

2020



Summary of Benefits

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

January 1, 2020 to December 31, 2020

H3347_EP16704_M

Elderplan Summary of Benefits

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

January 1, 2020 - December 31, 2020

Bronx, Kings, Nassau, New York, Queens, Richmond and Westchester

H3347_EP16704_M

SUMMARY OF BENEFITS – Elderplan Plus Long Term Care
(HMO D-SNP) **2020**

Proposed Effective Date _____ / _____ / _____

Primary Care Provider

Name _____

Address _____

Phone Number (_____) _____

Name of Sales Representative

Important Numbers

Member Services: 1-877-891-6447, TTY 711,
8 am to 8 pm, 7 days a week

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SUMMARY OF BENEFITS – Elderplan Plus Long Term Care (HMO D-SNP) 2020

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 2020 Elderplan Plus Long Term Care (HMO D-SNP) Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at www.elderplan.org.

IN THIS BOOKLET WE DESCRIBE

PLAN OVERVIEW

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- USEFUL INFORMATION ABOUT MEDICARE
- INFORMATION ABOUT ELDERPLAN PLUS LONG TERM CARE

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- MONTHLY PREMIUM, DEDUCTIBLE, AND MAXIMUM OUT-OF-POCKET COSTS
- COVERED MEDICAL AND HOSPITAL BENEFITS
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- MEDICAID-COVERED BENEFITS

SUMMARY OF BENEFITS – Elderplan Plus Long Term Care (HMO D-SNP) 2020

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 am to 8 pm Eastern time.
- From April 1 to September 30, you can call us Monday through Friday from 8 am to 8 pm 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 am to 8 pm, 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 am to 8 pm, 7 days a week.
- Our website: www.elderplan.org

This document is available for free in Spanish. Please contact our Member Services number at 1-877-891-6447 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm, 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.

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WHO CAN JOIN?

To join Elderplan Plus Long Term Care (HMO 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, Kings, Nassau, New York, Queens, Richmond, and Westchester.

People who qualify for Medicare and Medicaid are known as dual eligible. 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 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.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Elderplan Plus Long Term Care (HMO D-SNP)).

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Tips for Comparing your Medicare Choices

This Summary of Benefits booklet gives you a summary of what Elderplan Plus Long Term Care (HMO 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.
- 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 <http://www.medicare.gov> 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 <http://www.medicare.gov>

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

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incomes and resources.) To be eligible for our plan you must be eligible for Medicare and Full Medicaid Benefits.

- 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; and
- Must be eligible for nursing home level of care (as of the time of enrollment)
- 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; or
 - g) Consumer Directed Personal Assistance Services;
- Must be 18 years of age or older;
- Must reside in the plan's service area: Bronx, Kings, Nassau, New York, Queens, Richmond, and Westchester counties;
- Do not have End-Stage Renal Disease (ESRD), with limited exceptions, such as if you develop ESRD when you are already a

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member of a plan that we offer, or you were a member of a different plan that was terminated;

- You are determined eligible for long term care services by Elderplan or an entity designated by the Department using the current NYS eligibility tool.

Please note: If you lose your Medicaid eligibility but can reasonably be expected to regain eligibility within 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).

Which Doctors, Hospitals, and Pharmacies can I use?

Elderplan Plus Long Term Care (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, we may not pay for these services except in emergency situations. 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 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.

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- 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 or call us and we will send you a copy of the formulary.

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 the “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.

SUMMARY OF BENEFITS – Elderplan Plus Long Term Care
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Section II: Summary of Benefits

The following are the health care cost for Elderplan Plus Long Term Care. If you meet the eligibility requirements to be in this plan, Medicaid will help pay any health care expenses you may have.

Elderplan Plus Long Term Care (HMO D-SNP)	
Monthly Plan Premium	<p>\$0</p> <p>Because you are a dual-eligible member with full Medicaid benefits, your plan premium is covered on your behalf.</p>
Deductible	<p>\$0</p> <p>Because you are a dual-eligible member with full Medicaid benefits, your Medicare Part B deductible (\$198) is covered on your behalf.</p>
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>Because you are a dual-eligible member with full Medicaid benefits, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount (\$6,700) for covered Part A and Part B services.</p>

