

2024



*Leading the way to great care.™*



# Summary of Benefits

**Elderplan Plus Long-Term Care (HMO-POS D-SNP)**

*January 1, 2024 to December 31, 2024*

**Summary of Benefits – Elderplan Plus Long-Term Care  
(HMO-POS D-SNP) 2024**

**Proposed Effective Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Primary Care Provider**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

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**Name of Sales Representative**

**Important Numbers**

**Member Services**

**1-877-891-6447, TTY 711**  
8 a.m. to 8 p.m., 7 days a week

Summary of Benefits – **Elderplan Plus Long-Term Care**  
**(HMO-POS D-SNP) 2024**



# Summary of Benefits

for **Elderplan Plus Long-Term Care (HMO-POS D-SNP)**

**January 1, 2024 – December 31, 2024**

Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam,  
Queens, Richmond, Rockland, Westchester

Proposed Effective Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## About Elderplan

Elderplan is a member of MJHS Health System, a not-for-profit health care organization that was founded in 1907 by the Four Brooklyn Ladies based on the core values of compassion, dignity and respect. MJHS has a rich history of caring for at-risk New Yorkers of every race, ethnicity, faith, national origin, gender identity or expression, sexual orientation, and military status.

One of the many advantages of being an Elderplan/HomeFirst member is that we are part of the MJHS Health System family, which includes: MJHS Home Care, MJHS Hospice and Palliative Care, as well as MJHS Isabella and MJHS Menorah Centers for Rehabilitation and Nursing Care. So, should you require access to additional support over time, and choose to receive services from MJHS, the Elderplan team can work together with their colleagues from across the system to better coordinate your care.

Elderplan realizes that staying healthy is not always as easy as seeing the doctor or taking medications as prescribed. Unfortunately, gaps in access to quality health care based on race, ethnicity, gender, and financial stability are still all too often a factor. Consistent with our values, Elderplan is leading the way to great care by being committed to health equity, to closing these gaps in care, and ensuring that all our members have access to high-quality programs and services.



Elderplan Plus Long-Term Care  
(HMO-POS D-SNP)

## Plan Overview

A health plan designed specifically for Medicare and Medicaid beneficiaries who need long-term care at home and want their long-term care services, medical, hospital and prescription drug coverage all together in one simple plan. You will have the ability to see any dentist or specialist at no extra cost, receive a new expanded over-the-counter (OTC) and Flex spending card, and be assigned a dedicated Care Manager who will be there to support and guide you, by helping to coordinate your benefits, answer your questions and more.

Members of this plan will also be able to participate in our Wellness Incentive Program, that rewards you for receiving eligible screenings and vaccinations and have access to our award-winning Member-to-Member program. Elderplan. Leading the way to great care.

Summary of Benefits – **Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024**

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# Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

## Benefits at a Glance

 <b>NEW!</b> Freedom to choose any specialist or dentist at no additional cost	<b>\$0</b>
 Monthly Plan Premium	
 Doctor Visits (Primary Care)	
 Specialist Care	
 Expanded Acupuncture Benefits	
 Brain Games with Brain HQ <sup>®</sup>	
 Supplemental Preventive and Comprehension Dental	
 Routine Podiatry	
 24/7 Access to Care with Teledoc <sup>®</sup>	
 Over-the-Counter (OTC) Benefits	<b>\$270</b> every month
 Flex Card <sup>‡</sup>	<b>\$500</b> every year
 <b>NEW!</b> Increased and expanded OTC benefit. Traditional OTC plus now including payments toward rent/mortgage, utilities, Internet, certain grocery items, home-delivered meals.**	

\*\*For eligible members (with certain chronic conditions) the Special Supplemental Benefits for the Chronically Ill combines with the OTC benefit to include payments toward rent/mortgage, utilities, Internet, certain grocery items, and home delivered meals as part of the OTC allowance. Eligible members will be notified and provided instructions on how to access the benefit.

‡ Flex Card benefit offers \$500 allowance to use in 2024 on out-of-pocket expenses for dental, vision, hearing, and/or fitness services.

## **Section I: Introduction to Summary of Benefits**

Elderplan is an HMO plan with Medicare and Medicaid contracts. Enrollment in Elderplan depends on contract renewal. Anyone entitled to Medicare Parts A and B may apply. Enrolled members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid.

This booklet gives you a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, see the 2024 Elderplan Plus Long-Term Care (HMO-POS D-SNP) Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at [www.elderplan.org](http://www.elderplan.org).

## Elderplan Contact Information

### Elderplan Plus Long-Term Care hours of operation

- From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern Time.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern Time.

### Elderplan Plus Long-Term Care phone numbers and website

- If you are a member of this plan, call toll-free **1-877-891-6447**. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week.
- If you are not a member of this plan, call toll-free **1-866-695-8101**. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week.
- Our website: [www.elderplan.org](http://www.elderplan.org).

This document is available for free in Spanish and Chinese. Please contact our Member Services number at **1-877-891-6447** for additional information. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week. This information is also available in different formats, including Braille or other alternate formats. Please call Member Services at the number listed above if you need plan information in another format or language.

## Summary of Benefits – **Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024**

### Who Can Join?

**To join Elderplan Plus Long-Term Care (HMO-POS D-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and New York State’s Medicaid program, and live in our service area.**

Our service area includes the following counties in New York: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland and Westchester.

People who qualify for Medicare and Medicaid are known as dual-eligible beneficiaries. You must be eligible for full benefits from Medicaid and meet the enrollment eligibility requirements for Elderplan Plus Long-Term Care. The kind of Medicaid benefits you receive are determined by New York State and may

vary based upon your income and resources. With the assistance of Medicaid, some dual-eligible beneficiaries do not have to pay for certain Medicare costs. Elderplan Plus Long-Term Care covers most of the cost-sharing amounts that you would otherwise have to pay and includes additional services that are covered by Medicaid.

# Useful Information About Medicare

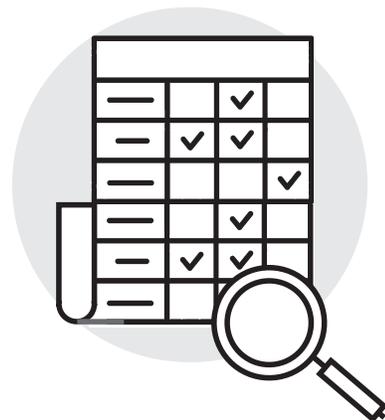
## You have choices about how to get your Medicare Benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government. Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)).
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Elderplan Plus Long-Term Care (HMO-POS D-SNP)).

## Tips for Comparing your Medicare Choices

This Summary of Benefits booklet gives you a summary of what Elderplan Plus Long-Term Care (HMO-POS D-SNP) covers and what you pay.

- You can compare Elderplan Plus Long-Term Care and Original Medicare using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers. The charts also include information about services that you receive from Medicaid. Our members receive all of the benefits that Original Medicare offers. We also offer many benefits covered by Medicaid. The covered benefits may change from year to year.



## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

- If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).



# Information About Elderplan Plus Long-Term Care

## Special eligibility requirements for our plan

Our plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you must be eligible for Medicare and Full Medicaid Benefits. Additionally, you:

- Must have Medicare Part A and Medicare Part B.
- Must reside in the plan's service area: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland and Westchester counties.
- Must be a United States citizen or lawfully present in the United States.
- Must meet the special eligibility requirements described below.
- Must be 18 years of age or older.
- You are determined eligible for Long-Term care services by Elderplan or an entity designated by the New York State Department of Health using the current NYS eligibility tool.
- Must be capable, at the time of enrollment, of returning to or remaining in your home and community without jeopardy to health and safety, based upon criteria provided by New York State Department of Health.
- Must be eligible for nursing home level of care (as of the time of enrollment).

