

2026



# Summary of Benefits

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

*January 1, 2026 to December 31, 2026*



# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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## Introduction

This document is a brief summary of the benefits and services covered by Elderplan Plus Long-Term Care (HMO-POS D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Elderplan Plus Long-Term Care (HMO-POS D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free.  
**For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) |

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### A. Disclaimers



This is a summary of health services covered by Elderplan Plus Long-Term Care (HMO-POS D-SNP) for January 1, 2026 through December 31, 2026. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. If you don't have an Evidence of Coverage, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at the number at the bottom of this page. You can also find a copy of the Evidence of Coverage, and many other member resources, on our website at [www.elderplan.org](http://www.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. 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 Plus Long-Term Care (HMO-POS D-SNP) Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at [www.elderplan.org](http://www.elderplan.org)



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- ❖ When this document says “we,” “us,” or “our,” it means Elderplan, Inc. When it says “plan” or “our plan,” it means Elderplan Plus Long-Term Care (HMO-POS D-SNP).
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don’t have a copy of this booklet, you can access it online at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or request 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.
- ❖ Special eligibility requirements for our plan. Our plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you must be eligible for Medicare and Full Medicaid Benefits. Additionally, you:
  - Must have Medicare Part A and Medicare Part B.
  - Must reside in the plan’s service area: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland Sullivan, Ulster, and Westchester counties.



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- Must be a United States citizen or lawfully present in the United States.
- Must meet the special eligibility requirements described below.
- Must be 18 years of age or older.
- You are determined eligible for Long-Term care services by Elderplan or an entity designated by the New York State Department of Health using the current NYS eligibility tool.
- Must be capable, at the time of enrollment, of returning to or remaining in your home and community without jeopardy to health and safety, based upon criteria provided by New York State Department of Health.
- Must be eligible for nursing home level of care (as of the time of enrollment).
- Must require care management and be expected to need at least one of the following Community Based Long-Term Care services for more than 120 days from the effective date of enrollment:
  - a) nursing services in the home
  - b) therapies in the home
  - c) home health aide services



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d) personal care services in the home

e) adult day health care

f) private duty nursing

g) Consumer-Directed Personal Assistance Services

- ❖ Please note: If you lose your Medicaid eligibility but can reasonably be expected to regain eligibility within three (3) months, then you are still eligible for membership in our plan (Chapter 4, Section 2.1 of the *Evidence of Coverage* tells you about coverage during a period of deemed continued eligibility.)
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-877-891-6447 (TTY users should call 711.). Hours are 8 a.m. to 8 p.m., 7 days a week. The call is free.
- ❖ This document is available for free in Spanish and Chinese. Please contact our Member Services number at 1-877-891-6447 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., 7 days a week.



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## B. Frequently asked questions

The following table lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<b>What's a Medicaid Advantage Plus (MAP/HMO) + Dual Eligible Special Needs Plan (D-SNP) plan?</b>	<p>Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Eligible (Medicaid and Medicare) Special Needs Plan (D-SNP). Our plan combines your Medicaid home care and long-term care services and your Medicare services. It combines your doctors, hospital, pharmacies, home care, nursing home care, behavioral health care (mental health and substance use/addiction services), and other health care providers into one coordinated health care system. It also has care coordinators to help you manage all of your providers and services. They all work together to provide the care you need.</p> <p>Our MAP plan is called Elderplan Plus Long-Term Care (HMO-POS D-SNP).</p>

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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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Frequently Asked Questions (FAQ)	Answers
<b>Will I get the same Medicare and Medicaid benefits in Elderplan Plus Long-Term Care (HMO-POS D-SNP) that I get now?</b>	<p>If you're coming to Elderplan Plus Long-Term Care (HMO-POS D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You'll get almost all your covered Medicare and Medicaid benefits directly from Elderplan Plus Long-Term Care (HMO-POS D-SNP).</p> <p>When you enroll in Elderplan Plus Long-Term Care (HMO-POS D-SNP), you and your Care Team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Elderplan Plus Long-Term Care (HMO-POS D-SNP) doesn't normally cover, you can get a temporary supply, and we'll help you to transition to another drug or get an exception for Elderplan Plus Long-Term Care (HMO-POS D-SNP) to cover your drug if medically necessary.</p>



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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Frequently Asked Questions (FAQ)	Answers
<b>Will I get the same Medicare and Medicaid benefits in Elderplan Plus Long-Term Care (HMO-POS D-SNP) that I get now?</b>	If you're taking any Medicare Part D drugs that Elderplan Plus Long-Term Care (HMO-POS D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Elderplan Plus Long-Term Care (HMO-POS D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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## Frequently Asked Questions (FAQ)

### Answers

**Can I use the same health care providers I use now?**

That's often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Elderplan Plus Long-Term Care (HMO-POS D-SNP) and have a contract with us, you can keep going to them.

