

Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) offered by Elderplan, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of Elderplan for Medicaid Beneficiaries (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. *Please see page 6 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.elderplan.org. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.

- Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP).
- Look in section 3.2, page 40 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish and Chinese.
- Please contact our Member Services number at 1-800-353-3765 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., 7 days a week.
- This information is available in different formats including braille and other alternate formats. Please call Member Services at the number listed above if you need plan information in another format or language.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Elderplan for Medicaid Beneficiaries (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.

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- When this document says “we,” “us,” or “our,” it means Elderplan Inc. When it says “plan” or “our plan,” it means Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$0 or \$38.90 for your Part D Premium	\$0 or \$33.90 for your Part D Premium

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Cost	2023 (this year)	2024 (next year)
<p>Part B Deductible</p>	<p>The Part B Deductible is \$226.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your Part B Deductible.</p>	<p>The Part B Deductible is \$240.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your Part B Deductible.</p>
<p>Doctor office visits</p>	<p>In-Network:</p> <p>Primary care visits: You pay 0% or 20% coinsurance per visit.</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0 per visit.</p>	<p>In-Network:</p> <p>Primary care visits: You pay 0% or 20% coinsurance per visit.</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0 per visit.</p>

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Cost	2023 (this year)	2024 (next year)
<p>Doctor office visits (continued)</p>	<p>In-Network:</p> <p>Specialist visits: You pay 0% or 20% coinsurance per visit.</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0 per visit.</p> <p>Out-of-Network:</p> <p>Specialist visits are not covered.</p>	<p>In-Network and Out-of-Network</p> <p>Specialist visits: You pay 0% or 20% coinsurance per visit.</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0 per visit.</p>
<p>Inpatient hospital stays</p>	<p>In-Network:</p> <p>In 2023 the amounts for each benefit period are \$0* OR: \$1,600 deductible.</p> <p>Days 1-60: \$0 copayment per day.</p>	<p>In-Network:</p> <p>In 2024 the amounts for each benefit period are \$0* OR: \$1,632 deductible.</p> <p>Days 1-60: \$0 copayment per day.</p>

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Cost	2023 (this year)	2024 (next year)
<p>Inpatient hospital stays (continued)</p>	<p>Days 61-90: \$400 copayment per day.</p> <p>Days 91 and beyond: \$800 copayment per lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime).</p> <p>Beyond lifetime reserve days: you pay all costs.</p> <p>Authorization is required.</p> <p>If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost</p>	<p>Days 61-90: \$408 copayment per day.</p> <p>Days 91 and beyond: \$816 copayment per lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime).</p> <p>Beyond lifetime reserve days: you pay all costs.</p> <p>Authorization is required.</p> <p>If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost</p>

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Cost	2023 (this year)	2024 (next year)
Inpatient hospital stays (continued)	sharing you would pay at a network hospital. *If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.	sharing you would pay at a network hospital. *If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.

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Cost	2023 (this year)	2024 (next year)
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: The Part D Deductible is \$505, except for covered insulin products and most adult Part D vaccines. During the Initial Coverage Stage:	Deductible: The Part D Deductible is \$545, except for covered insulin products and most adult Part D vaccines. During the Initial Coverage Stage:

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Cost	2023 (this year)	2024 (next year)
<p>Part D prescription drug coverage (See Section 2.5 for details.) (continued)</p>	<p>Standard retail cost sharing (In-Network) (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 for:</p> <p>Tier 1: Depending on your “Extra Help” You pay:</p> <p>For generic drugs (including brand drugs treated as generic):</p>	<p>Standard retail cost sharing (In-Network) (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 for:</p> <p>Tier 1: Depending on your “Extra Help” You pay:</p> <p>For generic drugs (including brand drugs treated as generic):</p>

