

**Elderplan Plus Long-Term Care (HMO-POS D-SNP)  
offered by Elderplan, Inc.**

**Annual Notice of Change for 2026**

You're enrolled as a member of Elderplan Plus Long-Term Care (HMO-POS D-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Elderplan Plus Long-Term Care (HMO-POS D-SNP).
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [www.elderplan.org](http://www.elderplan.org) or call Member Services at 1-877-891-6447 (TTY users call 711) to get a copy by mail.

**More Resources**

- This material is available for free in Spanish and Chinese.
- Call Member Services at 1-877-891-6447 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m., 7 days a week. This call is free.

- This information is 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.

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

- 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.
- Elderplan has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) through 2026 based on a review of Elderplan's Model of Care.
- When this material says "we," "us," or "our," it means Elderplan, Inc. When it says "plan" or "our plan," it Elderplan Plus Long-Term Care (HMO-POS D-SNP).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Elderplan Plus Long-Term Care (HMO-POS D-SNP).** Starting January 1, 2026, you'll get your medical and drug coverage through Elderplan Plus Long-Term Care (HMO-POS D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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**Summary of Important Costs for 2026**

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Monthly plan premium*</b> * Your premium can be higher than this amount. Go to 1.1 for details.	\$0 or \$72.30 for your Part D Premium	\$0 or \$58.80 for your Part D Premium
<b>Part B Deductible</b>	The Part B Deductible is \$257.  If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.	The Part B Deductible is \$283.  If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you'll pay out of pocket for covered in-network and out-of-network combined Part A and Part B services. (Go to Section 1.2 for details.)</p>	<p><b>In-Network and Out-of-Network Combined</b></p> <p>\$9,350</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p><b>In-Network and Out-of-Network Combined</b></p> <p>\$9,250</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>
<p><b>Primary care office visits</b></p>	<p><b>In-Network</b></p> <p>You pay \$0 Copayment per visit.</p>	<p><b>In-Network</b></p> <p>You pay \$0 Copayment per visit.</p> <p>There is no change for 2026.</p>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Specialist office visits</b></p>	<p><b>In-Network and Out-of-Network</b></p> <p>You pay \$0 Copayment per visit.</p>	<p><b>In-Network and Out-of-Network</b></p> <p>You pay \$0 Copayment per visit.</p> <p>There is no change for 2026.</p>
<p><b>Inpatient hospital stays</b></p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.</p>	<p>There is no coinsurance or copayment for Medicare covered Inpatient Hospital Care or services you get from doctors and other providers while you're a hospital inpatient.</p> <p>Authorization is required.</p>	<p>There is no coinsurance or copayment for Medicare covered Inpatient Hospital Care or services you get from doctors and other providers while you're a hospital inpatient.</p> <p>Authorization is required.</p> <p>There is no change for 2026.</p>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Part D drug coverage deductible</b> (Go to Section 1.6 for details.)</p>	<p>The Part D Deductible is \$590, except for covered insulin products and most adult Part D vaccines.</p>	<p>The Part D Deductible is \$615, except for covered insulin products and most adult Part D vaccines.</p>
<p><b>Part D drug coverage</b> (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)</p>	<p>During the Initial Coverage Stage: Standard retail cost sharing (in-network) (up to a 90-day supply) * † Ω Your cost for a one-month supply filled at a network pharmacy with standard cost sharing for: <b>Tier 1:</b> Depending on your “Extra Help” You Pay:</p>	<p>During the Initial Coverage Stage: Standard retail cost sharing (in-network) (up to a 90-day supply) * † Ω Your cost for a one-month supply filled at a network pharmacy with standard cost sharing for: <b>Tier 1:</b> Depending on your “Extra Help” You Pay:</p>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Part D drug coverage (continued)</b>	<p><b>For generic drugs</b> (including brand drugs treated as generic):</p> <p>\$0 copay or \$1.60 copay or \$4.90 copay or 25% of the total cost.</p> <p><b>For all other drugs:</b></p> <p>\$0 copay or \$4.80 copay or \$12.15 copay or 25% of the cost.</p> <p>*60-Day supply is also available for Standard Retail.</p> <p><b>Mail-order cost sharing (up to 90-day supply)†Ω</b> during the Initial Coverage Stage For:</p> <p>Tier 1: Depending on your level of “Extra Help” You Pay:</p>	<p><b>For generic drugs</b> (including brand drugs treated as generic):</p> <p>\$0 copay or \$1.60 copay or \$5.10 copay or 25% of the total cost.</p> <p><b>For all other drugs:</b></p> <p>\$0 copay or \$4.90 copay or \$12.65 copay or 25% of the cost.</p> <p>*60-Day supply is also available for Standard Retail.</p> <p><b>Mail-order cost sharing (up to 90-day supply)†Ω</b> during the Initial Coverage Stage For:</p> <p>Tier 1: Depending on your level of “Extra Help” You Pay:</p>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Part D drug coverage (continued)</b>	<p><b>For generic drugs</b> (including brand drugs treated as generic):</p> <p>\$0 copay or \$1.60 copay or \$4.90 copay or 25% of the cost.</p> <p><b>For all other drugs:</b></p> <p>\$0 copay or \$4.80 copay or \$12.15 copay or 25% of the cost.</p> <p>†NDS – Non-Extended Days Supply. Certain specialty drugs will be limited up to a 30-day supply per fill.</p> <p>Ω – You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter</p>	<p><b>For generic drugs</b> (including brand drugs treated as generic):</p> <p>\$0 copay or \$1.60 copay or \$5.10 copay or 25% of the cost.</p> <p><b>For all other drugs:</b></p> <p>\$0 copay or \$4.90 copay or \$12.65 copay or 25% of the cost.</p> <p>†NDS – Non-Extended Days Supply. Certain specialty drugs will be limited up to a 30-day supply per fill.</p> <p>Ω – You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter</p>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Part D drug coverage (continued)</b>	<p>the cost-sharing for Part B and D drugs, even if you have not paid your deductible.</p> <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p>	<p>the cost-sharing for Part B and D drugs, even if you have not paid your deductible.</p> <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p>