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

- Must require care management and be expected to need at least one of the following Community-Based Long-Term Care services for more than 120 days from the effective date of enrollment:
  - a) nursing services in the home
  - b) therapies in the home
  - c) home health aide services
  - d) personal care services in the home
  - e) adult day health care
  - f) private duty nursing
  - g) Consumer-Directed Personal Assistance Services

Please note: If you lose your Medicaid eligibility but can reasonably be expected to regain eligibility within three (3) months, then you are still eligible for membership in our plan (Chapter 4, Section 2.1 of the Evidence of Coverage tells you about coverage during a period of deemed continued eligibility.)

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

### Which Doctors, Hospitals and Pharmacies can I use?

Elderplan Plus Long-Term Care (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies and other providers. Our plan allows you to see In-Network and Out-of-Network providers based on our expansive benefit offering. Our plan covers services and benefits from any of our network providers listed in our Provider and Pharmacy Directory. Our plan also includes point-of-service coverage for certain services and benefits from any Medicare-certified provider who has not opted out of Medicare. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's Provider and Pharmacy Directory at our website [www.elderplan.org](http://www.elderplan.org), or call us and we will send you a copy of the Provider and Pharmacy Directory.

### What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers — and more.

- Members get all the benefits covered by Original Medicare.
- Members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
- We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [www.elderplan.org](http://www.elderplan.org) or call us and we will send you a copy of the formulary.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

### How will I determine my drug costs?

Most of our members in Elderplan Plus Long-Term Care get “Extra Help” with their prescription drug costs. If you receive “Extra Help,” your deductible and cost share amount will depend on the level of “Extra Help” you receive. As a member of our plan, you will receive a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also known as the “Low Income Subsidy Rider” or “LIS Rider”), which tells you about your drug coverage. Please refer to the “LIS Rider” for information about your deductible and cost share amounts.

If you do **not** receive “Extra Help,” you are responsible for your Part D drug costs.

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 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778** (applications).
- New York State Department of Health (Social Services) HRA Medicaid Helpline at **1-800-692-6116** between 9 a.m. and 5 p.m., Monday through Friday. TTY users should call **711**.

## Section II: Summary of Benefits

The following are the health care costs for Elderplan Plus Long-Term Care (HMO-POS D-SNP). If you meet the eligibility requirements to be in this plan, Medicaid will help pay any health care expenses you may have.

<b>Elderplan Plus Long-Term Care (HMO-POS D-SNP)</b>		
<b>Monthly Premium</b>	\$0	Because you are a dual-eligible member with full Medicaid benefits, your plan premium is covered on your behalf.
<b>Part B Deductible</b>	\$0	Because you are a dual-eligible member with full Medicaid benefits, your Medicare Part B deductible (\$240 In 2024) is covered on your behalf.

# Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

## Elderplan Plus Long-Term Care (HMO-POS D-SNP)

### Combined Maximum Out-of-Pocket

\$8,850 In-Network and Out-of-Network combined

Because you are a dual-eligible member with full Medicaid benefits, you are not responsible for paying any out-of-pocket costs toward the in-network and out-of-network combined maximum out-of-pocket amount (\$8,850) for covered Part A and Part B services. This does not apply to prescription drug costs.



## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

<b>Medicare-covered Benefits</b>			
<b>Health Need or Problem</b>	<b>Covered Benefit</b>	<b>Your Cost Share</b>	<b>What You Should Know</b>
<b>You need hospital care</b>	Inpatient Hospital Services	\$0 copayment for each benefit period. \$0 copayment per day.	Authorization is required.
	Outpatient Hospital Services	\$0 copayment.	
	Ambulatory Surgical Center (ASC)	\$0 copayment.	
<b>You want to see a doctor</b>	Primary Care Providers	\$0 copayment for each visit.	This benefit is also available through Telehealth. Please call your current provider for details.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

<b>Medicare-covered Benefits</b>			
<b>Health Need or Problem</b>	<b>Covered Benefit</b>	<b>Your Cost Share</b>	<b>What You Should Know</b>
<b>You want to see a doctor</b> <i>(continued)</i>	Specialists	<p><b>In-Network</b> \$0 copayment for each visit.</p> <p><b>Out-of-Network</b> \$0 copayment for each visit.</p>	This benefit is also available through in-network Telehealth. Please call your current provider for details.
	Nurse Practitioners and Physician Assistants	<p><b>In-Network</b> \$0 copayment for each visit.</p> <p><b>Out-of-Network</b> \$0 copayment for each visit.</p>	Authorization only required for in-home visits.
	Preventive Care	\$0 copayment.	Preventive care services may be covered by Medicare during the benefit year.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

<b>Medicare-covered Benefits</b>			
<b>Health Need or Problem</b>	<b>Covered Benefit</b>	<b>Your Cost Share</b>	<b>What You Should Know</b>
<b>You want to see a doctor</b> <i>(continued)</i>	Preventive Care <i>(continued)</i>		<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse screenings &amp; counseling</li> <li>• Blood-based biomarker tests</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular disease screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings               <ul style="list-style-type: none"> <li>- Multi-target stool DNA tests</li> <li>- Screening barium enemas</li> <li>- Screening colonoscopies</li> <li>- Screening fecal occult blood tests</li> <li>- Screening flexible sigmoidoscopies</li> </ul> </li> <li>• Depression screenings</li> <li>• Diabetes screenings</li> <li>• Diabetes self-management training</li> <li>• Glaucoma Screening</li> <li>• Hepatitis B Virus (HBV) infection screening</li> </ul>

Summary of Benefits – **Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024**

<b>Medicare-covered Benefits</b>			
<b>Health Need or Problem</b>	<b>Covered Benefit</b>	<b>Your Cost Share</b>	<b>What You Should Know</b>
<b>You want to see a doctor</b> <i>(continued)</i>	Preventive Care <i>(continued)</i>		<ul style="list-style-type: none"> <li>• Hepatitis C Screening Test</li> <li>• HIV screening</li> <li>• Lung cancer screenings</li> <li>• Mammograms (screening)</li> <li>• Medicare Diabetes Prevention Program</li> <li>• Nutrition therapy services</li> <li>• Obesity screenings and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections (STI) screenings and counseling</li> <li>• Tobacco use cessation counseling</li> <li>• COVID-19 vaccines, Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• “Welcome to Medicare” preventive visit (one time)</li> <li>• Yearly “Wellness” Visit</li> </ul>

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

<b>Medicare-covered Benefits</b>			
<b>Health Need or Problem</b>	<b>Covered Benefit</b>	<b>Your Cost Share</b>	<b>What You Should Know</b>
<b>You Need Emergency Care</b>	Emergency Care	\$0 copayment for each visit.	If you are admitted to the hospital within 24 hours there is no cost share.
	Urgent Care	\$0 copayment for each visit.	This benefit is also available through Telehealth. Please call your current provider for details.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

<b>Medicare-covered Benefits</b>			
<b>Health Need or Problem</b>	<b>Covered Benefit</b>	<b>Your Cost Share</b>	<b>What You Should Know</b>
<b>You need medical tests</b>	Diagnostic Services/ Labs/ Imaging including services such as:	\$0 copayment for each Service.	
		<ul style="list-style-type: none"> <li>• Lab Services</li> <li>• Diagnostic tests and Procedures</li> <li>• Outpatient X-rays</li> <li>• Diagnostic Radiological services (such as MRI scans and CT scans)</li> <li>• Therapeutic radiology services (such as radiation treatment for cancer)</li> </ul>	Authorization is required only for Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT).