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Cost	2023 (this year)	2024 (next year)
<p>Part D prescription drug coverage (See Section 2.5 for details.) (continued)</p>	<p>\$0 copay or \$1.45 copay or \$4.15 copay or 15% of the cost or 25% of the cost.</p> <p>For all other drugs: \$0 copay or \$4.30 copay or \$10.35 copay or 15% of the cost or 25% of the cost.</p> <p>*60-Day supply is also available for Standard Retail.</p> <p>Mail-order cost sharing (up to 90-day supply) † Ω during the Initial Coverage Stage For:</p>	<p>\$0 copay or \$1.55 copay or \$4.50 copay or 25% of the cost.</p> <p>For all other drugs: \$0 copay or \$4.60 copay or \$11.20 copay or 25% of the cost.</p> <p>*60-Day supply is also available for Standard Retail.</p> <p>Mail-order cost sharing (up to 90-day supply) † Ω during the Initial Coverage Stage For:</p>

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Cost	2023 (this year)	2024 (next year)
<p>Part D prescription drug coverage (See Section 2.5 for details.) (continued)</p>	<p>Tier 1: Depending on your level of “Extra Help” You Pay:</p> <p>For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.45 copay or \$4.15 copay or 15% of the cost or 25% of the cost.</p> <p>For all other drugs: \$0 copay or \$4.30 copay or \$10.35 copay or 15% of the cost or 25% of the cost.</p>	<p>Tier 1: Depending on your level of “Extra Help” You Pay:</p> <p>For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.55 copay or \$4.50 copay or 25% of the cost.</p> <p>For all other drugs: \$0 copay or \$4.60 copay or \$11.35 copay or 25% of the cost.</p>

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Cost	2023 (this year)	2024 (next year)
<p>Part D prescription drug coverage (See Section 2.5 for details.) (continued)</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 the cost-sharing for Part B and D drugs, even if you have not paid your deductible.</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 the cost-sharing for Part B and D drugs, even if you have not paid your deductible.</p>

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Cost	2023 (this year)	2024 (next year)
<p>Part D prescription drug coverage (See Section 2.5 for details.) (continued)</p>	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a coinsurance equal to 5% of the cost of the drug, or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.). 	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

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Cost	2023 (this year)	2024 (next year)
<p>Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your In-Network and out-of-network combined covered Part A and Part B services. (See Section 2.2 for details.)</p>	<p>In-Network \$8,300</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, 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>In-Network and Out-of-Network Combined \$8,850</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, 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>

SECTION 1 We Are Changing the Plan's Name

On January 1, 2024, our plan name will change from Elderplan for Medicaid Beneficiaries (HMO D-SNP) to Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP).

We will mail you a new Elderplan member ID card. If you have questions, or if your Elderplan member ID card is damaged, lost, or stolen, call Member Services at 1-800-353-3765 (TTY users should call 711) right away and we will send you a new card.

You will see the new plan name reflected on future communications where the plan name is referenced.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<p>Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</p>	<p>\$0 or \$38.90 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 \$33.90 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>

**Section 2.2 – 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 reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

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Cost	2023 (this year)	2024 (next year)
<p>Maximum out-of-pocket amount Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, 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>In-Network \$8,300</p> <p>Once you have paid \$8,300 out-of-pocket 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.</p>	<p>In-Network and Out-of-Network Combined \$8,850</p> <p>Once you have paid \$8,850 out-of-pocket for In-Network and out-of-network combined 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.</p>

Cost	2023 (this year)	2024 (next year)
<p>Maximum out-of-pocket amount (continued) Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>		

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.elderplan.org. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers and pharmacies for next year. **Please review the 2024 Provider and Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) and pharmacies are in our network.**

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It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Acupuncture Services (Non-Medicare Covered)	In-Network You pay no coinsurance or copayment per visit. You may receive up to 20 visits every year for Acupuncture services only.	In-Network You pay no coinsurance or copayment per visit. You may receive up to 20 visits every year for the following services: <ul style="list-style-type: none">• Acupuncture• Cupping/Moxa• Acupressure• Tui Na

