



Coalition of Agencies in Service to the Elderly  
Bio Information Form

Date: **08/17/2017**

Name: **JoAnne Ruppel-Frawley**

Title: **Community Relations Specialist**

Agency Name: **Fidelis Care**

Complete Mailing Address: **480 Crosspoint Pkwy, Getzville NY 14068**

Phone: **716-940-3498**

Fax: **716-564-0459**

Email address: **jfrawle1@fideliscare.org**

Website address: **www.fideliscare.org**

What age range do you serve? **ALL**

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A brief description of your position: **As a Community Relations Specialist for Fidelis Care, I work with community leaders, human service agencies, and providers to educate people of all ages about free or low-cost health insurance coverage**

A brief description of what your agency does: **Fidelis Care, a 5 star rated plan, offers quality, affordable coverage for children and adults of all ages and at all stages of life. With more than 1.6 million members statewide, Fidelis Care was founded on the belief that all New Yorker's should have access to affordable, quality health insurance.**

Please list any other programs your agency provides: **Medicare Advantage, Medicare Dual Advantage, Medicaid Managed Care, Child Health Plus and products available through NY State of Health: The Official Health Plan Marketplace.**

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