

2026



Leading the way to great care.™



Summary of Benefits

Elderplan for Medicaid Beneficiaries
(HMO-POS D-SNP)

January 1, 2026 to December 31, 2026

Summary of Benefits – **Elderplan for Medicaid Beneficiaries**
(HMO-POS D-SNP) 2026

Proposed Effective Date ____/____/____

Primary Care Provider

Name _____

Address _____

Phone Number (_____) _____

Name of Sales Representative

Important Numbers

Member Services

1-800-353-3765, TTY 711
8 a.m. to 8 p.m., 7 days a week

Summary of Benefits – **Elderplan for Medicaid Beneficiaries
(HMO-POS D-SNP) 2026**



Summary of Benefits

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

January 1, 2026 – December 31, 2026

Bronx, Kings, Nassau, New York, Putnam, Queens,
Richmond and Westchester

About Elderplan

Elderplan is a participating agency of MJHS Health System. Both Elderplan and MJHS are not-for-profit organizations that share the same core values of compassion, dignity and respect.

Elderplan has a rich history of caring for at-risk New Yorkers of all backgrounds. That's why we understand that gaps in access to quality health care are still all too often a factor. Consistent with our values, we are ***leading the way to great care*** by being committed to health equity, to closing these gaps in care, and ensuring that all our members have access to high-quality programs and services.

In addition, an advantage to our members of Elderplan/HomeFirst being a participating agency of MJHS is that our health system also includes: MJHS Home Care, MJHS Hospice and Palliative Care, as well as MJHS Isabella and MJHS Menorah Centers for Rehabilitation and Nursing Care. So, should you require access to additional support over time, and choose to receive services from MJHS, the Elderplan team can work together with their colleagues from across the system to better coordinate your care.



Elderplan for Medicaid Beneficiaries
(HMO-POS D-SNP)

Plan Overview

A health plan designed for Medicare beneficiaries who also have Medicaid, that covers medical, hospital, and prescription drugs—all in one simple plan.

You can see any dentist or specialist in or out-of-network and take advantage of a quarterly OTC benefit. In addition, you'll also receive a Flex card to help cover out-of-pocket expenses for dental, vision, hearing, and fitness services.

This plan includes comprehensive dental coverage—with a larger network of providers through our new dental partner—so you can get the care you need more easily.

You'll also have the support of a dedicated Care Manager, enjoy a gym membership to stay active, earn rewards through our Wellness Incentive Program, and have access to our award-winning Member-to-Member program.

Elderplan: Leading the way to great care.

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Benefits at a Glance

	Freedom to choose any specialist or dentist in and out-of-network	\$0
	Monthly Premium*	
	Doctor Visits (Primary Care)*	
	Specialist Care*	
	Expanded Acupuncture	
	Brain Games with BrainHQ®	
	Supplemental Preventive Dental and Supplemental Comprehensive Dental	
	Routine Hearing	
	Routine Podiatry	
	Routine Vision	
	Silver&Fit® Fitness Program	
	Transportation	
	24/7 Access to Care with Teladoc®	
	Flex Card‡	\$500 every year
	Over-the-Counter (OTC) Benefits	\$660 every quarter
	Traditional OTC plus now including payments toward rent/mortgage, utilities, Internet, certain grocery items, home-delivered meals. **	

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*If you do not receive Medicare cost-sharing assistance under Medicaid:

- You pay \$22.70 monthly for the plan premium.
- You pay 20% coinsurance for Primary Care.
- You pay 20% coinsurance for Specialist Care.

**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.

‡Flex Card benefit offers \$500 allowance to use in 2026 on out-of-pocket expenses for dental, vision, hearing, and/or fitness services.

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 2026 Elderplan for Medicaid Beneficiaries (HMO-POS 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 for Medicaid Beneficiaries 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 for Medicaid Beneficiaries phone numbers and website

- If you are a member of this plan, call toll-free **1-800-353-3765**. (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 **1-800-353-3765** for additional information. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week. This information is 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 For Medicaid Beneficiaries (HMO-POS 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, Kings, Nassau, New York, Putnam, Queens, Richmond and Westchester.

People who qualify for Medicare and Medicaid are known as dual-eligible beneficiaries. You must be eligible for Medicaid coverage and meet the enrollment eligibility requirements for Elderplan for Medicaid Beneficiaries. 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. As an Elderplan for Medicaid Beneficiaries member who qualifies for Medicaid coverage, additional benefits may be available to you from Medicaid.

Useful Information About Medicare

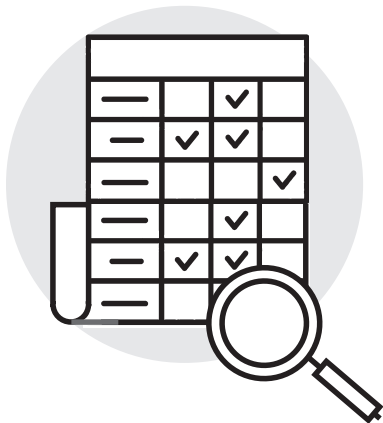
You have choices about how to get your Medicare Benefits

- 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 For Medicaid Beneficiaries (HMO-POS D-SNP)).

- You can compare Elderplan for Medicaid Beneficiaries 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. Our members receive all of the benefits that Original Medicare offers. The Medicaid section includes information about services that you may receive from Medicaid. The covered benefits may change from year to year.

Tips for Comparing your Medicare Choices

This Summary of Benefits booklet gives you a summary of what Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP) covers and what you pay.



Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

- 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 for Medicaid Beneficiaries

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 both Medicare and Medicaid, or eligible for Medicare and Medicare cost-sharing assistance under Medicaid. Additionally, you:

- Must have Medicare Part A and Medicare Part B.
- Must reside in the plan's service area: Bronx, Kings, Nassau, New York, Putnam, Queens, Richmond and Westchester counties.
- Must be a United States citizen or lawfully present in the United States.

- Must meet the special eligibility requirements described below.

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. The Medicaid benefit categories and types of assistance served by our plan are listed below:

- **Full Benefit Dual Eligible (FBDE):** Helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance and copayments). These individuals are also eligible for full Medicaid benefits.
- **Qualified Medicare Beneficiary (QMB & QMB+):** Helps pay Medicare Part A and Part B premiums, and

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other cost-sharing (like deductibles, coinsurance and copayments). (Some people with QMB are also eligible for full Medicaid benefits (QMB+).)

- **Qualifying Individual (QI):**
Helps pay Part B premiums.
- **Qualified Disabled and Working Individuals (QDWI):**
Helps pay Part A premiums.

Please note: If you lose your 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 your Evidence of Coverage booklet tells you about coverage and cost-sharing during a period of deemed continued eligibility.)

Which Doctors, Hospitals and Pharmacies can I use?

Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP)

has a network of doctors, hospitals, pharmacies and other providers. Our plan allows you to see In-Network and Out-of-Network providers based on our expansive benefit offering. Our plan covers services and benefits from any of our network providers listed in our Provider and Pharmacy Directory. Our plan also includes point-of-service coverage for certain services and benefits from any Medicare-certified provider who has not opted out of Medicare.

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.

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

What do we cover?

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

- Members get all of 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 for Medicaid Beneficiaries 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 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.

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

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); or
- New York State Department of Health (Social Services) HRA Medicaid Helpline at **1-888-692-6116** 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 for Medicaid Beneficiaries (HMO-POS D-SNP). If you meet the eligibility requirements to be in this plan, Medicaid may help pay any health care expenses you may have.

Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP)		
Monthly Premium (Part D Premium)	\$0 or \$22.70	You must continue to pay your Part B Premium (unless your Part B Premium is paid for you by Medicaid or another third party.) If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your plan premium.
Part B Deductible	\$0 or \$283	If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your Part B Deductible. This plan has deductibles for Inpatient Hospital Services and Inpatient Psychiatric Services.