Summary of Benefits – **Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024**

<b>Medicare-covered Benefits</b>			
<b>Health Need or Problem</b>	<b>Covered Benefit</b>	<b>Your Cost Share</b>	<b>What You Should Know</b>
<b>You need Hearing Care</b>	Hearing Exams	\$0 copayment for Medicare-covered hearing exams.	
		See Medicaid-covered Benefits.	
	Hearing Aids	Up to \$1,300 for both ears combined maximum benefit limit once every 3 years. \$0 copayment for Fitting and Evaluation for Hearing Aid(s) every 3 years.	Authorization is required for hearing aid(s) by a Physician or Specialist.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

<b>Medicare-covered Benefits</b>			
<b>Health Need or Problem</b>	<b>Covered Benefit</b>	<b>Your Cost Share</b>	<b>What You Should Know</b>
<b>You need Dental Care</b>	Comprehensive Dental	\$0 Copayment for Medicare-covered Comprehensive Dental Services.	
	Supplemental Preventive Dental Services	\$0 for coverage of Supplemental Preventive Dental Services are limited to selected service codes from the categories below In-Network and Out-of-Network combined.	
	Supplemental Comprehensive Dental	Coverage of Supplemental Comprehensive Dental Services are limited to selected service codes from the categories below In-Network and Out-of-Network combined.	Supplemental Comprehensive Dental Services. Benefit frequency may be limited per American Dental Association guidelines.

Summary of Benefits – **Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024**

# Supplemental Preventive & Comprehensive Dental Services

In-Network and Out-of-Network

Covered Services	Copayment	Frequency
<b>Supplemental Diagnostic &amp; Preventive Dental Services</b>		
<b>Exams</b>		
Periodic Oral Evaluation	No Charge	Once every 6 months
Limited Oral Exam	No Charge	Once per month
Comprehensive Oral Exam	No Charge	Once every 6 months
Problem-focused Oral Exam	No Charge	Once every 6 months
Follow-up Exam	No Charge	Once every 6 months
Comprehensive Periodontal Exam	No Charge	Once every 6 months
<b>X-Rays</b>		
Complete Series X-rays	No Charge	Once every 36 months
Periapical X-ray	No Charge	Covered
Periapical X-ray, each additional film	No Charge	Covered
Occlusal X-ray	No Charge	Once every 6 months
2-D Projection X-ray	No Charge	Once every 6 months
Bitewing X-ray – single image	No Charge	Once every 6 months
Bitewing X-ray – two images	No Charge	Once every 6 months
Bitewing X-ray – three images	No Charge	Once every 6 months

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

Bitewing X-ray – four images	No Charge	Once every 6 months
Vertical Bitewing X-rays – seven to eight images	No Charge	Once every 6 months
Sialography	No Charge	Once every 36 months
Panoramic X-ray	No Charge	Once every 36 months
Cephalometric X-ray	No Charge	Once every 36 months
2-D Photographic Images	No Charge	Twice every 6 months
Cone beam ct capture	No Charge	Covered
Diagnostic casts	No Charge	Covered

### Cleanings

Prophylaxis (Cleaning) – Adult	No Charge	Once every 6 months
Tobacco Counseling for Control of Oral Disease	No Charge	Once every 6 months

### Supplemental Comprehensive Dental Services

#### Restorative Services

Silver Filling – One Surface	No Charge	Once every 12 months, per tooth
Silver Filling – Two Surfaces	No Charge	Once every 12 months, per tooth
Silver Filling – Three Surfaces	No Charge	Once every 12 months, per tooth
Silver Filling – Four or More Surfaces	No Charge	Once every 12 months, per tooth

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

Tooth-colored Filling – One Surface, Front	No Charge	Once every 12 months, per tooth
Tooth-colored Filling – Two Surfaces, Front	No Charge	Once every 12 months, per tooth
Tooth-colored Filling – Three Surfaces, Front	No Charge	Once every 12 months, per tooth
Tooth-colored Filling – Four or More Surfaces, Front	No Charge	Once every 12 months, per tooth
Tooth-colored Crown – Front	No Charge	Once every 12 months, per tooth
Tooth-colored Filling – One Surface, Back	No Charge	Once every 12 months, per tooth
Tooth-colored Filling – Two Surfaces, Back	No Charge	Once every 12 months, per tooth
Tooth-colored Filling – Three Surfaces, Back	No Charge	Once every 12 months, per tooth
Tooth-colored Filling – Four or More Surfaces, Back	No Charge	Once every 12 months, per tooth
Inlay – Metallic, One Surface	No Charge	Once every 60 months, per tooth
Inlay – Metallic, Two Surfaces	No Charge	Once every 60 months, per tooth
Inlay – Metallic, Three or More Surfaces	No Charge	Once every 60 months, per tooth
Onlay – Metallic, Two Surfaces	No Charge	Once every 60 months, per tooth

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

Inlay – Porcelain/Ceramic, Two Surfaces	No Charge	Once every 60 months, per tooth
Inlay – Porcelain/Ceramic, Three or More Surfaces	No Charge	Once every 60 months, per tooth
Crown – Resin-Based Composite	No Charge	Once per 60 months, per tooth
Crown – 3/4 Resin-Based Composite	No Charge	Once per 60 months, per tooth
Crown – Resin with High Noble Metal	No Charge	Once per 60 months, per tooth
Crown – Resin with Predominantly Base Metal	No Charge	Once per 60 months, per tooth
Crown – Resin with Noble Metal	No Charge	Once per 60 months, per tooth
Crown – Porcelain/Ceramic Substrate	No Charge	Once per 60 months, per tooth
Crown – Porcelain Fused to High Noble Metal	No Charge	Once per 60 months, per tooth
Crown – Porcelain Fused to Predominantly Base Metal	No Charge	Once per 60 months, per tooth
Crown – Porcelain Fused to Noble Metal	No Charge	Once per 60 months, per tooth
Crown – Porcelain Fused to Titanium/Titanium Alloys	No Charge	Once per 60 months, per tooth
Crown – Full Cast High Noble Metal	No Charge	Once per 60 months, per tooth

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

Crown – Full Cast Predominantly Base Metal	No Charge	Once per 60 months, per tooth
Crown – Full Cast Noble Metal	No Charge	Once per 60 months, per tooth
Re-cement or Re-bond Inlay, Onlay or Veneer	No Charge	Covered
Re-cement or Re-bond Crown	No Charge	Covered
Reattachment of tooth fragment	No Charge	Covered
Protective restoration	No Charge	Covered
Pin retention-per tooth, in addition to restoration	No Charge	Once per lifetime, per tooth
Post and Core in Addition to Crown	No Charge	Once per 60 months, per tooth
Each Additional Indirectly Fabricated Post	No Charge	Once per 60 months, per tooth
Prefabricated Post and Core in Addition to Crown	No Charge	Once per 60 months, per tooth
Post Removal	No Charge	Once per lifetime, per tooth

### Endodontic Services

Root Canal Therapy, Front Tooth	No Charge	Once per lifetime, per tooth
Root Canal Therapy, Bicuspid Tooth	No Charge	Once per lifetime, per tooth

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(HMO-POS D-SNP) 2024**

Root Canal Therapy, Back Tooth	No Charge	Once per lifetime, per tooth
Retreatment of Root Canal Therapy, Front Tooth	No Charge	Once per lifetime, per tooth
Retreatment of Root Canal Therapy, Bicuspid Tooth	No Charge	Once per lifetime, per tooth
Retreatment of Root Canal Therapy, Back Tooth	No Charge	Once per lifetime, per tooth
Apicoectomy/periradicular-ant	No Charge	Once per lifetime, per tooth
Apicoectomy/periradicular-bicuspid (first root)	No Charge	Once per lifetime, per tooth
Apicoectomy/periradicular surgery-molar (first root)	No Charge	Once per lifetime, per tooth
Apicoectomy/periradicular surgery (each additional root)	No Charge	Once per lifetime, per tooth
Retrograde filling - per root	No Charge	Once per lifetime, per tooth
Root amputation - per root	No Charge	Once per lifetime, per tooth
SURGICAL EXPOSURE OF ROOT SURFACE - ANTERIOR	No Charge	Once per lifetime, per tooth
SURGICAL EXPOSURE OF ROOT SURFACE - PREMOLAR	No Charge	Once per lifetime, per tooth

