

2023



Caring every minute, every day.



Summary of Benefits

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

January 1, 2023 to December 31, 2023

Summary of Benefits – **Elderplan Plus Long-Term Care (HMO D-SNP) 2023**

Proposed Effective Date ____/____/____

Primary Care Provider

Name _____

Address _____

Phone Number (____) _____

Name of Sales Representative

Important Numbers

Member Services

1-877-891-6447, TTY 711
8 a.m. to 8 p.m., 7 days a week



Summary of Benefits

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

January 1, 2023 – December 31, 2023

Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam,
Queens, Richmond, Rockland, Westchester


Proposed Effective Date _____ / _____ / _____

About Elderplan

Elderplan is a not-for-profit organization founded right here in New York. Our primary objective is ensuring that members of our community receive the care and support they deserve. That's why we offer a variety of Medicare Advantage plans tailored to fit the changing needs of Medicare and dual Medicare and Medicaid beneficiaries at every level of health.

Elderplan is a member of MJHS Health System, a not-for-profit organization founded by Four Brooklyn Ladies in 1907 based on the core values of compassion, dignity and respect.

Elderplan is proud to care for people of every race, ethnicity, faith, national origin, gender identity or expression, sexual orientation or military status.



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

Plan Overview

Receiving the care and support you need in the safety and comfort of your own home is important. This plan was designed for Medicare and Medicaid beneficiaries who need valuable assistance with Long-Term Care at home. You'll be happy to know that there is no plan premium, no co-payments and no referrals for doctor visits, no co-payments for hospital visits, and low co-payments for prescription drugs. Plus, you will enjoy an over-the-counter (OTC) benefit, which you can use to pay for health-related items, select grocery items at a store or order online, home delivered meals, as well as newly added in 2023, payment for internet*. The plan also provides transportation to and from medical appointments, worldwide emergency coverage, and acupuncture. If by now it is not clear that our main goal is keeping you healthy, you should also know

we offer a Wellness Incentive Program, which rewards you for receiving preventive screenings and immunizations. And because we care about your well-being, we provide a Memory Fitness Program by BrainHQ® that will keep your mind stimulated. We also offer the Award-winning Member-to-Member program, which gives our members the opportunity to connect with each other and participate in exciting activities. Whether it's a walk in the park, grocery shopping, friendly chat, wellness and relaxation activities, cooking demos, or exercise classes, we want you to have options to feel connected. Perhaps one of the biggest perks of being enrolled in this plan is that you are assigned a dedicated Care Manager who leads a team of caring clinical professionals who are all committed to helping you stay healthy. Your Care

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2023

Manager will stay in touch with your doctors, as well as help arrange your medical visits and transportation to get you there. They will be your go-to person and will work to help ensure you get the care you need to remain safely at home. In addition, a registered nurse will visit you from time to time to check on you and assess your needs. And, when it comes to who provides your care at home, you have choices. We are happy to provide a Home Health Aide who

will assist you with activities such as bathing, dressing and meals. If, however, you prefer someone you already know provide your care, you can pick a friend, neighbor, or in some cases a family member through the Consumer-Directed Personal Assistance Services (CDPAS) program, and they will be paid for their time.

Because we care. Every minute.
Every day.

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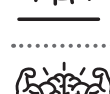





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Benefits at a Glance

	Monthly Plan Premium	\$0
	Doctor Visits (Primary Care)	
	Specialist Care	
	Acupuncture	
	Brain Games with Brain HQ®	
	Routine Podiatry	
	24/7 Access to Care with Teledoc®	
	Over-the-Counter (OTC) Benefits	\$215 every month
	Use your OTC benefit to purchase groceries, meals, and Internet too!*	

*For eligible members (with certain chronic conditions) the Special Supplemental Benefits for the Chronically Ill (grocery benefit) combines with the OTC benefit to cover certain grocery items, home delivered meals, and Internet payments as a part of the monthly OTC allowance. Eligible members will be notified and provided instructions on how to access the benefit.

