

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

### **Annual Notice of Changes for 2023**

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](http://www.elderplan.org). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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### **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 2023 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](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023* 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, 2022, you will stay in Elderplan for Medicaid Beneficiaries (HMO 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, 2023**. This will end your enrollment with Elderplan for Medicaid Beneficiaries (HMO D-SNP).
- Look in section 2.2, page 44 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 am to 8 pm, 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

## About Elderplan for Medicaid Beneficiaries (HMO 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 2023 based on a review of Elderplan's Model of Care.
- 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 D-SNP).

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# **Elderplan for Medicaid Beneficiaries (HMO D-SNP) Annual Notice of Changes for 2023**

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4

## **Annual Notice of Changes for 2023 Table of Contents**

### **Summary of Important Costs for 2023.....6**

### **SECTION 1 Changes to Benefits and Costs for Next Year .....15**

Section 1.1 – Changes to the Monthly Premium..... 15

Section 1.2 – Changes to Your Maximum Out-of-Pocket  
Amount ..... 16

Section 1.3 – Changes to the Provider and Pharmacy  
Networks..... 17

Section 1.4 – Changes to Benefits and Costs for Medical  
Services..... 18

Section 1.5 – Changes to Part D Prescription Drug Coverage ..37

### **SECTION 2 Deciding Which Plan to Choose.....43**

Section 2.1 – If you want to stay in Elderplan for Medicaid  
Beneficiaries (HMO D-SNP).....43

Section 2.2 – If you want to change plans .....43

# **Elderplan for Medicaid Beneficiaries (HMO D-SNP)**

## **Annual Notice of Changes for 2023**

---

5

<b>SECTION 3 Changing Plans.....</b>	<b>44</b>
<b>SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid.....</b>	<b>45</b>
<b>SECTION 5 Programs That Help Pay for Prescription Drugs .....</b>	<b>46</b>
<b>SECTION 6 Questions? .....</b>	<b>48</b>
Section 6.1 – Getting Help from Elderplan for Medicaid Beneficiaries (HMO D-SNP).....	48
Section 6.2 – Getting Help from Medicare .....	49
Section 6.3 – Getting Help from Medicaid .....	50

# Elderplan for Medicaid Beneficiaries (HMO D-SNP) Annual Notice of Changes for 2023

6

## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Elderplan for Medicaid Beneficiaries (HMO 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	2022 (this year)	2023 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$0 or \$39.90 for your Part D Premium	\$0 or \$38.90 for your Part D Premium

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

7

Cost	2022 (this year)	2023 (next year)
<b>Part B Deductible</b>	<p>The Part B Deductible is \$233.</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 \$226.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your Part B Deductible.</p>
<b>Doctor office visits</b>	<p>Primary care visits: 0% or 20% coinsurance per visit</p> <p>Specialist visits: 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>Primary care visits: 0% or 20% coinsurance per visit</p> <p>Specialist visits: 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>

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

8

Cost	2022 (this year)	2023 (next year)
<b>Doctor office visits (continued)</b>		There is no change for 2023.
<b>Inpatient hospital stays</b>	<p>In 2022 the amounts for each benefit period are \$0* OR: \$1,556 deductible.</p> <p>Days 1-60: \$0 copayment per day. Days 61-90: \$389 copayment per day. Days 91 and beyond: \$778 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>In 2023 the amounts for each benefit period are \$0* OR: \$1,600 deductible.</p> <p>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).</p> <p>Beyond lifetime reserve days: you pay all costs</p>



# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

9

Cost	2022 (this year)	2023 (next year)
<b>Inpatient hospital stays (continued)</b>	<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>*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</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>*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

10

Cost	2022 (this year)	2023 (next year)
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	Deductible: The Part D Deductible is \$480.  If you receive “Extra Help” to pay your prescription drugs, your deductible amount will be either \$0 or \$99, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)	Deductible: The Part D Deductible is \$505.  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.)