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

SURGICAL EXPOSURE OF ROOT SURFACE - MOLAR	No Charge	Once per lifetime, per tooth
<b>Periodontic Services</b>		
Gum treatment	No Charge	Once per 36 months, per quadrant
Gingivectomy - one to three teeth per quadrant	No Charge	Once per 36 months, per quadrant
Gum treatment -Upper or lower side of mouth	No Charge	Once per 60 months, per quadrant
Gum and bone treatment	No Charge	Once per 60 months, per quadrant
Gum and bone treatment	No Charge	Once per 60 months, per quadrant
Perio scaling and root plan/quad	No Charge	Once per 24 months, per quadrant
Perio scaling and root planing, 1-3 teeth	No Charge	Once per 24 months, per quadrant
Periodontal maintenance	No Charge	Once every 6 months
Complete denture - maxillary	No Charge	Once every 48 months
Complete denture - mandibular	No Charge	Once every 48 months
Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)	No Charge	Once every 48 months
Mandibular partial denture	No Charge	Once every 48 months

**Summary of Benefits – Elderplan Plus Long-Term Care  
(HMO-POS D-SNP) 2024**

Maxillary part denture-cast metal	No Charge	Once every 48 months
Mandibular part denture-metal	No Charge	Once every 48 months
REMOVABLE UNILATERAL PARTIAL DENTURE - MAXILLARY	No Charge	Once every 48 months
REMOVABLE UNILATERAL PARTIAL DENTURE - MANDIBULAR	No Charge	Once every 48 months
REMOVABLE UNILATERAL PARTIAL DENTURE-FLEXIBLE BASE	No Charge	Once every 48 months
REMOVABLE UNILATERAL PARTIAL DENTURE-1 PIECE RESIN	No Charge	Once every 48 months
Adjust complete denture-maxillary	No Charge	Once every 3 months
Adjust complete denture - mandibular	No Charge	Once every 3 months
Adjust partial denture - maxillary	No Charge	Once every 3 months
Adjust partial denture - mandibular	No Charge	Once every 3 months
REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	No Charge	Once every 12 months

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	No Charge	Once every 12 months
Replace missing or broken teeth -complete denture (each tooth)	No Charge	Once every 12 months
REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	No Charge	Once every 12 months
REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	No Charge	Once every 12 months
REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	No Charge	Once every 12 months
REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	No Charge	Once every 12 months
Repair or replace broken clasp	No Charge	Once every 12 months
Replace broken teeth - per tooth	No Charge	Once every 12 months
Add tooth to existing partial denture	No Charge	Once per lifetime, per tooth
Add clasp to existing partial denture	No Charge	Once per lifetime, per tooth
Rebase complete maxillary denture	No Charge	Once every 36 months

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

Rebase complete mandibular denture	No Charge	Once every 36 months
Rebase maxillary partial denture	No Charge	Once every 36 months
Rebase mandibular partial denture	No Charge	Once every 36 months
Reline complete maxillary denture (chairside)	No Charge	Once every 36 months
Reline complete mandibular denture (chairside)	No Charge	Once every 36 months
Reline maxillary partial denture (chairside)	No Charge	Once every 36 months
Reline mandibular partial denture (chairside)	No Charge	Once every 36 months
Reline complete maxillary denture (laboratory)	No Charge	Once every 36 months
Reline complete mandibular denture (laboratory)	No Charge	Once every 36 months
Reline maxillary partial denture (laboratory)	No Charge	Once every 36 months
Reline mandibular partial denture (laboratory)	No Charge	Once every 36 months
Tissue conditioning - upper	No Charge	Once every 6 months
Tissue conditioning - lower	No Charge	Once every 6 months
Overdenture - complete maxillary	No Charge	Once every 48 months

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

Overdenture - partial maxillary	No Charge	Once every 48 months
Overdenture - complete mandibular	No Charge	Once every 48 months
Overdenture - partial mandibular	No Charge	Once every 48 months
Surgical placement implant body: endosteal implant	No Charge	By Report
Surgical placement of mini implant	No Charge	By Report
Dental implant supported connecting bar	No Charge	By Report
Prefabricated abutment - includes placement	No Charge	By Report
Custom fabricated abutment - includes placement	No Charge	By Report
Abutment supported porcelain/ceramic crown	No Charge	By Report
Abutment supported porcelain/hi-noble metal crown	No Charge	By Report
Abutment supported porcelain/base metal crown	No Charge	By Report
Abutment supported porcelain/noble metal crown	No Charge	By Report

**Summary of Benefits – Elderplan Plus Long-Term Care  
(HMO-POS D-SNP) 2024**

Abutment supported cast hi-noble metal crown	No Charge	By Report
Abutment supported cast base metal crown	No Charge	By Report
Abutment supported cast noble metal crown	No Charge	By Report
Implant supported porcelain/ceramic crown	No Charge	By Report
Implant supported porcelain/hi-noble metal crown	No Charge	By Report
Implant supported hi-noble metal crown	No Charge	By Report
IMPLANT SUPPORTED CROWN - PORCELAIN/ BASE ALLOY	No Charge	By Report
IMPLANT SUPPORTED CROWN - PORCELAIN/ NOBLE ALLOY	No Charge	By Report
IMPLANT SUPPORTED CROWN - PORCELAIN/ TITANIUM	No Charge	By Report
PROVISIONAL IMPLANT CROWN	No Charge	By Report
IMPLANT SUPPORTED CROWN - BASE ALLOY	No Charge	By Report

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

IMPLANT SUPPORTED CROWN - NOBLE ALLOY	No Charge	By Report
IMPLANT SUPPORTED CROWN - TITANIUM/ALLOY	No Charge	By Report
ABUTMENT SUPPORTED CROWN-PORCELAIN/TITANIUM	No Charge	By Report
IMPLANT RETAINER-PORCELAIN/BASE ALLOY	No Charge	By Report
IMPLANT RETAINER FOR FPD-PORCELAIN/NOBLE ALLOY	No Charge	By Report
Debridement of pariimplant defect	No Charge	By Report
Debridement and contouring of pariimplant defect	No Charge	By Report
Bone graft for repair of pariimplant defect	No Charge	By Report
Bone graft at time of implant placement	No Charge	By Report
Implant/abutment supported removable upper denture	No Charge	By Report
Implant/abutment supported removable lower denture	No Charge	By Report

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

Implant/abutment supported removable upper denture	No Charge	By Report
Implant/abutment supported removable full lower denture	No Charge	By Report
Implant/abutment supported removable full upper denture	No Charge	By Report
IMPLANT RETAINER-PORCELAIN/TITANIUM	No Charge	By Report
IMPLANT RETAINER FOR METAL FPD-BASE ALLOY	No Charge	By Report
IMPLANT RETAINER FOR METAL FPD-NOBLE ALLOY	No Charge	By Report
IMPLANT RETAINER FOR METAL FPD-TITANIUM	No Charge	By Report
SEMI-PRECISION ABUTMENT - PLACEMENT	No Charge	By Report
ABUTMENT RETAINER-PORCELAIN/TITANIUM	No Charge	By Report

### Prosthodontics Services

Pontic – High Noble Metal	No Charge	Once per 60 months, per tooth
Pontic – Cast Predominantly Base Metal	No Charge	Once per 60 months, per tooth