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Elderplan Plus Long Term Care (HMO D-SNP)	
Inpatient Hospital Coverage	<p>\$0 cost-sharing for each benefit period.</p> <p>\$0 cost-sharing per day.</p> <p>Our plan covers 90 days for an Inpatient Hospital Stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>Authorization is required.</p>
Outpatient Hospital Coverage	<p>\$0 cost-sharing for each visit.</p> <p>Authorization required for certain covered services/items.</p>
Doctor Visits (Primary Care Providers and Specialists)	<p>\$0 cost-sharing for each visit.</p> <p>For Medicare-covered physician/practitioner services, including office visits and telehealth services.</p>

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Elderplan Plus Long Term Care (HMO D-SNP)	
Preventive Care	<p>\$0 cost-sharing for the following preventive services:</p> <ul style="list-style-type: none">• Annual “Wellness” visit• Abdominal aortic aneurysm screening• Bone mass measurement• Breast cancer screening (mammograms)• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)• Cardiovascular disease testing• Cervical and vaginal cancer screening• Colorectal cancer screening• Depression screening• Diabetes screening• Diabetes Self-Management training• HIV screening• Immunizations including: Flu shots, Hepatitis B shots, Pneumococcal shots• Lung Cancer screening and counseling• Medical nutrition therapy services• Medicare Diabetes Prevention Program (MDPP)

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Elderplan Plus Long Term Care (HMO D-SNP)	
Preventive Care (continued)	<ul style="list-style-type: none"> • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to prevent alcohol misuse • Screening for Lung Cancer with low dose computed tomography (LDCT) • Sexually transmitted infection (STI) screening and counseling to prevent STIs • Smoking and Tobacco use cessation (counseling to stop smoking or tobacco use) • Vision Care (glaucoma screening) • “Welcome to Medicare” Preventive Visit (one-time) <p>Other preventive services may be covered by Medicare during the benefit year.</p>
Emergency Care	\$0 cost-sharing for each visit.
Urgently Needed Services	\$0 cost-sharing for each visit.

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Elderplan Plus Long Term Care (HMO D-SNP)	
Diagnostic Services/Labs/Imaging	<p>\$0 cost-sharing for each service:</p> <ul style="list-style-type: none"> • Lab Services • Blood Services • X-Ray Services • Therapeutic Radiological • Outpatient Diagnostic procedures/ tests. • Prosthetic Device or Medical Supply. Authorization is required. • Occupational, Physical, and/or Speech/Language Therapy service. Authorization is required. • Diagnostic Radiological services. Authorization is required ONLY for Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT).
Hearing Services	<p>\$0 cost-sharing for Medicare-covered diagnostic hearing exams.</p> <p>\$0 cost-sharing for Medicaid-covered services.</p>

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Elderplan Plus Long Term Care (HMO D-SNP)	
Hearing Services (continued)	<p>Hearing Aid(s) up to \$1,000 total for both ears combined every 3 years. Authorization is required for hearing aid(s) by a Physician or Specialist.</p>
Dental Services	<p><u>Preventive Dental Services</u> \$0 cost-sharing for Medicaid-covered dental services.</p> <p>The following services are Preventive Dental Services: Oral Exams, Prophylaxis (cleanings), or Dental X-Rays). These services are covered through Medicaid when medically necessary.</p> <p><u>Comprehensive Dental Services</u> \$0 cost-sharing for Medicare and Medicaid covered services.</p> <p>Our plan will only pay for selected Comprehensive Dental Services that you receive while in a hospital. Our plan will also pay for hospital stays if you need to have an emergency or complicated dental procedure.</p>

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Elderplan Plus Long Term Care (HMO D-SNP)	
Dental Services (continued)	A Referral is required for Comprehensive Dental Services. For more information about which services are covered please contact Member Services.
Vision Services	\$0 cost-sharing for each service or item.
Mental Health Services	<p><u>Outpatient</u> (Mental Health Specialty/ Psychiatric Services) \$0 cost-sharing for each Individual or Group session including telehealth services.</p> <p><u>Inpatient</u> \$0 cost-sharing for each benefit period. \$0 cost-sharing per day.</p>