Section I: Introduction to Summary of Benefits

Elderplan is an HMO plan with Medicare and Medicaid contracts. Enrollment in Elderplan depends on contract renewal. Anyone entitled to Medicare Parts A and B may apply. Enrolled members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid.

This booklet gives you a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, see the 2023 Elderplan Plus Long-Term Care (HMO D-SNP) Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at www.elderplan.org.

Elderplan Contact Information

Elderplan Plus Long-Term Care hours of operation

- From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern Time.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern Time.

Elderplan Plus Long-Term Care phone numbers and website

- If you are a member of this plan, call toll-free **1-877-891-6447**. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week.
- If you are not a member of this plan, call toll-free **1-866-695-8101**. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week.
- Our website: **www.elderplan.org**.

This document is available for free in Spanish and Chinese.

Please contact our Member Services number at **1-877-891-6447** for additional information. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week. This information is also available in different formats, including Braille or other alternate formats. Please call Member Services at the number listed above if you need plan information in another format or language.

Who Can Join?

To join Elderplan Plus Long-Term Care (HMO D-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and New York State's Medicaid program, and live in our service area.

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

People who qualify for Medicare and Medicaid are known as dual-eligible beneficiaries. You must be eligible for full benefits from Medicaid and meet the enrollment eligibility requirements for Elderplan Plus Long-Term Care. The kind of Medicaid benefits you receive are determined by New York State and may

vary based upon your income and resources. With the assistance of Medicaid, some dual-eligible beneficiaries do not have to pay for certain Medicare costs. Elderplan Plus Long-Term Care covers most of the cost-sharing amounts that you would otherwise have to pay and includes additional services that are covered by Medicaid.

Useful Information About Medicare

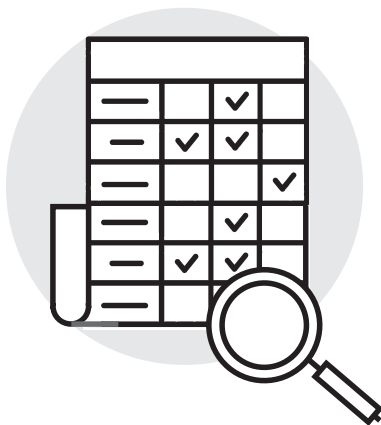
You have choices about how to get your Medicare Benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government. Visit the Medicare website (www.medicare.gov).
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Elderplan Plus Long-Term Care (HMO D-SNP)).

Tips for Comparing your Medicare Choices

This Summary of Benefits booklet gives you a summary of what Elderplan Plus Long-Term Care (HMO D-SNP) covers and what you pay.

- You can compare Elderplan Plus Long-Term Care and Original Medicare using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers. The charts also include information about services that you receive from Medicaid. Our members receive all of the benefits that Original Medicare offers. We also offer many benefits covered by Medicaid. The covered benefits may change from year to year.



Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2023

- If you want to know more about the coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at <https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov/plan-compare.



Information About Elderplan Plus Long-Term Care

Special eligibility requirements for our plan

Our plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you must be eligible for Medicare and Full Medicaid Benefits. Additionally, you:

- Must have Medicare Part A and Medicare Part B.
- Must reside in the plan's service area: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland and Westchester counties.
- Must be a United States citizen or lawfully present in the United States.
- Must meet the special eligibility requirements described below
- Must be 18 years of age or older.
- You are determined eligible for Long-Term care services by Elderplan or an entity designated by the New York State Department of Health using the current NYS eligibility tool.
- Must be capable, at the time of enrollment, of returning to or remaining in your home and community without jeopardy to health and safety, based upon criteria provided by New York State Department of Health.
- Must be eligible for nursing home level of care (as of the time of enrollment).

- Must require care management and be expected to need at least one of the following Community-Based Long-Term Care services for more than 120 days from the effective date of enrollment:
 - a) nursing services in the home
 - b) therapies in the home
 - c) home health aide services
 - d) personal care services in the home
 - e) adult day health care
 - f) private duty nursing
 - g) Consumer-Directed Personal Assistance Services

Please note: If you lose your Medicaid eligibility but can reasonably be expected to regain eligibility within three (3) months, then you are still eligible for membership in our plan (Chapter 4, Section 2.1 of the Evidence of Coverage tells you about coverage during a period of deemed continued eligibility.)