**SECTION 1 Changes to Benefits & Costs for Next Year**

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**Section 1.1 Changes to the Monthly Plan Premium**

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Monthly plan premium</b> (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)</p>	<p>\$0 or \$72.30 for your Part D Premium You must continue to pay your Part B Premium (unless your Part B Premium is paid for you by Medicaid or another third party).</p>	<p>\$0 or \$58.80 for your Part D Premium You must continue to pay your Part B Premium (unless your Part B Premium is paid for you by Medicaid or another third party).</p>
<p><b>Part B premium reduction</b> This amount will be deducted from your Part B premium. This means you'll pay less for Part B.</p>	<p>\$3.00</p>	<p>\$0</p>

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

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you’ve paid this amount, you generally pay nothing for covered services for the rest of the calendar year.

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Maximum out-of-pocket amount</b>	<b>In-Network and Out-of-Network Combined</b>	<b>In-Network and Out-of-Network Combined</b>
Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$9,350 Once you have paid \$9,350 out of pocket (in-network and out-of-network combined) for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.	\$9,250 Once you’ve paid \$9,250 out of pocket (in-network and out-of-network combined) for covered Part A and Part B services, you’ll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Maximum out-of-pocket amount (continued)</b></p> <p>Your costs for covered medical services (such as copayments and deductibles) <b>count</b> toward your maximum out-of-pocket amount.</p>		

### **Section 1.3 Changes to the Provider Network**

Our network of providers has changed for next year. Review the 2026 *Provider and Pharmacy Directory* [www.elderplan.org](http://www.elderplan.org) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider and Pharmacy Directory*:

- Visit our website at [www.elderplan.org](http://www.elderplan.org).
- Call Member Services at 1-877-891-6447 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-877-891-6447 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

## **Section 1.4 Changes to the Pharmacy Network**

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the *2026 Provider and Pharmacy Directory* [www.elderplan.org](http://www.elderplan.org) to see which pharmacies are in our network. Here's how to get an updated *Provider and Pharmacy Directory*:

- Visit our website at [www.elderplan.org](http://www.elderplan.org).
- Call Member Services at 1-877-891-6447 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Provider and Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-877-891-6447 (TTY users call 711) for help.

## **Section 1.5 Changes to Benefits & Costs for Medical Services**

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Acupuncture Services (Non-Medicare Covered)</b>	<p><b>In-Network</b> You pay no coinsurance or copayment per visit. You may receive up to 40 visits every year for the following services:</p> <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Cupping/ Moxa</li> <li>• Acupressure</li> <li>• Tui Na</li> <li>• Gua Sha</li> <li>• Reflexology</li> <li>• Infrared Therapy</li> </ul>	<p><b>In-Network</b> You pay no coinsurance or copayment per visit. You may receive up to 60 visits every year for the following services:</p> <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Cupping/ Moxa</li> <li>• Acupressure</li> <li>• Tui Na</li> <li>• Gua Sha</li> <li>• Reflexology</li> <li>• Infrared Therapy</li> </ul>
<b>Deductible</b>	<p><b>In-Network</b> The In-Network Deductible Applies to the following services: Cardiac Rehabilitation</p>	<p><b>In-Network</b> The In-Network Deductible Applies to the following services: Cardiac Rehabilitation</p>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Deductible (continued)</b>	Services, Intensive Cardiac Rehabilitation Services, Pulmonary Rehabilitation Services, SET for PAD Services, Partial Hospitalization, Home Health Services, Primary Care Physician Services, Chiropractic Services, Occupational Therapy Services, Physician Specialist Services, Mental Health Specialty Services Individual and Group, Podiatry Services, Other Health Care Professional, Psychiatric Services Individual and Group,	Services, Intensive Cardiac Rehabilitation Services, Pulmonary Rehabilitation Services, SET for PAD Services, Partial Hospitalization, Intensive Outpatient Program Services; Home Health Services, Primary Care Physician Services, Chiropractic Services, Occupational Therapy Services, Physician Specialist Services, Mental Health Specialty Services Individual and Group, Podiatry Services, Other Health Care