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Mental Health Services (continued)	<p>Our plan covers up-to 90 days of hospitalization for each benefit period. For Medicare lifetime coverage limits, please refer to the Evidence of Coverage. Because you are a dual-eligible member with full Medicaid benefits, the plan covers medically necessary care and may cover days in excess of the Medicare lifetime limit.</p> <p>Authorization is required for Inpatient Mental Health services.</p>
Skilled Nursing Facility	<p>\$0 cost-sharing per day.</p> <p>The plan covers up to 100 days each benefit period, a 3-day prior hospital stay is not required.</p> <p>Authorization is required.</p>
Physical Therapy	<p>\$0 cost-sharing for each visit.</p> <p>Authorization is required.</p>
Ambulance Services	<p>\$0 cost-sharing for each service.</p> <p>Authorization is only required for non-emergency services.</p>

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Elderplan Plus Long Term Care (HMO D-SNP)	
Transportation (continued)	Please refer to the Medicaid Covered Benefits Table of this booklet.
Medicare Part B Drugs	\$0 cost-sharing for chemotherapy drugs or Part B drugs. Authorization is required for certain items.
Ambulatory Surgery Center	\$0 cost-sharing for Outpatient Surgery at an Outpatient Hospital or Ambulatory Surgical Center.

Elderplan Plus Long Term Care Prescription Drug Benefits

Most Elderplan Plus Long Term Care members get “Extra Help” with their prescription drug costs, so the Part D premium and deductible do not apply to many of them. If you receive “Extra Help,” your deductible amount depends on the level of “Extra Help” you receive – you will either:

- Not pay a deductible
- --or-- Pay a deductible of \$89.

Look at the separate insert (the “LIS Rider”) for information about your deductible amount.

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If you do not receive “Extra Help,” the Deductible Stage is the first payment stage for your drug coverage. This stage begins when you fill your first prescription in the year. When you are in this payment stage, you must pay the full cost of your drugs until you reach the plan’s deductible amount, which is \$435 for 2020.

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 7 am and 7 pm, Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
- New York State Department of Health (Social Services) HRA Medicaid Helpline at 1-800-692-6116 between 8 am and 5 pm, Monday through Friday. TTY users should call 711.

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Outpatient Prescription Drugs	
Part D Premium	\$0 or 35.00 per month
Part D Deductible	\$0, \$89 or \$435 per year
Initial Coverage	<p>Your cost for a prescription filled at a network pharmacy:</p> <p>Depending on your “Extra Help” you pay:</p> <p>For generic drugs (including brand drugs treated as generic):</p> <p>\$0 copay or \$1.30 copay or \$3.60 copay or 15% of the cost or 25% of the cost</p> <p>For all other drugs:</p> <p>\$0 copay or \$3.90 copay or \$8.95 copay or 15% of the cost or 25% of the cost</p>

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Outpatient Prescription Drugs

**Initial Coverage
(continued)**

You may get your drugs from a network retail or mail order pharmacy for a 1 month (30-day) or a long term supply (up to 90-days).

If you reside in a long-term care facility, your cost-share is for a (31-day) supply.

You may get drugs from an out-of-network pharmacy for a 1 month (30-days) supply at the same cost as an in-network pharmacy.

Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).

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Outpatient Prescription Drugs	
Coverage Gap	<p>People with Medicare who get "Extra Help" paying Part D costs won't enter the coverage gap. If you receive "Extra Help," you will continue to pay Initial Coverage Limit cost-sharing until the Catastrophic Phase.</p> <p>If you do not receive "Extra Help," you pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs.</p>
Catastrophic Coverage	<p>Once your out-of-pocket costs have reached the \$6,350, you enter the Catastrophic Coverage Stage. You will stay in this payment stage until the end of the calendar year.</p> <p>If you receive "Extra Help", you pay: For generic: \$0 or \$3.60 For all other drugs: \$0 or \$8.95</p>

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Outpatient Prescription Drugs

**Catastrophic Coverage
(continued)**

If you do not receive “Extra Help”, you pay either a coinsurance or a copayment, whichever is the larger amount:

5% coinsurance

–or–

For generic: \$3.60

All other drugs: \$8.95

Our plan pays the rest of the cost.

Look at the separate insert (the “LIS Rider”) for information about your costs during the Catastrophic Coverage Stage.

