

# Summary of Benefits

Elderplan Advantage for Nursing Home Residents (HMO I-SNP)

January 1, 2020 to December 31, 2020

### **Summary of Benefits**

for Elderplan Advantage for Nursing Home Residents (HMO I-SNP)

January 1, 2020 - December 31, 2020

Bronx, Kings, Monroe, Nassau, New York, Putnam, Queens, Richmond, Rockland, Suffolk, and Westchester

H3347\_EP16710\_M

Proposed Effective Date///
Primary Care Provider
Name
Address
Phone Number ( )
Name of Sales Representative
Important Numbers

Member Services: 1-800-353-3765, TTY 711, 8 am to 8 pm, 7 days a week

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#### **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 Advantage for Nursing Home Residents (HMO I-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
ELDERPLAN CONTACT INFORMATION
WHO CAN JOIN?

- USEFUL INFORMATION ABOUT MEDICARE
- INFORMATION ABOUT ELDERPLAN ADVANTAGE FOR NURSING HOME RESIDENTS

SECTION II: ADDITIONAL INFORMATION SECTION III: SUMMARY OF BENEFITS

- MONTHLY PREMIUM, DEDUCTIBLE, AND MAXIMUM OUT-OF-POCKET COSTS
- COVERED MEDICAL AND HOSPITAL BENEFITS
- PRESCRIPTION DRUG BENEFITS
- ADDITIONAL BENEFITS

#### **ELDERPLAN CONTACT INFORMATION**

### ELDERPLAN ADVANTAGE FOR NURSING HOME RESIDENTS 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 8am to 8 pm Eastern time.

### ELDERPLAN ADVANTAGE FOR NURSING HOME RESIDENTS PHONE NUMBERS AND WEBSITE

- If you are a member of this plan, call toll-free 1-800-353-3765. (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 1-800-353-3765 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.

#### WHO CAN JOIN?

To join Elderplan Advantage for Nursing Home Residents (HMO I-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in an Elderplan contracted nursing home in our service area.

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

#### **USEFUL INFORMATION**

### 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 Advantage for Nursing Home Residents (HMO I-SNP)).

### **Tips for comparing your Medicare Choices**

This Summary of Benefits booklet gives you a summary of what Elderplan Advantage for Nursing Home Residents (HMO I-SNP) covers and what you pay.

 You can compare Elderplan Advantage for Nursing Home Residents 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. Our members receive all of the benefits that Original Medicare offers. 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 <a href="http://www.medicare.gov">http://www.medicare.gov</a> 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 <a href="http://www.medicare.gov">http://www.medicare.gov</a>.

INFORMATION ABOUT ELDERPLAN ADVANTAGE FOR NURSING HOME RESIDENTS

### Special eligibility requirements for our plan

You are eligible for membership in our plan as long as:

- You have both Medicare Part A and Medicare Part B;
- -- and -- You live in our geographic service area: Bronx, Kings, Monroe, Nassau, New York, Putnam, Queens, Richmond, Rockland, Suffolk, and Westchester;
- -- and -- You are a United States citizen or are lawfully present in the United States;
- -- and -- You do not have End-Stage Renal Disease (ESRD), with limited exceptions, such as if you develop ESRD when you are already a member of a plan that we offer, or you were a member of a different plan that was terminated;
- -- and -- you must live in a nursing home that participates in Elderplan's network. Please see the plan's Provider and Pharmacy Directory for a list of our contracted nursing homes or call Member Services.

Our plan is designed to meet the specialized needs of people who need a level of care that is usually provided in a nursing home.

Please note: If you lose your eligibility but can reasonably be expected to regain eligibility within one (1) month, then you are still eligible for membership in our plan (the Evidence of Coverage Chapter 4, Section 2.1 tells you about coverage and cost sharing during a period of deemed continued eligibility).

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

Elderplan Advantage for Nursing Home Residents (HMO I-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the 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 <a href="https://www.elderplan.org">www.elderplan.org</a> 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 of 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, <a href="www.elderplan.org">www.elderplan.org</a>. Or, call us and we will send you a copy of the formulary.

#### How will I determine my drug costs?

The amount you pay for drugs depends on the drug you are taking and what "drug payment stage" you have reached. Later in this document we discuss the drug payment stages: Deductible Stage, Initial Coverage Stage, Coverage Gap Stage, and Catastrophic Coverage Stage.

#### **Section II: Additional Information**

Elderplan Advantage for Nursing Home Residents (HMO I-SNP) provides an extra layer of care for nursing home residents by adding a nurse practitioner to their existing clinical team of primary care doctors, nurses, social workers, etc. Our nurse practitioners (NP) come on site to the nursing home and are assigned to care for Elderplan members. This means that they're visiting Elderplan members regularly, and communicate with residents and families often. In order to enhance communication, the nurse practitioner is also available telephonically.