Which Doctors, Hospitals and Pharmacies can I use?

Elderplan Plus Long-Term Care (HMO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, we may not pay for these services except in emergency situations. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's Provider and Pharmacy Directory at our website **www.elderplan.org**, or call us and we will send you a copy of the Provider and Pharmacy Directory.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and more.

- Members get all the benefits covered by Original Medicare.
- Members also get more than

what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

- We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, **www.elderplan.org** or call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Most of our members in Elderplan Plus Long-Term Care get “Extra Help” with their prescription drug costs. If you receive “Extra Help,” your deductible and cost share amount will depend on the level of “Extra Help” you receive. As a member of our plan, you will receive a separate insert, called

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2023

the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also known as the “Low Income Subsidy Rider” or “LIS Rider”), which tells you about your drug coverage. Please refer to the “LIS Rider” for information about your deductible and cost share amounts.

If you do **not** receive “Extra Help,” you are responsible for your Part D drug costs.

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. TTY users should call **1-800-325-0778** (applications).
- New York State Department of Health (Social Services) HRA Medicaid Helpline at **1-800-692-6116** between 9 a.m. and 5 p.m., Monday through Friday. TTY users should call **711**.

Section II: Summary of Benefits

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

Elderplan Plus Long-Term Care (HMO D-SNP)		
Monthly Premium	\$0	Because you are a dual-eligible member with full Medicaid benefits, your plan premium is covered on your behalf.
Part B Deductible	\$0	Because you are a dual-eligible member with full Medicaid benefits, your Medicare Part B deductible (\$226 in 2023) is covered on your behalf.

Elderplan Plus Long-Term Care (HMO D-SNP)		
Maximum Out-of-Pocket	\$8,300	Because you are a dual-eligible member with full Medicaid benefits, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount (\$8,300) for covered Part A and Part B services. This does not apply to prescription drug costs.



Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2023

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need hospital care	Inpatient Hospital Services	\$0 copayment for each benefit period. \$0 copayment per day.	Authorization is required.
	Outpatient Hospital Services	\$0 copayment.	
	Ambulatory Surgical Center (ASC)	\$0 copayment.	
You want to see a doctor	Primary Care Providers	\$0 copayment for each visit.	This benefit is also available through Telehealth. Please call your current provider for details.

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2023

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You want to see a doctor <i>(continued)</i>	Specialists	\$0 copayment for each visit.	This benefit is also available through Telehealth. Please call your current provider for details.
	Nurse Practitioners and Physician Assistants	\$0 copayment for each visit.	Authorization only required for in-home visits.
	Preventive Care	\$0 copayment.	Preventive care services may be covered by Medicare during the benefit year.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You want to see a doctor <i>(continued)</i>	Preventive Care <i>(continued)</i>		<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screenings & counseling • Bone mass measurement (bone density) • Cardiovascular disease (behavioral therapy) • Cardiovascular disease screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings <ul style="list-style-type: none"> - Multi-target stool DNA tests - Screening barium enemas - Screening colonoscopies - Screening fecal occult blood tests - Screening flexible sigmoidoscopies • Depression screenings • Diabetes screenings • Diabetes self-management training • Glaucoma Screening • Hepatitis B Virus (HBV) infection screening

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You want to see a doctor <i>(continued)</i>	Preventive Care <i>(continued)</i>		<ul style="list-style-type: none"> • Hepatitis C Screening Test • HIV screening • Lung cancer screenings • Mammograms (screening) • Nutrition therapy services • Obesity screenings and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections (STI) screenings and counseling • Tobacco use cessation counseling • COVID-19 vaccines, Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one time) • Yearly “Wellness” Visit

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You Need Emergency Care	Emergency Care	\$0 copayment for each visit.	If you are admitted to the hospital within 24 hours there is no cost share.
	Urgent Care	\$0 copayment for each visit.	This benefit is also available through Telehealth. Please call your current provider for details.