**Summary of Benefits – Elderplan Plus Long-Term Care  
(HMO-POS D-SNP) 2024**

Pontic – Cast Noble Metal	No Charge	Once per 60 months, per tooth
Pontic – Porcelain Fused to High Noble Metal	No Charge	Once per 60 months, per tooth
Pontic – Porcelain Fused to Predominantly Base Metal	No Charge	Once per 60 months, per tooth
Pontic – Porcelain Fused to Noble Metal	No Charge	Once per 60 months, per tooth
Pontic – Porcelain Fused to Titanium	No Charge	Once per 60 months, per tooth
Pontic – Resin with High Noble Metal	No Charge	Once per 60 months, per tooth
Pontic – Resin with Predominantly Base Metal	No Charge	Once per 60 months, per tooth
Pontic – Resin with Noble Metal	No Charge	Once per 60 months, per tooth
Retainer - cast metal for resin bonded fixed prosthesis	No Charge	Once per 60 months, per tooth
Retainer Crown – Resin with High Noble Metal	No Charge	Once per 60 months, per tooth
Retainer Crown – Resin with Predominantly Base Metal	No Charge	Once per 60 months, per tooth
Retainer Crown – Resin with Noble Metal	No Charge	Once per 60 months, per tooth
Retainer Crown – Porcelain/Ceramic	No Charge	Once per 60 months, per tooth

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

Retainer Crown – Porcelain Fused to High Noble Metal	No Charge	Once per 60 months, per tooth
Retainer Crown – Porcelain Fused to Predominantly Base Metal	No Charge	Once per 60 months, per tooth
Retainer Crown – Porcelain Fused to Noble Metal	No Charge	Once per 60 months, per tooth
Retainer Crown - Porcelain/Titanium and Alloys	No Charge	Once per 60 months, per tooth
Retainer Crown – Full Cast High Noble Metal	No Charge	Once per 60 months, per tooth
Retainer Crown – Full Cast Predominantly Base Metal	No Charge	Once per 60 months, per tooth
Retainer Crown – Full Cast Noble Metal	No Charge	Once per 60 months, per tooth
Recement fixed partial denture	No Charge	Covered
Fixed partial denture repair	No Charge	Covered

### Oral and Maxillofacial Surgery (Oral Surgery or Extractions)

Routine Extraction	No Charge	Once per lifetime, per tooth
Extraction - erupted or exposed root	No Charge	Once per lifetime, per tooth
Surgical removal erupted tooth	No Charge	Once per lifetime, per tooth

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

Removal impacted tooth-soft	No Charge	Once per lifetime, per tooth
Removal of impacted tooth - partially bony	No Charge	Once per lifetime, per tooth
Remove impact tooth-comp bony	No Charge	Once per lifetime, per tooth
Removal of impacted tooth - completely bony, with unusual surgical complications	No Charge	Once per lifetime, per tooth
Surgical remove residual roots	No Charge	Once per lifetime, per tooth
Oralantral fistula closure	No Charge	Once per lifetime, per tooth
Primary closure of a sinus perforation	No Charge	Covered
Surgical access of an unerupted tooth	No Charge	Once per lifetime, per tooth
Mobilization of erupted or malpositioned tooth to aid eruption	No Charge	Once per lifetime, per tooth
Incisional biopsy of oral tissue-hard (bone/tooth)	No Charge	Covered
Incisional biopsy of oral tissue-soft	No Charge	Covered
Transseptal fiberotomy	No Charge	Once per lifetime, per tooth

**Summary of Benefits – Elderplan Plus Long-Term Care  
(HMO-POS D-SNP) 2024**

Alveoloplasty w extract/ quad	No Charge	Once per lifetime, per tooth
Alveoloplasty w/extractions - 1-3 teeth per quad	No Charge	Covered
Alveoloplasty - per quad	No Charge	Once per lifetime, per tooth
Alveoloplasty not w/ extractions - 1-3 teeth/quad	No Charge	Once every 12 months
Vestibuloplasty - ridge extension (second epithelialization)	No Charge	Once per lifetime, per tooth
Vestibuloplasty (including grafts)	No Charge	Once every 6 months
Excision of benign lesion of up 1.25 Cm	No Charge	Covered under medical
Excision of benign lesion greater than 1.25 Cm	No Charge	Covered under medical
Excision of malignant tumor - lesion diameter up to 1.25 Cm	No Charge	Covered under medical
Excision of malignant tumor - lesion diameter greater than 1.25 Cm	No Charge	Covered under medical
Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 Cm	No Charge	Covered under medical

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No Charge	Covered under medical
Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	No Charge	Covered under medical
Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No Charge	Covered under medical
Destruction of lesion(s) - physical or chemical	No Charge	Covered
Removal of lateral exostosis (maxilla or mandible)	No Charge	Covered under medical
Removal of torus mandibularis	No Charge	Covered under medical
Surgical reduction of osseous tuberosity	No Charge	Covered
Incision and drainage of abscess - intraoral soft tissue	No Charge	Covered
Incision and drainage of abscess - extraoral soft tissue	No Charge	Covered

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

Removal of foreign body	No Charge	Covered
Removal of foreign bodies	No Charge	Covered
Partial ostectomy/ sequestrectomy	No Charge	Covered
Maxillary sinusotomy for removal of tooth fragment	No Charge	Covered
Suture of recent small wounds	No Charge	Covered
Buccal/labial frenectomy (frenulectomy)	No Charge	Once per lifetime, per tooth
Lingual frenectomy (frenulectomy)	No Charge	Once per lifetime, per tooth
Excision of hyperplastic tissue - per arch	No Charge	Once every 36 months
Excision of pericoronal gingiva	No Charge	Once per lifetime, per tooth
<b>Adjunctive General Services</b>		
palliative (emergency) treat	No Charge	Once every 3 months
fixed partial denture sectioning	No Charge	Once every 6 months
Local anesthesia not in conjunction with operative or surgical procedure	No Charge	Covered
Regional block anesthesia	No Charge	Covered
Trigeminal division block anesthesia	No Charge	Covered

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

Local anesthesia	No Charge	Covered
Deep sedation/general anesthesia - each 15 minutes	No Charge	Covered
Intravenous moderate (conscious) sedation - 15 min	No Charge	Covered
Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No Charge	Once every 3 months
<b>Miscellaneous Services</b>		
Application of desensitizing medicament	No Charge	Covered
Occlusal guard - hard appliance, full arch	No Charge	Once every 12 months
Occlusal guard - soft appliance, full arch	No Charge	Once every 12 months
Occlusal guard - hard appliance, partial arch	No Charge	Once every 12 months
Occlusal adjustment - limited	No Charge	Covered
Occlusal adjustment - complete	No Charge	Covered

Summary of Benefits – **Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024**

<b>Medicare-covered Benefits</b>			
<b>Health Need or Problem</b>	<b>Covered Benefit</b>	<b>Your Cost Share</b>	<b>What You Should Know</b>
<b>You need Eye Care</b>	Vision Exams	\$0 copayment for Medicare-covered Services.	
	Vision Eyewear	\$0 copayment for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.	
		\$0 copayment for Non-Medicare covered eyewear (Routine) up to \$350 annual maximum every year.	Includes contact lenses and eyewear.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

<b>Medicare-covered Benefits</b>			
<b>Health Need or Problem</b>	<b>Covered Benefit</b>	<b>Your Cost Share</b>	<b>What You Should Know</b>
<b>You need Mental Health Care</b>	Inpatient Mental Health	\$0 copayment for each benefit period. \$0 copayment per day.	Authorization is required.
	Outpatient Mental Health	Mental Health Services: \$0 copayment for each Individual or Group session.	This benefit is also available through Telehealth. Please call your current provider for details.
		Psychiatric Services: \$0 copayment for each Individual or Group session.	This benefit is also available through Telehealth. Please call your current provider for details.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

<b>Medicare-covered Benefits</b>			
<b>Health Need or Problem</b>	<b>Covered Benefit</b>	<b>Your Cost Share</b>	<b>What You Should Know</b>
<b>You need Rehabilitative or Skilled Nursing Care</b>	Skilled Nursing Facility	\$0 copayment per day.	The plan covers up to 100 days each benefit period, a 3-day prior hospital stay is not required. Authorization is required.
<b>You need Outpatient Therapy</b>	Physical Therapy	<b>In-Network</b> \$0 copayment for each visit.  <b>Out-of-Network</b> \$0 copayment for each visit.	Authorization is required.
<b>You need help getting to health services</b>	Ambulance	\$0 copayment for each one-way trip.	Authorization is only required for non-emergency services.
	Transportation	See Medicaid-covered Benefits.	