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Deductible (continued)</b>	Physical Therapy and Speech-Language Pathology Services, Additional Telehealth Services, Diagnostic Procedures/Tests/ Lab Services, Therapeutic Radiological Services, Outpatient X-Ray Services, Outpatient Hospital Services, Observation Services, Ambulatory Surgical Center (ASC) Services, Outpatient Substance Abuse Individual and Group, Outpatient Blood Services, Ground Ambulance	Professional, Psychiatric Services Individual and Group, Physical Therapy and Speech-Language Pathology Services, Additional Telehealth Services, Diagnostic Procedures/Tests/ Lab Services, Therapeutic Radiological Services, Outpatient X-Ray Services, Outpatient Hospital Services, Observation Services, Ambulatory Surgical Center (ASC) Services, Outpatient Substance Abuse Individual and

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Deductible (continued)</b>	Services, Air Ambulance Services, Durable Medical Equipment (DME), Prosthetics Devices, Medical Supplies, Diabetic Supplies, Diabetic Therapeutic Shoes/Inserts, Dialysis Services, Kidney Disease Education Services, Glaucoma Screening, Diabetes Self- Management Training.	Group, Outpatient Blood Services, Ground Ambulance Services, Air Ambulance Services, Durable Medical Equipment (DME), Prosthetics Devices, Medical Supplies, Diabetic Supplies, Diabetic Therapeutic Shoes/Inserts, Dialysis Services, Kidney Disease Education Services, Glaucoma Screening, Diabetes Self- Management Training.