Our nurse practitioners collaborate closely with our resident's primary care doctors to develop an individualized plan of care for each Elderplan member based on the member's clinical and social needs. The nurse practitioner will also work closely with the resident and their family to develop the care plan. The nurse practitioner can order and coordinate treatment services, as well as request multiple outpatient procedures (such as blood transfusions, biopsies, and some minor surgical procedures), which would otherwise be done in the hospital with stressful multi-day stays.

Our nurse practitioners take a holistic, comprehensive approach to caring for our members, where family dynamics and the resident's interactions with their loved ones are recognized as centrally important for the resident's well-being.

Plan Members are covered for up to 5 days of Therapeutic Leave, authorization not required. Therapeutic Leave refers to any overnight stay away from the Skilled Nursing Facility (SNF) for which the health plan provides a per diem reimbursement when the patient's absence is due to a therapeutic leave. This leave must be consistent with a plan of care ordered by a treating health care professional or due to other leaves of absences regardless of occupancy rate of the SNF at the time of leave.

### **Section III: Summary of Benefits**

Elderplan Advantage f	for Nursing Home Residents (HMO I-SNP)
Monthly Plan Premium	\$36.60 per month for your Part D premium. In addition, you must keep paying your
	Medicare Part B premium.
Deductible	\$198
	This is your yearly deductible for in network services.
	The plan also has a deductible for certain
	types of medical services and Part D
	prescription drugs.
Maximum Out-of- Pocket Responsibility	\$6,700
(does not include prescription drugs)	Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.
	If you reach the maximum out-of-pocket costs, we will pay the full cost for your covered hospital and medical services the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

Elderplan Advantage	for Nursing Home Residents (HMO I-SNP)
Maximum Out-of- Pocket Responsibility (does not include prescription drugs) (continued)	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.
Inpatient Hospital Coverage	A per admission deductible is applied once during the defined benefit period.  Our plan covers 90 days for an inpatient hospital stay. 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.

Elderplan Advantage for Nursing Home Residents (HMO I-SNP)	
Inpatient Hospital Coverage (continued)	In 2020 the amounts for each benefit period are: \$1,408 deductible. Days 1-60: \$0 copayment per day.
	Days 61-90: \$352 copayment per day. Days 91 and beyond: \$704 copayment per lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserve days: you pay all cost.
	Authorization is required.  If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at a network hospital
Outpatient Hospital Coverage	There is no coinsurance or copayment for Lab Services.

### **Elderplan Advantage for Nursing Home Residents (HMO I-SNP)**

### Outpatient Hospital Coverage (continued)

20% coinsurance for each of the following Medicare-covered services:

- Outpatient Hospital Services.
- Partial Hospitalization Services.
   Authorization is required.
- Outpatient Diagnostic Procedures/Tests.
- X-Ray Services.
- Diagnostic Radiological services.
   Authorization is required ONLY for
   Positron Emission Tomography (PET),
   Magnetic Resonance Imaging (MRI),
   Magnetic Resonance Angiography
   (MRA), and CAT Scan (CT).
- Therapeutic Radiological Services.
- Prosthetic Devices or Medical Supplies.
   Authorization is required.
- Medicare Part B prescription drugs.
   Authorization is required for certain items.

Elderplan Advantage for Nursing Home Residents (HMO I-SNP)	
Doctor Visits (Primary Care Providers and Specialists)	\$0 copayment for Primary Care Physician visits.
,	\$0 copayment for Specialist visits.  20% coinsurance for Other Health Care Professional (such as Physician Assistants, Nurse Practitioners, Social Workers, Physical Therapists, and Psychologist) Services. Authorization is only required.
Preventive Care	<ul> <li>\$0 cost-sharing for the following preventive services:</li> <li>Annual "Wellness" visit</li> <li>Abdominal aortic aneurysm screening</li> <li>Bone mass measurement</li> <li>Breast cancer screening (mammograms)</li> <li>Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>Cardiovascular disease testing</li> <li>Cervical and vaginal cancer screening</li> <li>Colorectal cancer screening</li> <li>Depression screening</li> <li>Diabetes screening</li> <li>Diabetes Self-Management training</li> <li>HIV screening</li> <li>Immunizations including: Flu shots, Hepatitis B shots, Pneumococcal shots</li> </ul>

Elderplan Advantage	Elderplan Advantage for Nursing Home Residents (HMO I-SNP)	
Preventive Care (continued)	<ul> <li>Medical nutrition therapy services</li> <li>Medicare Diabetes Prevention Program (MDPP)</li> <li>Obesity screening and therapy to promote sustained weight loss</li> <li>Prostate cancer screening exams</li> <li>Screening and counseling to prevent alcohol misuse</li> <li>Screening for Lung Cancer with low dose computed tomography (LDCT)</li> <li>Sexually transmitted infection (STI) screening and counseling to prevent STIs</li> <li>Smoking and Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>"Welcome to Medicare" Preventive Visit (one-time)</li> <li>Other preventive services may be covered if approved by Medicare.</li> </ul>	
Emergency Care	20% coinsurance (up to \$90) for each visit.  If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay this copayment.	

Elderplan Advantage for Nursing Home Residents (HMO I-SNP)	
<b>Urgently Needed Services</b>	20% coinsurance (up to \$65) for each service.
	If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay this copayment.
Diagnostic Services/Labs/Imaging	\$0 copayment for each of the following services:  • Outpatient Blood Services
	• Lab Services.
	<ul> <li>20% coinsurance for each of the following</li> <li>Medicare-covered services:</li> <li>Outpatient Diagnostic</li> </ul>
	Procedures/Tests.
	X-Ray Services.
	<ul> <li>Diagnostic Radiological services.         Authorization is required ONLY for         Positron Emission Tomography (PET),         Magnetic Resonance Imaging (MRI),         Magnetic Resonance Angiography         (MRA), and CAT Scan (CT).     </li> </ul>
	<ul> <li>Occupational, Physical, and/or Speech/Language Therapy service. Authorization is required.</li> </ul>
	Therapeutic Radiological Services.
	<ul> <li>Prosthetic Devices or Medical Supplies.</li> <li>Authorization is required.</li> </ul>

Elderplan Advan	tage for Nursing Home Residents (HMO I-SNP)
Hearing Services	20% coinsurance for Medicare-covered diagnostic hearing exams.
	<ul><li>\$0 copayment for the following (once every 3 years):</li><li>Non-Medicare covered Routine Hearing Exam</li></ul>
	<ul> <li>Fitting/Evaluation for Hearing Aid</li> <li>Hearing Aids (all types) up to \$2,000 total for both ears combined.         Authorization is required by a Physician or Specialist.     </li> </ul>
Dental Services	Preventive Dental Services
	Not Covered
	Comprehensive Dental Services 20% coinsurance for Medicare- covered services.
	Medicare will only pay for certain Dental Services that you get when you're in a hospital. Medicare can pay for inpatient hospital care if you need to have an emergency or complicated dental procedure.
	A Referral is required for Comprehensive Dental Services.

### **Elderplan Advantage for Nursing Home Residents (HMO I-SNP)**

#### **Vision Services**

20% coinsurance for Medicare-covered preventative and diagnostic eye exams (including eye exams if you have diabetes, and macular degeneration tests and treatment).

20% coinsurance for Medicare-covered glaucoma screening.

\$0 Copayment for one **routine eye exam** for eyewear every year.

\$0 Copayment for **eyewear** (\$200 annual maximum per calendar year) including contact lenses or eyeglasses (lenses and frames).

\$0 Copayment for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery. Eyewear provided after cataract surgery are not subject to the annual maximum amount (\$200).

#### **Mental Health Services**

### **Outpatient**

### **Mental Health Specialty:**

50% coinsurance for each Individual or Group session. Authorization is required.

### **Psychiatric Services:**

45% coinsurance for each Individual or Group session. Authorization is required.

For Outpatient Mental Health Services, if your provider offers telehealth, you pay 20% coinsurance for each telehealth service.

### <u>Inpatient</u>

A per admission deductible is applied once during the defined benefit period.

Our plan covers up to 90 days of medically necessary hospitalization for each benefit period.

### **Elderplan Advantage for Nursing Home Residents (HMO I-SNP)**

# Mental Health Services (continued)

Our plan also covers up to 60 additional lifetime reserve days. 90 Days are given for each benefit period, but the 60 lifetime reserve days can be used only once during the beneficiary's lifetime for care provided in either an acute care hospital or a psychiatric hospital.

Our plan covers up to 40 additional days in a Psychiatric hospital. The 40 additional Psychiatric days are offered once during the beneficiary lifetime. Payment may not be made for more than a total of 190 days of inpatient psychiatric care in a freestanding psychiatric hospital during the patient's lifetime.