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

11

Cost	2022 (this year)	2023 (next year)
<b>Part D prescription drug coverage (continued)</b>	<b>Standard retail cost sharing (in-network)</b> (up to a 90-day supply) * †  Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing during the Initial Coverage Stage:  For Drug Tier 1: Depending on your “Extra Help” You Pay: <ul style="list-style-type: none"> <li>• <b>For generic drugs</b> (including brand drugs treated as generic):</li> </ul>	<b>Standard retail cost sharing (in-network)</b> (up to a 90-day supply) * †  Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing during the Initial Coverage Stage:  For Drug Tier 1: Depending on your “Extra Help” You Pay: <ul style="list-style-type: none"> <li>• <b>For generic drugs</b> (including brand drugs treated as generic):</li> </ul>

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

12

Cost	2022 (this year)	2023 (next year)
<b>Part D prescription drug coverage (continued)</b>	<p>\$0 copay or \$1.35 copay or \$3.95 copay or 15% of the cost or 25% of the cost</p> <p>• <b>For all other drugs:</b> \$0 copay or \$4.00 copay or \$9.85 copay or 15% of the cost or 25% of the cost *60-Day supply is also available for Standard Retail</p> <p>Your cost for a Mail-order 90-day supply<sup>†</sup> filled at a network pharmacy with Mail-order cost-sharing during the Initial Coverage Stage For Drug</p>	<p>\$0 copay or \$1.45 copay or \$4.15 copay or 15% of the cost or 25% of the cost</p> <p>• <b>For all other drugs:</b> \$0 copay or \$4.30 copay or \$10.35 copay or 15% of the cost or 25% of the cost *60-Day supply is also available for Standard Retail</p> <p>Your cost for a Mail-order 90-day supply<sup>†</sup> filled at a network pharmacy with Mail-order cost-sharing during the Initial Coverage Stage For Drug</p>

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

13

Cost	2022 (this year)	2023 (next year)
<b>Part D prescription drug coverage (continued)</b>	<p>Tier 1: Depending on your level of “Extra Help” You Pay:</p> <ul style="list-style-type: none"> <li>• <b>For generic drugs</b> (including brand drugs treated as generic): \$0 copay or \$1.35 copay or \$3.95 copay or 15% of the cost or 25% of the cost</li> <li>• <b>For all other drugs:</b> \$0 copay or \$4.00 copay or \$9.85 copay or 15% of the cost or 25% of the cost</li> </ul>	<p>Tier 1: Depending on your level of “Extra Help” You Pay:</p> <ul style="list-style-type: none"> <li>• <b>For generic drugs</b> (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</li> <li>• <b>For all other drugs:</b> \$0 copay or \$4.30 copay or \$10.35 copay or 15% of the cost or 25% of the cost</li> </ul>

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

14

Cost	2022 (this year)	2023 (next year)
<b>Part D prescription drug coverage (continued)</b>	†NDS – Non-Extended Days Supply. Certain Specialty drugs will be limited up to a 30-day supply per fill.	†NDS – Non-Extended Days Supply. Certain Specialty drugs will be limited up to a 30-day supply per fill.
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$7,550  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.	\$8,300  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.

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

15

### SECTION 1 Changes to Benefits and Costs for Next Year

#### Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	You must continue to pay your Part B Premium (unless your Part B Premium is paid for you by Medicaid or another third party).	You must continue to pay your Part B Premium (unless your Part B Premium is paid for you by Medicaid or another third party).
	\$0 or \$39.90 for your Part D Premium	\$0 or \$38.90 for your Part D Premium

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

16

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

Cost	2022 (this year)	2023 (next year)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b> 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.	\$7,550 Once you have paid \$7,550 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.	\$8,330 Once you have paid \$8,330 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.



# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

17

Cost	2022 (this year)	2023 (next year)
<b>Maximum out-of-pocket amount (continued)</b> 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.		

### Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at [www.elderplan.org](http://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.