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Cost	2023 (this year)	2024 (next year)
<p>Acupuncture Services (Non-Medicare Covered) (continued)</p>		<ul style="list-style-type: none"> • Gua Sha • Reflexology • Infrared Therapy
<p>Dental Services: Supplemental Preventive Dental Services</p>	<p>Supplemental Preventive Dental Services In-Network Coverage of Supplemental Preventive Dental Services is limited to selected service codes from the categories below. You pay \$0 copayment for the following supplemental preventative dental services:</p>	<p>Supplemental Preventive Dental Services In-Network and Out-Of-Network Combined Coverage of Supplemental Preventive Dental Services is limited to selected service codes from the categories below. You pay \$0 copayment for the following supplemental preventative dental services:</p>

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Cost	2023 (this year)	2024 (next year)
Dental Services: Supplemental Preventive Dental Services (continued)	<ul style="list-style-type: none"> • Limited Oral Exams: 1 every month • Oral Exams: 1 every 6 months • Cleanings (Prophylaxis): 1 every 6 months • Dental X-Rays: 1 every 6 months • Complete Series Dental X-Rays: 1 every 36 months • Panoramic & Cephalometric Film: 1 every 36 months • Oral/Facial Photographic images: 2 every 6 months 	<ul style="list-style-type: none"> • Limited Oral Exams: 1 every month • Oral Exams: 1 every 6 months • Cleanings (Prophylaxis): 1 every 6 months • Dental X-Rays: 1 every 6 months • Complete Series Dental X-Rays: 1 every 36 months • Panoramic & Cephalometric Film: 1 every 36 months • Oral/Facial Photographic images: 2 every 6 months

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Cost	2023 (this year)	2024 (next year)
Dental Services: Supplemental Preventive Dental Services (continued)	Out-of-Network Supplemental Preventive Dental Services are not covered.	For more information about which services are covered please contact Member Services.
Dental services - Comprehensive Dental Services	Supplemental Comprehensive Dental Services: In-Network Coverage of Supplemental Comprehensive Dental Services is limited to selected service codes from the categories below with an allowance of \$1,500 annually. Preventative Dental does not apply towards the annual maximum.	Supplemental Comprehensive Dental Services: In-Network and Out-Of-Network Combined Coverage of Supplemental Comprehensive Dental Services is limited to selected service codes from the categories below with an allowance of \$1,500 annually In-Network and Out-of-Network combined.

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Cost	2023 (this year)	2024 (next year)
<p>Dental services - Comprehensive Dental Services (continued)</p>	<p>Upon exhaustion of the \$1,500 annual benefit limit, the member will be responsible for the full cost.</p> <p>Benefit frequency may be limited per ADA guidelines to 1 service per tooth/per arch/per quadrant.</p>	<p>Preventive Dental does not apply towards the annual maximum In-Network and Out-of-Network combined.</p> <p>Upon exhaustion of the \$1,500 annual benefit limit In-Network and Out-of-Network combined, the member will be responsible for the full cost.</p> <p>Benefit frequency may be limited per ADA guidelines to 1 service per tooth/per arch/per quadrant.</p>

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Cost	2023 (this year)	2024 (next year)
Dental services - Comprehensive Dental Services (continued)	<u>Restorative Services</u> Select Restoration Codes Only at \$0 copayment /1 every 12 months, per tooth OR \$0 copayment /1 every 60 months, per tooth. Select Major Restoratives Code Only at \$0 copayment / 1 every 60 months, per tooth OR \$0 copayment /1 per lifetime, per tooth. Select codes are covered at \$0 with no frequency limitation.	<u>Restorative Services</u> Select Restoration Codes Only at \$0 copayment /1 every 12 months, per tooth OR \$0 copayment /1 every 60 months, per tooth. Select Major Restoratives Code Only at \$0 copayment /1 every 60 months, per tooth OR \$0 copayment /1 per lifetime, per tooth. Select codes are covered at \$0 with no frequency limitation.