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Dental services - Supplemental Diagnostic and Preventive Dental Services</b></p>	<p><b>Supplemental Diagnostic and Preventive Services In-Network and Out-Of-Network Combined</b></p> <p>Coverage of Supplemental Diagnostic and Preventive Dental Services is limited to selected service codes from the categories below.</p> <p>You pay \$0 copayment for the following supplemental Diagnostic and preventative Dental services:</p> <p><u>Oral Exams Services:</u> Select codes include but not limited to</p>	<p><b>Supplemental Diagnostic and Preventive Services In-Network and Out-Of-Network Combined</b></p> <p>Coverage of Supplemental Diagnostic and Preventive Dental Services is limited to selected service codes from the categories below.</p> <p>You pay \$0 copayment for the following supplemental Diagnostic and preventative Dental services:</p> <p><u>Oral Exams Services:</u> Select codes include but not limited to</p>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Dental services - Supplemental Diagnostic and Preventive Dental Services (continued)</b></p>	<ul style="list-style-type: none"> <li>• Limited Oral Exams: 1 every month</li> <li>• Oral Exams: 1 every 6 months</li> </ul> <p><u>Dental X-Rays Services:</u> Select codes include but not limited to</p> <ul style="list-style-type: none"> <li>• Dental X Rays: 1 every 6 months and 1 every 12 month</li> <li>• Dental X Rays: 1 every 36 months</li> <li>• Panoramic &amp; Cephalometric Film: 1 every 36 months</li> <li>• Oral/Facial Photographic images: 2 every 6 months</li> <li>• Dental X-Rays: 2 every 12 months</li> </ul>	<ul style="list-style-type: none"> <li>• Limited Oral Exams: 1 every month</li> <li>• Oral Exams: 1 every 6 months and 1 every 12 months</li> </ul> <p><u>Dental X-Rays Services:</u> Select codes include but not limited to</p> <ul style="list-style-type: none"> <li>• Dental X Rays: 1 every 6 months and 1 every 12 month</li> <li>• Dental X Rays: 1 every 36 months</li> <li>• Panoramic &amp; Cephalometric Film: 1 every 36 months</li> <li>• Oral/Facial Photographic images: 2 every 6 months</li> <li>• Dental X-Rays: 2 every 12 months</li> </ul>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Dental services - Supplemental Diagnostic and Preventive Dental Services (continued)</b></p>	<ul style="list-style-type: none"> <li>• Dental X Rays: Select codes are covered with no frequency limitation.</li> </ul> <p><u>Preventive (Cleanings):</u></p> <ul style="list-style-type: none"> <li>• <u>Cleanings (Prophylaxis): 1 every 6 months</u></li> </ul> <p><u>Other Diagnostic Dental Services:</u></p> <ul style="list-style-type: none"> <li>• <u>Select codes are covered with no frequency limitation.</u></li> </ul> <p><u>For more information about which services are covered please contact Member Services.</u></p>	<p>Dental X Rays: Select codes are covered with no frequency limitation.</p> <p><u>Preventive (Cleanings):</u></p> <ul style="list-style-type: none"> <li>• <u>Cleanings (Prophylaxis): 1 every 6 months</u></li> </ul> <p><u>Other Diagnostic Dental Services:</u></p> <ul style="list-style-type: none"> <li>• <u>Select codes are covered with no frequency limitation.</u></li> </ul> <p><u>For more information about which services are covered please contact Member Services.</u></p>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Dental services - Comprehensive Dental Services</b></p>	<p><b>Supplemental Comprehensive Dental Services:</b></p> <p><b>In-Network and Out-Of-Network Combined</b></p> <p>Coverage of Supplemental Comprehensive Dental Services is limited to selected service codes from the categories below. Benefit frequency may be limited per ADA guidelines to 1 service per tooth/per arch/per quadrant.</p> <p><u>Restorative Services:</u> Select codes</p> <ul style="list-style-type: none"> <li>• \$0 copay /1 every 12 months</li> <li>• \$0 copay /1 every 24 months</li> </ul>	<p><b>Supplemental Comprehensive Dental Services:</b></p> <p><b>In-Network and Out-Of-Network Combined</b></p> <p>Coverage of Supplemental Comprehensive Dental Services is limited to selected service codes from the categories below. Benefit frequency may be limited per ADA guidelines to 1 service per tooth/per arch/per quadrant.</p> <p><u>Restorative Services:</u> Select codes</p> <ul style="list-style-type: none"> <li>• \$0 copay /1 every 12 months</li> <li>• \$0 copay /1 every 24 months</li> </ul>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Dental services - Comprehensive Dental Services (continued)</b>	<ul style="list-style-type: none"> <li>• \$0 copay /1 every 60 months</li> <li>• \$0 copay /2 every 12 months</li> <li>• \$0 copay / 1 per lifetime</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay /1 every 60 months</li> <li>• \$0 copay /2 every 12 months</li> <li>• \$0 copay / 1 per lifetime</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul>
	<p><u>Endodontic Services:</u> Select codes</p> <ul style="list-style-type: none"> <li>• \$0 copay / 1 per lifetime.</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul>	<p><u>Endodontic Services:</u> Select codes</p> <ul style="list-style-type: none"> <li>• \$0 copay / 1 per lifetime.</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul>