There are changes to our network of providers and pharmacies for next year. **Please review the 2023 Provider and Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) and pharmacies are in our network.**

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

18

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 1.4 – 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	2022 (this year)	2023 (next year)
<b>Dental Services: Supplemental Preventive Dental Services</b>	Supplemental Preventive Dental Services not covered in 2022.	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:

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

20

Cost	2022 (this year)	2023 (next year)
<b>Dental Services:</b> <b>Supplemental</b> <b>Preventive</b> <b>Dental Services</b> <b>(continued)</b>		<ul style="list-style-type: none"> <li>• Limited Oral Exams: 1 every month</li> <li>• Oral Exams: 1 every 6 months</li> <li>• Cleanings (Prophylaxis): 1 every 6 months</li> <li>• Dental X-Rays: 1 every 6 months</li> <li>• Complete Series 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> </ul>

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

21

Cost	2022 (this year)	2023 (next year)
<b>Dental Services: Supplemental Comprehensive Dental Services</b>	<p>Supplemental Comprehensive Dental Services: Coverage of Supplemental Comprehensive Dental Services is limited to selected service codes from the categories below with an allowance of \$375 per quarter.</p> <p>Upon exhaustion of the \$375 per quarter or the rolled over cumulative amount the member will be responsible for the full cost. Benefit frequency may be limited per ADA guidelines to 1 service per tooth/per arch/per quadrant.</p>	<p>Supplemental Comprehensive Dental Services: Coverage of Supplemental Comprehensive Dental Services is limited to selected service codes from the categories below with an allowance of \$1500 annually. Preventative Dental does not apply towards the annual maximum.</p> <p>Upon exhaustion of the \$1500 annual benefit limit the member will be responsible for the full cost. Benefit frequency may be limited per ADA guidelines to 1 service per tooth/per arch/per quadrant.</p>

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

22

Cost	2022 (this year)	2023 (next year)
<b>Dental Services: Supplemental Comprehensive Dental Services (continued)</b>	<u>Restorative Services</u> Select Crowns- Single Restoration Codes Only at \$0 copayment / 1 every 60 months, per tooth.	<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.	Select Major Restoratives Code Only at \$0 copayment / 1 every 60 months, per tooth OR \$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.	Select codes are covered at \$0 with no frequency limitation.
	<u>Periodontics Services</u> Select Codes Only at \$0 copayment / 1 every 36 months OR \$0 copayment / 1 every 60 months	<u>Endodontic Services</u> Select Root Canal Therapy Codes Only at \$0 copayment / 1 per lifetime, per tooth.

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

23

Cost	2022 (this year)	2023 (next year)
<b>Dental Services: Supplemental Comprehensive Dental Services (continued)</b>	<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 every 60 months, per tooth. For more information about which services are covered please contact Member Services.	<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. Select Fixed Partial Denture per arch Retainers Crowns Codes Only at \$0 copayment / 1 every 60 months, per tooth.  <u>Oral and Maxillofacial Surgery</u> Select Codes Only at \$0 copayment / 1 per lifetime, per tooth.

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

24

Cost	2022 (this year)	2023 (next year)
<b>Dental Services: Supplemental Comprehensive Dental Services (continued)</b>		For more information about which services are covered please contact Member Services.
<b>Inpatient hospital stays</b>	<p>In 2022 the amounts for each benefit period are \$0* OR: \$1,556 deductible.</p> <p>Days 1-60: \$0 copayment per day.</p> <p>Days 61-90: \$389 copayment per day.</p> <p>Days 91 and beyond: \$778 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.</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>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). Beyond lifetime reserve days: you pay all costs.</p>

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

25

Cost	2022 (this year)	2023 (next year)
<b>Inpatient hospital stays (continued)</b>	<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>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</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>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
<b>Inpatient services in a psychiatric hospital</b>	<p>A per admission deductible is applied once during the defined benefit period.</p> <p>Our plan covers up to 90 days of medically necessary hospitalization for each benefit period.</p>	<p>A per admission deductible is applied once during the defined benefit period.</p> <p>Our plan covers up to 90 days of medically necessary hospitalization for each benefit period.</p>



# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

26

Cost	2022 (this year)	2023 (next year)
<b>Inpatient services in a psychiatric hospital (continued)</b>	<p>Our plan also covers up to 60 additional lifetime reserve days.</p> <p>90 Days are given for each benefit period, but the 60 lifetime reserve days can be used only once during the beneficiary's lifetime for care provided in either an acute care hospital or a psychiatric hospital.</p> <p>Our plan also covers up to 40 additional days in a Psychiatric hospital. The 40 additional Psychiatric days are offered once during the beneficiary lifetime.</p>	<p>Our plan also covers up to 60 additional lifetime reserve days.</p> <p>90 Days are given for each benefit period, but the 60 lifetime reserve days can be used only once during the beneficiary's lifetime for care provided in either an acute care hospital or a psychiatric hospital.</p> <p>Our plan also covers up to 40 additional days in a Psychiatric hospital. The 40 additional Psychiatric days are offered once during the beneficiary lifetime.</p>

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

27

Cost	2022 (this year)	2023 (next year)
<b>Inpatient services in a psychiatric hospital (continued)</b>	<p>Payment may not be made for more than a total of 190 days of inpatient psychiatric care in a freestanding psychiatric hospital during the patient's lifetime.</p> <p>A benefit period begins on the first day you are admitted as an inpatient in a Medicare-covered inpatient hospital or a skilled nursing facility.</p> <p>The benefit period ends when you have not been an inpatient at any hospital or SNF for 60 days in a row.</p>	<p>Payment may not be made for more than a total of 190 days of inpatient psychiatric care in a freestanding psychiatric hospital during the patient's lifetime.</p> <p>A benefit period begins on the first day you are admitted as an inpatient in a Medicare-covered inpatient hospital or a skilled nursing facility.</p> <p>The benefit period ends when you have not been an inpatient at any hospital or SNF for 60 days in a row.</p>

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

28

Cost	2022 (this year)	2023 (next year)
<b>Inpatient services in a psychiatric hospital (continued)</b>	<p>If you go to the hospital (or SNF) after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.</p> <p>In 2022 the amounts for each benefit period are \$0* OR: \$1,556 deductible.</p> <p>Days 1-60: \$0 copayment per day.</p> <p>Days 61-90: \$389 copayment per day.</p> <p>Days 91 and beyond: \$778 copayment per lifetime reserve day after day 90 for each benefit period</p>	<p>If you go to the hospital (or SNF) after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.</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>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</p>

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

29

Cost	2022 (this year)	2023 (next year)
<b>Inpatient services in a psychiatric hospital (continued)</b>	<p>(up to 60 days over your lifetime). Beyond lifetime reserve days: you pay all costs.</p> <p>You pay 0% or 20% of the Medicare approved amount for mental health services you get from doctors and other providers while you're a hospital inpatient. *</p> <p>Authorization is Required.</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>(up to 60 days over your lifetime). Beyond lifetime reserve days: you pay all costs.</p> <p>You pay 0% or 20% of the Medicare approved amount for mental health services you get from doctors and other providers while you're a hospital inpatient. *</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 D-SNP)

## Annual Notice of Changes for 2023

30

Cost	2022 (this year)	2023 (next year)
<b>Over the Counter (OTC)</b>	<p>You may purchase up to \$130 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>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>
<b>Podiatry Services – Supplemental Podiatry Services</b>	<p>Supplemental Podiatry Services is Not Covered in 2022.</p>	<p>There is no coinsurance or copayment for Supplemental Podiatry Services.</p> <p>You may receive up to 12 Routine Foot Care visits per year.</p>

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

31

Cost	2022 (this year)	2023 (next year)
<b>Post Discharge Meals</b> Meals are available following non-elective or emergent inpatient stay in either the hospital or skilled nursing facility. Post discharge meals are not covered following inpatient stays for elective services.	<p>There is no coinsurance or copayment for Post Discharge Meals.</p> <p>Eligible members will receive 2 prepared meals a day for 14 days, within 30 days post discharge. These meals will be delivered directly to your home at no extra cost to you.</p> <p>The meal program is limited to 2 times per calendar year.</p>	Post Discharge Meals not covered in 2023.