- Providers with an agreement with us are “in-network.” You must use the providers in Elderplan Plus Long-Term Care (HMO-POS D-SNP)’s network.
- If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you can use providers outside of Elderplan Plus Long-Term Care (HMO-POS D-SNP)’s network.
- 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.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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### Frequently Asked Questions (FAQ)

#### Answers

**Can I use  
the same  
health care  
providers I  
use now?**  
*(continued)*

To find out if your providers are in the plan's network, call Member Services at the numbers in the bottom of this page or read Elderplan Plus Long-Term Care (HMO-POS D-SNP)'s *Provider and Pharmacy Directory*. You can also visit our website at [www.elderplan.org](http://www.elderplan.org) for the most current listing.

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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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## Frequently Asked Questions (FAQ)

### Answers

**Can I use the same health care providers I use now?**  
*(continued)*

If Elderplan Plus Long-Term Care (HMO-POS D-SNP) is new for you, we'll work with you to develop an Individualized Plan of Care (ICP) to address your needs. You can keep using the providers you use now for 90 days or until your ICP is completed. Further, members who enroll on or after January 1, 2026, can continue to use their same behavioral health providers for up to 24 months as part of a continuous episode of care. "Continuous Behavioral Health Episode of Care" means a course of ambulatory behavioral health treatment, other than ambulatory detoxification and withdrawal services, which began prior to the effective date of the behavioral health benefit inclusion into MAP in the geographic service area in which services had been provided to an enrollee at least twice during the six months preceding January 1, 2026 by the same provider for the treatment of the same or related behavioral health condition.



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Frequently Asked Questions (FAQ)	Answers
<b>What's a Care Manager?</b>	<p>A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p> <p>Members may have a Care Manager who works for the Plan as well as a specialized Health Home/Health Home Plus Care Manager (refer to <b>Section E</b>. Benefits covered outside of Elderplan Plus Long-Term Care (HMO-POS D-SNP).</p>
<b>What are Managed Long-term Services and Supports (MLTSS)?</b>	<p>Managed Long-term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.</p>



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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Frequently Asked Questions (FAQ)	Answers
<b>What happens if I need a service but no one in Elderplan Plus Long-Term Care (HMO-POS D-SNP)'s network can provide it?</b>	Most services will be provided by our network providers. If you need a service that can't be provided within our network, such as due to shortage of staff with necessary expertise and/or availability to provide services, Elderplan Plus Long-Term Care (HMO-POS D-SNP) will cover services provided by an out-of-network provider.
<b>Where's Elderplan Plus Long-Term Care (HMO-POS D-SNP) available?</b>	The service area for this plan includes Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Sullivan, Ulster and Westchester counties. You must live in one of these counties to join the plan.



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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## Frequently Asked Questions (FAQ)

### Answers

#### What's prior authorization?

Prior authorization means that you must get approval from Elderplan Plus Long-Term Care (HMO-POS D-SNP) before Elderplan Plus Long-Term Care (HMO-POS D-SNP) will cover a specific service, item, or drug or out-of-network provider. Elderplan Plus Long-Term Care (HMO-POS D-SNP) may not cover the service, item or drug if you don't get prior approval. **If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you don't need to get approval first.** Elderplan Plus Long-Term Care (HMO-POS D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from Elderplan Plus Long-Term Care (HMO-POS D-SNP) before the service is provided.

Refer to **Chapter 3**, of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require a prior authorization.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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Frequently Asked Questions (FAQ)	Answers
<b>What's prior authorization?</b> <i>(Continued)</i>	If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member at the numbers listed at the bottom of this page for help.
<b>Do I pay a monthly amount (also called a premium) under Elderplan Plus Long-Term Care (HMO-POS D-SNP)?</b>	No. Because you have Medical Assistance (Medicaid), you won't pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.



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Frequently Asked Questions (FAQ)	Answers
<b>Do I pay a deductible as a member of Elderplan Plus Long-Term Care (HMO-POS D-SNP)?</b>	No. You don't pay deductibles in Elderplan Plus Long-Term Care (HMO-POS D-SNP).



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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Frequently Asked Questions (FAQ)	Answers
<b>What’s the maximum out-of-pocket amount that I’ll pay for medical services as a member of Elderplan Plus Long-Term Care (HMO-POS D-SNP)?</b>	There’s no cost sharing (copays or deductibles) for medical services in Elderplan Plus Long-Term Care (HMO-POS D-SNP), so your annual out-of-pocket costs will be \$0.

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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

## C. Overview of services

The following table is a quick overview of what services you may need and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	\$0 copayment	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0 copayment	
	Ambulatory surgical center (ASC) services	\$0 copayment	



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want to use an outpatient health care provider</b>	Doctor visits - Primary Care Providers	\$0 copayment for each visit.	This benefit is also available through Telehealth. Please call your current provider for details.
	Doctor Visits - Specialist	<b>In-Network and Out-of-Network</b> \$0 copayment for each visit.	This benefit is also available through in-network Telehealth. Please call your current provider for details.
	Visits to treat an injury or illness	\$0 copayment	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want to use a health care provider</b> <i>(continued)</i>	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0 copayment	There is no coinsurance, copayment or deductible for Medicare-covered Preventive Services.
	Wellness visits, such as a physical	\$0 copayment	
	“Welcome to Medicare” preventive visit (one time only)	\$0 copayment	