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

<b>Medicare-covered Benefits</b>			
<b>Health Need or Problem</b>	<b>Covered Benefit</b>	<b>Your Cost Share</b>	<b>What You Should Know</b>
<b>You need drugs to treat your illness or condition</b>	Medicare Part B Drugs	\$0 copayment. Up to \$35 for Medicare Part B Insulin Drugs.	Some Medicare Part B Prescription Drugs may be subject to step therapy requirements. Authorization may be required for certain drugs.

Summary of Benefits – **Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024**

<b>Medicare Part D</b>	
<b>Part D Premium</b>	\$0 or \$48.70 per month.
<b>Part D Deductible</b>	Most Elderplan Plus Long-Term Care members get “Extra Help” with their prescription drug costs. For 2024, the Part D deductible is \$545. If you receive “Extra Help,” your deductible amount depends on the level of “Extra Help” you receive—you will pay \$0 for Part D deductible. Members pay the full cost of their drugs until their deductible is met, then the cost-shares are applied in the initial coverage stage.
<b>Initial Coverage Stage: One-Month Supply (30-Days) and Extended Supply (up to 90-Days) *^†Ω</b>	
<b>For Generic Drugs</b> (including brand drugs treated as generic):	Depending on your Extra Help you pay: \$0 copay or \$1.55 copay or \$4.50 copay or 25% of the cost
<b>For All Other Drugs:</b>	Depending on your Extra Help you pay: \$0 copay or \$4.60 copay or \$11.20 copay or 25% of the cost

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

### Medicare Part D

\*One-month supply for Standard retail (in-network), Long-term care (31-day), and Out-of-network cost-share. Extended supply for Standard retail (in-network) and Mail-order cost-sharing.

^60-Day supply is also available for Standard retail (in-network).

†NDS – Non-Extended Days Supply. Certain specialty drugs will be limited up to a 30-day supply per fill.

Ω – You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing for Part B and D drugs, even if you have not paid your deductible.

Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap stage).

### Coverage Gap Stage

You pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.

If you receive Extra Help, you will not enter the Coverage Gap Stage. Instead, you will continue to pay the Initial Coverage Stage cost-sharing until the Catastrophic Stage.

You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$8,000. This amount and rules for counting costs toward this amount have been set by Medicare.

### Catastrophic Coverage Stage

During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing (through December 31, 2024).

Summary of Benefits – **Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024**

<b>Other Covered Services</b>			
<b>Health Need or Problem</b>	<b>Covered Benefit</b>	<b>Your Cost Share</b>	<b>What You Should Know</b>
<b>You need Medical Equipment and Supplies</b>	Diabetic supplies	\$0 copayment for Medicare-covered Diabetic supplies.	Diabetic Test Strips and Blood Glucose Meters are limited to specific manufacturers: Abbott Diabetes Care and Ascensia Diabetes Care.
	Durable Medical Equipment (like wheelchairs or oxygen)	\$0 copayment Medicare-covered Durable Medical Equipment (DME).	Authorization required for certain items.
	Medical Supplies	\$0 copayment for Medical Supplies.	Authorization is required.
	Prosthetics (artificial limbs or braces)	\$0 copayment for Prosthetic Devices.	Authorization is required.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

### Other Covered Services

<b>You need Rehabilitation Services</b>	Physical Therapy, Occupational Therapy, Speech Language Therapy	<b>In-Network</b> \$0 copayment for each visit.  <b>Out-of-Network</b> \$0 copayment for each visit.	Authorization is required.
	Cardiac Rehabilitation	\$0 copayment for each visit.	Authorization is required.
	Pulmonary Rehabilitation	\$0 copayment for each visit.	Authorization is required.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

### More benefits with your plan

#### Expanded Acupuncture Services

\$0 copayment per visit. You may receive up to 28 visits per year for the following services:

- Acupuncture
- Cupping/Moxa
- Acupressure
- Tui Na
- Gua Sha
- Reflexology
- Infrared Therapy

#### Brain Games with BrainHQ®

There is no copayment or coinsurance for BrainHQ®. Members will have access to an online memory fitness program to improve brain function through games, puzzles and other fun exercises.

#### Flex Card

There is no coinsurance or copayment for Flex Card. Flex Card benefit offers \$500 allowance to use in 2024 on out-of-pocket expenses for dental, vision, hearing, and/or fitness services. Any unused benefit dollars will expire at the end of the calendar year or if you disenroll from the plan.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

### More benefits with your plan

#### OTC

You may purchase up to \$270 every month of eligible OTC items on an OTC card provided by Elderplan.

#### OTC + Grocery + Meals + Utility Payments + Rental/Mortgage Assistance

For eligible members (with certain chronic conditions) the Special Supplemental Benefits for the Chronically Ill combines with the OTC benefit to include payments toward rent/mortgage, utilities, Internet, certain grocery items, and home delivered meals as part of the OTC allowance. Eligible members will be notified and provided instructions on how to access the benefit.

#### Supplemental Podiatry Services

##### **In-Network**

\$0 copayment per visit. You may receive up to 12 Routine Foot Care visits per year.

##### **Out-of-Network**

\$0 copayment per visit. You may receive up to 12 Routine Foot Care visits per year.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

### More benefits with your plan

<b>Teladoc®</b>	At \$0 cost share, Teladoc® connects you with board-certified doctors 24 hours a day, 7 days a week for video or phone chat using your smartphone, tablet or computer. These doctors can help diagnose, treat and even write prescriptions for a variety of non-emergency conditions.
<b>Worldwide Emergency / Emergency Transportation / Urgent Coverage</b>	\$0 cost-sharing for Worldwide Emergency Coverage / Emergency Transportation / Urgent Coverage. The maximum benefit coverage amount is \$50,000.

## Section III: Summary of Medicaid-covered Benefits

The following chart lists services that are available under Medicaid for Elderplan Plus Long-Term Care members who qualify for full Medicaid benefits.

All Part C cost-sharing, including all deductibles, copays and coinsurance amounts, as well as any premiums for services listed below, are covered for members. The chart also explains if a similar benefit is available under our plan.

### Medicaid-covered Benefits

#### **Inpatient Hospital Care Including Substance Abuse and Rehabilitation Services**

Up to 365 days per year (366 days for leap year).

Inpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment). (Note: This is not a complete list of the plan's expanded outpatient mental health services. Call Member Services or read the Evidence of Coverage for more information.)

Summary of Benefits – **Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024**

**Medicaid-covered Benefits**

**Inpatient Mental Health**

Medically necessary care, including days in excess of the Medicare 190-day lifetime maximum.

Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), or critical access hospital). All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment. Except in an emergency, your health care provider must tell the plan of your hospital admission.