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

32

Cost	2022 (this year)	2023 (next year)
<b>Skilled Nursing Facility (SNF) Care</b>	<p>In 2022, 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: \$194.50 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 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 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 D-SNP)

## Annual Notice of Changes for 2023

33

Cost	2022 (this year)	2023 (next year)
<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.</p> <p>OTC benefit to cover certain grocery items as well as home delivered meals as a part of the monthly OTC allowance.</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.</p> <p>OTC benefit to cover certain grocery items, home delivered meals, and certain utility payments as a part of the monthly OTC allowance.</p>



# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

34

Cost	2022 (this year)	2023 (next year)
<b>Special Supplemental Benefit for the Chronically Ill (SSBCI) (continued)</b>	<p>The combined OTC coverage of up to \$130 per month. Benefits will not carry forward to the next month 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 up to \$155 per month. Benefits will not carry forward to the next month 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>
<b>Transportation Services (Non-Medicare-Covered)</b>	<p>There is no coinsurance or copayment for Non-Medicare Covered Transportation Services.</p>	<p>There is no coinsurance or copayment for Non-Medicare-Covered Transportation Services.</p>

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

35

Cost	2022 (this year)	2023 (next year)
<b>Transportation Services (Non-Medicare-Covered) (continued)</b>	<p>You may take up to 6 one-way trips to a plan approved health-related location per quarter (3 months) by Taxi, Bus, Subway, or Van.</p> <p>Any trips unused will not carry over to the following quarter.</p>	<p>You may take up to 24 one-way trips to a plan approved health related location annually by Taxi, Bus, Subway, or Van.</p> <p>Any trips unused will not carry over to the following year.</p>
<b>Urgently needed services</b>	<p>You pay 0% or 20% coinsurance (up to \$65) for each visit* If you are admitted to the hospital within 24 hours for the same</p>	<p>You pay 0% or 20% coinsurance (up to \$60) for each visit* If you are admitted to the hospital within 24 hours for the same</p>

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

36

Cost	2022 (this year)	2023 (next year)
<b>Urgently needed services (continued)</b>	<p>condition, there is no coinsurance.</p> <p>*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>	<p>condition, there is no coinsurance.</p> <p>*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>
<b>The Worldwide Emergency/ Emergency Transportation / Urgent Coverage</b>	<p>There is no coinsurance or copayment for Worldwide Emergency/Urgent Coverage.</p> <p>Worldwide Emergency/Urgent Coverage maximum benefit amount is \$50,000.</p>	<p>There is no coinsurance or copayment for Worldwide Emergency/ Emergency Transportation / Urgent Coverage.</p> <p>Worldwide Emergency/ Emergency Transportation / Urgent Coverage maximum benefit amount is \$50,000.</p>

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## **Section 1.5 – Changes to Part D Prescription Drug Coverage**

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<h3><b>Changes to Our Drug List</b></h3>
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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, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

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**

**Note:** 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.)

### **Important Message About What You Pay for Vaccines -**

Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible. Call Member Services for more information.

### **Important Message About What You Pay for Insulin -**

You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible.

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

39

### Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<b>Stage 1: Yearly Deductible Stage</b> During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible.	The Part D Deductible is \$480.  If you receive “Extra Help” to pay your prescription drugs, your deductible amount will be either \$0 or \$99, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)	The Part D Deductible is \$505.  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.)

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

40

### Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>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 <b>you pay your share of the cost.</b></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><b>Standard retail cost sharing (in-network)</b> (up to a 90-day supply) *†</p> <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing for:</p> <p><b>Drug Tier 1:</b> <b>Depending on your “Extra Help”</b></p> <p>You pay:</p> <p><b>For generic drugs</b> (including brand drugs treated as generic):</p> <p>\$0 copay or \$1.35 copay \$3.95 copay or 15% of the cost or 25% of the cost</p>	<p><b>Standard retail cost sharing (in-network)</b> (up to a 90-day supply) *†</p> <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing for:</p> <p><b>Drug Tier 1:</b> <b>Depending on your “Extra Help”</b></p> <p>You pay:</p> <p><b>For generic drugs</b> (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>