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2023

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need medical tests	Diagnostic Services/ Labs/ Imaging including services such as:	\$0 copayment for each Service.	Authorization is required only for Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT).
		<ul style="list-style-type: none"> • Lab Services • Diagnostic tests and Procedures • Outpatient X-rays • Diagnostic Radiological services (such as MRI scans and CT scans) • Therapeutic radiology services (such as radiation treatment for cancer) 	
You need Hearing Care	Hearing Exams	\$0 copayment for Medicare-covered hearing exams.	
		See Medicaid-covered Benefits.	
	Hearing Aids	See Medicaid-covered Benefits.	

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Dental Care	Comprehensive Dental	\$0 Copayment for Medicare-covered Comprehensive Dental Services.	
	Dental Services	See Medicaid-covered Benefits for Preventive and Comprehensive Dental Services	
You need Eye Care	Vision Exams	\$0 copayment for Medicare-covered Services.	
	Vision Eyewear	\$0 copayment for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.	
		See Medicaid-covered Benefits.	

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2023

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Mental Health Care	Inpatient Mental Health	\$0 copayment for each benefit period. \$0 copayment per day.	Authorization is required.
	Outpatient Mental Health	Mental Health Services: \$0 copayment for each Individual or Group session.	This benefit is also available through Telehealth. Please call your current provider for details.
		Psychiatric Services: \$0 copayment for each Individual or Group session.	This benefit is also available through Telehealth. Please call your current provider for details.

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2023

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Rehabilitative or Skilled Nursing Care	Skilled Nursing Facility	\$0 copayment per day.	The plan covers up to 100 days each benefit period, a 3-day prior hospital stay is not required. Authorization is required.
You need Outpatient Therapy	Physical Therapy	\$0 copayment for each visit.	Authorization is required.
You need help getting to health services	Ambulance	\$0 copayment for each one-way trip.	Authorization is only required for non-emergency services.
	Transportation	See Medicaid-covered Benefits.	

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2023

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need drugs to treat your illness or condition	Medicare Part B Drugs	\$0 copayment.	Some Medicare Part B Prescription Drugs may be subject to step therapy requirements. Authorization may be required for certain drugs.

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Medicare Part D	
Part D Premium	\$0 or \$38.90 per month
Part D Deductible	Most Elderplan Plus Long-Term Care members get “Extra Help” with their prescription drug costs. For 2023, the Part D deductible is \$505. If you receive “Extra Help,” your deductible amount depends on the level of “Extra Help” you receive—you will either pay \$0 or \$104 for Part D deductible. Members pay the full cost of their drugs until their deductible is met, then the cost-shares are applied in the initial coverage stage.
Initial Coverage Stage (30-day supply)	
For Generic Drugs (including brand drugs treated as generic):	Depending on your Extra Help you pay: \$0 copay or \$1.45 copay \$4.15 copay or 15% of the cost or 25% of the cost

Medicare Part D

For All Other Drugs:	Depending on your Extra Help you pay: \$0 copay or \$4.30 copay \$10.35 copay or 15% of the cost or 25% of the cost
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You may get your drugs from a network or mail-order pharmacy for a 1-month (30 days) or a Long-Term supply (up to 90 days). For network and mail-order pharmacy Non-Extended Days Supply may apply; Certain Specialty drugs will be limited up to a 30-day supply per fill. If you reside in a Long-Term care facility, you may get a 1-month supply (31 days).

Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap stage).

Coverage Gap Stage

You pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.	If you receive Extra Help, you will not enter the Coverage Gap Stage. Instead, you will continue to pay the Initial Coverage Stage cost-sharing until the Catastrophic Stage.
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You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$7,400. This amount and rules for counting costs toward this amount have been set by Medicare.

Catastrophic Coverage Stage

The plan will pay most of the costs of your drugs for the rest of the calendar year (through December 31, 2023).