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need emergency care</b>	Emergency room services, including mental health emergencies at Comprehensive Psychiatric Emergency Programs (CPEPs)	\$0 copayment for each visit.	You may use any emergency room or CPEP if you reasonably believe you need emergency care. You don't need prior authorization and you don't have to be in-network. Emergency room services AREN'T covered outside of the U.S. and its territories except under limited circumstances. Contact the plan for details.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need emergency care</b> <i>(continued)</i>	Urgent care	\$0 copayment for each visit.	This benefit is also available through Telehealth. Please call your current provider for details. Urgent care isn't emergency care. You don't need prior authorization and you don't have to be in-network. Urgent care ISN'T covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need medical tests</b>	Lab tests, such as blood work	\$0 copayment	
	X-rays or other pictures, such as CAT scans	\$0 copayment	Authorization is required only for Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT).
	Screenings, such as tests to check for cancer	\$0 copayment	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hearing/auditory services</b>	Hearing screenings (including routine hearing exams)	\$0 copayment	
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0 copayment	Hearing Aids (all types) are covered up to \$2,500 for both ears combined maximum benefit limit every year. Authorization is required.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need dental care</b>	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	Medicare-covered Comprehensive Dental Services \$0 Copayment	For more information about which services are covered please contact Member Services.



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Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need dental care <i>(continued)</i></p>		<p><b>In-Net-work and Out-of-Network Combined</b></p> <p>Supple-mental Compre-hensive Dental Services are limit-ed to the selected service codes from the categories below.</p>	



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

## Supplemental Diagnostic & Preventive Dental Services

In-Network and Out-of-Network

Covered Services	Copayment	Frequency
<b>Supplemental Diagnostic &amp; Preventive Dental Services</b>		
<b>Oral Exams</b>		
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
<b>Dental X-Rays</b>		
Intraoral - comprehensive series of radiographic images	No charge	Once every 36 months
Intraoral - periapical first radiographic image	No charge	Covered



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Dental X-Rays</b>		
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
Temporomandibular joint arthrogram, including injection	No charge	Covered



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Covered Services	Copayment	Frequency
<b>Dental X-Rays</b>		
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
Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	No charge	Covered



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Covered Services	Copayment	Frequency
<b>Dental X-Rays</b>		
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
<b>Other Diagnostic Services</b>		
Accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	No charge	Covered



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Covered Services	Copayment	Frequency
<b>Other Diagnostic Services</b>		
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
<b>Cleanings</b>		
Prophylaxis - adult	No charge	Once every 6 months
<b>Flouride Treatment</b>		
Topical application of fluoride varnish	No charge	Covered
Topical application of fluoride - excluding varnish	No charge	Once every 6 months
<b>Other Preventive Dental Services</b>		
Tobacco counseling for control of oral disease	No charge	Covered
Application of caries arresting medicament - per tooth	No charge	Covered
Unspecified preventive procedure, by report	No charge	Covered



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Covered Services	Copayment	Frequency
<b>Supplemental Comprehensive Dental Services</b>		
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



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Covered Services	Copayment	Frequency
<b>Supplemental Comprehensive Dental Services</b>		
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



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Covered Services	Copayment	Frequency
<b>Supplemental Comprehensive Dental Services</b>		
Crown - porcelain/ceramic substrate	No charge	Once every 60 months
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 case 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



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Covered Services	Copayment	Frequency
Supplemental Comprehensive Dental Services		
Recement inlay, onlay or partial coverage restoration	No charge	Covered
Recement crown	No charge	Covered
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



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Covered Services	Copayment	Frequency
<b>Supplemental Comprehensive Dental Services</b>		
Excavation of a tooth resulting in the determination of a non-restorability	No charge	Covered
Unspecified restorative procedure, by report	No charge	Covered
<b>Endodontics services</b>		
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



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Covered Services	Copayment	Frequency
<b>Endodontics services</b>		
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
Retrograde filling - per root	No charge	Once per lifetime
Unspecified endodontic procedure, by report	No charge	Covered
<b>Periodontics Services</b>		
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



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Covered Services	Copayment	Frequency
<b>Periodontics Services</b>		
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
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



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Covered Services	Copayment	Frequency
<b>Periodontics Services</b>		
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
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



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Covered Services	Copayment	Frequency
<b>Periodontics Services</b>		
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
<b>Prosthodontic Removable Services</b>		
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



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Covered Services	Copayment	Frequency
<b>Prosthodontic Removable Services</b>		
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
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



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Covered Services	Copayment	Frequency
<b>Prosthodontic Removable Services</b>		
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
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



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Covered Services	Copayment	Frequency
<b>Prosthodontic Removable Services</b>		
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
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



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Covered Services	Copayment	Frequency
<b>Prosthodontic Removable Services</b>		
tissue conditioning, lower	No charge	Once every 12 months
unspecified removable prosthodontic procedure	No charge	Covered
<b>Maxillofacial Prosthetics</b>		
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
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



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Covered Services	Copayment	Frequency
<b>Maxillofacial Prosthetics</b>		
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
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



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Covered Services	Copayment	Frequency
<b>Maxillofacial Prosthetics</b>		
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
Fluoride gel carrier	No charge	Two per 12 months



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Covered Services	Copayment	Frequency
<b>Maxillofacial Prosthetics</b>		
Commissure splint	No charge	Once every 12 months
Surgical splint	No charge	Once every 12 months
Unspecified maxillofacial prosthesis, by report	No charge	Covered
<b>Implant Services</b>		
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



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Covered Services	Copayment	Frequency
<b>Implant Services</b>		
Abutment supported porcelain fused to metal crown (predominantly base metal)	No charge	Once per 8 years
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



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Covered Services	Copayment	Frequency
<b>Implant Services</b>		
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
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



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Covered Services	Copayment	Frequency
<b>Implant Services</b>		
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
Bone graft at time of implant placement	No charge	Once per lifetime



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Covered Services	Copayment	Frequency
<b>Implant Services</b>		
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
Semi-precision attachment, placement	No charge	Once per 8 years
Replacement of an implant screw	No charge	Once every 12 months



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Implant Services</b>		
Unspecified implant procedure, by report	No charge	Covered
<b>Prosthodontics, Fixed</b>		
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
Pontic - resin with high noble metal	No charge	Once every 60 months
Pontic - resin with base metal	No charge	Once every 60 months



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Covered Services	Copayment	Frequency
<b>Prosthodontics, Fixed</b>		
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
Retainer crown - 3/4 cast high noble metal	No charge	Once every 60 months



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Prosthodontics, Fixed</b>		
Prosthodontics fixed, crown $\frac{3}{4}$ cast predominantly based metal	No charge	Once every 60 months
Prosthodontics fixed, crown $\frac{3}{4}$ cast noble metal	No charge	Once every 60 months
Prosthodontics fixed, crown $\frac{3}{4}$ porcelain/ceramic	No charge	Once every 60 months
Retainer crown $\frac{3}{4}$ - 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



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Oral and Maxillofacial Surgery</b>		
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
Oral-antral fistula closure	No charge	Once per lifetime
Primary closure of a sinus perforation	No charge	Once per lifetime



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Covered Services	Copayment	Frequency
<b>Oral and Maxillofacial Surgery</b>		
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



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Oral and Maxillofacial Surgery</b>		
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
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



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Oral and Maxillofacial Surgery</b>		
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
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



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Covered Services	Copayment	Frequency
<b>Oral and Maxillofacial Surgery</b>		
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
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



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Covered Services	Copayment	Frequency
<b>Oral and Maxillofacial Surgery</b>		
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
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



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Oral and Maxillofacial Surgery</b>		
Malar and/or zygomatic arch - open reduction	No charge	Covered
Malar and/or zygomatic arch - closed reduction	No charge	Covered
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



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Covered Services	Copayment	Frequency
<b>Oral and Maxillofacial Surgery</b>		
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



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Oral and Maxillofacial Surgery</b>		
Arthroscopy - diagnosis, with or without biopsy	No charge	Two per lifetime
Arthroscopy: lavage and lysis of adhesions	No charge	Two per lifetime
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



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Covered Services	Copayment	Frequency
<b>Oral and Maxillofacial Surgery</b>		
Osteoplasty - for orthognathic deformities	No charge	Covered
Osteotomy - mandibular rami	No charge	Covered
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



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Oral and Maxillofacial Surgery</b>		
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



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Oral and Maxillofacial Surgery</b>		
Intraoral placement of a fixation device not in conjunction with a fracture	No charge	Covered
Unspecified oral surgery procedure, by report	No charge	Covered
<b>Adjunctive General Services</b>		
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
Anesthesia	No charge	Covered



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Covered Services	Copayment	Frequency
<b>Adjunctive General Services</b>		
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
House/extended care facility call	No charge	Covered
Hospital or ambulatory surgical center call	No charge	Covered



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Adjunctive General Services</b>		
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
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



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Covered Services	Copayment	Frequency
Adjunctive General Services		
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



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need eye care</b>	Vision services (including annual eye exams)	\$0 copayment	
	Glasses or contact lenses	\$0 copayment	<p>We cover the following services:</p> <ul style="list-style-type: none"> <li>• Medicare-covered eyeglasses or contact lenses after cataract surgery</li> <li>• Non-Medicare covered eyewear (Routine) up to \$600 annual maximum every year. Includes contact lenses and eyewear.</li> </ul>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need eye care</b> <i>(continued)</i>	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0 copayment	
<b>Annual health related social needs screening and navigation to services</b>	You can connect to organizations in your community that provide services to help with housing, transportation, and care management at no-cost to you, through a regional Social Care Network (SCN).	\$0 copayment	If you're interested, please call Member Services and we'll connect you to a SCN in your area. The Social Care Navigator will verify your eligibility, tell you more about these services, and help you get connected to them.



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Elderplan Plus Long-Term Care (HMO-POS D-SNP) |  
2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition</b>	Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), State Operated Addiction Treatment Centers (ATC), Inpatient addiction rehabilitation, Inpatient Medically Supervised Detox, or critical access hospital)	\$0 copayment	Authorization is required.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition</b> <i>(continued)</i>	Adult outpatient mental health care Continuing Day Treatment (CDT) Partial hospitalization	\$0 copayment	Authorization is required for partial hospitalization. Authorization is required for Continuing Day Treatment (CDT).



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition</b> <i>(continued)</i>	Adult outpatient rehabilitative mental health care		
	Assertive Community Treatment (ACT)		
	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)	\$0 copayment	
	Personalized Recovery Oriented Services (PROS)		



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition</b> <i>(continued)</i>	Adult outpatient rehabilitative mental health and addiction services for members who meet clinical requirements. These are also known as Community Oriented Recovery and Empowerment (CORE) services. CORE services:	\$0 copayment	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition</b> <i>(continued)</i>	Psychosocial Rehabilitation (PSR)		
	Community Psychiatric Supports and Treatment (CPST)		
	Empowerment services – peer supports		
	Family Support and Training (FST)		



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition</b> <i>(continued)</i>	Adult mental health crisis services		
	Comprehensive Psychiatric Emergency Program (CPEP)	\$0 copayment	
	Mobile Crisis and Telephonic Crisis Services		
	Crisis Residential Programs		



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition</b> <i>(continued)</i>	Outpatient mental health care (including, but not limited to, clinical counseling and therapy, peer support, psychosocial rehabilitation, medication management, family psychoeducation, and intensive outpatient models of care)	\$0 copayment	Services may be provided by any OMH licensed, designated, or approved provider agency, or a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant,



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition</b> <i>(continued)</i>	( <b>Note:</b> This isn't a complete list of the plan's expanded outpatient mental health services. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)	\$0 copayment	Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws. This benefit is also available through Telehealth. Please call your current provider for details.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You are having a mental health or substance use crisis</b>	Mobile Crisis services (assessment by telephone or mobile crisis team response); short-term residential crisis stabilization (for mental health crises)	\$0 copayment	Any approved mobile crisis or licensed crisis residence provider in New York State.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition or a substance use disorder</b>	CORE Services (which are person-centered, recovery-oriented mobile behavioral health supports. CORE Services build skills and self-efficacy that promote and facilitate community participation and independence).	\$0 copayment	CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services.



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Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a mental health condition or a substance use disorder</b> <i>(continued)</i></p>	<p><b>(Note:</b> For more information about CORE Services and to determine whether you’re eligible for them, call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i>.)</p>		



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a substance use disorder</b>	Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment)	\$0 copayment	Authorization is required for inpatient substance use disorder treatment services.  Telehealth access is dependent on provider's availability.



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a substance use disorder</b> <i>(continued)</i></p>	<p>(<b>Note:</b> This isn't a complete list of the plan's expanded substance use disorder services. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)</p>		



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0 copayment	The plan covers up to 100 days each benefit period, a 3-day prior hospital stay is not required. Authorization is required.
	Nursing home	\$0 copayment	Authorization is required.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need a place to live with people available to help you</b> <i>(continued)</i>	Custodial care (long-term care in a Nursing Facility)	\$0 copayment	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission. Authorization is required.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy (outpatient or in-home)	<b>In-Network and Out of-Network</b> \$0 copayment	Authorization is required.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help getting to health services</b>	Emergency transportation	\$0 copayment	Ambulance is covered for each one-way trip. Authorization is only required for non-emergency services.
<b>You need drugs to treat your illness or condition</b>	Medicare Part B prescription drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	\$0 copayment	Authorization may be required for certain drugs. Read the <i>Evidence of Coverage</i> for more information on these drugs.



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition</b> (continued)</p>	<p>Medicare Part D prescription drugs*<sup>^†Ω</sup></p> <p><b>Note:</b> All drugs including generic and brand name drugs are on a single tier</p>	<p>If you do not get Extra Help paying for your drugs, you pay \$615 in the first stage, the Deductible Stage. Once you have paid \$615 for your drugs, you move to the Initial Coverage Stage.</p>	<p>There may be limitations on the types of drugs covered. Refer to Elderplan Plus Long-Term Care (HMO-POS D-SNP)'s Drug List at <a href="http://www.elderplan.org">www.elderplan.org</a> for more information. Once you or others on your behalf pay \$2,100 you've reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Evidence of Coverage</i> for more information on this stage.</p>



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Elderplan Plus Long-Term Care (HMO-POS D-SNP) |  
2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition <i>(continued)</i></p>		<p>In the Initial Coverage Stage,</p> <p>For <b>Generic Drugs</b> (including brand drugs treated as generic):</p>	<p>Elderplan Plus Long-Term Care (HMO-POS D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Elderplan Plus Long-Term Care (HMO-POS D-SNP) for certain drugs.</p>



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition</b> <i>(continued)</i>		Depending on your Extra Help you pay: \$0 copay or \$1.60 copay or \$5.10 copay or 25% of the cost	*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. ^60 Day supply is also available for Standard retail (in network). †NDS – Non-Extended Days Supply. Certain specialty drugs will be limited up to a 30-day supply per fill.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition</b> <i>(continued)</i>		<b>For All Other Drugs:</b> Depending on your Extra Help you pay: \$0 copay or \$4.90 copay or \$12.65 copay or 25% of the cost	ΩYou 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.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition</b> <i>(continued)</i>		Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	



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Elderplan Plus Long-Term Care (HMO-POS D-SNP) |  
2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition <i>(continued)</i></p>			<p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, Comprehensive Formulary and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov/plan-compare">www.medicare.gov/plan-compare</a>.</p>



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**For more information**, visit [www.elderplan.org](http://www.elderplan.org)

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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition</b> <i>(continued)</i>	Over-the-counter (OTC) drugs	\$0 copayment	For some drugs, you can get a long term supply (also called an extended supply, up to 90-days) at standard retail pharmacies or by mail-order.
			There may be limitations on the types of drugs covered. Please refer to Elderplan Plus Long-Term Care's <i>List of Covered Drugs (Drug List)</i> for more information.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need foot care</b>	Podiatry services (including routine exams)	\$0 copayment	We cover the following services: <b>Supplemental Podiatry Services</b> In-Network \$0 copayment per visit. You may receive up to 12 Routine Foot Care visits per year. Out-of-Network \$0 copayment per visit. You may receive up to 12 Routine Foot Care visits per year.
	Orthotic services	\$0 copayment	Authorization is required.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need durable medical equipment (DME) or supplies</b>	Wheelchairs, nebulizers, crutches, roll about knee walkers, walkers, and oxygen equipment and supplies, for example <b>(Note:</b> This is not a complete list of covered DME or supplies. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)	\$0 copayment	Authorization is required for certain items.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need interpreter services</b>	Spoken language interpreter	\$0 copayment	Services available upon request. Please contact Member Services.
	Sign language interpreter	\$0 copayment	Services available upon request. Please contact Member Services.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services</b>	Acupuncture	\$0 copayment	You may receive up to 60 visits every year for the following Expanded Acupuncture Services: <ul style="list-style-type: none"> <li>● Acupuncture</li> <li>● Cupping/Moxa</li> <li>● Acupressure</li> <li>● Tui Na</li> <li>● Gua Sha</li> <li>● Reflexology</li> <li>● Infrared Therapy</li> </ul>
	Plan Care coordination	\$0 copayment	
	Chiropractic services	\$0 copayment	We cover only Manual manipulation of the spine to correct subluxation.



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Elderplan Plus Long-Term Care (HMO-POS D-SNP) |  
2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Diabetic supplies	\$0 copayment	Diabetic Test Strips and Blood Glucose Meters are limited to specific manufacturers: Abbott Diabetes Care and Ascensia Diabetes Care.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services</b> <i>(continued)</i>	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	\$0 copayment	EPSDT is for members under 21 years of age.  Authorization Required for Private Duty Nursing Services



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services</b> <i>(continued)</i>	Family planning	\$0 copayment	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	\$0 copayment	Elderplan Plus Long-Term Care (HMO-POS D-SNP) will pay for a one-time consultative visit before you select hospice.
	Mammograms	\$0 copayment	



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services</b> <i>(continued)</i>	Managed Long-term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); and social adult day care)	\$0 copayment	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting. MLTSS is available to all members; specific service authorization, including amount, is indicated in the member's individualized approved Plan of Care. Authorization is required.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services</b> <i>(continued)</i>	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0 copayment	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living. Authorization is required.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services</b> <i>(continued)</i>	Personal Care Assistance (PCA) (assistance with daily activities such as bathing, dressing, using the bathroom, shopping, cooking, including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as	\$0 copayment	Authorization is required.



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services</b> <i>(continued)</i>	certified by a physician in accordance with a member's written plan of care)		
	Prosthetic services	\$0 copayment	Authorization is required.
	Services to help manage your disease	\$0 copayment	

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read Elderplan Plus Long-Term Care (HMO-POS D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at the numbers at the bottom of this page.



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Elderplan Plus Long-Term Care (HMO-POS D-SNP) |  
2026 Summary of Benefits

D.Additional services Elderplan Plus Long-Term Care  
(HMO-POS D-SNP) covers

This isn't a complete list. Call Member Services at the numbers at the bottom of this page or read the *Evidence of Coverage* to find out about other covered services.

Additional services Elderplan Plus Long-Term Care (HMO-POS D-SNP) covers	Your costs
<b>Brain Games with BrainHQ®</b>  Members will have access to an online memory fitness program to improve brain function through games, puzzles and other fun exercises.	\$0 copayment
<b>Health and wellness education programs Fitness Benefit (Gym Access)</b>  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.	\$0 copayment



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Additional services Elderplan Plus Long-Term Care (HMO-POS D-SNP) covers	Your costs
<b>Flex Card</b>  Flex Card benefit offers \$500 allowance to use in 2026 on out-of-pocket expenses for dental, vision, hearing, and/or fitness services. Any unused benefit dollars will expire at the end of the calendar year or if you disenroll from the plan.	\$0 copayment
<b>OTC</b>  You may purchase up to \$950 every quarter of eligible OTC items on an OTC card provided by Elderplan. The OTC card balance will be carried over from quarter to quarter but expire at the end of the year.	\$0 copayment



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Additional services Elderplan Plus Long-Term Care (HMO-POS D-SNP) covers	Your costs
<p><b>Special Supplemental Benefits for the Chronically Ill*</b></p> <p>For eligible members (with certain chronic conditions) the Special Supplemental Benefits for the Chronically Ill combines with the OTC benefit to includes the following items/services:</p> <ul style="list-style-type: none"><li>• Community Rides</li><li>• Rent/Mortgage Assistance</li><li>• Internet and Utility Bill Payment</li><li>• Home-Delivered Meals</li><li>• Healthy Foods and Fresh Produce</li></ul> <p>*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.</p>	<p>\$0 copayment</p>



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Additional services Elderplan Plus Long-Term Care (HMO-POS D-SNP) covers	Your costs
<b>Teladoc®</b>  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.	\$0 copayment
<b>Worldwide Emergency / Emergency Transportation / Urgent Coverage</b>  You are covered for a maximum of \$50,000 per year.	\$0 copayment
<b>Travel Assistance</b>  Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.	\$0 copayment



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free.  
**For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

### E. Benefits covered outside of Elderplan Plus Long-Term Care (HMO-POS D-SNP)

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other services not covered by Elderplan Plus Long-Term Care (HMO-POS D-SNP) but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
Assisted Living Program	\$0 copayment
Comprehensive Medicaid Case Management services	\$0 copayment
Directly Observed Therapy for Tuberculosis Disease	\$0 copayment
Home & Community-Based Waiver Program Services	\$0 copayment
Medicaid Pharmacy Benefits as allowed by State Law (select drug categories excluded from the Medicare Part D benefit)	\$0 copayment
Office for People With Developmental Disability Services	\$0 copayment



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)



Elderplan Plus Long-Term Care (HMO-POS D-SNP) |  
2026 Summary of Benefits

Other services covered directly by Medicaid fee-for-service	Your costs
Out of network Family Planning services under the direct access provisions	\$0 copayment
Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family-based Treatment Programs	\$0 copayment
Non-Emergency Medical Transportation	\$0 copayment



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free.  
**For more information**, visit [www.elderplan.org](http://www.elderplan.org)

**F. Services that Elderplan Plus Long-Term Care (HMO-POS D-SNP), Medicare, and Medicaid don't cover**

The following services aren't covered by our plan. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Elderplan Plus Long-Term Care (HMO-POS D-SNP), Medicare, and Medicaid don't cover	
Cosmetic surgery if not medically necessary.	Services of a provider that isn't part of the plan, unless the plan sends you to that provider.
Custodial care.	Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing.



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**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

## Services Elderplan Plus Long-Term Care (HMO-POS D-SNP), Medicare, and Medicaid don't cover

Experimental medical and surgical procedures, equipment and medications. Experimental procedures and items are those items and procedures determined by Original Medicare to not be generally accepted by the medical community.	
Fees charged for care by your immediate relatives or members of your household.	
Full-time nursing care in your home.	



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

### Services Elderplan Plus Long-Term Care (HMO-POS D-SNP), Medicare, and Medicaid don't cover

Orthopedic shoes or supportive devices for the feet.	Covered under specific conditions: Shoes that are part of a leg brace and are included in the cost of the brace. Orthopedic or therapeutic shoes for people with diabetic foot disease.
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.	
Private room in a hospital.	
Reversal of sterilization procedures and/or nonprescription contraceptive supplies.	
Routine chiropractic care	
Radial keratotomy, LASIK surgery, and other low vision aids.	
Services considered not reasonable and necessary, according to Original Medicare standards.	



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free.

**For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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### **G. Your rights and responsibilities as a member of the plan**

As a member of Elderplan Plus Long-Term Care (HMO-POS D-SNP), you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you can't be refused medically necessary treatment. You can use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, read the *Evidence of Coverage*.

### **Your rights include, but are not limited to, the following:**

- You have a right to respect, fairness, and dignity.  
This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
  - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
  - Be free from any form of physical restraint or seclusion



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free.

**For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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- Not be billed by network providers
- Have your questions and concerns answered completely and courteously
- Apply your rights freely without any negative effect on the way Elderplan Plus Long Term Care or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
  - Elderplan Plus Long-Term Care (HMO-POS D-SNP)
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Care Managers
  - Your rights and responsibilities
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year. You can call 1-877-891-6447 (TTY 711) if you want to change your PCP.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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- Use a women's health care provider without a referral
- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they are covered
- Refuse treatment as far as the law allows, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. Elderplan Plus Long-Term Care (HMO-POS D-SNP) will pay for the cost of your second opinion visit.
- Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)



## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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- Have interpreters to help with communication with your doctors, other providers, and your health plan. Call Member Services at 1 877 891 6447 (TTY 711) if you need help with this service
- Have your *Evidence of Coverage* and any printed materials from Elderplan Plus Long-Term Care (HMO-POS D-SNP) translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
- Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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- Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
- Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - Access an easy process to voice your concerns, and to expect follow-up by Elderplan Plus Long-Term Care (HMO-POS D-SNP)
  - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers
  - Ask for a State Appeal (State Fair Hearing)
  - Get a detailed reason why services were denied

**Your responsibilities include, but are not limited to, the following:**

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
  - Treat your health care providers with dignity and respect
  - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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- **You have the responsibility to give information about you and your health.** You should:
  - Tell your health care provider your health complaints clearly and provide as much information as possible
  - Tell your health care provider about yourself and your health history
  - Tell your health care provider that you're a Elderplan Plus Long-Term Care (HMO-POS D-SNP) member
  - Talk to your PCP, Care Manager, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency)
  - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
  - Notify Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
  - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
  - Partner with your Care Team and work out treatment plans and goals together



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free.  
**For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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- Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from Elderplan Plus Long-Term Care (HMO-POS D-SNP).**  
You should:
  - Get all your health care from Elderplan Plus Long-Term Care (HMO-POS D-SNP), except in cases of emergency, urgent care, behavioral health crisis services, out-of-area dialysis services, or family planning services, unless Elderplan Plus Long-Term Care (HMO-POS D-SNP) provides a prior authorization for out-of-network care
  - Not allow anyone else to use your Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member ID Card to obtain healthcare services
  - Notify Elderplan Plus Long-Term Care (HMO-POS D-SNP) when you believe that someone has purposely misused Elderplan Plus Long-Term Care (HMO-POS D-SNP) benefits or services

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can also call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free.  
**For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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### H. How to file a complaint or appeal a denied service

If you have a complaint or think Elderplan Plus Long-Term Care (HMO-POS D-SNP) should cover something we denied, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) at 1-877-891-6447. (TTY users, call 711). You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 8** of the *Evidence of Coverage*. You can also call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page.

ELDERPLAN

ATTN: APPEALS & GRIEVANCES

55 WATER STREET, 46TH FLOOR

NEW YORK, NY 10041

1-877-891-6447 Calls to this number are free. 8 am to 8 pm,  
7 days a week TTY: 711

FAX: 718 765-2027



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free.

**For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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### I. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services. Phone numbers are at the numbers listed at the bottom of this page.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, call the New York State Medicaid Fraud Hotline 1-877-87 FRAUD.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free.

**For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Pre-Enrollment Checklist

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

### Understanding the Benefits

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



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free.

**For more information**, visit [www.elderplan.org](http://www.elderplan.org)



# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2026 Summary of Benefits

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## Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co insurance may change on **January 1, 2027**.
- ☐ 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.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non contracted providers.
- ☐ 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.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## NOTICE OF NON-DISCRIMINATION

**Elderplan** complies with Federal civil rights laws. **Elderplan** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (as defined in 45 CFR § 92.101(a)(2)).

**Elderplan** provides the following:

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

If you need these services, call **Elderplan** at 1-877-891-6447. For TTY/TDD services, call 711.

If you believe that **Elderplan** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by:

- Mail: 55 Water Street, 46<sup>th</sup> Floor, New York, NY 10041
- Phone: 1-877-326-9978 (for TTY/TDD services, call 711)
- Fax: 1-718-758-3643
- In person: 55 Water Street, 46<sup>th</sup> Floor, New York, NY 10041
- Email: COMPLIANCEDEPT@MJHS.ORG

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

This notice is available at Elderplan's website:

<https://www.elderplan.org/disclaimers/notice-of-nondiscrimination/>

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## LANGUAGE ASSISTANCE

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-877-891-6447 (TTY:711).	English
ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 1-877-891-6447 (TTY:711).	Spanish
请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 1-877-891-6447 (TTY:711)。	Chinese
ملاحظة: خدمات المساعدة اللغوية والمساعدات الأخرى المجانية متاحة لك. اتصل بالرقم 1-877-891-6447 (TTY:711).	Arabic
주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다. 1-877-891-6447 (TTY:711) 번으로 연락해 주십시오.	Korean
ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие виды помощи. Звоните по номеру 1-877-891-6447 (TTY:711).	Russian
ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti. Chiamare il 1-877-891-6447 (TTY:711).	Italian
ATTENTION : Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le 1-877-891-6447 (TTY:711).	French
ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou. Rele 1-877-891-6447 (TTY:711).	French Creole
אכטונג: שפראך הילף סערוויסעס און אנדערע הילף, זענען אוועילעבל פאר אייך אומזיסט. רופט 1-877-891-6447 (TTY:711).	Yiddish
UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń: 1-877-891-6447 (TTY:711).	Polish
ATENSYON: Available ang mga serbisyong tulong sa wika at iba pang tulong nang libre. Tumawag sa 1-877-891-6447 (TTY:711).	Tagalog
মনোযোগ নানুমূল্যে ভাষা সহায়তা পরিষেবা এবং অন্যান্য সাহায্য আপনার জন্য উপলব্ধ। 1-877-891-6447 (TTY:711)-এ ফোন করুন।	Bengali
VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe ndihma të tjera falas. Telefononi 1-877-891-6447 (TTY:711).	Albanian
ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα είναι στη διάθεσή σας, δωρεάν. Καλέστε στο 1-877-891-6447 (TTY:711).	Greek
توجہ فرمائیں: زبان میں معاونت کی خدمات اور دیگر معاونتیں آپ کے لیے بلا معاوضہ دستیاب ہیں۔ کال کریں 1-877-891-6447 (TTY:711)۔	Urdu



For more information, call us toll-free

**1-877-891-6447**

8 a.m.-8 p.m., 7 days a week.

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TTY/TDD users should call

**711**

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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.