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Cost	2023 (this year)	2024 (next year)
Dental services - Comprehensive Dental Services (continued)	<u>Endodontic Services</u> Select Root Canal Therapy Codes Only at \$0 copayment/1 per lifetime, per tooth.	<u>Endodontic Services</u> Select Root Canal Therapy Codes Only at \$0 copayment /1 per lifetime, per tooth.
	<u>Periodontics Services</u> Select Codes Only at \$0 copayment / 1 every 36 months OR \$0 copayment / 1 every 60 months.	<u>Periodontics Services</u> Select Codes Only at \$0 copayment / 1 every 36 months OR \$0 copayment / 1 every 60 months.
	<u>Prosthodontics Services</u> Select Fixed Partial Denture Pontics Codes Only at \$0 copayment / 1 every 60 months, per tooth.	<u>Prosthodontics Services</u> Select Fixed Partial Denture Pontics Codes Only at \$0 copayment / 1 every 60 months, per tooth.
	Select Fixed Partial Denture per arch Retainers Crowns Codes Only at \$0 copayment / 1	Select Fixed Partial Denture per arch Retainers Crowns Codes Only at \$0 copayment / 1 every

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Cost	2023 (this year)	2024 (next year)
<p>Dental services - Comprehensive Dental Services (continued)</p>	<p>every 60 months, per tooth.</p> <p><u>Oral and Maxillofacial Surgery</u> Select Codes Only at \$0 copayment / 1 per lifetime, per tooth.</p> <p>Out-of-Network Supplemental Comprehensive Dental Services are not covered.</p>	<p>60 months, per tooth.</p> <p><u>Oral and Maxillofacial Surgery</u> Select Codes Only at \$0 copayment / 1 per lifetime, per tooth.</p> <p>For more information about which services are covered please contact Member Services.</p>
<p>Emergency care</p>	<p>You pay 0% or 20% coinsurance (up to \$90) for each Medicare-covered emergency room visit.</p> <p>*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>	<p>You pay 0% or 20% coinsurance (up to \$100) for each Medicare-covered emergency room visit.</p> <p>*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>

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Cost	2023 (this year)	2024 (next year)
<p>Flex Card</p>	<p>Flex Card <u>not</u> covered in 2023.</p>	<p>There is no coinsurance or copayment for Flex Card.</p> <p>You will receive a \$500 allowance to use in 2024 on out-of-pocket 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>Inpatient hospital stays</p>	<p>In-Network</p> <p>In 2023 the amounts for each benefit period are \$0* OR: \$1,600 deductible.</p> <p>Days 1-60: \$0 copayment per day.</p>	<p>In-Network</p> <p>In 2024 the amounts for each benefit period are \$0* OR: \$1,632 deductible.</p> <p>Days 1-60: \$0 copayment per day.</p>

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Cost	2023 (this year)	2024 (next year)
<p>Inpatient hospital stays (continued)</p>	<p>Days 61-90: \$400 copayment per day.</p> <p>Days 91 and beyond: \$800 copayment per lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime).</p> <p>Beyond lifetime reserve days: you pay all costs.</p> <p>Authorization is required.</p> <p>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.</p>	<p>Days 61-90: \$408 copayment per day.</p> <p>Days 91 and beyond: \$816 copayment per lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime).</p> <p>Beyond lifetime reserve days: you pay all costs.</p> <p>Authorization is required.</p> <p>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.</p>

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Cost	2023 (this year)	2024 (next year)
Inpatient hospital stays (continued)	*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.	*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.