Other Covered Services			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Medical Equipment and Supplies	Diabetic supplies	\$0 copayment for Medicare-covered Diabetic supplies.	Diabetic Test Strips and Blood Glucose Meters are limited to specific manufacturers: Abbott Diabetes Care and Ascensia Diabetes Care.
	Durable Medical Equipment (like wheelchairs or oxygen)	\$0 copayment Medicare-covered Durable Medical Equipment (DME).	Authorization only required for certain items.
	Medical Supplies	\$0 copayment for Medical Supplies.	Authorization is required.
	Prosthetics (artificial limbs or braces)	\$0 copayment for Prosthetic Devices.	Authorization is required.

Other Covered Services

You need Rehabilitation Services	Physical Therapy, Occupational Therapy, Speech Language Therapy	\$0 copayment for each visit.	Authorization is required.
	Cardiac Rehabilitation	\$0 copayment for each visit.	Authorization is required.
	Pulmonary Rehabilitation	\$0 copayment for each visit.	Authorization is required.

More benefits with your plan	
Acupuncture Services	\$0 copayment per visit. You may receive up to 28 visits every year.
Brain Games with BrainHQ®	There is no copayment or coinsurance for BrainHQ®. Members will have access to an online memory fitness program to improve brain function through games, puzzles and other fun exercises.
OTC	You may purchase up to \$215 every month of eligible OTC items on an OTC card provided by Elderplan.
OTC + Grocery + Meals + Internet	For eligible members (with certain chronic conditions) the Special Supplemental Benefits for the Chronically Ill (grocery benefit) combines with the OTC benefit to cover certain grocery items, home delivered meals, and Internet payments as a part of the monthly OTC allowance.

More benefits with your plan

Supplemental Podiatry Services	\$0 copayment per visit. You may receive up to 12 Routine Foot Care visits per year.
Teladoc®	At \$0 cost share, Teladoc® connects you with board-certified doctors 24 hours a day, 7 days a week for video or phone chat using your smartphone, tablet or computer. These doctors can help diagnose, treat and even write prescriptions for a variety of non-emergency conditions.
Worldwide Emergency / Emergency Transportation / Urgent Coverage	\$0 cost-sharing for Worldwide Emergency / Emergency Transportation / Urgent Coverage. The maximum benefit coverage amount is \$50,000.

Section III: Summary of Medicaid-covered Benefits

The following chart lists services that are available under Medicaid for Elderplan Plus Long-Term Care members who qualify for full Medicaid benefits.

All Part C cost-sharing, including all deductibles, copays and coinsurance amounts, as well as any premiums for services listed below, are covered for members. The chart also explains if a similar benefit is available under our plan.

Medicaid-covered Benefits	
Inpatient Hospital Care Including Substance Abuse and Rehabilitation Services	Up to 365 days per year (366 days for leap year). Inpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment). (Note: This is not a complete list of the plan's expanded outpatient mental health services. Call Member Services or read the Evidence of Coverage for more information.)

Medicaid-covered Benefits

Inpatient Mental Health

Medically necessary care, including days in excess of the Medicare 190-day lifetime maximum.

Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), or critical access hospital). All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment. Except in an emergency, your health care provider must tell the plan of your hospital admission.

Residential Health Care Facility

Medicare and Medicaid-covered care provided in a Residential Health Care Facility. No prior hospital stay required.

Medicaid-covered Benefits	
Home Health	<p>Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services.</p> <p>Also includes Non-Medicare-covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals).</p>
PCP Office Visits	Primary care provider office visits.
Specialist office visits	Specialist office visits.
Chiropractic	Manual manipulation of the spine to correct subluxation; provided by chiropractors or other qualified providers.
Podiatry	<p>Medically necessary foot care, including care for medical conditions affecting lower limbs.</p> <p>Visits for routine foot care up to four (4) visits per year.</p>
Outpatient Mental Health	<p>Individual and group therapy visits.</p> <p>Enrollee must be able to self-refer for one assessment from a network provider in a twelve (12) month period.</p>

Medicaid-covered Benefits	
Outpatient Mental Health <i>(continued)</i>	Outpatient mental health care (including, but not limited to, clinical counseling and therapy, peer support, psychosocial rehabilitation, medication management, family psychoeducation, and intensive outpatient models of care). (Note: This is not a complete list of the plan’s expanded outpatient mental health services. Call Member Services or read the Evidence of Coverage for more information.) Services may be provided by any OMH licensed, designated, or approved provider agency, or a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws.