Elderplan Advantage f	for Nursing Home Residents (HMO I-SNP)
Mental Health Services	In 2020 the amounts for each benefit period
(continued)	are:
	\$1,408 deductible.
	Days 1-60: \$0 copayment per day.
	Days 61-90: \$352copayment per day.
	Days 91 and beyond: \$704 copayment per lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime).
	Beyond lifetime reserve days: you pay all costs.
	You pay 20% of the Medicare-approved amount for mental health services you get from doctors and other providers while you're a hospital inpatient.
	Authorization is required.
Skilled Nursing Facility	The plan covers up to 100 days each benefit period (a 3-day minimum prior hospital stay for a related illness or injury is required).

Elderplan Advantage	for Nursing Home Residents (HMO I-SNP)
Skilled Nursing Facility (continued)	In 2020 the amounts for each benefit period after at least a 3-day Medicare covered hospital stay are:  Days 1 - 20: \$0 per day  Days 21 - 100: \$176 copayment per day  Days 101 and beyond: you pay all costs.  Authorization is required.
Physical Therapy	20% coinsurance for each service.
Ambulance	20% coinsurance for each one-way trip.
Transportation	\$0 copayment for up to 30 one-way trips per calendar year to a plan-approved health-related location by ambulette only.
Medicare Part B Drugs	20% coinsurance for each Medicare Part B prescription drugs.
Ambulatory Surgical Center	20% coinsurance for Outpatient Surgery at an Outpatient Hospital or Ambulatory Surgical Center.

Outpatient Prescription Drugs		
Part D Premium	\$36.60 per month	
Part D Deductible Stage	\$435 per year	
Initial Coverage Stage	After you pay your yearly deductible, you stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan's payments) total \$4,020.	
	You pay: 25% coinsurance for all drugs, in this stage.	
	You may get a one-month supply of covered prescription drugs from a standard retail network pharmacy (30-day), long-term care facility (31-day), or out-of-network pharmacy (30-day).	
	You may get an extended supply of covered prescription drugs from a standard retail network pharmacy (up to 90-day) and Mail Order pharmacy (up to 90-day).	
	Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).	

Outpatient Prescription Drugs	
Coverage Gap Stage	In the Coverage Gap Stage (also called the "donut hole") there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,020.
	During this stage, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6350, which is the end of the coverage gap. Not everyone will enter the coverage gap.
<b>Catastrophic Coverage</b>	Once your out-of-pocket costs have reached
Stage	\$6350, you enter the Catastrophic Coverage Stage.
	During this stage, you pay either a coinsurance or copayment, whichever is the larger amount:
	5% coinsurance – or –
	For generic: \$3.60 copayment
	For all other drugs: \$8.95 copayment
	Our plan pays the rest of the cost.

### Additional benefits covered by Elderplan Advantage for Nursing Home Residents (HMO I-SNP)

Elderplan Advantage for Nursing Home Residents (HMO I-SNP)		
Acupuncture	\$0 copayment for up to 20 visits per year.	
Diabetic Supplies and Services	20% coinsurance for Medicare-covered Diabetes Supplies, Diabetes Self-Management Training, or Glaucoma Screenings.	
	20% coinsurance for Medicare-covered Diabetic Therapeutic Shoes or Inserts.	
	Diabetic supplies are limited to specified manufacturers:	
	Abbott Diabetes Care and Ascensia Diabetes Care.	
Opioid Treatment Service	50% coinsurance for each service.	
Worldwide Emergency/ Urgent Coverage	\$65 copayment for each visit (if admitted to the hospital, there is not copayment). The maximum benefit coverage amount is \$50,000.	

# 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
  - O 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:
  - o Qualified interpreters
  - o 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 7<sup>th</sup> Ave Brooklyn, NY, 11220

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 <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>, 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 <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a>.

#### **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 1-800-353-3765 (TTY: 711).

(Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-353-3765 (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 1-800-353-3765 (TTY: 711).

(Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-353-3765 (телетайп: 711).

(French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-353-3765 (TTY: 711).

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-353-3765 (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 1-800-353-3765 (TTY: 711).

(Yiddish) אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-353-3765 (TTY: 711)

(Bengali) লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-353-3765 (TTY: 711)।

(Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-353-3765 (TTY: 711).

(Arabic)ملحوظة: إذا كنت تتحدث لغة غير الإنجليزية أو تحتاج إلى مساعدة في ASL، فإن خدمات المساعدة اللغوية تتوافر لك مجانا. اتصل برقم (TTY: 711) 376-358-400.

(French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-353-3765 (ATS: 711).

(Urdu) خبر دار: اگر آپ ار دو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں (1-800-353-3765)

(Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-353-3765 (TTY: 711).

(Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-353-3765 (TTY: 711).

(Albanian) KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-353-3765 (TTY: 711).



For more information, call us toll-free

1-800-353-3765

8 a.m. – 8 p.m., 7 days a week.

TTY/TDD users should call

711

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.