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

41

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 2: Initial Coverage Stage (continued)</b></p> <p>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><b>For all other drugs:</b></p> <p>\$0 copay or \$4.00 copay or \$9.85 copay or 15% of the cost or 25% of the cost.</p> <p>*60-Day supply is also available for Standard Retail</p> <p>Your cost for a <b>Mail-order 90-day supply<sup>†</sup></b> filled at a network pharmacy with Mail-order cost-sharing during the Initial Coverage Stage</p> <p>For Drug Tier 1: Depending on your level of “Extra Help”</p> <p>You Pay:</p> <p><b>For generic drugs</b> (including brand drugs treated as generic):</p>	<p><b>For all other drugs:</b></p> <p>\$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>Your cost for a <b>Mail-order 90-day supply<sup>†</sup></b> filled at a network pharmacy with Mail-order cost-sharing during the Initial Coverage Stage</p> <p>For Drug Tier 1: Depending on your level of “Extra Help”</p> <p>You Pay:</p> <p><b>For generic drugs</b> (including brand drugs treated as generic):</p>



# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

42

Stage	2022 (this year)	2023 (next year)
<b>Stage 2: Initial Coverage Stage (continued)</b>	<p>\$0 copay or \$1.35 copay or \$3.95 copay or 15% of the cost or 25% of the cost</p> <p><b>For all other drugs:</b></p> <p>\$0 copay or \$4.00 copay or \$9.85 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>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>\$0 copay or \$1.45 copay or \$4.15 copay or 15% of the cost or 25% of the cost</p> <p><b>For all other drugs:</b></p> <p>\$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>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

## **SECTION 2 Deciding Which Plan to Choose**

### **Section 2.1 – If you want to stay in Elderplan for Medicaid Beneficiaries (HMO 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 D-SNP).

### **Section 2.2 – If you want to change plans**

We hope to keep you as a member next year but if you want to change for 2023 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](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

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 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 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 3 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, 2023.

### **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.

If you enrolled in a Medicare Advantage plan for January 1, 2023, 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, 2023.

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 4 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, the SHIP is called The Office for the Aging Health Insurance Information, Counseling and Assistance Program (HIICAP).

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

---

46

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 your 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 am to 5 pm Monday through Friday. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage.

### **SECTION 5 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:

# Elderplan for Medicaid Beneficiaries (HMO D-SNP)

## Annual Notice of Changes for 2023

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47

- 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 am and 7 pm, 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 6 Questions?**

### **Section 6.1 – Getting Help from Elderplan for Medicaid Beneficiaries (HMO 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 am to 8 pm, 7 days a week. Calls to these numbers are free.

#### **Read your 2023 *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 2023. For details, look in the 2023 *Evidence of Coverage* for Elderplan for Medicaid Beneficiaries (HMO 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](http://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](http://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).

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## **Section 6.2 – Getting Help from Medicare**

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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](http://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](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2023***

Read the *Medicare & You 2023* 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.



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## **Section 6.3 – Getting Help from Medicaid**

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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 am to 5 pm, Monday through Friday. You can also visit [https://www.health.ny.gov/health\\_care/medicaid/ldss.htm](https://www.health.ny.gov/health_care/medicaid/ldss.htm).

## **Addendum to Annual Notice of Changes for 2023**

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**Important Message About What You Pay for certain Prescriptions** – Beginning April 1, 2023, you will not pay more than the original Medicare adjusted beneficiary coinsurance for Part B rebatable drugs that may be in either categories such as “Chemotherapy administration services including chemotherapy/radiation drugs” or “Other drugs covered under Part B of original Medicare”.

**Important Message About What You Pay for Insulin** – Beginning July 1, 2023, 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.

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

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

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

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

Civil Rights Coordinator  
6323 7<sup>th</sup> Ave  
Brooklyn, NY, 11220  
Phone: 1-877-326-9978, TTY 711  
Fax: 1-718-759-3643

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

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-353-3765 (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 Arzneimittelplan. 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 답해 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 مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-353-3765 (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.

**Portuguese:** 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۔