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Supplemental Benefits covered by Elderplan Plus Long Term Care

Elderplan Plus Long Term Care (HMO D-SNP)	
Diabetic Supplies and Services	<p>\$0 cost-sharing for Medicare- covered Diabetes self-management training, diabetic services or supplies.</p> <p>Diabetic supplies are limited to specified manufacturers: Abbott Diabetes Care and Ascensia Diabetes Care.</p>
Opioid Treatment	<p>\$0 cost-sharing for each service.</p>
OTC Items	<p>You may purchase up to \$125 every month of eligible OTC items on an OTC card provided by Elderplan.</p> <p>The OTC card balance cannot be carried over to the next month.</p>
Worldwide Emergency/ Urgent Coverage	<p>\$0 cost-sharing for Worldwide Emergency/ Urgent Coverage. The maximum benefit coverage amount is \$50,000.</p>

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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. The chart also explains if a similar benefit is available under our plan.

Medicaid Covered Benefits	
All Part C cost sharing, including all deductibles, copays and co-insurance amounts as well as any premiums for services listed below are covered for members. This does not include supplemental benefits provided by the plan.	
Inpatient Hospital Care Including Substance Abuse and Rehabilitation Services	Up to 365 days per year (366 days for leap year).
Inpatient Mental Health	Medically necessary care, including days in excess of the Medicare 190-days lifetime maximum.

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Medicaid Covered Benefits	
Residential Health Care Facility	Medicare and Medicaid covered care provided in a residential health care facility. No prior hospital stay required.
Home Health	Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals).
PCP Office Visits	Primary care provider office visits.
Specialist Office Visits	Specialist office visits.
Chiropractic	Manual manipulation of the spine to correct subluxation provided by chiropractors or other qualified providers.
Podiatry	Medically necessary foot care, including care for medical conditions affecting lower limbs. Visits for routine foot care up to four (4) visits per year.

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Medicaid Covered Benefits	
Outpatient Mental Health	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.
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 Surgery	Medically necessary visits to an ambulatory surgery center or outpatient hospital facility.
Ambulance	Transportation provided by an ambulance service, including air ambulance. Emergency transportation if 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".
Emergency Department Care	Care provided in a Hospital Emergency Department, subject to prudent layperson standard.

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Medicaid Covered Benefits	
Urgent Care	Urgently needed care in most cases outside the plan’s service area.
Outpatient Rehabilitation (OT, PT, Speech)	Rehabilitation services provided by a licensed and registered therapist, for the purpose of maximum reduction of physical or mental disability and restoration of the member to his or her best functional level. Physical Therapy is limited to forty (40) visits per year, and Occupational, and Speech Therapy are limited to twenty (20) visits per therapy per year, except for children under age 21, if you have been determined to be developmentally disabled by the Office for People with Developmental, or individual Disabilities, or if you have a traumatic brain injury.
Durable Medical Equipment (DME)	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.

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Medicaid Covered Benefits	
Medical/Surgical Supplies	<p>Items for medical use other than drugs, prosthetics, orthotics, durable medical equipment or orthopedic footwear. Includes enteral nutritional formula coverage, which is limited to tube feeding and inborn metabolic diseases. In children under age 21, oral formulas remain covered when caloric and dietary nutrients cannot be absorbed or metabolized.</p> <p>Enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following conditions:</p> <ol style="list-style-type: none">1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; and2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means.3) 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.

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Medicaid Covered Benefits	
Prosthetics	Medicare and Medicaid covered prosthetics, orthotics and orthopedic footwear.
Diabetes Monitoring	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.
Diagnostic Testing	Diagnostic tests, x-rays, lab services and radiation therapy.
Bone Mass Measurement	Bone Mass Measurement for people at risk.
Colorectal Screening	Colorectal screening for people, age 50 and older.
Immunizations	Influenza (Flu) and Pneumococcal Disease vaccines, and Hepatitis B vaccine for people in high-risk settings.
Mammograms	Annual screening for women age 40 and older. No referral necessary.
Pap Smear and Pelvic Exams	Pap smears and Pelvic Exams.

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Medicaid Covered Benefits	
Prostate Cancer Screening	Prostate Cancer Screening exams for individuals age 50 and older.
Outpatient Drugs	All Medicare Part B covered prescription drugs and other drugs obtained by a provider and administered in a physician office or clinic setting covered by Medicaid. (No Part D.)
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.

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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.
Private Duty Nursing	Medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.

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Medicaid Covered Benefits	
Non-Emergency Transportation	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.
Dental	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.
Personal Care Services	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.