Medicaid-covered Benefits	
Outpatient Substance Abuse	Individual and group visits. Enrollee must be able to self-refer for one assessment from a network provider in a twelve (12) month period.
	Outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment). (Note: This is not a complete list of the plan’s expanded outpatient mental health services. Call Member Services or read the Evidence of Coverage for more information.)

Medicaid-covered Benefits

Mobile Crisis Services (for mental health or substance use crisis)

Mobile Crisis services (assessment by telephone or mobile crisis team response); short-term residential crisis stabilization (for mental health crises). Any approved mobile crisis or licensed crisis residence provider in New York State.

CORE Services (for mental health condition or substance use disorder)

Community Oriented Recovery and Empowerment (CORE) Services (which are person-centered, recover-oriented mobile behavioral health supports. CORE Services build skills and self-efficacy that promote and facilitate community participation and independence). CORE Services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services. (Note: For more information about CORE Services and to determine whether you are eligible for them, call Member Services or read the Evidence of Coverage).

Medicaid-covered Benefits

Outpatient Surgery	Medically necessary visits to an ambulatory surgery center or outpatient hospital facility.
Ambulance	Transportation provided by an ambulance service, including air ambulance. Emergency transportation if for the purpose of obtaining hospital services for an Enrollee who suffers from severe, life-threatening or potentially disabling conditions which require the provision of emergency services while the Enrollee is being transported. Includes transportation to a hospital emergency department generated by telephoning "911."
Emergency Department Care	Care provided in a hospital emergency department, subject to prudent layperson standard.
Urgent Care	Urgently needed care in most cases outside the plan's service area.

Medicaid-covered Benefits

Outpatient Rehabilitation (OT, PT, Speech)

Outpatient Rehabilitation services – physical therapy (PT), occupational therapy (OT), and speech therapy (ST) – that are ordered by a doctor or other licensed professional are covered as medically necessary (without limits to the number of visits).

Durable Medical Equipment (DME)

Medicare and Medicaid covered DME including devices and equipment, other than prosthetic, orthotics or orthopedic footwear, which have been ordered by a practitioner in the treatment of a specific medical condition. Includes medical equipment and hearing aid batteries. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bars).

Medicaid-covered Benefits	
Medical/Surgical Supplies, Parenteral Formula, Enteral Formula, Nutritional Supplements	These items are generally considered to be one-time use, consumable items routinely paid for under the DME category of fee-for-service Medicaid.
	Coverage of enteral formula and nutritional supplements are limited coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding.
	Enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following conditions:
	1) Tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube.
	2) Individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and

Medicaid-covered Benefits

<p>Medical/Surgical Supplies, Parenteral Formula, Enteral Formula, Nutritional Supplements <i>(continued)</i></p>	<p>3) children who require medical formulas due to mitigating factors in growth and development. Coverage of certain inherited disease of amino acid and organic acid metabolism shall include modified solid food products that are low-protein, or which contain modified protein.</p>
<p>Prosthetics</p>	<p>Medicare and Medicaid-covered prosthetics, orthotics and orthopedic footwear.</p>
<p>Diabetes Monitoring</p>	<p>Diabetes self-monitoring, management training and supplies, including coverage for glucose monitors, test strips and lancets. Diabetic supplies such as 2x2 gauze pads, alcohol swabs/pads, insulin syringes and needles are covered by Part D.</p>
<p>Diagnostic Testing</p>	<p>Diagnostic tests, x-rays, lab services and radiation therapy.</p>
<p>Bone Mass Measurement</p>	<p>Bone Mass Measurement for people at risk.</p>
<p>Colorectal Screening</p>	<p>Colorectal screening for people age 50 and older.</p>

