare separate drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from *ElderServe Star (HMO I-SNP).*
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-800-580-7000 (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 (go to Section *2.1*).
- **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 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, *ElderServe Health* offers other Medicare health plans. These other plans can have different 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.

Section 2.2 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

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, call *1-800-542-2437*. 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 1-800-580-7000 (TTY users call 711) or visit Medicare.gov.

SECTION4 Questions?

Get Help from *ElderServe Star (HMO I-SNP)*

- **Call Member Services at 1-800-580-7000. (TTY users call 711.)**

  We're available for phone calls *7 days a week, from 8:00 am to 8:00 pm ET*. 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 Star (HMO I-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 *1-800-580-7000* (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 (HIICAP) Program.

Call *Health Insurance information, Counseling, and Assistance (HIICAP) Program* to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call *Health Insurance information, Counseling, and Assistance (HIICAP) Program at 1-800-701-0501*.

Health Insurance information, Counseling, and Assistance (HIICAP) Program at 1-800-701-0501. Learn more about *Health Insurance information, Counseling, and Assistance (HIICAP) Program* by visiting https://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.

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

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **800-580-7000** (TTY: **711**; or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **800-580-7000**(TTY: **711**) o hable con su proveedor.

中文 **(Simplified Chinese)** 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **800-580-7000**（文本电话： **711**）或咨询您的服务提供商。

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **800-580-7000**(TTY: **711**) или обратитесь к своему поставщику услуг.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan **800-580-7000**(TTY: **711**) oswa pale avèk founisè w la.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **800-580-7000**(TTY: **711**) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' **800-580-7000** (TTY: **711**) o parla con il tuo fornitore.

יידי ש (Yiddish) נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי .
צונעמען־אידס און באַדינונגס אלאַר צוגאַווייַדינג אינאלאָרמאַציע אין צוטריטלעך אלאָרמאַטירונגען זענען אויך בנימצא פריי. רופן (**800-580-7000** (TTY: **711**אָדער רעדן מיט דיין טרעגער .

(Bengali) ইংরেজিতে মনোযোগ: আপনি যদি অন্য ভাষা বলতে পারেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহায়তা

এবং পরিষেবাগুলিও বিনামূল্যে পাওয়া যায়। **800-580-7000** (TTY: 711; অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **800-580-7000**(TTY: **711**) lub porozmawiaj ze swoim dostawcą.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **800-580-7000**(**711**) أو تحدث إلى مقدم الخدمة .

Français (French) ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **800-580-7000**(TTY: **711**) ou parlez à votre fournisseur.

اردو (Urdu)

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (**711 800-580-7000**:TTY) پر کال کریں یا

اپنے فراہم کنندہ سے بات کریں۔

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **800-580-7000** (TTY: **711**) o makipag-usap sa iyong provider.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **800-580-7000**(TTY: **711**) ή απευθυνθείτε στον πάροχό σας.

Hindi हिंदी ध्यान दें: यदि आप हिंदी बोलते हैं**,** तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। **800-580-7000 (TTY:** 711**)** पर कॉल करें या अपने प्रदाता से बात करें।.

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 § 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

ElderServe Health Plans

1-800-580-7000 (TTY/ TDD 711)
8 a.m. to 8 p.m. ET. – 7 days a week.

www.ElderServeHealth.org