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Cost	2023 (this year)	2024 (next year)
<p>Inpatient services in a psychiatric hospital Covered services include mental health care services that require a hospital stay.</p>	<p>In-Network In 2023, the amounts for each benefit period are \$0* OR: \$1,600 deductible. Days 1-60: \$0 copayment per day. Days 61-90: \$400 copayment per day. Days 91 and beyond: \$800 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 0% or 20% of the Medicare approved amount for mental</p>	<p>In-Network In 2024, the amounts for each benefit period are \$0* OR: \$1,632 deductible. Days 1-60: \$0 copayment per day. Days 61-90: \$408 copayment per day. Days 91 and beyond: \$816 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 0% or 20% of the Medicare approved amount for mental health</p>

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Cost	2023 (this year)	2024 (next year)
<p>Inpatient services in a psychiatric hospital Covered services include mental health care services that require a hospital stay. (continued)</p>	<p>health services you get from doctors and other providers while you're a hospital inpatient.* Authorization is required. *If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>	<p>services you get from doctors and other providers while you're a hospital inpatient.* Authorization is required. *If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>

Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) Annual Notice of Changes for 2024

Cost	2023 (this year)	2024 (next year)
<p>Over the Counter (OTC)</p>	<p>You may purchase up to \$155 every month of eligible OTC items. The OTC card balance cannot be carried over to the next month.</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 at select pharmacies and/or retailers.</p>	<p>You may purchase up to \$210 every month of eligible OTC items. The OTC card balance cannot be carried over to the next month.</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>

Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) Annual Notice of Changes for 2024

Cost	2023 (this year)	2024 (next year)
<p>Outpatient mental health care</p>	<p>In-Network You pay 0% or 20% coinsurance for Medicare-covered Mental Health Specialty Services Individual Sessions and Group Sessions. *</p> <p>You pay 0% or 20% coinsurance for Medicare-covered Psychiatric Services Individual Sessions and Group Sessions. *</p> <p>*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p> <p>Out-of-Network Outpatient mental health care is <u>not</u> covered.</p>	<p>In-Network and Out-of-Network You pay 0% or 20% coinsurance for Medicare-covered Mental Health Specialty Services Individual Sessions and Group Sessions. *</p> <p>You pay 0% or 20% coinsurance for Medicare-covered Psychiatric Services Individual Sessions and Group Sessions. *</p> <p>*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>

Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) Annual Notice of Changes for 2024

Cost	2023 (this year)	2024 (next year)
<p>Outpatient rehabilitation services</p>	<p>In-Network: You pay 0% or 20% coinsurance for Occupational Therapy, Physical Therapy, or Speech/Language Pathology Services per visit. * Authorization is required. *If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p> <p>Out-of-Network Outpatient rehabilitation services are <u>not</u> covered.</p>	<p>In-Network and Out-of-Network You pay 0% or 20% coinsurance for Occupational Therapy, Physical Therapy, or Speech/Language Pathology Services per visit. * Authorization is required. *If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>

Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) Annual Notice of Changes for 2024

Cost	2023 (this year)	2024 (next year)
<p>Physician/Practitioner services, including doctor’s office visits</p>	<p>In-Network You pay 0% or 20% coinsurance for each office visits for the following services*: • Primary Care Provider (PCP) Services. • Provider Specialist Services. • Other Health Care Professionals. Authorization only required for in home visits billed by a Nurse Practitioner or Physician Assistant directly. *If you are eligible for Medicare cost-sharing</p>	<p>In-Network You pay 0% or 20% coinsurance for each office visits for the following services*: • Primary Care Provider (PCP) Services. In-Network and Out-of-Network You pay 0% or 20% coinsurance for each office visits for the following services*: • Provider Specialist Services. • Other Health Care Professionals. Authorization only required for in home visits billed by a Nurse Practitioner or Physician Assistant directly.</p>

Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) Annual Notice of Changes for 2024