Summary of Benefits – **Elderplan for Medicaid Beneficiaries**
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Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP)		
Combined Maximum Out-of-Pocket	\$9,250 In-Network and Out-of-Network Combined	<p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>If you reach the limit on your in-network and out-of-network combined out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your plan premium, and any cost-sharing for your Part D prescription drugs.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the combined maximum out-of-pocket amount for covered Part A and Part B services.</p>

Summary of Benefits – **Elderplan for Medicaid Beneficiaries**
(HMO-POS D-SNP) 2026

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need hospital care	Inpatient Hospital Services	<p>A per admission deductible is applied once during the defined benefit period.</p> <p>In 2026 the amounts for each benefit period are \$0* or: \$1,736 deductible.</p> <p>Days 1–60: \$0 copayment per day.</p> <p>Days 61–90: \$434 copayment per day.</p> <p>Days 91 and beyond: \$868 copayment per lifetime reserve day.</p> <p>Beyond lifetime reserve days: you pay all costs.</p>	Authorization is required.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – Elderplan for Medicaid Beneficiaries
(HMO-POS D-SNP) 2026

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need hospital care <i>(continued)</i>	Outpatient Hospital Services	0% or 20% coinsurance.*	
	Ambulatory Surgical Center (ASC)	0% or 20% coinsurance.*	

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You want to see a doctor	Primary Care Providers	0% or 20% coinsurance for each visit.*	This benefit is also available through Telehealth. Please call your current provider for details.
	Specialists	In-Network: 0% or 20% coinsurance for each visit.* Out-of-Network: 0% or 20% coinsurance for each visit.*	This benefit is also available in-network through Telehealth. Please call your current provider for details.
	Nurse Practitioners and Physician Assistants	In-Network: 0% or 20% coinsurance for each visit.* Out-of-Network: 0% or 20% coinsurance for each visit.*	Authorization only required for in-home visits.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You want to see a doctor (continued)	Preventive Care	\$0 copayment.	Preventive care services may be covered by Medicare during the benefit year.
		<ul style="list-style-type: none"> • Abdominal aortic aneurysm screenings • Alcohol misuse screenings & counseling • Bone mass measurements • Cardiovascular disease screenings • Cardiovascular disease (behavioral therapy) • Cervical & vaginal cancer screenings • Colorectal cancer screenings <ul style="list-style-type: none"> - Blood-based biomarker tests - Colonoscopies - Computed tomography (CT) colonography - Fecal occult blood tests - Flexible sigmoidoscopies - Multi-target stool DNA tests • Counseling to prevent tobacco use & tobacco-caused disease • Depression screenings 	

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

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"> • Diabetes screenings • Diabetes self-management training • Glaucoma screenings • Hepatitis B shots • Hepatitis B virus (HBV) infection screenings • Hepatitis C virus screenings • HIV screenings • Lung cancer screenings • Mammograms (screening) • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Obesity behavioral therapy • One-time “Welcome to Medicare” preventive visit • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screenings • Sexually transmitted infections screenings & counseling • Shots: <ul style="list-style-type: none"> - COVID-19 vaccines - Flu shots - Hepatitis B shots - Pneumococcal shots • Yearly “Wellness” Visit

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

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>	0% or 20% coinsurance.*	<ul style="list-style-type: none"> • Diabetes self-management training • Glaucoma Screenings
You Need Emergency Care	Emergency Care	0% or 20% coinsurance (up to \$115) for each visit.*	If you are admitted to the hospital within 24 hours there is no cost share.
	Urgent Care	0% or 20% coinsurance (up to \$40) for each visit.*	This benefit is also available through Telehealth. Please call your current provider for details.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need medical tests	Diagnostic Services/ Labs/Imaging <ul style="list-style-type: none"> • Medicare-covered Lab Services • Outpatient Blood Services 	\$0 copayment for each service.	
	Diagnostic Services/ Labs/ Imaging <ul style="list-style-type: none"> • Diagnostic tests and Procedures • Outpatient X-rays 	0% or 20% coinsurance for each service*.	

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need medical tests <i>(continued)</i>	<ul style="list-style-type: none"> • Therapeutic radiology services (such as radiation treatment for cancer) • Diagnostic Radiological services (such as MRI scans and CT scans) 	0% or 20% coinsurance for each service*.	Authorization is required only for Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT).

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Hearing Care	Hearing Exams	0% or 20% coinsurance for Medicare-covered hearing exams.*	
		\$0 payment for one Non-Medicare-covered (Routine) Hearing Exams every 3 years.	
	Hearing Aids	Up to \$1,300 for both ears combined maximum benefit limit every 3 years. \$0 copayment for Fitting and Evaluation for Hearing Aid(s) every 3 years.	Authorization is required for hearing aid(s) by a Physician or Specialist.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Dental Care	Comprehensive Dental	0% or 20% coinsurance for Medicare-Covered services.*	
	Supplemental Diagnostic and Preventive Dental Services	Supplemental Diagnostic and Preventive Dental Services is limited to selected service codes from the categories below. Services are combined in and out of network.	

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – **Elderplan for Medicaid Beneficiaries**
(HMO-POS D-SNP) 2026

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Dental Care <i>(continued)</i>	Supplemental Comprehensive Dental	Coverage for Supplemental Comprehensive Dental Services is limited to selected service codes from the categories below In-Network and Out-of-Network combined.	Supplemental Comprehensive Dental Services. Benefit frequency may be limited per American Dental Association guidelines.

Supplemental Diagnostic, Preventive & Comprehensive Dental Services

In-Network and Out-of-Network

Covered Services	Copayment	Frequency
Supplemental Diagnostic & Preventive Dental Services		
Oral Exams		
Periodic oral evaluation - established patient	No charge	Once every 6 months
Limited oral evaluation - problem focused	No charge	Once every 1 month
Comprehensive oral evaluation - new or established patient	No charge	Once every 6 months
Detailed and extensive oral evaluation - problem focused, by report	No charge	Once every 6 months
Re-evaluation	No charge	Once every 6 months
Comprehensive periodontal evaluation	No charge	Once every 6 months
Screening of a patient	No charge	Once every per 10 days
Assessment of a patient	No charge	Once every per 10 days

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Dental X-Rays		
Intraoral - comprehensive series of radiographic images	No charge	Once every 36 months
Intraoral - periapical first radiographic image	No charge	Covered
Intraoral - periapical each additional radiographic image	No charge	Covered
Intraoral - occlusal radiographic image	No charge	Once every 6 months
Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	No charge	Two every 1 week
Extra-oral posterior dental radiographic image	No charge	Two every 1 week
Bitewing - single radiographic image	No charge	Once every 6 months
Bitewings - two radiographic images	No charge	Once every 6 months
Bitewings - three radiographic images	No charge	Once every 6 months
Bitewings - four radiographic images	No charge	Once every 6 months
Vertical bitewings - 7 to 8 films	No charge	Once every 6 months
Saliography	No charge	Two every 1 week

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Dental X-Rays		
Temporomandibular joint arthrogram, including injection	No charge	Covered
Other temporomandibular joint radiographic images, by report	No charge	Two every 12 months
Panoramic film	No charge	Once every 36 months
Cephalometric radiographic image	No charge	Once every 36 months
2D oral/facial photographic image obtained intra-orally or extra-orally	No charge	Two every 6 months
Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	No charge	Covered
Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	No charge	Covered
Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	No charge	Covered

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Dental X-Rays		
Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	No charge	Covered
Cone beam CT capture and interpretation for TMJ series including two or more exposures	No charge	Covered
Intraoral tomosynthesis - comprehensive series	No charge	Once every 36 months
Intraoral tomosynthesis - bitewing image	No charge	Once every 12 months
Intraoral tomosynthesis - periapical image	No charge	Once every 12 months
Intraoral tomosynthesis - comprehensive series image capture	No charge	Covered
Intraoral tomosynthesis - bitewing image capture	No charge	Covered
Intraoral tomosynthesis - periapical image capture	No charge	Once every 12 months
Diagnostic casts	No charge	Once every 12 months

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Other Diagnostic Services

Accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	No charge	Covered
Consultation, including preparation of slides from biopsy materials supplied by referring source	No charge	Covered
Other oral pathology procedures, by report	No charge	Covered
Unspecified diagnostic procedure, by report	No charge	Covered

Cleanings

Prophylaxis - adult	No charge	Once every 6 months
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Fluoride Treatment

Topical application of fluoride varnish	No charge	Covered
Topical application of fluoride - excluding varnish	No charge	Once every 6 months

Other Preventive Dental Services

Tobacco counseling for control of oral disease	No charge	Covered
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Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Other Preventive Dental Services

Application of caries arresting medicament - per tooth	No charge	Covered
Unspecified preventive procedure, by report	No charge	Covered