	<p>Periodontics Services: Select codes:</p> <ul style="list-style-type: none"> <li>• \$0 copay /1 every 6 months</li> </ul>	<p>Periodontics Services: Select codes:</p> <ul style="list-style-type: none"> <li>• \$0 copay /1 every 6 months</li> </ul>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Dental services - Comprehensive Dental Services (continued)</b>	<ul style="list-style-type: none"> <li>• \$0 copay /1 every 12 months</li> <li>• \$0 copay /1 every 24 months</li> <li>• \$0 copay /1 every 36 months</li> <li>• \$0 copay /1 every 60 months</li> <li>• \$0 copay / 1 per lifetime</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay /1 every 12 months</li> <li>• \$0 copay /1 every 24 months</li> <li>• \$0 copay /1 every 36 months</li> <li>• \$0 copay /1 every 60 months</li> <li>• \$0 copay / 1 per lifetime</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul>
	<p><u>Prosthodontics, removable:</u> Select codes</p> <ul style="list-style-type: none"> <li>• \$0 copay /1 every 12 months</li> <li>• \$0 copay /2 every 12 months</li> <li>• \$0 copay /4 every 12 months</li> <li>• \$0 copay /1 every 24 months</li> </ul>	<p><u>Prosthodontics, removable:</u> Select codes</p> <ul style="list-style-type: none"> <li>• \$0 copay /1 every 12 months</li> <li>• \$0 copay /2 every 12 months</li> <li>• \$0 copay /4 every 12 months</li> <li>• \$0 copay /1 every 24 months</li> </ul>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Dental services - Comprehensive Dental Services (continued)</b></p>	<ul style="list-style-type: none"> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul> <p><u>Maxillofacial Prosthetics services:</u> Select codes</p> <ul style="list-style-type: none"> <li>• \$0 copay /2 every 12 months</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul> <p><u>Implant Services:</u> Select codes</p> <ul style="list-style-type: none"> <li>• \$0 copay /1 every 12 months</li> </ul>	<ul style="list-style-type: none"> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul> <p><u>Maxillofacial Prosthetics services:</u> Select codes</p> <ul style="list-style-type: none"> <li>• \$0 copay /1 every 6 months</li> <li>• \$0 copay /1 every 12 months</li> <li>• \$0 copay /2 every 12 months</li> <li>• \$0 copay /6 every 2 months</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul> <p><u>Implant Services:</u> Select codes</p> <ul style="list-style-type: none"> <li>• \$0 copay /1 every 12 months</li> </ul>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Dental services - Comprehensive Dental Services (continued)</b>	<ul style="list-style-type: none"> <li>• \$0 copay /1 every 24 months</li> <li>• \$0 copay / 1 every 8 years</li> <li>• \$0 copay / 1 per lifetime</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay /1 every 24 months</li> <li>• \$0 copay / 1 every 8 years</li> <li>• \$0 copay / 1 per lifetime</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation</li> </ul>
	<p><u>Prosthodontics, fixed services:</u> Select Codes</p> <ul style="list-style-type: none"> <li>• \$0 copay /1 every 60 months</li> <li>• \$0 copay /1 every 24 months</li> <li>• Select codes are covered at \$0 copayment</li> </ul>	<p><u>Prosthodontics, fixed services:</u> Select Codes</p> <ul style="list-style-type: none"> <li>• \$0 copay /1 every 60 months</li> <li>• \$0 copay /1 every 24 months</li> <li>• Select codes are covered at \$0 copayment</li> </ul>
	<p><u>Oral and Maxillofacial Surgery:</u> Select Codes</p>	<p><u>Oral and Maxillofacial Surgery:</u> Select Codes</p>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Dental services - Comprehensive Dental Services (continued)</b></p>	<ul style="list-style-type: none"> <li>• \$0 copay /1 every 24 months</li> <li>• \$0 copay / 1 per lifetime</li> <li>• \$0 copay / 2 per lifetime</li> <li>• \$0 copay / 3 per lifetime</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay /1 every 6 months</li> <li>• \$0 copay /1 every 12 months</li> <li>• \$0 copay /1 every 24 months</li> <li>• \$0 copay /2 every 60 months</li> <li>• \$0 copay / 1 per lifetime</li> <li>• \$0 copay / 2 per lifetime</li> <li>• \$0 copay / 3 per lifetime</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation</li> </ul>
	<p><u>Adjunctive General Services: Select Codes</u></p> <ul style="list-style-type: none"> <li>• \$0 copay /1 every 6 months</li> </ul>	<p><u>Adjunctive General Services: Select Codes</u></p> <ul style="list-style-type: none"> <li>• \$0 copay /1 every 7 days</li> </ul>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Dental services - Comprehensive Dental Services (continued)</b>	<ul style="list-style-type: none"> <li>• \$0 copay /1 every 12 months</li> <li>• \$0 copay /2 every 12 months</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay /1 every 6 months</li> <li>• \$0 copay /1 every 12 months</li> <li>• \$0 copay /2 every 12 months</li> <li>• Select codes are covered at \$0 copayment with no frequency limitation.</li> </ul>
	For more information about which services are covered please contact Member Services.	For more information about which services are covered please contact Member Services.
<b>Flex Card</b>	<b>In Network:</b> You pay no coinsurance or copayment for Flex Card.	<b>In Network:</b> You pay no coinsurance or copayment for Flex Card.
<b>Flex Card (continued)</b>	You will receive a \$750 allowance to use in 2025 on out-of-pocket	You will receive a \$500 allowance to use in 2026 on out-of-pocket