Cost	2023 (this year)	2024 (next year)
<p>Physician/Practitioner services, including doctor’s office visits (continued)</p>	<p>assistance under Medicaid, you pay \$0.</p> <p>Out of Network Physician/Practitioner services, including doctor’s office visits are <u>not</u> covered.</p>	<p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
<p>Podiatry Services - Medicare Covered Services</p>	<p>In-Network</p> <p>You pay 0% or 20% coinsurance for Medicare-covered Podiatry Services. *</p> <p>*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p> <p>Out-of-Network</p> <p>Medicare Covered Podiatry Services are <u>not</u> covered.</p>	<p>In-Network and Out-of-Network</p> <p>You pay 0% or 20% coinsurance for Medicare-covered Podiatry Services. *</p> <p>*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>

Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) Annual Notice of Changes for 2024

Cost	2023 (this year)	2024 (next year)
<p>Podiatry Services – Supplemental Podiatry Services</p>	<p>In-Network There is no coinsurance or copayment for Supplemental Podiatry Services. You may receive up to 12 Routine Foot Care visits per year.</p> <p>Out-of-Network Supplemental Podiatry Services are <u>not</u> covered.</p>	<p>In-Network There is no coinsurance or copayment for Supplemental Podiatry Services. You may receive up to 12 Routine Foot Care visits per year.</p> <p>Out-of-Network There is no coinsurance or copayment for Supplemental Podiatry Services. You may receive up to 12 Routine Foot Care visits per year.</p>

Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) Annual Notice of Changes for 2024

Cost	2023 (this year)	2024 (next year)
<p>Skilled Nursing Facility (SNF) Care</p>	<p>In-Network</p> <p>In 2023, the amounts for each benefit period after at least a 3-day Medicare covered inpatient hospital stay are \$0* OR:</p> <p>Days 1 - 20: \$0 per day.</p> <p>Days 21 - 100: \$200.00 copayment per day.</p> <p>Days 101 and beyond: you pay all costs.</p> <p>Authorization is required.</p> <p>*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>	<p>In-Network</p> <p>In 2024, the amounts for each benefit period after at least a 3-day Medicare covered inpatient hospital stay are \$0* OR:</p> <p>Days 1 - 20: \$0 per day.</p> <p>Days 21 - 100: \$204 copayment per day.</p> <p>Days 101 and beyond: you pay all costs.</p> <p>Authorization is required.</p> <p>*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>

Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) Annual Notice of Changes for 2024

Cost	2023 (this year)	2024 (next year)
<p>Special Supplemental Benefit for the Chronically Ill (SSBCI)</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 OTC benefit to cover certain grocery items, home delivered meals and certain utility payment as a part of the monthly OTC allowance.</p> <p>The combined OTC coverage of up to \$155 per month will be available monthly.</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, home delivered meals, certain utility payments, and rental/mortgage assistance as a part of the monthly OTC allowance.</p>

Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) Annual Notice of Changes for 2024

Cost	2023 (this year)	2024 (next year)
Special Supplemental Benefit for the Chronically Ill (SSBCI) (continued)	<p>Benefits will not carry forward to the next period if it is unused.</p> <p>Contact the Plan for a complete listing of eligible items and network listing of select pharmacies and/or retailers.</p>	<p>The combined OTC coverage of \$210 per month will be available monthly.</p> <p>Benefits will not carry forward to the next period if it is unused.</p> <p>Contact the Plan for a complete listing of eligible items and network listing of select pharmacies and/or retailers.</p>

Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) Annual Notice of Changes for 2024

Cost	2023 (this year)	2024 (next year)
<p>Urgently needed services</p>	<p>You Pay 0% or 20% coinsurance (up to \$60) for each visit. *</p> <p>If you are admitted to the hospital within 24 hours for the same condition, there is no coinsurance.</p> <p>*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>	<p>You Pay 0% or 20% coinsurance (up to \$55) for each visit. *</p> <p>If you are admitted to the hospital within 24 hours for the same condition, there is no coinsurance.</p> <p>*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>

Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) Annual Notice of Changes for 2024

Cost	2023 (this year)	2024 (next year)
<p>Vision care – Other Covered Services</p>	<p>You pay \$0 Copayment for One routine eye exam for eyewear every calendar year.</p> <ul style="list-style-type: none"> • Eyewear including prescription eyeglasses or contact lenses – Limited to \$100 annual maximum every calendar year. 	<p>You pay \$0 Copayment for One routine eye exam for eyewear every calendar year.</p> <ul style="list-style-type: none"> • Eyewear including prescription eyeglasses or contact lenses – Limited to \$350 annual maximum every calendar year.