Medicaid-covered Benefits	
Immunizations	Influenza (Flu) and Pneumococcal Disease vaccines, and Hepatitis B vaccine for people in high-risk settings.
Mammograms	Annual screening for individuals age 40 and older. No referral necessary.
Pap Smear and Pelvic Exams	Pap smears and Pelvic Exams.
Prostate Cancer Screening	Prostate Cancer Screening exams for individuals age 50 and older.
Outpatient Drugs	All Medicare Part B covered prescription drugs and other drugs obtained by a provider and administered in a physician's office or clinic setting covered by Medicaid. (No Part D).

Medicaid-covered Benefits	
Hearing Services	Medicare and Medicaid hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, earmolds, special fittings and replacement parts.
Hearing Aids	<p>Hearing Aids are covered \$600 per ear with a \$1200 maximum every 3 years.</p> <p>1-year supply of batteries included with purchase and will be shipped with the hearing aid.</p> <p>Authorization is required by a physician or specialist for Hearing Aids.</p> <p>All services are covered once every three years.</p>

Medicaid-covered Benefits	
Vision Care Services	Services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.
Routine Physical Exam 1/year	Up to one routine physical per year.

Medicaid-covered Benefits	
Private Duty Nursing	Medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.
Non-Emergency Transportation	Transportation essential for an Enrollee to obtain necessary medical care and services under the plan's benefits or Medicaid fee for-service. Includes ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to the Enrollee's medical condition and a transportation attendant to accompany the Enrollee, if necessary.

Medicaid-covered Benefits	
Dental	<p>Medicaid-covered dental services including necessary preventive, prophylactic and other routine dental care, services and supplies and dental prosthetics to alleviate a serious health condition.</p> <p>Ambulatory or inpatient surgical dental services subject to prior authorization.</p>
Preventive Dental Services	<p>There is no coinsurance, or copayment for the following Medicaid-covered Preventive Dental services:</p> <ul style="list-style-type: none"> - Oral Exams - Prophylaxis (cleanings) - Dental X-Rays
Personal Care Services	<p>Includes medically necessary assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs) and health-related tasks through hands-on assistance, supervision and/or cueing.</p>

Medicaid-covered Benefits

Nutrition	Assessment of nutritional status/needs, development and evaluation of treatment plans, nutritional education, in-service education, includes cultural considerations.
Medical Social Services	Assessment, arranging and providing aid for social problems related to maintaining individual at home.
Social and Environmental Supports	Services and items to support member's medical need. May include home maintenance tasks, homemaker/chore services, and respite care.
Home Delivered and Congregate Meals	Meals provided at home or in congregate settings (e.g., senior centers) to individuals unable to prepare meals or to have them prepared.
Adult Day Health Care	Includes medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure activities, dental, pharmaceutical, and other ancillary services. Services furnished in approved RHCF or extension site.

Medicaid-covered Benefits	
Social Day Care	Structured comprehensive program providing socialization, supervision and monitoring, personal care and nutrition in a protective setting.
Personal Emergency Response Services (PERS)	Electronic device that enables individuals to secure help in a physical, emotional or environmental emergency.
Medicare Part D Prescription Drug Benefit as Approved by CMS	Enrollee responsible for co-pays.
Other services may be available to you which can be accessed through Medicaid Fee-for-Service.	

Services covered by Medicaid using your Medicaid Benefit Card

There are some Medicaid services that Elderplan Plus Long-Term Care does not cover. You can get these services from any provider who takes Medicaid by using your Medicaid Benefit Card.

Call Member Services at **1-877-891-6447 (TTY 711)** if you have a question about whether a benefit is covered by Elderplan Plus Long-Term Care (HMO D-SNP) or Medicaid.

If you have questions about the assistance you get from Medicaid, please use the information below to contact your appropriate New York State Department of Health (Social Services) office. Please reference the Medicaid contact table.