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
	<p>costs for dental, vision, hearing, and/or fitness services.</p> <p>Any unused benefit dollars will expire at the end of the calendar year or if you disenroll from the plan.</p>	<p>costs for dental, vision, hearing, and/or fitness services.</p> <p>Any unused benefit dollars will expire at the end of the calendar year or if you disenroll from the plan.</p>
<p><b>Health and wellness education programs Fitness Benefit (Gym Access)</b></p>	<p>Not covered in 2025.</p>	<p>You pay no coinsurance or copayment for Fitness Benefit.</p> <p>Members have access to the Silver&amp;Fit® Healthy Aging and Exercise program at no cost.</p>
<p><b>Health and wellness education programs Fitness Benefit (Gym Access) (continued)</b></p>		<p>Under this program, members can access no-cost participating fitness</p>

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<b>2025 (this year)</b>	<b>2026 (next year)</b>
	<p>centers. In addition, members can choose 1 (one) home fitness kit per benefit year at no cost.</p> <p>Members can also access other Silver&amp;Fit<sup>®</sup> program features including thousands of on-demand workout videos, virtual events through the Well-Being club, and specialized coaching sessions.</p>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Hearing services</b>	<p><b>In Network:</b> You pay no coinsurance or copayment for Medicare-covered Diagnostic Hearing Exams.</p> <p>You pay no coinsurance or copayment for Hearing Aids (all types) once every year.</p> <p>Hearing Aids (all types) are covered up to \$3,000 for both ears combined every year.</p> <p>Authorization is required by a Physician or Specialist.</p>	<p><b>In Network:</b> You pay no coinsurance or copayment for Medicare-covered Diagnostic Hearing Exams.</p> <p>You pay no coinsurance or copayment for Hearing Aids (all types) once every year.</p> <p>Hearing Aids (all types) are covered up to \$2,500 for both ears combined every year.</p> <p>Authorization is required by a Physician or Specialist.</p>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Medicare Part B prescription drugs</b>	<p><b>In Network:</b> You pay no coinsurance or copayment Medicare Part B prescription drugs. You pay up to \$35 for Medicare Part B Insulin Drugs. Medicare Part B Chemotherapy/ Radiation Drugs may require authorization. Authorization may be required for certain drugs.</p>	<p><b>In Network:</b> You pay no coinsurance or copayment Medicare Part B prescription drugs. You pay up to \$35 for Medicare Part B Insulin Drugs. Medicare Part B Chemotherapy/ Radiation Drugs authorization is NOT required. Authorization may be required for certain drugs.</p>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Over the Counter (OTC)</b></p>	<p>You may purchase up to \$900 quarterly of eligible OTC items.</p> <p>The OTC card balance cannot be carried over to the next quarter.</p> <p>Quarterly benefit periods are distributed in January, April, July and October.</p> <p>The OTC benefit combines with Special Supplemental Benefits for the Chronically Ill (SSBCI) for eligible members.</p> <p>Your OTC benefit covers COVID 19 tests and Naloxone nasal spray at select pharmacies and/or retailers.</p>	<p>You may purchase up to \$950 quarterly of eligible OTC items.</p> <p>The OTC card balance <u>will</u> be carried over from quarter to quarter, but expire at the end of the year.</p> <p>Quarterly benefit periods are distributed in January, April, July and October.</p> <p>The OTC benefit combines with Special Supplemental Benefits for the Chronically Ill (SSBCI) for eligible members.</p> <p>Your OTC benefit covers COVID 19 tests and Naloxone nasal spray at select pharmacies and/or retailers.</p>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Special Supplemental Benefit for the Chronically Ill (SSBCI)</b>	<p>There is no coinsurance or copayment for Special Supplemental Benefits for the Chronically Ill.</p> <p>Members eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI) will receive a combined Over the Counter Non-Prescription Drug Coverage benefit to cover certain grocery items, certain utility payments, rental/mortgage assistance, and non-medical transportation as a part of the</p>	<p>There is no coinsurance or copayment for Special Supplemental Benefits for the Chronically Ill.</p> <p>Members eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI) will receive a combined Over the Counter Non-Prescription Drug Coverage benefit to cover certain grocery items, certain utility payments, rental/mortgage assistance, and non-medical transportation as a part of the</p>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Special Supplemental Benefit for the Chronically Ill (SSBCI) (continued)</b>	<p>quarterly OTC allowance.</p> <p>The combined OTC coverage of \$900 will be available quarterly. Benefits will not carry forward to the next period if it is unused.</p> <p>Quarterly benefit periods are distributed in January, April, July and October.</p> <p>Contact the Plan for a complete listing of eligible items and network listing of select pharmacies and/or retailers.</p>	<p>quarterly OTC allowance.</p> <p>The combined OTC coverage of \$950 will be available quarterly. The OTC card balance will be carried over to the next quarter but will expire at the end of the year.</p> <p>Quarterly benefit periods are distributed in January, April, July and October.</p> <p>Contact the Plan for a complete listing of eligible items and network listing of select pharmacies and/or retailers.</p>

## **Section 1.6 Changes to Part D Drug Coverage**

### **Changes to Our Drug List**

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-877-891-6447 (TTY users call 711) for more information.

**Section 1.7 Changes to Prescription Drug Benefits  
& Costs**

**Do you get Extra Help to pay for your drug  
coverage costs?**

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We: have included a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and didn't get this material with this packet, call Member Services at 1-877-891-6447 (TTY users call 711 and ask for the *LIS Rider*).

**Drug Payment Stages**

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you reach the yearly deductible.

- ***Stage 2: Initial Coverage***

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share

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of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,100.

- ***Stage 3: Catastrophic Coverage***

This is the third and final drug payment stage. In this stage, you pay for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

The table shows your cost per prescription during this stage.

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	<b>2025 (this year)</b>	<b>2026(next year)</b>
<b>Yearly Deductible</b>	The Part D deductible is \$590 If you receive “Extra Help” to pay your prescription drugs, your deductible amount will be \$0.	The Part D deductible is \$615 If you receive “Extra Help” to pay your prescription drugs, your deductible amount will be \$0.

**Drug Costs in Stage 2: Initial Coverage**

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs, go to Chapter 6 of your *Evidence of Coverage*.