**Section 2.5 – Changes to Part D Prescription
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, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you.

Note: If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you.

If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert with this packet, please call Member Services and ask for the LIS Rider.

There are four drug payment stages. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p>	<p>The deductible is \$505.</p> <p>If you receive “Extra Help” to pay your prescription drugs, your deductible amount will be either \$0 or \$104, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p>	<p>The deductible is \$545.</p> <p>If you receive “Extra Help” to pay your prescription drugs, your deductible amount will be \$0.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.</p>	<p>Standard retail cost sharing (In-Network) (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 for:</p> <p>Tier 1: Depending on your “Extra Help” You pay:</p> <p>For generic drugs (including brand drugs treated as generic):</p> <p>\$0 copay or \$1.45 copay \$4.15 copay or 15% of the cost or 25% of the cost.</p>	<p>Standard retail cost sharing (In-Network) (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 for:</p> <p>Tier 1: Depending on your “Extra Help” You pay:</p> <p>For generic drugs (including brand drugs treated as generic):</p> <p>\$0 copay or \$1.55 copay \$4.50 copay or 25% of the cost.</p>

Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) Annual Notice of Changes for 2024

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage (continued) For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>For all other drugs: \$0 copay or \$4.30 copay or \$10.35 copay or 15% of the cost or 25% of the cost.</p> <p>*60-Day supply is also available for Standard Retail.</p> <p>Mail-order cost sharing (up to 90-day supply) † Ω during the Initial Coverage Stage For:</p> <p>Tier 1: Depending on your level of “Extra Help” You Pay:</p>	<p>For all other drugs: \$0 copay or \$4.60 copay or \$11.20 copay or 25% of the cost.</p> <p>*60-Day supply is also available for Standard Retail.</p> <p>Mail-order cost sharing (up to 90-day supply) † Ω during the Initial Coverage Stage For:</p> <p>Tier 1: Depending on your level of “Extra Help” You Pay:</p>

Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) Annual Notice of Changes for 2024

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p>	<p>For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.45 copay or \$4.15 copay or 15% of the cost or 25% of the cost.</p> <p>For all other drugs: \$0 copay or \$4.30 copay or \$10.35 copay or 15% of the cost 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>For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.55 copay or \$4.50 copay or 25% of the cost.</p> <p>For all other drugs: \$0 copay or \$4.60 copay or \$11.35 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>

Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) Annual Notice of Changes for 2024

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</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 the cost-sharing for Part B and D drugs, even if you have not paid your deductible.</p> <hr/> <p>Once your total drug costs have reached 4,660, you will move to the next stage (the Coverage Gap Stage).</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 the cost-sharing for Part B and D drugs, even if you have not paid your deductible.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Elderplan Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP).

- **To change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 4 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of 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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

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

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HIICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HIICAP at (212) 602-4180 (Inside the boroughs) or 1-800-701-0501 (Outside the boroughs). You can learn more about The Office for the Aging Health Insurance Information, Counseling and Assistance Program (HIICAP) by visiting their website <https://aging.ny.gov/programs/medicare-and-health-insurance>.

For questions about New York State Medicaid benefits, contact New York State Department of Health (Social Services) HRA Medicaid Helpline at 1-888-692-6116, TTY users can call 711, 8 a.m. to 5 p.m. Monday through Friday. Ask how joining another plan or returning to Original Medicare affects how you get your New York State Medicaid coverage.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
- Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** New York has a program called Elderly Pharmaceutical Insurance Coverage (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.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals 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 prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the New York AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-542-2437.

SECTION 7 Questions?

Section 7.1 – Getting Help from Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP)

Questions? We're here to help. Please call Member Services at 1-800-353-3765. (TTY only, call 711) We are available for phone calls 8 a.m. to 8 p.m., 7 days a week. Calls to these numbers are free.

Read your *2024 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.elderplan.org. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.elderplan.org. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (**Provider and Pharmacy Directory**) and our list of covered drugs (Formulary/"Drug List").

Section 7.2 – Getting Help from Medicare

To get information directly 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 should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.

Section 7.3 – Getting Help from Medicaid

To get information from Medicaid you can call the New York State Department of Health (Social Services) HRA Medicaid Helpline at 1-888-692-6116. TTY users should call 711, 9 a.m. to 5 p.m., Monday through Friday. You can also visit https://www.health.ny.gov/health_care/medicaid/ldss.htm.

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

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

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Civil Rights Coordinator. If you believe that Elderplan/HomeFirst has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

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

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

You may file a grievance in person or by mail, phone, or fax. If you need help filing a grievance, Civil Rights Coordinator, is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-353-3765 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-353-3765 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Simplified: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-353-3765 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Traditional: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-353-3765 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-353-3765 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-353-3765 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-353-3765 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter 1-800-353-3765 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-353-3765 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-353-3765 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة فوري، ليس عليك سوى الاتصال بنا على 1-800-353-3765 (TTY:711). سيقوم شخص ما يتحدث العربية مجاناً.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-353-3765 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-353-3765 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-353-3765 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-353-3765 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-353-3765 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-353-3765 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Albanian: Ne ofrojmë shërbime interpretimi pa pagesë për t'ju përgjigjur çdo lloj pyetjeje që mund të keni rreth planit tonë të shëndetit ose të mjekimit. Për t'u lidhur me një interpret, telefononi në 1-800-353-3765 (TTY: 711). Një shqip folës mund t'ju ndihmojë. Ky shërbim është pa pagesë.

Bengali: আমাদের স্বাস্থ্য বা ওষুধপত্র বিষয়ক পরিকল্পনা সম্পর্কিত আপনার যে কোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যে দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে, আমাদের কেবল 1-800-353-3765 (TTY: 711) নম্বরে কল করুন। বাংলা বলতে পারেন এমন কেউ আপনাকে সাহায্য করতে পারবেন। পরিষেবাটি বিনামূল্যে।

Greek: Διαθέτουμε υπηρεσία δωρεάν διερμηνείας προκειμένου να απαντούμε σε οποιοσδήποτε απορίες σας σχετικά με το πρόγραμμα υγείας ή φαρμάκων που προσφέρουμε. Προκειμένου να χρησιμοποιήσετε την υπηρεσία διερμηνείας, επικοινωνήστε μαζί μας καλώντας το 1-800-353-3765 (TTY: 711). Θα λάβετε βοήθεια από ένα άτομο που μιλά ελληνικά. Αυτή είναι μια υπηρεσία που παρέχεται δωρεάν.

Yiddish: מיר האבן אומזיסטע דאלמעטשער סערוויסעס צו ענטפערן סיי וועלכע פראגעס וואס איר קענט מעגליך האבן וועגן אונזער העלט אדער דראג פלאן. צו באקומען א דאלמעטשער, רופט אונז אויף 1-800-353-3765 (TTY: 711) איינער וואס רעדט אידיש/שפראך קען אייך העלפן. דאס איז אן אומזיסטע סערוויס.

Urdu: ہماری صحت یا دوا کے پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت مترجم کی خدمات موجود ہیں۔ مترجم حاصل کرنے کے لیے، ہمیں بس 1-800-353-3765 (TTY: 711) پر کال کریں۔ اردو بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ ایک مفت خدمت ہے۔