Supplemental Comprehensive Dental Services

Amalgam - one surface, primary or permanent	No charge	Once every 12 months
Amalgam - two surfaces, primary or permanent	No charge	Once every 12 months
Amalgam - three surface, primary or permanent	No charge	Once every 12 months
Amalgam - four surfaces, primary or permanent	No charge	Once every 12 months
Resin - 1 surface, anterior	No charge	Once every 12 months
Resin - 2 surfaces, anterior	No charge	Once every 12 months
Resin - 3 surfaces, anterior	No charge	Once every 12 months
Resin - 4+ surfaces or anterior	No charge	Once every 12 months
Comp resin crown, anterior	No charge	Once every 12 months
Composite - 1 surf posterior	No charge	Once every 12 months
Composite - 2 surf posterior	No charge	Once every 12 months
Composite - 3 surf posterior	No charge	Once every 12 months

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Supplemental Comprehensive Dental Services		
Resin - 4+ surf, posterior	No charge	Once every 12 months
Inlay-metallic - one surface	No charge	Once every 60 months
Inlay-metallic - two surfaces	No charge	Once every 60 months
Inlay-metallic - three or more surfaces	No charge	Once every 60 months
Onlay-metallic - two surfaces	No charge	Once every 60 months
Inlay-porcelain/ceramic - surface	No charge	Once every 60 months
Inlay-porcelain/ceramic - three or more surfaces	No charge	Once every 60 months
Crown - resin-based composite (indirect)	No charge	Once every 60 months
Crown - 3/4 resin-based composite (indirect)	No charge	Once every 60 months
Crown - resin with high noble metal	No charge	Once every 60 months
Crown - resin with predominantly base metal	No charge	Once every 60 months
Crown - resin with noble metal	No charge	Once every 60 months
Crown - porcelain/ceramic substrate	No charge	Once every 60 months

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Supplemental Comprehensive Dental Services		
Crown - porcelain fused to high noble metal	No charge	Once every 60 months
Crown - porcelain fused to predominantly base metal	No charge	Once every 60 months
Crown - porcelain fused to noble metal	No charge	Once every 60 months
Crown - porcelain fused to Titanium/Titanium alloys	No charge	Once every 60 months
Crown - 3/4 cast high noble metal	No charge	Once every 60 months
Crown - 3/4 cast base metal	No charge	Once every 60 months
Crown - 3/4 cast noble metal	No charge	Once every 60 months
Crown - full cast high noble metal	No charge	Once every 60 months
Crown - full cast predominantly base metal	No charge	Once every 60 months
Crown - full cast noble metal	No charge	Once every 60 months
Crown - Titanium and Titanium alloys	No charge	Once every 60 months
Recement inlay, onlay or partial coverage restoration	No charge	Covered
Recement crown	No charge	Covered

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Supplemental Comprehensive Dental Services		
Prefabricated stainless steel crown-permanent	No charge	Once every 60 months
Prefabricated resin crown	No charge	Once every 24 months
Prefabricated stainless steel crown w/ resin window	No charge	Once every 24 months
Protective restoration	No charge	Two every 12 months
Pin retention per tooth, in addition to restoration	No charge	Two every 12 months
Post and core in addition to crown, indirectly fabricated	No charge	Once every 60 months
Each additional indirectly fabricated post, same tooth	No charge	Once every 60 months
Prefabricated post and core in addition to crown	No charge	Once every 60 months
Post removal	No charge	Once every 60 months
Crown repair necessitated by restorative material failure	No charge	Once every 60 months
Excavation of a tooth resulting in the determination of a non-restorability	No charge	Covered
Unspecified restorative procedure, by report	No charge	Covered

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Endodontic Services		
Therapeutic Pulpotomy	No charge	Once per lifetime
Pulpal therapy (resorbable filling): anterior, primary tooth (excluding final restoration)	No charge	Once per lifetime
Pulpal therapy (resorbable filling): posterior, primary tooth, (excluding final restoration)	No charge	Once per lifetime
Root canal, anterior	No charge	Once per lifetime
Root canal, bicuspid	No charge	Once per lifetime
Root canal, molar	No charge	Once per lifetime
Retreatment of previous root canal therapy-anterior	No charge	Once per lifetime
Retreatment of previous root canal therapy-bicuspid	No charge	Once per lifetime
Retreatment of previous root canal therapy-molar	No charge	Once per lifetime
Apicoectomy - anterior	No charge	Once per lifetime
Apicoectomy - premolar (first root)	No charge	Once per lifetime
Apicoectomy - molar (first root)	No charge	Once per lifetime
Apicoectomy (each additional root)	No charge	Once per lifetime

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Endodontic Services

Retrograde filling - per root	No charge	Once per lifetime
Unspecified endodontic procedure, by report	No charge	Covered

Periodontics Services

Gingivectomy or Gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	No charge	Once every 12 months
Gingivectomy or Gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	No charge	Once every 12 months
Gingival flap procedure - four or more teeth	No charge	Once every 60 months
Apically positioned flap	No charge	Covered
Clinical crown lengthening - hard tissue	No charge	Once per lifetime
Osseous surgery - per quadrant	No charge	Once every 60 months

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Periodontics Services		
Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	No charge	Once every 60 months
Guided tissue regeneration, natural teeth - resorbable barrier, per site	No charge	Once per lifetime
Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	No charge	Once per lifetime
Subepithelial connective tissue graft procedures	No charge	Once per lifetime
Soft tissue allograft	No charge	Once per lifetime
Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	No charge	Once per lifetime
Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	No charge	Once per lifetime

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Periodontics Services		
Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	No charge	Once per lifetime
Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	No charge	Once per lifetime
Periodontal scaling and root planing - four or more teeth per quadrant	No charge	Once every 24 months
Periodontal scaling and root planing - one to three teeth per quadrant	No charge	Once every 24 months
Periodontal maintenance procedures	No charge	Once every 6 months
Unspecified periodontal procedure, by report	No charge	Covered

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Prosthodontic Removable Services		
Complete denture - maxillary	No charge	Covered
Complete denture - mandibular	No charge	Covered
Maxillary partial denture, resin base (including any conventional clasps, rests and teeth)	No charge	Covered
Mandibular partial denture, resin base (including retentive/clasping materials, rests, and teeth)	No charge	Covered
Maxillary partial denture, cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	No charge	Covered
Mandibular partial denture, cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	No charge	Covered
Upper partial denture - Flexible base	No charge	Covered
Lower partial denture - Flexible base	No charge	Covered

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Prosthodontic Removable Services		
Adjust complete denture, maxillary	No charge	Four per 12 months
Adjust complete denture, mandibular	No charge	Four per 12 months
Adjust partial denture, maxillary	No charge	Four per 12 months
Adjust partial denture, mandibular	No charge	Four per 12 months
Repair broken complete denture base, mandibular	No charge	Two per 12 months
Repair broken complete denture base, maxillary	No charge	Two per 12 months
Replace missing or broken teeth -complete denture (each tooth)	No charge	Once every 12 months
Repair resin partial denture base, mandibular	No charge	Two per 12 months
Repair resin partial denture base, maxillary	No charge	Two per 12 months
Repair cast partial framework, mandibular	No charge	Once every 12 months
Repair cast partial framework, maxillary	No charge	Once every 12 months

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Prosthodontic Removable Services		
Repair or replace broken retentive/clasping materials per tooth	No charge	Two per 12 months
Replace broken teeth - per tooth	No charge	Once every 12 months
Add tooth to existing partial denture	No charge	Once every 12 months
Add clasp to existing partial denture	No charge	Once every 12 months
Rebase complete maxillary denture	No charge	Once every 24 months
Rebase complete mandibular denture	No charge	Once every 24 months
Rebase maxillary partial denture	No charge	Once every 24 months
Rebase mandibular partial denture	No charge	Once every 24 months
Rebase hybrid prosthesis	No charge	Once every 24 months
Reline complete maxillary denture (chairside)	No charge	Once every 24 months
Reline complete mandibular denture (chairside)	No charge	Once every 24 months
Reline maxillary partial denture (chairside)	No charge	Once every 24 months

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Prosthodontic Removable Services

Reline mandibular partial denture (chairside)	No charge	Once every 24 months
Reline complete maxillary denture (laboratory)	No charge	Once every 24 months
Reline complete mandibular denture (laboratory)	No charge	Once every 24 months
Reline maxillary partial denture (laboratory)	No charge	Once every 24 months
Reline mandibular partial denture (laboratory)	No charge	Once every 24 months
Interim partial denture - upper	No charge	Once every 12 months
Interim partial denture - lower	No charge	Once every 12 months
Tissue conditioning, upper	No charge	Once every 12 months
Tissue conditioning, lower	No charge	Once every 12 months
Unspecified removable prosthodontic procedure	No charge	Covered

Maxillofacial Prosthetics

Facial moulage (sectional)	No charge	Once every 12 months
Facial moulage (complete)	No charge	Once every 12 months
Nasal prosthesis	No charge	Once every 12 months
Auricular prosthesis	No charge	Once every 12 months
Orbital prosthesis	No charge	Once every 12 months

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Maxillofacial Prosthetics		
Ocular prosthesis	No charge	Once every 12 months
Facial prosthesis	No charge	Six every 2 months
Nasal septal prosthesis	No charge	Once every 12 months
Ocular prosthesis, interim	No charge	Once every 12 months
Cranial prosthesis	No charge	Once every 12 months
Facial augmentation implant prosthesis	No charge	Once every 12 months
Nasal prosthesis, replacement	No charge	Once every 12 months
Auricular prosthesis, replacement	No charge	Once every 12 months
Orbital prosthesis, replacement	No charge	Once every 12 months
Facial prosthesis, replacement	No charge	Once every 12 months
Obturator prosthesis, surgical	No charge	Once every 12 months
Obturator prosthesis, definitive	No charge	Once every 12 months
Obturator prosthesis, modification	No charge	Once every 6 months
Mandibular resection prosthesis with guide flange	No charge	Once every 12 months

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Maxillofacial Prosthetics		
Mandibular resection prosthesis without guide flange	No charge	Once every 12 months
Obturator prosthesis, interim	No charge	Once every 12 months
Trismus appliance (not for TMD treatment)	No charge	Once every 12 months
Feeding aid	No charge	Once every 12 months
Speech aid prosthesis, adult	No charge	Once every 12 months
Palatal augmentation prosthesis	No charge	Once every 12 months
Palatal lift prosthesis, definitive	No charge	Once every 12 months
Palatal lift prosthesis, interim	No charge	Once every 12 months
Palatal lift prosthesis, modification	No charge	Once every 12 months
Speech aid prosthesis, modification	No charge	Once every 12 months
Surgical stent	No charge	Once every 12 months
Radiation carrier	No charge	Once every 12 months
Radiation shield	No charge	Once every 12 months
Radiation cone locator	No charge	Once every 12 months

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Maxillofacial Prosthetics		
Fluoride gel carrier	No charge	Two per 12 months
Commissure splint	No charge	Once every 12 months
Surgical splint	No charge	Once every 12 months
Unspecified maxillofacial prosthesis, by report	No charge	Covered
Implants Services		
Surgical placement implant body: endosteal implant	No charge	Once per lifetime
Surgical placement of mini implant	No charge	Once per lifetime
Connecting bar - implant supported or abutment supported	No charge	Once per 8 years
Prefabricated abutment	No charge	Once per 8 years
Custom abutment	No charge	Once per 8 years
Abutment supported porcelain/ceramic crown	No charge	Once per 8 years
Abutment supported porcelain fused to metal crown (high noble metal)	No charge	Once per 8 years
Abutment supported porcelain fused to metal crown (predominantly base metal)	No charge	Once per 8 years

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Implants Services		
Abutment supported porcelain fused to metal crown (noble metal)	No charge	Once per 8 years
Abutment supported cast metal crown (high noble metal)	No charge	Once per 8 years
Abutment supported cast metal crown (predominantly base metal)	No charge	Once per 8 years
Abutment supported cast metal crown (noble metal)	No charge	Once per 8 years
Implant supported porcelain/ceramic crown	No charge	Once per 8 years
Implant supported porcelain/hi-noble metal crown	No charge	Once per 8 years
Implant Supported Crown-High Noble Alloys	No charge	Once per 8 years
Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	No charge	Once every 12 months

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Implants Services		
Repair implant prosthesis	No charge	Once every 12 months
Replacement of attachment, implant/abutment prosthesis	No charge	Once every 12 months
Re-cement or re-bond, implant/abutment supported crown	No charge	Once every 24 months
Re-cement or re-bond, implant/abutment supported fixed partial denture	No charge	Once every 24 months
Abutment supported crown - titanium and titanium alloys	No charge	Once per 8 years
Repair implant abutment	No charge	Once every 12 months
Remove broken implant retaining screw	No charge	Once every 12 months
Surgical removal of implant body	No charge	Covered

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Implants Services

Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	No charge	Once every 24 months
Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	No charge	Once every 24 months
Bone graft for repair of peri-implant defect - does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately	No charge	Once every 24 months

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Implants Services		
Bone graft at time of implant placement	No charge	Once per lifetime
Guided tissue regeneration - resorbable barrier, per implant	No charge	Covered
Guided tissue regeneration - non-resorbable barrier, per implant	No charge	Covered
Implant/abutment supported removable denture for edentulous arch - maxillary	No charge	Once per 8 years
Implant/abutment supported removable denture for edentulous arch - mandibular	No charge	Once per 8 years
Implant/abutment supported removable denture for partially edentulous arch - maxillary	No charge	Once per 8 years
Implant/abutment supported removable denture for partially edentulous arch - mandibular	No charge	Once per 8 years
Radiographic/surgical implant index, by report	No charge	Once every 12 months
Semi-precision abutment, placement	No charge	Once per 8 years

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Implants Services

Semi-precision attachment, placement	No charge	Once per 8 years
Replacement of an implant screw	No charge	Once every 12 months
Unspecified implant procedure, by report	No charge	Covered

Prosthodontics Fixed Services

Pontic - cast high noble metal	No charge	Once every 60 months
Pontic - cast base metal	No charge	Once every 60 months
Pontic - cast noble metal	No charge	Once every 60 months
Pontic - titanium and titanium alloys	No charge	Once every 60 months
Pontic-porcelain fused-high noble	No charge	Once every 60 months
Pontic-porcelain fused to base metal	No charge	Once every 60 months
Pontic-porcelain fused-noble metal	No charge	Once every 60 months
Pontic - porcelain/titanium and titanium alloys	No charge	Once every 60 months
Prosthodontics fixed, pontic - porcelain/ceramic	No charge	Once every 60 months

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Prosthodontics Fixed Services		
Pontic - resin with high noble metal	No charge	Once every 60 months
Pontic - resin with base metal	No charge	Once every 60 months
Pontic - resin with noble metal	No charge	Once every 60 months
Retainer - cast metal fixed	No charge	Once every 60 months
Crown - resin with high noble metal	No charge	Once every 60 months
Crown - resin with predominantly base metal	No charge	Once every 60 months
Crown - resin with noble metal	No charge	Once every 60 months
Retainer crown, porcelain/ceramic	No charge	Once every 60 months
Crown - porcelain fused high noble	No charge	Once every 60 months
Crown - porcelain fused to base metal	No charge	Once every 60 months
Crown - porcelain fused noble metal	No charge	Once every 60 months
Retainer Crown - Porcelain fused to titanium and titanium alloys	No charge	Once every 60 months

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Prosthodontics Fixed Services		
Retainer crown - 3/4 cast high noble metal	No charge	Once every 60 months
Prosthodontics fixed, crown 3/4 cast predominantly based metal	No charge	Once every 60 months
Prosthodontics fixed, crown 3/4 cast noble metal	No charge	Once every 60 months
Prosthodontics fixed, crown 3/4 porcelain/ceramic	No charge	Once every 60 months
Retainer crown 3/4 - titanium and titanium alloys	No charge	Once every 60 months
Crown - full cast high noble	No charge	Once every 60 months
Crown - full cast base metal	No charge	Once every 60 months
Crown - full cast noble metal	No charge	Once every 60 months
Retainer crown - titanium and titanium alloys	No charge	Once every 60 months
Re-cement or re-bond fixed partial denture	No charge	Once every 24 months
Fixed partial denture repair	No charge	Once every 60 months
Unspecified, fixed prosthodontic procedure	No charge	Covered

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Oral and Maxillofacial Surgery Services		
Extraction, coronal remnants - primary tooth	No charge	Once per lifetime
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No charge	Once per lifetime
Surgical removal erupted tooth	No charge	Once per lifetime
Removal impacted tooth - soft	No charge	Once per lifetime
Removal of impacted tooth - partially bony	No charge	Once per lifetime
Remove impact tooth - comp bony	No charge	Once per lifetime
Removal of impacted tooth - completely bony, with unusual surgical complications	No charge	Once per lifetime
Surgical remove residual tooth roots	No charge	Once per lifetime
Oralantral fistula closure	No charge	Once per lifetime
Primary closure of a sinus perforation	No charge	Once per lifetime

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Oral and Maxillofacial Surgery Services

Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	No charge	Once per lifetime
Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	No charge	Once per lifetime
Surgical access of an unerupted tooth	No charge	Once per lifetime
Mobilization of erupted or malpositioned tooth to aid eruption	No charge	Once per lifetime
Placement of device to facilitate eruption of impacted tooth	No charge	Once per lifetime
Incisional biopsy of oral tissue-hard (bone/tooth)	No charge	Once every 12 months
Incisional biopsy of oral tissue-soft	No charge	Once every 12 months
Surgical repositioning of teeth	No charge	Once per lifetime

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Oral and Maxillofacial Surgery Services		
Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No charge	Once per lifetime
Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No charge	Once per lifetime
Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No charge	Once per lifetime
Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No charge	Once per lifetime
Vestibuloplasty - ridge extension (second epithelialization)	No charge	Two every 60 months

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Oral and Maxillofacial Surgery Services		
Vestibuloplasty (including grafts)	No charge	Two every 60 months
Radical excision - lesion diameter up to 1.25cm	No charge	Covered
Excision of benign lesion greater than 1.25 cm	No charge	Covered
Excision of benign lesion, complicated	No charge	Covered
Excision of malignant lesion up to 1.25 cm	No charge	Covered
Excision of malignant lesion greater than 1.25 cm	No charge	Covered
Excision of malignant lesion, complicated	No charge	Covered
Excision of malignant tumor - lesion diameter up to 1.25 cm	No charge	Covered
Excision of malignant tumor - lesion diameter greater than 1.25 cm	No charge	Covered
Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	No charge	Covered

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Oral and Maxillofacial Surgery Services		
Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No charge	Covered
Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	No charge	Covered
Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No charge	Covered
Destruction of lesion(s) - physical or chemical	No charge	Covered
Removal of exostosis - per site	No charge	Once per lifetime
Removal of torus palatinus	No charge	Covered
Removal of torus mandibularis	No charge	Covered
Surgical reduction of osseous tuberosity	No charge	Once per lifetime
Radical resection of maxilla or mandible	No charge	Covered

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Oral and Maxillofacial Surgery Services

Incision and drainage of abscess - intraoral soft tissue	No charge	Covered
Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	No charge	Covered
Incision and drainage of abscess - extraoral soft tissue	No charge	Covered
Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	No charge	Covered
Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	No charge	Covered
Removal of reaction-producing foreign bodies, musculoskeletal system	No charge	Covered

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Oral and Maxillofacial Surgery Services		
Partial ostectomy/ sequestrectomy for removal of non-vital bone	No charge	Covered
Maxillary sinusotomy for removal of tooth fragment or foreign body	No charge	Covered
Maxilla - open reduction (teeth immobilized, if present)	No charge	Covered
Maxilla - closed reduction (teeth immobilized, if present)	No charge	Covered
Mandible - open reduction (teeth immobilized, if present)	No charge	Covered
Mandible - closed reduction (teeth immobilized, if present)	No charge	Covered
Malar and/or zygomatic arch - open reduction	No charge	Covered
Malar and/or zygomatic arch - closed reduction	No charge	Covered

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Oral and Maxillofacial Surgery Services		
Alveolus - closed reduction, may include stabilization of teeth	No charge	Covered
Alveolus - open reduction, may include stabilization of teeth	No charge	Covered
Facial bones - complicated reduction with fixation and multiple surgical approaches	No charge	Covered
Maxilla - open reduction	No charge	Covered
Maxilla - closed reduction	No charge	Covered
Mandible - open reduction	No charge	Covered
Mandible - closed reduction	No charge	Covered
Malar and/or zygomatic arch - open reduction	No charge	Covered
Malar and/or zygomatic arch - closed reduction	No charge	Covered
Alveolus, open reduction stabilization of teeth	No charge	Covered
Alveolus, closed reduction stabilization of teeth	No charge	Covered

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Oral and Maxillofacial Surgery Services		
Facial bones - complicated reduction with fixation and multiple approaches	No charge	Covered
Open reduction of dislocation	No charge	Covered
Closed reduction of dislocation	No charge	Covered
Manipulation under anesthesia	No charge	Covered
Condylectomy	No charge	Covered
Surgical discectomy, with/without implant	No charge	Two per lifetime
Discectomy repair	No charge	Two per lifetime
Synovectomy	No charge	Two per lifetime
Myotomy	No charge	Two per lifetime
Joint reconstruction	No charge	Two per lifetime
Arthrotomy	No charge	Two per lifetime
Arthroplasty	No charge	Two per lifetime
Arthrocentesis	No charge	Once every 6 months
Arthroscopy - diagnosis, with or without biopsy	No charge	Two per lifetime
Arthroscopy: lavage and lysis of adhesions	No charge	Two per lifetime

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Oral and Maxillofacial Surgery Services		
Arthroscopy: disc repositioning and stabilization	No charge	Two per lifetime
Arthroscopy: synovectomy	No charge	Two per lifetime
Arthroscopy: discectomy	No charge	Two per lifetime
Arthroscopy: debridement	No charge	Two per lifetime
Occlusal orthotic device, by report	No charge	1 every 12 months
Unspecified TMD therapy, by report	No charge	Covered
Complicated suture - up to 5 cm	No charge	Covered
Complicated suture - greater than 5 cm	No charge	Covered
Suture small wounds up to 5 cm	No charge	Covered
Skin graft (identify defect covered, location and type of graft)	No charge	Covered
Osteoplasty - for orthognathic deformities	No charge	Covered
Osteotomy - mandibular rami	No charge	Covered

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Oral and Maxillofacial Surgery Services		
Osteotomy - mandibular rami with bone graft; includes obtaining the graft	No charge	Covered
Osteotomy - segmented or subapical - per sextant or quadrant	No charge	Covered
Osteotomy - body of mandible	No charge	Covered
LeFort I (maxilla - total)	No charge	Covered
LeFort I (maxilla - segmented)	No charge	Covered
LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	No charge	Covered
LeFort II or LeFort III - with bone graft	No charge	Covered
Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	No charge	Covered
Sinus augmentation	No charge	Covered
Sinus augmentation via a vertical approach	No charge	Covered

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Oral and Maxillofacial Surgery Services		
Bone replacement graft for ridge preservation - per site	No charge	Covered
Buccal/labial frenectomy (frenulectomy)	No charge	Three per lifetime
Lingual frenectomy (frenulectomy)	No charge	Three per lifetime
Excision of hyperplastic tissue - per arch	No charge	Two per lifetime
Excision of pericoronal gingiva	No charge	Once every 24 months
Surgical reduction of fibrous tuberosity	No charge	Two per lifetime
Surgical sialolithotomy	No charge	Covered
Excision of salivary gland, by report	No charge	Covered
Sialodochoplasty	No charge	Covered
Closure of salivary fistula	No charge	Covered
Emergency tracheotomy	No charge	Covered
Coronoidectomy	No charge	Covered
Appliance removal (not by dentist who placed appliance), includes removal of archbar	No charge	Covered

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Oral and Maxillofacial Surgery Services

Intraoral placement of a fixation device not in conjunction with a fracture	No charge	Covered
Unspecified oral surgery procedure, by report	No charge	Covered

Adjunctive General Services

Palliative treatment of dental pain - per visit	No charge	Twice per 12 months
Fixed partial denture sectioning	No charge	Covered
Local anesthesia not in conjunction with operative or surgical procedure *Not billable separately from main service.	No charge	Covered
Regional block anesthesia *Not billable separately from main service.	No charge	Covered
Trigeminal division block anesthesia *Not billable separately from main service.	No charge	Covered
Local anesthesia *Not billable separately from main service.	No charge	Covered

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Adjunctive General Services		
Anesthesia	No charge	Covered
Deep sedation/general anesthesia - first 15 minutes	No charge	Covered
Deep sedation/general anesthesia - each 15 minutes	No charge	Covered
Inhalation of nitrous oxide/ anxiolysis analgesia	No charge	Covered
Intravenous moderate (conscious) sedation/ anesthesia - first 15 minutes	No charge	Covered
Intravenous moderate (conscious) sedation - 15 minutes	No charge	Covered
Non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	No charge	Covered
Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No charge	Once every 6 months
Consultation with a medical health care professional	No charge	Once every 7 days

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Adjunctive General Services		
House/extended care facility call	No charge	Covered
Hospital or ambulatory surgical center call	No charge	Covered
Office visit for observation (during regularly scheduled hours) - no other services performed	No charge	Covered
Office visit - after regularly scheduled hours	No charge	Covered
Therapeutic drug injection, by report	No charge	Covered
Therapeutic drug injection, 2 or more medications by report	No charge	Covered
Application of desensitizing medicament	No charge	Covered
Occlusal Guard - Hard Appliance, full arch	No charge	Once every 12 months
Occlusal Guard - Soft Appliance, full arch	No charge	Once every 12 months
Occlusal Guard - Hard Appliance, partial arch	No charge	Once every 12 months

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Adjunctive General Services		
Occlusal adjustment - limited	No charge	Covered
Occlusal adjustment - complete	No charge	Covered
Certified translation or sign-language services - per visit	No charge	Covered
Dental case management - addressing appointment compliance barriers.	No charge	Covered
Teledentistry - synchronous; real-time encounter	No charge	Covered
Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	No charge	Covered
Dental case management - patients with special health care needs	No charge	Once every 6 months
Unspecified adjunctive procedure, by report	No charge	Covered

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Eye Care	Vision Exams	0% or 20% coinsurance for Medicare-covered eye exams.*	
		\$0 Copayment for Non-Medicare-covered. (Routine eye exam for eyewear.)	You may receive one Non-Medicare-covered (Routine) Eye Exam every year.
	Vision Eyewear	\$0 copayment for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.	
		\$0 copayment for Non-Medicare-covered eyewear (Routine) up to \$350 annual maximum every year.	Includes contact lenses and eyewear.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Mental Health Care	Inpatient Mental Health	<p>A per admission deductible is applied once during the defined benefit period.</p> <p>In 2026 the amounts for each benefit period are \$0* or: \$1,736 deductible.</p> <p>Days 1–60: \$0 copayment per day.</p> <p>Days 61–90: \$434 copayment per day.</p> <p>Days 91 and beyond: \$868 copayment per lifetime reserve day.</p> <p>Beyond lifetime reserve days: you pay all costs.</p>	Authorization is required.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – **Elderplan for Medicaid Beneficiaries**
(HMO-POS D-SNP) 2026

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
<p>You need Mental Health Care <i>(continued)</i></p>	<p>Outpatient Mental Health</p>	<p>Mental Health: In-Network: 0% or 20%* coinsurance for each Individual or Group in-office or telehealth session. Out-of-Network: 0% or 20%* coinsurance for each Individual or Group session.</p>	<p>Please call your current provider for telehealth services details.</p>

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – **Elderplan for Medicaid Beneficiaries**
(HMO-POS D-SNP) 2026

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
<p>You need Mental Health Care <i>(continued)</i></p>	<p>Outpatient Mental Health <i>(continued)</i></p>	<p>Psychiatric Services: In-Network: 0% or 20%* coinsurance for each Individual or Group in-office or telehealth session. Out-of-Network: 0% or 20%* coinsurance for each Individual or Group session.</p>	<p>Please call your current provider for telehealth services details.</p>

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

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	<p>In 2026* the amounts for each benefit period:</p> <p>Days 1–20: \$0 per day.</p> <p>Days 21–100: \$217 copayment per day.</p> <p>Days 101 and beyond: you pay all costs.</p>	The plan covers up to 100 days each benefit period, a 3-day prior hospital stay is required. Authorization is required.
You need Outpatient Therapy	Physical Therapy	<p>In-Network: 0% or 20% coinsurance for each visit.*</p> <p>Out-of-Network: 0% or 20% coinsurance for each visit.*</p>	Authorization is required.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need help getting to health services	Ambulance	0% or 20% coinsurance for each one-way trip.*	Authorization is only required for non-emergency services.
	Transportation	\$0 copayment. You may take up to 24 one-way trips for medical related purposes annually.	You may take a taxi, bus, subway, van or rideshare.
You need drugs to treat your illness or condition	Medicare Part B Drugs	0% or 20% coinsurance for each Medicare Part B prescription drugs.* Up to \$35 for Medicare Part B Insulin Drugs.	Authorization may be required for certain drugs.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – **Elderplan for Medicaid Beneficiaries**
(HMO-POS D-SNP) 2026

Medicare Part D	
Part D Premium	\$0 or \$22.70 per month.
Part D Deductible	<p>Most Elderplan for Medicaid Beneficiaries members get “Extra Help” with their prescription drug costs. For 2026, the Part D deductible is \$615. If you receive “Extra Help,” your deductible amount depends on the level of “Extra Help” you receive—you will pay \$0* 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.</p>
Initial Coverage Stage: One-Month Supply (30-Days) and Extended Supply (up to 90-Days) *^†Ω	
For Generic Drugs (including brand drugs treated as generic):	<p>Depending on your Extra Help you pay:</p> <p>\$0 copay or</p> <p>\$1.60 copay or</p> <p>\$5.10 copay or</p> <p>25% of the cost</p>

Summary of Benefits – **Elderplan for Medicaid Beneficiaries**
(HMO-POS D-SNP) 2026

Medicare Part D	
For All Other Drugs:	Depending on your Extra Help you pay: \$0 copay or \$4.90 copay or \$12.65 copay or 25% of the cost
<p>*One-month supply for Standard retail (in-network), Long-term care (31-day), and Out-of-network cost-share. Extended supply for Standard retail (in-network) and Mail-order cost-sharing.</p> <p>^60-Day supply is also available for Standard retail (in-network).</p> <p>†NDS – Non-Extended Days Supply. Certain specialty drugs will be limited up to a 30-day supply per fill.</p> <p>Ω – You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing for Part B and D drugs, even if you have not paid your deductible.</p> <p>Once your total drug costs have reached \$2,100, you will move to the next stage (the Catastrophic stage).</p>	
Catastrophic Coverage Stage	
Catastrophic Coverage	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Summary of Benefits – **Elderplan for Medicaid Beneficiaries**
(HMO-POS D-SNP) 2026

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 for Continuous Glucose Monitors and supplies are available at participating pharmacies. 0% or 20% coinsurance for Medicare-covered Durable Medical Equipment (DME).*	Continuous Glucose Monitors are limited to specific manufacturers: Freestyle Libre. Authorization is required. Authorization is required for certain items.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Other Covered Services			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Medical Equipment and Supplies (continued)	Medical Supplies	0% or 20% coinsurance for Medical Supplies.*	Authorization is required.
	Prosthetics (artificial limbs or braces)	0% or 20% coinsurance for Prosthetic Devices.*	Authorization is required.
You need Rehabilitation Services	Physical Therapy, Occupational Therapy, Speech Language Therapy.	In-Network 0% or 20% coinsurance for each visit.* Out-of-Network 0% or 20% coinsurance for each visit.*	Authorization is required.
	Cardiac Rehabilitation	0% or 20% coinsurance for each visit.*	Authorization is required.
	Pulmonary Rehabilitation	0% or 20% coinsurance for each visit.*	Authorization is required.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – **Elderplan for Medicaid Beneficiaries**
(HMO-POS D-SNP) 2026

More benefits with your plan	
Expanded Acupuncture Services	<p>\$0 copayment per visit. You may receive up to 20 visits per year for the following services:</p> <ul style="list-style-type: none">• Acupuncture• Cupping/Moxa• Acupressure• Tui Na• Gua Sha• Reflexology• Infrared Therapy
Brain Games with BrainHQ®	<p>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.</p>
Flex Card	<p>There is no coinsurance or copayment for Flex Card. You will receive a \$500 allowance to use in 2026 on out-of-pocket costs for dental, vision, hearing, and/or fitness services. Any unused benefit dollars will expire at the end of the calendar year 2026 or if you disenroll from the plan.</p>

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

More benefits with your plan	
OTC	You may purchase up to \$660 every quarter (3 months) of eligible OTC items on an OTC card provided by Elderplan.
OTC + Grocery + Meals + Utility Payments + Rental/Mortgage Assistance	For eligible members (with certain chronic conditions) the Special Supplemental Benefits for the Chronically Ill combines with the OTC benefit to include payments toward rent/mortgage, utilities, Internet, certain grocery items, and home delivered meals as part of the OTC allowance.
Supplemental Podiatry Services	<p>In-Network: \$0 copayment per visit. You may receive up to 12 Routine Foot Care visits per year.</p> <p>Out-of-Network: \$0 copayment per visit. You may receive up to 12 Routine Foot Care visits per year.</p>

Summary of Benefits – **Elderplan for Medicaid Beneficiaries**
(HMO-POS D-SNP) 2026

More benefits with your plan	
Silver&Fit® Fitness Program	Members have access to the Silver&Fit® Healthy Aging and Exercise program at no cost. Under this program, members can access no-cost participating fitness centers. In addition, members can choose 1 (one) home fitness kit per benefit year at no cost. Members can also access other Silver&Fit program features including thousands of on-demand workout videos, virtual events through the Well-Being club, and specialized coaching sessions. The Silver&Fit toll-free number is 1-877-427-4788 (TTY 711) Monday through Friday, 8 am to 9 pm
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.

Summary of Benefits – **Elderplan for Medicaid Beneficiaries**
(HMO-POS D-SNP) 2026

More benefits with your plan	
Worldwide Emergency / Emergency Transportation / Urgent Coverage	\$0 cost-sharing for Worldwide Emergency Coverage / Emergency Transportation / Urgent Coverage. The maximum benefit coverage amount is \$50,000.

Section III: Summary of Medicaid Benefits Not Covered by Elderplan

There may be some services that you may be eligible for from Medicaid that are not covered by Elderplan for Medicaid Beneficiaries. You can get these services from any provider who takes Medicaid by using your Medicaid Benefit Card.

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 for Medicaid Beneficiaries (HMO-POS D-SNP) but are available through Medicaid:

Medicaid Benefits
Medicaid Services Not Covered By Elderplan
Home Delivered or Congregate Meals
Social Day Care
Social and Environmental Supports
Nursing Home Care (Residential Health Care Facility)

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Medicaid Benefits

Medicaid Services Not Covered By Elderplan

Home Care

- a. Nursing
- b. Home Health Aide
- c. Physical Therapy (PT)
- d. Occupational Therapy (OT)
- e. Speech Pathology (SP)
- f. Medical Social Services

Adult Day Health Care

Personal Care

DME – including Medical/Surgical Supplies, Enteral and Parenteral Formula, and Hearing Aid Batteries, Prosthetics, Orthotics, and Orthopedic Footwear. Enteral Formula limited to nasogastric, jejunostomy, or gastrostomy tube feeding; or treatment of an inborn error of metabolism.

Personal Emergency Response System

Non-emergent Transportation

Podiatry

Dentistry

Optometry/Eyeglasses

Summary of Benefits – **Elderplan for Medicaid Beneficiaries**
(HMO-POS D-SNP) 2026

Medicaid Benefits

Medicaid Services Not Covered By Elderplan

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).

Audiology/Hearing Aids

Respiratory Therapy

Nutrition

Private Duty Nursing

Consumer Directed Personal Assistance Services

Medicaid Fee-For-Service

Inpatient Hospital Services

Outpatient Hospital Services

Physician Services including services provided in an office setting, a clinic, a facility, or in the home.

Laboratory Services

Radiology and Radioisotope Services

Emergency Transportation

Rural Health Clinic Services

Chronic Renal Dialysis

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Medicaid Benefits

Medicaid Fee-For-Service

Mental Health Services

Alcohol and Substance Abuse Services

OPWDD Services

Family Planning Services

Prescription and Non-prescription Drugs, Compounded Prescriptions

All other services listed in Title XIX State Plan



Other services may be available to you which can be accessed through Medicaid Fee-for-Service.

Contact Information for New York State Medicaid Program

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

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Method	New York State Department of Health (Social Services) – Contact Information
WRITE	<p>New York City Human Resources Administration Medical Assistance Program Correspondence Unit 785 Atlantic Avenue 1st Floor Brooklyn, NY 11238</p> <p>Nassau County Department of Social Services 60 Charles Lindbergh Boulevard Uniondale, NY 11553</p> <p>Putnam County DSS 110 Old Route Six, Carmel, New York 10512-2110</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:

Elderplan, Inc.
ATTN Civil Rights Coordinator
55 Water Street, 46th Floor
New York NY 10041

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

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

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

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

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

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services
45 CFR 92.11

English: 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).

Spanish: Elderplan, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla en un idioma que no es inglés o requiere asistencia de interpretación, tiene a su disposición servicios de asistencia lingüística y las ayudas auxiliares adecuadas de forma gratuita. Si necesita estos servicios o tiene preguntas sobre nuestro plan, llame al 1-800-353-3765 (TTY: 711).

Chinese: Elderplan, Inc. 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障情況或性別而歧視任何人。請注意：如果您說英語以外的語言或需要口譯協助，我們將免費為您提供語言協助服務和適當的輔助工具。如果您需要這些服務或對我們的計劃有疑問，請致電 1-800-353-3765 (TTY: 711)。

Albanian: Elderplan, Inc. u përmbahet ligjeve të zbatueshme federale për të drejtat civile, ndaj nuk ju diskriminon në bazë të racës, ngjyrës, origjinës kombëtare, moshës, aftësive të kufizuara ose seksit. VËMENDJE: Nëse flisni një gjuhë tjetër që nuk është anglisht ose nëse keni nevojë për shërbime përkthimi, për ju ofrohen falas shërbime të ndihmës gjuhësore dhe mjete ndihmëse të përshtatshme. Nëse keni nevojë për këto shërbime ose nëse keni pyetje rreth planit tonë, telefononi 1-800-353-3765 (TTY: 711).

Arabic

لقوانين الحقوق المدنية الفيدرالية المعمول بها ولا تميّز على أساس العرق أو اللون أو الأصل القومي Elderplan Inc. تمتثل أو العمر أو الإعاقة أو الجنس. تنبيه: إذا كنت تتحدث لغة غير الإنجليزية أو تحتاج إلى مساعدة في الترجمة الفورية، فإن خدمات المساعدة اللغوية والمساعدات المعينة المناسبة متاحة لك مجاناً. إذا كنت بحاجة إلى هذه الخدمات أو كانت لديك أسئلة حول خطتنا، فاتصل بالرقم 1-800-353-3765 (TTY: 711).

Bengali: Elderplan, Inc. প্রযোজ্য ফেডারেল নাগরিক অধিকার আইন মেনে চলে এবং জাতি, বর্ণ, জাতীগত উৎপত্তি, বয়স, অক্ষমতা বা লিঙ্গের ভিত্তিতে বৈষম্য করে না। লক্ষ্য করুন: যদি আপনি ইংরেজি ছাড়া অন্য কোনো ভাষায় কথা বলেন বা দোভাষী সহায়তার প্রয়োজন হয়, আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং প্রয়োজনীয় সহায়ক উপকরণ উপলব্ধ আছে। আপনার যদি এই পরিষেবাগুলির প্রয়োজন হয় বা আমাদের পরিকল্পনা সম্পর্কে প্রশ্ন থাকে তবে 1-800-353-3765 (TTY: 711) নম্বরে ফোন করুন।

French: Elderplan, Inc. se conforme aux lois fédérales applicables en matière de droits civils et ne fait aucune discrimination fondée sur la race, la couleur, l'origine nationale, l'âge, le handicap ou le sexe. ATTENTION : Si vous parlez une langue autre que l'anglais ou si vous avez besoin d'une assistance d'interprétation, des services d'assistance linguistique et des aides auxiliares appropriées sont à votre disposition gratuitement. Si vous avez besoin de ces services ou si vous avez des questions sur notre régime d'assurance maladie, appelez le 1-800-353-3765 (TTY : 711).

German: Elderplan, Inc. hält alle geltenden Bundesbürgerrechtsgesetze ein und diskriminiert nicht aufgrund von Ethnie, Hautfarbe, nationaler Herkunft, Alter, Behinderung oder Geschlecht. HINWEIS: Wenn Sie eine andere als die englische Sprache sprechen oder einen Dolmetscher benötigen, stehen Ihnen Sprachassistentendienste und geeignete Hilfsmittel kostenlos zur Verfügung. Falls Sie solche Dienste benötigen oder Fragen zu unserem Plan haben, rufen Sie uns bitte unter der Nummer +1-800-353-3765 (TTY: 711) an.

Greek: Η Elderplan, Inc. συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους περί πολιτικών δικαιωμάτων και δεν κάνει διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο. ΠΡΟΣΟΧΗ: Αν μιλάτε άλλη γλώσσα εκτός από τα αγγλικά ή χρειάζεστε τη βοήθεια διερμηνείας, παρέχονται δωρεάν υπηρεσίες γλωσσικής υποστήριξης και κατάλληλα βοηθητικά μέσα. Εάν χρειάζεστε αυτές τις υπηρεσίες ή έχετε ερωτήσεις σχετικά με το πρόγραμμά μας, καλέστε στο 1-800-353-3765 (TTY: 711).

Haitian Creole: Elderplan, Inc. konfòme l avèk lwa Federal sou dwa sivil ki aplikab yo epi li pa fè diskriminasyon sou baz ras, koulè, orijin nasyonal, laj, andikap oswa sèks.

ATANSYON: Si ou pale yon lang ki pa Angle oswa ou bezwen asistans entèprèt, sèvis asistans lang ak èd oksilyè ki apwopriye yo disponib pou ou gratis. Si ou bezwen sèvis sa yo oswa ou gen kesyon sou plan nou an, rele 1-800-353-3765 (TTY: 711).

Hindi: Elderplan, Inc. लागू संघीय नागरिक अधिकार कानूनों का अनुपालन करता है और नस्ल, रंग, राष्ट्रीय मूल, उम्र, विकलांगता या लिंग के आधार पर भेदभाव नहीं करता है। ध्यान दें: यदि आप एक गैर-अंग्रेज़ी भाषा बोलते हैं या आपको भाषांतरण सहायता की आवश्यकता है, तो भाषा सहायता सेवाएँ और उपयुक्त सहायक उपकरण आपके लिए निःशुल्क उपलब्ध हैं। यदि आपको इन सेवाओं की आवश्यकता है या हमारी योजना के बारे में प्रश्न हैं, तो 1-800-353-3765 (TTY: 711) पर कॉल करें।

Italian: Elderplan, Inc. è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso. ATTENZIONE: Se parla una lingua diversa dall'inglese o ha bisogno dell'assistenza di un interprete, può usufruire gratuitamente di servizi di assistenza linguistica e di appositi supporti ausiliari. Se necessita di questi servizi o ha domande sul nostro piano, chiami il numero 1-800-353-3765 (TTY: 711).

Japanese: Elderplan, Inc. は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害、性別に基づいて差別しません。注意：英語以外の言語を話す場合や通訳のサポートが必要な場合は、言語サポートサービスと適切な補助器具を無料でご利用いただけます。これらのサービスが必要な場合、または当社のプランについてご質問がある場合は、1-800-353-3765 (TTY: 711) までお電話ください。

Korean: Elderplan, Inc.는 해당 연방 민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 근거로 차별하지 않습니다. 주의: 영어 이외의 언어를 구사하거나 통역 지원이 필요한 경우 언어 지원 서비스 및 적절한 보조 장치를 무료로 이용할 수 있습니다. 이러한 서비스가 필요하거나 플랜에 대해 질문이 있는 경우 1-800-353-3765 (TTY: 711) 로 전화하십시오.

Polish: Elderplan, Inc. przestrzega obowiązujących federalnych przepisów dotyczących praw obywatelskich i nie dyskryminuje ze względu na rasę, kolor skóry, pochodzenie narodowe, wiek, niepełnosprawność ani płeć. UWAGA: Jeśli mówisz w języku innym niż angielski lub potrzebujesz pomocy tłumacza, możesz bezpłatnie skorzystać z usług pomocy językowej i odpowiednich narzędzi pomocniczych. Jeśli potrzebujesz tych usług lub masz pytania dotyczące naszego planu, zadzwoń pod numer 1-800-353-3765 (TTY: 711).

Portuguese: A Elderplan, Inc. cumpre as leis federais de direitos civis aplicáveis e não discrimina com base em raça, cor, nacionalidade, idade, deficiência ou sexo. ATENÇÃO: Se fala uma língua diferente do inglês ou necessita de assistência de interpretação, estão disponíveis gratuitamente serviços de assistência linguística e recursos auxiliares apropriados. Se precisar destes serviços ou tiver dúvidas sobre o nosso plano, ligue para 1-800-353-3765 (TTY: 711).

Punjabi: Elderplan, Inc. ਲਾਗੂ ਸੰਘੀ ਨਾਗਰਿਕ ਅਧਿਕਾਰ ਕਾਨੂੰਨਾਂ ਦੀ ਪਾਲਣਾ ਕਰਦਾ ਹੈ ਅਤੇ ਨਸਲ, ਰੰਗ, ਰਾਸ਼ਟਰੀ ਮੂਲ, ਉਮਰ, ਅਪਾਹਜਤਾ, ਜਾਂ ਲਿੰਗ ਦੇ ਆਧਾਰ 'ਤੇ ਵਿਤਕਰਾ ਨਹੀਂ ਕਰਦਾ ਹੈ। ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਕੋਈ ਅੰਗਰੇਜ਼ੀ ਤੋਂ ਬਿਨਾਂ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ ਜਾਂ ਵਿਆਖਿਆ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੁੰਦੀ ਹੈ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਸਹਾਇਤਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਜੇ ਤੁਹਾਨੂੰ ਇਹਨਾਂ ਸੇਵਾਵਾਂ ਦੀ ਲੋੜ ਹੈ ਜਾਂ ਸਾਡੀ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕੋਈ ਸਵਾਲ ਹਨ, ਤਾਂ 1-800-353-3765 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Russian: Компания Elderplan, Inc. соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола. ВНИМАНИЕ: Если вы не говорите на английском языке или вам нужна помощь переводчика, вам будут бесплатно предоставлены услуги языковой помощи и соответствующие вспомогательные средства. Если вам нужны такие услуги или у вас есть вопросы о нашем плане, позвоните по номеру 1-800-353-3765 (TTY: 711).

Tagalog: Sumusunod ang Elderplan, Inc. sa naaangkop na mga batas sa Pederal na mga karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan, o kasarian. ATENSYON: Kung nagsasalita ka ng wikang hindi Ingles o nangangailangan ng tulong sa interpretasyon, ang mga serbisyo ng tulong sa wika at naaangkop na mga pantulong na tulong ay magagamit mo nang walang bayad. Kung kailangan mo ang mga serbisyo ng ito o may mga tanong tungkol sa aming plano, tawagan ang 1-800-353-3765 (TTY: 711).

Urdu

Elderplan/HomeFirst قابل اطلاق وفاقی شہری حقوق کے قوانین کی تعمیل کرتا ہے اور نسل، رنگ، قومیت، عمر، معذوری، یا جنس کی بنیاد پر امتیازی سلوک نہیں کرتا۔ توجہ: اگر آپ غیر انگریزی زبان بولتے ہیں یا تشریح میں مدد کی ضرورت ہے تو، زبان کی مدد کی خدمات اور مناسب معاون امداد آپ کے لئے مفت دستیاب ہیں۔ اگر آپ کو ان خدمات کی ضرورت ہے یا ہمارے منصوبے کے بارے میں سوالات ہیں تو، (TTY: 711) 1-800-353-3765 پر کال کریں۔

Vietnamese: Elderplan, Inc. tuân thủ luật dân quyền Liên bang hiện hành và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, tình trạng khuyết tật hoặc giới tính. CHÚ Ý: Nếu quý vị nói ngôn ngữ không phải tiếng Anh hoặc cần được hỗ trợ thông dịch thì chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ và các phương tiện phụ trợ phù hợp miễn phí cho quý vị. Nếu quý vị cần những dịch vụ này hoặc có thắc mắc về chương trình của chúng tôi, hãy gọi số 1-800-353-3765 (TTY: 711).

Yiddish

Elderplan, Inc. פאָלגט די אָנווענדלעכע פעדעראלע ציווילע רעכט געזעצן און דיסקרימינירט נישט אויף דער באַזע פון ראַסע, קאָליר, נאַציאָנאַלער אָפּשטאַם, עלטער, דיסאַביליטי, אָדער געשלעכט. ופּמערקזאַמקייט: אויב איר רעדט אַ נישט-ענגלישע שפּראַך אָדער דאַרפֿט הילף מיט איבערזעצונג, זענען שפּראַך הילף באַדינונגען און פּאַסיק הילפּסמיטלען בנימצא פֿאַר אַיַך אָן קיין אָפּצאָל. אויב איר דאַרפֿט די סערוויסעס אדער האָט פֿראַגעס וועגן אונדזער פּלאַן, רופֿט אָן 1-800-353-3765 (TTY: 711)

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 **1-800-353-3765**.

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 **1-800-353-3765** 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.

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) 2026

Understanding Important Rules

- ☐ In addition to your monthly plan premium, 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, 2027**.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- ☐ 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.
- ☐ Your medical and prescription coverage were reviewed against your current insurance coverage. You will become a member of Elderplan upon enrollment verification and no longer have coverage with your current plan.

For more information, call us toll-free

1-800-353-3765

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.