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Medicaid Covered Benefits	
Nutrition	Assessment of nutritional status/needs, development and evaluation of treatment plans, nutritional education, in-service education, includes cultural considerations.
Medical Social Services	Assessment, arranging and providing aid for social problems related to maintaining individual at home.
Social and Environmental Supports	Services and items to support member's medical need. May include home maintenance tasks, homemaker/chore services, and respite care.
Home Delivered and Congregate Meals	Meals provided at home or in congregate settings, e.g., senior centers to individuals unable to prepare meals or have them prepared.
Adult Day Health Care	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.

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

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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 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 D-SNP) but are available through Medicaid:

Drugs

Regular Medicaid will cover some drugs not covered by Elderplan Plus Long Term Care (HMO D-SNP) or Medicare. Please refer to the Elderplan Plus Long Term Care Medicaid Member Handbook.

Certain Mental Health Services, including:

- Intensive Psychiatric Rehabilitation Treatment
- Day Treatment
- Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units)

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- Partial Hospital Care not covered by Medicare
- Rehabilitation Services to those in community homes or in family-based treatment
- Continuing Day Treatment
- Assertive Community Treatment
- Personalized Recovery Oriented Services

Certain Intellectual Disabilities and Developmental Disabilities Services, including:

- Long-term therapies
- Day Treatment
- Medicaid Service Coordination
- Services received under the Home and Community Based Services Waiver
- Other Medicaid Services
- Methadone Treatment
- Comprehensive Medicaid Case Management
- Directly Observed Therapy for TB (Tuberculosis)
- HIV COBRA Case Management

Family Planning

Members may go to any Medicaid doctor or clinic that provides family planning care. You do not need a referral from your Primary Care Provider (PCP).

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Contact Information for New York State Medicaid Program

Method	New York State Department of Health (Social Services) – Contact Information
CALL	<p>HRA Medicaid Helpline 1-888-692-6116 New York City: 718-557-1399 Available 8 am to 5 pm, Monday through Friday Nassau County: 516-227-8000 Available 9 am to 3:45 pm, Monday through Friday Westchester County: 914-995-3333 Available 8:30 am to 5 pm, Monday through Friday</p>
TTY	<p>711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p>

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Method	New York State Department of Health (Social Services) – Contact Information
WRITE	<p>New York City Human Resources Administration Medical Assistance Program Correspondence Unit 785 Atlantic Avenue 1st Floor Brooklyn, NY 11238</p> <p>Nassau County Department of Social Services 60 Charles Lindbergh Boulevard Uniondale, NY 11553</p> <p>Westchester County Department of Social Services White Plains District Office 85 Court Street White Plains, NY 10601</p>
WEBSITE	<p>https://www.health.ny.gov/health_care/medicaid/ldss.htm</p>

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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:

Civil Rights Coordinator

6323 7th Ave

Brooklyn, NY, 11220

Phone: 1-877-326-9978, TTY 711

Fax: 1-718-759-3643

SUMMARY OF BENEFITS – Elderplan Plus Long Term Care (HMO D-SNP) **2020**

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>.

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Multi-language Interpreter Services

ATTENTION: If you speak a non-English language or require assistance in ASL, language assistance services, free of charge, are available to you. Call 1-877-891-6447 (TTY: 711).

(Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-891-6447 (TTY: 711).

(Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-891-6447 (TTY: 711)。

(Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-891-6447 (телетайп: 711).

(French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-891-6447 (TTY: 711).

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-891-6447 (TTY: 711)번으로 전화해 주십시오.

(Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-891-6447 (TTY: 711).

(Yiddish) אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך
הילף סערוויסעס פריי פון אפצאל. רופט
.1-877-891-6447 (TTY: 711)

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(Bengali) লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে ফোন করুন 1-877-891-6447 (TTY: 711)।

(Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-891-6447 (TTY: 711).

(Arabic) ملحوظة: إذا كنت تتحدث لغة غير الإنجليزية أو تحتاج إلى مساعدة في ASL، فإن خدمات المساعدة اللغوية تتوافر لك مجاناً. اتصل برقم 1-877-891-6447 (TTY: 711)

(French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-891-6447 (ATS: 711).

(Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-891-6447 (TTY: 711)

(Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-891-6447 (TTY: 711).

(Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-891-6447 (TTY: 711).

(Albanian) KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-891-6447 (TTY: 711).



For more information, call us toll-free

1-877-891-6447

8 a.m. – 8 p.m., 7 days a week.

TTY/TDD users should call

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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.