Once you’ve paid \$2,100 out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Initial Coverage Stage</b>	<p><b>Standard retail cost sharing (in-network)</b> (up to a 90-day supply) * † Ω</p> <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:</p> <p><b>Tier 1:</b> Depending on your “Extra Help” You Pay:</p> <p><b>For generic drugs</b> (including brand drugs treated as generic): \$0 copay or \$1.60 copay or \$4.90 copay or</p>	<p><b>Standard retail cost sharing (in-network)</b> (up to a 90-day supply) * † Ω</p> <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:</p> <p><b>Tier 1:</b> Depending on your “Extra Help” You Pay:</p> <p><b>For generic drugs</b> (including brand drugs treated as generic): \$0 copay or \$1.60 copay or \$5.10 copay or</p>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Initial Coverage Stage (continued)</b>	<p>25% of the total cost.</p> <p><b>For all other drugs:</b></p> <p>\$0 copay or \$4.80 copay or \$12.15 copay or 25% of the cost.</p> <p>*60-Day supply is also available for Standard Retail.</p> <p><b>Mail-order cost sharing (up to 90-day supply) † Ω</b> during the Initial Coverage Stage For:</p> <p><b>Tier 1:</b></p> <p>Depending on your level of “Extra Help” You Pay:</p>	<p>25% of the total cost.</p> <p><b>For all other drugs:</b></p> <p>\$0 copay or \$4.90 copay or \$12.65 copay or 25% of the cost.</p> <p>*60-Day supply is also available for Standard Retail.</p> <p><b>Mail-order cost sharing (up to 90-day supply) † Ω</b> during the Initial Coverage Stage For:</p> <p><b>Tier 1:</b></p> <p>Depending on your level of “Extra Help” You Pay:</p>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Initial Coverage Stage (continued)</b>	<p><b>For generic drugs</b> (including brand drugs treated as generic):</p> <p>\$0 copay or \$1.60 copay or \$4.90 copay or 25% of the cost.</p> <p><b>For all other drugs:</b></p> <p>\$0 copay or \$4.80 copay or \$12.15 copay or 25% of the cost.</p> <p>†NDS – Non-Extended Days Supply. Certain specialty drugs will be limited up to a 30-day supply per fill.</p> <p>Ω – You will not pay more than \$35 for a one-month supply of each</p>	<p><b>For generic drugs</b> (including brand drugs treated as generic):</p> <p>\$0 copay or \$1.60 copay or \$5.10 copay or 25% of the cost.</p> <p><b>For all other drugs:</b></p> <p>\$0 copay or \$4.90 copay or \$12.65 copay or 25% of the cost.</p> <p>†NDS – Non-Extended Days Supply. Certain specialty drugs will be limited up to a 30-day supply per fill.</p> <p>Ω – You will not pay more than \$35 for a one-month supply of each</p>

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Initial Coverage Stage (continued)</b>	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.	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.

**Changes to the Catastrophic Coverage Stage**

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

**SECTION 2 Administrative Changes**

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	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Integrated Appeals and Grievances</b>	<p>There are no changes to the Level 2 Appeal process until the end of 2025. If we deny your Level 1 Appeal (also known as a Plan Level Appeal), your case will automatically be sent for a Level 2 Appeal with the Hearing Office.</p>	<p>As of January 1, 2026, the way you request a Level 2 Appeal will change. There will be separate Level II appeals and grievance process pathways for Medicare and Medicaid.</p> <p>In October 2025, you will receive a “Notification for MAP Member Handbook Insert Regarding the Unified Plan-level Appeals and Grievance Process, Letter from Plan to Members” document and “Important Change for Medicaid Advantage Plus</p>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Integrated Appeals and Grievances (continued)</b>		Member Appeals” document. Please refer to these documents for details about how to request a Level 2 Appeal.
<b>Medicare Prescription Payment Plan</b>	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you’re participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-866-490-2102 (TTY users call 711) or visit <a href="http://www.medicare.gov">www.medicare.gov</a> .

**SECTION 3 How to Change Plans**

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**To stay in Elderplan Plus Long-Term Care (HMO-POS D-SNP), you don't need to do anything.**

Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Elderplan Plus Long-Term Care (HMO-POS D-SNP).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Elderplan Plus Long-Term Care (HMO-POS D-SNP).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Elderplan Plus Long-Term Care (HMO-POS D-SNP).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-877-891-6447 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [www.medicare.gov](http://www.medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 6), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Elderplan, Inc. offers other Medicare health plans. These

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other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

## Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) between January 1 – March 31, 2026.

## Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option,

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Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or

- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## **SECTION 4 Get Help Paying for Prescription Drugs**

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You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative.

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Automated messages are available 24 hours a day.  
TTY users can call, 1-800-325-0778.