The following services are not covered by Elderplan Plus Long-Term Care (HMO D-SNP) but are available through Medicaid Fee-for-Service:

- Out-of-network Family Planning services under the direct access provisions
- Medicaid Pharmacy Benefits as allowed by State Law (select drug categories excluded from the Medicare Part D benefit)
- Methadone Maintenance Treatment Programs
- Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family-based Treatment Programs

Summary of Benefits – **Elderplan Plus Long-Term Care (HMO D-SNP) 2023**

- Office for People With Developmental Disability Services
- Comprehensive Medicaid Case Management
- Home & Community-Based Waiver Program Services
- Directly Observed Therapy for Tuberculosis Disease
- Assisted Living Program

Contact Information for New York State Medicaid Program

Method	New York State Department of Health (Social Services) – Contact Information
CALL	<p>HRA Medicaid Helpline: 1-888-692-6116</p> <p>Dutchess County: 845-486-3000</p> <p>Available 9 a.m. to 5 p.m., Monday through Friday</p> <p>Nassau County: 516-227-8000</p> <p>Available 8 a.m. to 4 p.m., Monday through Friday</p> <p>New York City: 718-557-1399</p> <p>Available 9 a.m. to 5 p.m., Monday through Friday</p> <p>Orange County: 845-291-4000</p> <p>Available 9 a.m. to 5 p.m., Monday through Friday</p> <p>Putnam County: 845-808-1500</p> <p>Available 9 a.m. to 5 p.m., Monday through Friday</p> <p>Rockland County: 845-364-3040</p> <p>Available 9 a.m. to 5 p.m., Monday through Friday</p> <p>Westchester County: 914-995-3333</p> <p>Available 8:30 a.m. to 5 p.m., Monday through Friday</p>
TTY	<p>711</p> <p>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p>

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2023

Method	New York State Department of Health (Social Services) – Contact Information
WRITE	<p>Dutchess County 60 Market Street Poughkeepsie, New York 12601</p> <p>Nassau County Department of Social Services 60 Charles Lindbergh Boulevard Uniondale, NY 11553</p> <p>New York City Human Resources Administration Medical Assistance Program Correspondence Unit 785 Atlantic Avenue 1st Floor Brooklyn, NY 11238</p> <p>Orange County DSS Box Z, 11 Quarry Road Goshen, New York 10924</p> <p>Putnam County DSS 110 Old Route 6 Carmel, New York 10512</p> <p>Rockland County DSS 50 Sanatorium Road, Building L Pomona, New York 10970</p> <p>Westchester County Department of Social Services 85 Court Street White Plains, NY 10601</p>
WEBSITE	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:

Civil Rights Coordinator
6323 7th 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 1-877-891-6447 (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 1-877-891-6447 (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 1-877-891-6447 (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 1-877-891-6447 (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 1-877-891-6447 (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 1-877-891-6447 (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 1-877-891-6447 (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 1-877-891-6447 (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 1-877-891-6447 (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 1-877-891-6447 (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 فوري، ليس عليك سوى الاتصال بنا على (1-877-891-6447 (TTY: 711)). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة 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 1-877-891-6447 (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 1-877-891-6447 (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 1-877-891-6447 (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 1-877-891-6447 (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 1-877-891-6447 (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、1-877-891-6447 (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 1-877-891-6447 (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 1-877-891-6447 (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 1-877-891-6447 (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 1-877-891-6447 (TTY:711). איינער וואס רעדט אידיש/שפראך קען איך 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 1-877-891-6447 (TTY:711) پر کال کریں۔ اردو بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ ایک مفت خدمت ہے۔

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-877-891-6447**.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **www.elderplan.org** or call **1-877-891-6447** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on **January 1, 2024**.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

For more information, call us toll-free

1-877-891-6447

8 a.m.–8 p.m., 7 days a week.

TTY/TDD users should call

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Visit our website

Elderplan.org

Elderplan is an HMO plan with Medicare and Medicaid contracts. Enrollment in Elderplan depends on contract renewal. Anyone entitled to Medicare Parts A and B may apply. Enrolled members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid.