

Advance Care Planning: Peace of Mind for You and Your Family



A majority of older adults do not plan for end-of-life care, but they should. Although these decisions may not be something you want to think about, advance care planning will help ensure your wishes are followed and takes difficult decisions off of your family's shoulders.

What is Advance Care Planning?

Advance care planning involves documenting your preferences for end-of-life care in writing. This document is called an advance directive and includes the name of the person you authorize to make decisions on your behalf, called a health care proxy. It also ensures your wishes regarding medical decisions are known and respected, even when you cannot speak for yourself.

Once signed, copies of your advance directive should be given to your health care proxy, health care providers, hospital, and anyone else you feel should have the information.

One of the most important parts of advance care planning is having a conversation with family members about your wishes in the event of a life-threatening illness or injury that makes it so you cannot speak for yourself. Even if you don't feel comfortable talking to everyone in your family, you should at least share your wishes with your health care proxy.

Turn to page 3 for more information about the benefits of advance care planning and the most common types of advance directives.



In This Issue...

Dear Valued Member,

We are proud to be part of your health care journey. Whether you have been a member for many years or recently joined our community, please know that supporting your health and well-being remains a top priority for our entire team.

Taking the time to plan ahead can make a meaningful difference in your health and peace of mind. This includes thinking about important decisions related to your care, understanding the benefits available to you, and making sure you have the support you need along the way.

In this issue of *All Together Healthy*, we share information about advance care planning and why documenting your wishes can provide reassurance for both you and your loved ones. We also highlight ways to help you make the most of your plan benefits and connect with programs that may provide additional support when it comes to your health care and everyday needs.

Your team at Elderplan/HomeFirst is here to support you. If you have questions about your benefits or need assistance, we encourage you to contact us.

Thank you for being a valued member. We appreciate the trust you place in us and remain committed to supporting your physical and emotional well-being.

Thank you,



David Wagner
President & CEO
MJHS Health System

Advance Care Planning: Why It Matters and Your Options

Benefits of Advance Care Planning

Advance care planning offers numerous benefits for you and your family:

- It ensures your wishes will be honored.
- It stops family members from wondering if they "did the right thing" on your behalf.
- It provides health care providers with information about your preferences for life-sustaining measures if there is little likelihood of recovery.



Most Common Advance Directives:

These are the most common forms of advance directives:

- **Health Care Proxy:** Allows you to appoint someone you trust to make health care decisions on your behalf in the event you lose the ability to make your own decisions.
- **Living Will:** Specifies which treatments and life-sustaining measures you do or do not want if you are terminally ill or permanently unconscious.
- **Durable Power of Attorney for Health Care:** Legally designates a person to make health care decisions for you, often overlapping with the health care proxy.
- **Medical Orders for Life-Sustaining Treatment (MOLST):** Provides detailed medical orders about life-sustaining treatments, such as cardiopulmonary resuscitation (CPR), do not resuscitate (DNR), and do not intubate (DNI) based on your wishes and health status.

You always have the option to change your mind about any of these at any time.

For questions or assistance with obtaining advance directives in your preferred language, contact your Care Manager by calling Elderplan Member Services at 1-800-353-3765 (TTY: 711) from 8 a.m. to 8 p.m., 7 days a week.

Source:

National Partnership for Healthcare and Hospice Innovation - <https://www.nphihealth.org/ahead-of-national-healthcare-decisions-day-aging-and-hospice-expert-urges-americans-to-commit-to-vital-advance-care-and-end-of-life-conversations/>

What Is an Appointment of Representative Form?

An Appointment of Representative (AOR) form is a document that allows you to designate another person—such as a family member, friend, or attorney—to act on your behalf in matters related to your health care claims, appeals, grievances, or requests. By completing and signing this form, you are authorizing a chosen representative to serve as your contact with your health insurer. It’s important to choose someone you trust, as they will have access to your medical information necessary to resolve your claim or appeal.

An authorized representative is a person you choose to help you:	You may choose anyone you trust, including:	The AOR form
Request health care services	A family member or friend	Grants permission for the health plan to speak with your representative
Ask questions about your coverage	A caregiver	Allows your representative to act for you on specific requests
File an appeal or grievance	Your doctor or other health care provider	Helps protect your private health information
Receive information about your case	An attorney or legal advisor	

How Long Is the AOR Form Valid?

An AOR form is good for one year from the date you sign it or you can specify an end date earlier than one year. You can also specify that the authorization covers only the request or appeal listed. You can cancel the authorization at any time by notifying your Plan in writing.

What Is Required for the Form to Be Valid?

To avoid delays, the form must be signed and dated by you (or your authorized representative). It must clearly list your name, the representative’s name and contact information, and the service request or appeal.



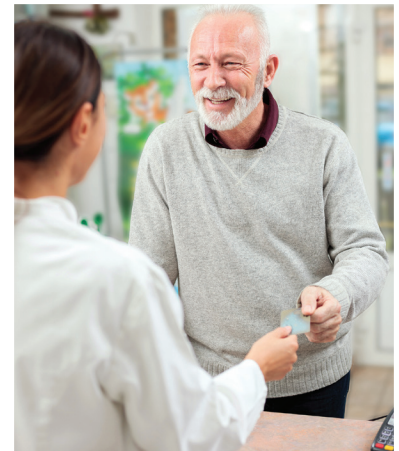
Scan the QR code to view the AOR Form. For questions or assistance, contact your Care Manager at Elderplan Member Services at 1-800-353-3765 (TTY: 711) from 8 a.m. to 8 p.m., 7 days a week.

Source:

Code of Regulations - <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-405/subpart-I/section-405.910>

Extra Support Beyond Your Elderplan Benefits

At Elderplan, we make it easy to get the support you need beyond your health care coverage. We partner with SPS Community Solutions to connect you with programs and services that help pay for health care, prescriptions, food, or household bills. SPS provides free, one-on-one support with eligibility screening, required applications, and follow-up through approval and enrollment. SPS has multilingual staff that can assist you in your preferred language by phone, email, or in-person. SPS is here for you so you don't have to navigate the process alone.



These Programs Include:*

New York State Medicaid	Medicaid can cover some of your Medicare cost-sharing and provide additional benefits.**
Medicare Savings Program (MSP)	Helps pay for Medicare Part B premiums.
Extra Help (Low Income Subsidy - LIS)	A Federal program that helps pay for your Medicare Part D drug plan costs such as premiums, deductibles, and copayments.
Elderly Pharmaceutical Insurance Coverage (EPIC) Program	A New York State program that helps pay for your drug plan costs such as premiums, deductibles, and copayments.
Supplemental Nutrition Assistance Program (SNAP)	Provides a benefit card to purchase food like produce, meat, grains, and other food items.
Lifeline Program	Provides a monthly discount for phone or internet service.
Low-Income Home Energy Assistance Program (LIHEAP)	Helps New York State residents with heating/cooling costs, heating bills, and heating equipment repairs/replacement.
Pool Income Trust	A pooled trust is a type of supplemental needs trust that allows New Yorkers to qualify for Medicaid without losing the benefit of income above the Medicaid limit. This helps you keep Medicaid and still use your money to pay bills.

If you have any questions about this program or wish to enroll, call Elderplan Member Services at 1-800-353-3765 (TTY: 711), 8:00 a.m. to 8:00 p.m., 7 days a week or go to our Elderplan website at www.elderplan.org/member-benefits/elderplan-benefits/extra-support/ for information.

* Programs vary by Elderplan plans. Contact Elderplan Member Services for more information.

** SPS or Elderplan may support you on Medicaid renewal depending on the Plan you're enrolled in.

Renew Your Medicaid

If you have Medicaid, it's important for you to renew your Medicaid coverage before it ends (the "recertification date"). Renewing your Medicaid coverage is very important because:

- Depending on your Elderplan Medicare plan, you must have active Medicaid coverage to be eligible. We may disenroll you from your plan if you do not renew in time.
- There may be disruptions to your care if you receive services provided directly by Medicaid (i.e., Medicaid Fee for Service).



Here's how you can plan ahead:

- Watch for your renewal packet. Depending on where you live, the New York City Human Resources Administration (HRA) or your Local Department of Social Services (LDSS) will mail you a renewal notice. This packet is typically sent 1 - 3 months prior to your recertification date.
- Complete the Medicaid Renewal application and provide required supporting documents.
- Mail the **completed and signed** application and all documents to HRA or LDSS before the due date.
- Call Elderplan if you have any questions. We are here to assist you through the process.

Elderplan and our partner, Senior Planning Services, are here to support you in the Medicaid Renewal process. Call Elderplan Member Services at 1-800-353-3765 (TTY:711), 8:00 a.m. to 8:00 p.m., 7 days a week for assistance.

Elderplan is an HMO plan with Medicare and Medicaid contracts. Enrollment in Elderplan depends on contract renewal. Elderplan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a non-English language or require interpretation assistance, language assistance services and appropriate auxiliary aids are available to you free of charge. If you need these services or have questions about our plan, call 1-800-353-3765 (TTY: 711).

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Stay on Top of Your OTC & Flex Card Benefits

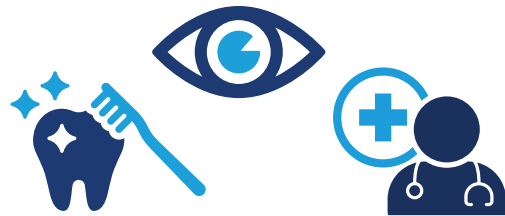
Your Over the Counter (OTC) and Flex Card benefits are valuable resources designed to support your health and well being. You may be surprised to discover you have unused funds sitting in your accounts that can be used for important everyday items.

What You Can Use Your Card For:



OTC Benefit

Purchase health-related items like over-the-counter medications and supplies. For eligible members*, this benefit may also cover rent or mortgage assistance, bill payments, groceries, community rides, and meals.



Flex Benefit

Covers out-of-pocket dental, vision, hearing, and fitness expenses, after you use your plan benefits.

Check Your OTC & Flex Card Wallet Today.
Don't Let Your Benefits Go to Waste!

Visit the OTC + Flex Member Portal regularly at mybenefitscenter.com to manage all of your benefits in one place. Here, you can:

- Check your OTC, Flex, and Wellness Incentive balances
- Review your purchase history
- Find participating retailers nearby or online
- Order OTC products, healthy foods, and home-delivered meals (if eligible*)

* Eligibility is determined by whether you have a chronic condition associated with SSBCI benefit (expanded OTC). Examples of SSBCI conditions include but are not limited to cardiovascular disorders, diabetes, arthritis, chronic lung disorders, and chronic kidney disease. There are other eligible conditions not listed. Standards may vary for this benefit.

If you have questions, contact Elderplan Member Services at
1-800-353-3765 [TTY: 711], 8 a.m. to 8 p.m., 7 days a week.

What's Inside

Advance Care Planning



Save Money on Health Care



Renew Your Medicaid



OTC & Flex Card Benefits



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Baked Fish Fillet

A heart-healthy recipe from [HealtheCooks.com](https://www.healthecoooks.com)



Ingredients

- 2 flounder fillets (4 oz each)
- 1/8 tsp salt
- 1/8 tsp black pepper
- 2 tsp chopped fresh parsley
- 4 tsp fresh lemon juice
- 1 Tbsp olive oil
- 1/2 cup green beans, trimmed and cut into 2-inch pieces
- 1/2 cup corn
- 1/2 cup cherry tomatoes, halved

Directions

Preheat toaster oven to 425°F. Lightly coat pan with nonstick cooking spray. Place fish on pan and season with salt, pepper, parsley and lemon juice. Bake for about 5 minutes, or until done. Meanwhile, heat oil in a skillet over medium heat. Add string beans and sauté about 1 minute. Mix in corn and tomatoes, pressing gently to release juices, and cook an additional 2 minutes. Add lemon juice and pepper to taste, if desired, and stir. Remove from heat, distribute vegetables between two plates and place cooked fish on top.