- Your State Medicaid office.
- **Help from your state’s pharmaceutical assistance program (SPAP).** New York has a program called Elderly Pharmaceutical Insurance Coverage Program (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit [shiphelp.org](http://shiphelp.org), or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the New York AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you’re currently enrolled, how to continue getting help, call 1-800-542-2437. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your

out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-866-490-2102 (TTY users call 711) or visit [www.medicare.gov](http://www.medicare.gov).

## **SECTION 5 Questions?**

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### **Get Help from Elderplan Plus Long-Term Care (HMO-POS D-SNP)**

- **Call Member Services at 1-877-891-6447. (TTY users call 711.)**

We're available for phone calls 8 a.m. to 8 p.m., 7 days a week. Calls to these numbers are free.

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- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Elderplan Plus Long-Term Care (HMO-POS D-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [www.elderplan.org](http://www.elderplan.org) or call Member Services at 1-877-891-6447 (TTY users call 711) to ask us to mail you a copy.

- **Visit [www.elderplan.org](http://www.elderplan.org)**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

### **Get Free Counseling about Medicare**

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York, the SHIP is called The Office for the Aging's Health Insurance Information, Counseling and Assistance Program (HIICAP) .

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Call HIICAP to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call HIICAP at 1-(212)-602-4180 (Inside the following: 5 boroughs of NYC) or 1-800-701-0501 (Outside the 5 boroughs of NYC) Learn more about HIICAP by visiting <https://aging.ny.gov/programs/medicare-and-health-insurance>.

### **Get Help from Medicare**

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with [www.medicare.gov](http://www.medicare.gov)**

You can chat live at [www.medicare.gov/talk-to-someone](http://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.medicare.gov](http://www.medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

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- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.medicare.gov](http://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

### **Get Help from Medicaid**

Call New York State Medicaid Program for help with Medicaid enrollment or benefit questions at 1-800-541-2831, Monday through Friday 8:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 1:00 p.m. TTY users, call 711.

You can write to your Local Department of Social Services (LDSS). Find the address for your LDSS at: [www.health.ny.gov/health\\_care/medicaid/ldss](http://www.health.ny.gov/health_care/medicaid/ldss)

## NOTICE OF NON-DISCRIMINATION

**Elderplan** complies with Federal civil rights laws. **Elderplan** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (as defined in 45 CFR § 92.101(a)(2)).

**Elderplan** provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **Elderplan** at 1-877-891-6447. For TTY/TDD services, call 711.

If you believe that **Elderplan** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by:

- Mail: 55 Water Street, 46<sup>th</sup> Floor, New York, NY 10041
- Phone: 1-877-326-9978 (for TTY/TDD services, call 711)
- Fax: 1-718-758-3643
- In person: 55 Water Street, 46<sup>th</sup> Floor, New York, NY 10041
- Email: COMPLIANCEDEPT@MJHS.ORG

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

This notice is available at Elderplan's website:

<https://www.elderplan.org/disclaimers/notice-of-nondiscrimination/>

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## LANGUAGE ASSISTANCE

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-877-891-6447 (TTY:711).	English
ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 1-877-891-6447 (TTY:711).	Spanish
请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 1-877-891-6447 (TTY:711)。	Chinese
ملاحظة: خدمات المساعدة اللغوية والمساعدات الأخرى المجانية متاحة لك. اتصل بالرقم 1-877-891-6447 (TTY:711).	Arabic
주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다. 1-877-891-6447 (TTY:711) 번으로 연락해 주십시오.	Korean
ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие виды помощи. Звоните по номеру 1-877-891-6447 (TTY:711).	Russian
ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti. Chiamare il 1-877-891-6447 (TTY:711).	Italian
ATTENTION : Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le 1-877-891-6447 (TTY:711).	French
ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou. Rele 1-877-891-6447 (TTY:711).	French Creole
אכטונג: שפראך הילף סערוויסעס און אנדערע הילף, זענען אוועילעבל פאר אייך אומזיסט. רופט 1-877-891-6447 (TTY:711).	Yiddish
UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń: 1-877-891-6447 (TTY:711).	Polish
ATENSYON: Available ang mga serbisyong tulong sa wika at iba pang tulong nang libre. Tumawag sa 1-877-891-6447 (TTY:711).	Tagalog
মনোযোগ নামূল্যে ভাষা সহায়তা পরিষেবা এবং অন্যান্য সাহায্য আপনার জন্য উপলব্ধ। 1-877-891-6447 (TTY:711)-এ ফোন করুন।	Bengali
VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe ndihma të tjera falas. Telefononi 1-877-891-6447 (TTY:711).	Albanian
ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα είναι στη διάθεσή σας, δωρεάν. Καλέστε στο 1-877-891-6447 (TTY:711).	Greek
توجہ فرمائیں: زبان میں معاونت کی خدمات اور دیگر معاونتیں آپ کے لیے بلا معاوضہ دستیاب ہیں۔ کال کریں 1-877-891-6447 (TTY:711)۔	Urdu