**Residential Health Care Facility**

Medicare and Medicaid-covered care provided in a Residential Health Care Facility. No prior hospital stay required.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

### Medicaid-covered Benefits

<p><b>Home Health</b></p>	<p>Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services.</p> <p>Also includes Non-Medicare-covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals).</p>
<p><b>PCP Office Visits</b></p>	<p>Primary care provider office visits.</p>
<p><b>Specialist office visits</b></p>	<p>Specialist office visits.</p>
<p><b>Chiropractic</b></p>	<p>Manual manipulation of the spine to correct subluxation; provided by chiropractors or other qualified providers.</p>
<p><b>Podiatry</b></p>	<p>Medically necessary foot care, including care for medical conditions affecting lower limbs.</p> <p>Visits for routine foot care up to four (4) visits per year.</p>
<p><b>Outpatient Mental Health</b></p>	<p>Individual and group therapy visits. Enrollee must be able to self-refer for one assessment from a network provider in a twelve (12) month period.</p>

# Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

## Medicaid-covered Benefits

### **Outpatient Mental Health** *(continued)*

Outpatient mental health care (including, but not limited to, clinical counseling and therapy, peer support, psychosocial rehabilitation, medication management, family psychoeducation, and intensive outpatient models of care). (Note: This is not a complete list of the plan's expanded outpatient mental health services. Call Member Services or read the Evidence of Coverage for more information.) Services may be provided by any OMH licensed, designated, or approved provider agency, or a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

### Medicaid-covered Benefits

#### Outpatient Substance Abuse

Individual and group visits. Enrollee must be able to self-refer for one assessment from a network provider in a twelve (12) month period.

Outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment). (Note: This is not a complete list of the plan's expanded outpatient mental health services. Call Member Services or read the Evidence of Coverage for more information.)

# Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

## Medicaid-covered Benefits

### **Mobile Crisis Services (for mental health or substance use crisis)**

Mobile Crisis services (assessment by telephone or mobile crisis team response); short-term residential crisis stabilization (for mental health crises). Any approved mobile crisis or licensed crisis residence provider in New York State.

### **CORE Services (for mental health condition or substance use disorder)**

Community Oriented Recovery and Empowerment (CORE) Services (which are person-centered, recover-oriented mobile behavioral health supports. CORE Services build skills and self-efficacy that promote and facilitate community participation and independence). CORE Services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services. (Note: For more information about CORE Services and to determine whether you are eligible for them, call Member Services or read the Evidence of Coverage).

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

### Medicaid-covered Benefits

<b>Outpatient Surgery</b>	Medically necessary visits to an ambulatory surgery center or outpatient hospital facility.
<b>Ambulance</b>	Transportation provided by an ambulance service, including air ambulance. Emergency transportation if for the purpose of obtaining hospital services for an Enrollee who suffers from severe, life-threatening or potentially disabling conditions which require the provision of emergency services while the Enrollee is being transported. Includes transportation to a hospital emergency department generated by telephoning “911.”
<b>Emergency Department Care</b>	Care provided in a hospital emergency department, subject to prudent layperson standard.
<b>Urgent Care</b>	Urgently needed care in most cases outside the plan’s service area.

# Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

## Medicaid-covered Benefits

### **Outpatient Rehabilitation (OT, PT, Speech)**

Outpatient Rehabilitation services – physical therapy (PT), occupational therapy (OT), and speech therapy (ST) – that are ordered by a doctor or other licensed professional are covered as medically necessary (without limits to the number of visits).

### **Durable Medical Equipment (DME)**

Medicare and Medicaid covered DME including devices and equipment, other than prosthetic, orthotics or orthopedic footwear, which have been ordered by a practitioner in the treatment of a specific medical condition. Includes medical equipment and hearing aid batteries. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bars).

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

### Medicaid-covered Benefits

#### Medical/Surgical Supplies, Parenteral Formula, Enteral Formula, Nutritional Supplements

These items are generally considered to be one-time use, consumable items routinely paid for under the DME category of fee-for-service Medicaid.

Coverage of enteral formula and nutritional supplements are limited coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding.

Enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following conditions:

- 1) Tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube.
- 2) Individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and

Summary of Benefits – **Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024**

**Medicaid-covered Benefits**

<p><b>Medical/Surgical Supplies, Parenteral Formula, Enteral Formula, Nutritional Supplements</b> <i>(continued)</i></p>	<p>3) children who require medical formulas due to mitigating factors in growth and development. Coverage of certain inherited disease of amino acid and organic acid metabolism shall include modified solid food products that are low-protein, or which contain modified protein.</p>
<p><b>Prosthetics</b></p>	<p>Medicare and Medicaid-covered prosthetics, orthotics and orthopedic footwear.</p>
<p><b>Diabetes Monitoring</b></p>	<p>Diabetes self-monitoring, management training and supplies, including coverage for glucose monitors, test strips and lancets. Diabetic supplies such as 2x2 gauze pads, alcohol swabs/pads, insulin syringes and needles are covered by Part D.</p>
<p><b>Diagnostic Testing</b></p>	<p>Diagnostic tests, x-rays, lab services and radiation therapy.</p>
<p><b>Bone Mass Measurement</b></p>	<p>Bone Mass Measurement for people at risk.</p>
<p><b>Colorectal Screening</b></p>	<p>Colorectal screening for people age 50 and older.</p>

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

### Medicaid-covered Benefits

<b>Immunizations</b>	Influenza (Flu) and Pneumococcal Disease vaccines, and Hepatitis B vaccine for people in high-risk settings.
<b>Mammograms</b>	Annual screening for individuals age 40 and older. No referral necessary.
<b>Pap Smear and Pelvic Exams</b>	Pap smears and Pelvic Exams.
<b>Prostate Cancer Screening</b>	Prostate Cancer Screening exams for individuals age 50 and older.
<b>Outpatient Drugs</b>	All Medicare Part B covered prescription drugs and other drugs obtained by a provider and administered in a physician's office or clinic setting covered by Medicaid. (No Part D).

Summary of Benefits – **Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024**

**Medicaid-covered Benefits**

**Hearing Services**

Medicare and Medicaid hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, earmolds, special fittings and replacement parts.

**Hearing Aids**

Hearing Aids are covered \$600 per ear with a \$1200 maximum every 3 years.  
1-year supply of batteries included with purchase and will be shipped with the hearing aid.  
Authorization is required by a physician or specialist for Hearing Aids.  
All services are covered once every three years.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

### Medicaid-covered Benefits

#### Vision Care Services

Services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.

#### Routine Physical Exam 1/year

Up to one routine physical per year.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

<b>Medicaid-covered Benefits</b>	
<b>Private Duty Nursing</b>	Medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.
<b>Non-Emergency Transportation</b>	Transportation essential for an Enrollee to obtain necessary medical care and services under the plan's benefits or Medicaid fee for-service. Includes ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to the Enrollee's medical condition and a transportation attendant to accompany the Enrollee, if necessary.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

### Medicaid-covered Benefits

<b>Dental</b>	Medicaid-covered dental services including necessary preventive, prophylactic and other routine dental care, services and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.
<b>Preventive Dental Services</b>	There is no coinsurance, or copayment for the following Medicaid-covered Preventive Dental services: <ul style="list-style-type: none"><li>- Oral Exams</li><li>- Prophylaxis (cleanings)</li><li>- Dental X-Rays</li></ul>
<b>Personal Care Services</b>	Includes medically necessary assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs) and health-related tasks through hands-on assistance, supervision and/or cueing.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

### Medicaid-covered Benefits

<b>Nutrition</b>	Assessment of nutritional status/ needs, development and evaluation of treatment plans, nutritional education, in-service education, includes cultural considerations.
<b>Medical Social Services</b>	Assessment, arranging and providing aid for social problems related to maintaining individual at home.
<b>Social and Environmental Supports</b>	Services and items to support member's medical need. May include home maintenance tasks, homemaker/chore services, and respite care.
<b>Home Delivered and Congregate Meals</b>	Meals provided at home or in congregate settings (e.g., senior centers) to individuals unable to prepare meals or to have them prepared.
<b>Adult Day Health Care</b>	Includes medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure activities, dental, pharmaceutical, and other ancillary services. Services furnished in approved RHCF or extension site.

## Summary of Benefits – Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024

### Medicaid-covered Benefits

<b>Social Day Care</b>	Structured comprehensive program providing socialization, supervision and monitoring, personal care and nutrition in a protective setting.
<b>Personal Emergency Response Services (PERS)</b>	Electronic device that enables individuals to secure help in a physical, emotional or environmental emergency.
<b>Medicare Part D Prescription Drug Benefit as Approved by cmS</b>	Enrollee responsible for co-pays.

Other services may be available to you which can be accessed through Medicaid Fee-for-Service.

## Services covered by Medicaid using your Medicaid Benefit Card

There are some Medicaid services that Elderplan Plus Long-Term Care does not cover. You can get these services from any provider who takes Medicaid by using your Medicaid Benefit Card.

Call Member Services at **1-877-891-6447 (TTY 711)** if you have a question about whether a benefit is covered by Elderplan Plus Long-Term Care (HMO-POS D-SNP) or Medicaid.

If you have questions about the assistance you get from Medicaid, please use the information below to contact your appropriate New York State Department of Health (Social Services) office. Please reference the Medicaid contact table.

**The following services are not covered by Elderplan Plus Long-Term Care (HMO-POS D-SNP) but are available through Medicaid Fee-for-Service:**

- Out-of-network Family Planning services under the direct access provisions
- Medicaid Pharmacy Benefits as allowed by State Law (select drug categories excluded from the Medicare Part D benefit)
- Methadone Maintenance Treatment Programs
- Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family-based Treatment Programs

## Summary of Benefits – **Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024**

- Office for People With Developmental Disability Services
- Comprehensive Medicaid Case Management
- Home & Community-Based Waiver Program Services
- Directly Observed Therapy for Tuberculosis Disease
- Assisted Living Program

# Contact Information for New York State Medicaid Program

Method	New York State Department of Health (Social Services) – Contact Information
<p><b>CALL</b></p>	<p>HRA Medicaid Helpline: 1-888-692-6116                      Dutchess County: 845-486-3000                      Available 9 a.m. to 5 p.m., Monday through Friday                      Nassau County: 516-227-8000                      Available 8 a.m. to 4 p.m., Monday through Friday                      New York City: 718-557-1399                      Available 9 a.m. to 5 p.m., Monday through Friday                      Orange County: 845-291-4000                      Available 9 a.m. to 5 p.m., Monday through Friday                      Putnam County: 845-808-1500                      Available 9 a.m. to 5 p.m., Monday through Friday                      Rockland County: 845-364-3040                      Available 9 a.m. to 5 p.m., Monday through Friday                      Westchester County: 914-995-3333                      Available 8:30 a.m. to 5 p.m., Monday through Friday</p>
<p><b>TTY</b></p>	<p>711                      This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p>

Summary of Benefits – **Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024**

<b>Method</b>	<b>New York State Department of Health (Social Services) – Contact Information</b>
<b>WRITE</b>	<p>Dutchess County 60 Market Street Poughkeepsie, New York 12601</p> <p>Nassau County Department of Social Services 60 Charles Lindbergh Boulevard Uniondale, NY 11553</p> <p>New York City Human Resources Administration Medical Assistance Program Correspondence Unit 785 Atlantic Avenue 1st Floor Brooklyn, NY 11238</p> <p>Orange County DSS Box Z, 11 Quarry Road Goshen, New York 10924</p> <p>Putnam County DSS 110 Old Route 6 Carmel, New York 10512</p> <p>Rockland County DSS 50 Sanatorium Road, Building L Pomona, New York 10970</p> <p>Westchester County Department of Social Services 85 Court Street White Plains, NY 10601</p>
<b>WEBSITE</b>	<p><a href="https://www.health.ny.gov/health_care/medicaid/ldss.htm">https://www.health.ny.gov/health_care/medicaid/ldss.htm</a></p>

**Elderplan, Inc.**  
**Notice of Nondiscrimination – Discrimination is Against the Law**

Elderplan/HomeFirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Elderplan, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Elderplan/HomeFirst.:

- Provides free aids and services to people with disabilities 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, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Civil Rights Coordinator. If you believe that Elderplan/HomeFirst 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:

Elderplan, Inc.  
ATTN Civil Rights Coordinator  
55 Water Street  
New York NY 10041

Phone: 1-877-326-9978, TTY 711  
Fax: 1-718-759-3643

You may file a grievance in person or by mail, phone, or fax. If you need help filing a grievance, 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>.

## Multi-language Interpreter Services

**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 1-877-891-6447 (TTY: 711). 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 1-877-891-6447 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Simplified:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-891-6447 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Traditional:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-891-6447 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-891-6447 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay 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 1-877-891-6447 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-891-6447 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-891-6447 (TTY: 711). 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 1-877-891-6447 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-891-6447 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة فوري، ليس عليك سوى الاتصال بنا على (1-877-891-6447 (TTY:711) .) سيقوم شخص ما يتحدث العربية مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-891-6447 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-891-6447 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-891-6447 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-891-6447 (TTY: 711). 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 1-877-891-6447 (TTY: 711). 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、1-877-891-6447 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Albanian:** Ne ofrojmë shërbime interpretimi pa pagesë për t'ju përgjigjur çdo lloj pyetjeje që mund të keni rreth planit tonë të shëndetit ose të mjekimit. Për t'u lidhur me një interpret, telefononi në 1-877-891-6447 (TTY: 711). Një shqip folës mund t'ju ndihmojë. Ky shërbim është pa pagesë.

**Bengali:** আমাদের স্বাস্থ্য বা ওষুধপত্র বিষয়ক পরিকল্পনা সম্পর্কিত আপনার যে কোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যে দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে, আমাদের কেবল 1-877-891-6447 (TTY: 711) নম্বরে কল করুন। বাংলা বলতে পারেন এমন কেউ আপনাকে সাহায্য করতে পারবেন। পরিষেবাটি বিনামূল্যে।

**Greek:** Διαθέτουμε υπηρεσία δωρεάν διερμηνείας προκειμένου να απαντούμε σε οποιοσδήποτε απορίες σας σχετικά με το πρόγραμμα υγείας ή φαρμάκων που προσφέρουμε. Προκειμένου να χρησιμοποιήσετε την υπηρεσία διερμηνείας, επικοινωνήστε μαζί μας καλώντας το 1-877-891-6447 (TTY: 711). Θα λάβετε βοήθεια από ένα άτομο που μιλά ελληνικά. Αυτή είναι μια υπηρεσία που παρέχεται δωρεάν.

**Yiddish:** מיר האבן אומזיסטע דאלמעטשער סערוויסעס צו ענטפערן סיי וועלכע פראגעס וואס איר קענט מעגליך האבן וועגן אונזער העלט אדער דראג פלאן. צו באקומען א דאלמעטשער, רופט אונז אויף 1-877-891-6447 (TTY:711). איינער וואס רעדט אידיש/שפראך קען אייך העלפן. דאס איז אן אומזיסטע סערוויס.

**Urdu:** ہماری صحت یا دوا کے پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت مترجم کی خدمات موجود ہیں۔ مترجم حاصل کرنے کے لیے، ہمیں بس 1-877-891-6447 (TTY:711) پر کال کریں۔ اردو بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ ایک مفت خدمت ہے۔

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-877-891-6447**.

### Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [www.elderplan.org](http://www.elderplan.org) or call **1-877-891-6447** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

## Summary of Benefits – **Elderplan Plus Long-Term Care (HMO-POS D-SNP) 2024**

### **Understanding Important Rules**

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on **January 1, 2025**.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.
- Your medical and prescription coverage were reviewed against your current insurance coverage. You will become a member of Elderplan upon enrollment verification and no longer have coverage with your current plan.





For more information, call us toll-free

**1-877-891-6447**

8 a.m.–8 p.m., 7 days a week.

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TTY/TDD users should call

**711**

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Visit our website

**Elderplan.org**

Elderplan is an HMO plan with Medicare and Medicaid contracts. Enrollment in Elderplan depends on contract renewal. Anyone entitled to Medicare Parts A and B may apply. Enrolled members must continue to pay their Medicare part B premium if not otherwise paid for under Medicaid.