

2019



Summary of Benefits

Elderplan Plus Long-Term Care (HMO SNP)

January 1, 2019 to December 31, 2019

Elderplan Summary of Benefits

for Elderplan Plus Long Term Care (HMO SNP)

January 1, 2019 - December 31, 2019

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

H3347_EP16407_M

SUMMARY OF BENEFITS – Elderplan Plus Long Term Care (HMO SNP) 2019

Proposed Effective Date _____ / _____ / _____

Primary Care Provider

Name _____

Address _____

Phone Number (_____) _____

Name of Sales Representative _____

Important Numbers

Member Services: 1-877-891-6447

TTY: 711, 8 a.m. to 8 p.m., 7 days a week

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SECTION I: INTRODUCTION TO SUMMARY OF BENEFITS

Elderplan Plus Long Term Care is an HMO plan with Medicare contract. Enrollment in Elderplan Plus Long Term Care (HMO SNP) depends on contract renewal. The plan also has a written agreement with the New York Medicaid program to coordinate your Medicaid benefits.

WHO CAN JOIN?

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

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

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 2019 Elderplan Plus Long Term Care (HMO SNP) Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at www.elderplan.org.

YOU HAVE CHOICES ABOUT HOW TO GET YOUR MEDICARE BENEFITS

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

TIPS FOR COMPARING YOUR MEDICARE CHOICES

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

SUMMARY OF BENEFITS – Elderplan Plus Long Term Care (HMO SNP) 2019

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

SECTIONS IN THIS BOOKLET

- Things to Know About **Elderplan Plus Long Term Care (HMO SNP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Summary of Medicaid-Covered Benefits

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

THINGS TO KNOW ABOUT ELDERPLAN PLUS LONG TERM CARE (HMO SNP)

HOURS OF OPERATION

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

ELDERPLAN PLUS LONG TERM CARE (HMO SNP) PHONE NUMBERS AND WEBSITE

- If you are a member of this plan, call toll-free 1-(877) 891-6447.
- If you are not a member of this plan, call toll-free 1-(866) 695-8101.
- Our website: www.elderplan.org

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

Elderplan Plus Long Term Care (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, we may not pay for these services except in emergency situations.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's Provider and Pharmacy Directory at our website www.elderplan.org or, call us and we will send you a copy of the Provider and Pharmacy Directory.

WHAT DO WE COVER?

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

- **Members get all the benefits covered by Original Medicare.**
- **Members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.**
- We cover Part D drugs. In addition, we cover Part B drugs such as

chemotherapy and some drugs administered by your provider.

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

HOW WILL I DETERMINE MY DRUG COSTS?

Because you are eligible for Medicaid, you qualify for and are getting “Extra Help” from Medicare to pay for your prescription drug plan costs. Because you are in the “Extra Help” program, Elderplan Plus Long Term Care covers your share of your drug costs. As a member of our plan, you will receive a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also known as the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug coverage.

Section II: Summary of Benefits

Premiums and Benefits	Elderplan Plus Long Term Care (HMO SNP)
Monthly Plan Premium	\$0 per month. You must continue to pay your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party).
Deductible	\$0 per year for In-Network Deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

SUMMARY OF BENEFITS – Elderplan Plus Long Term Care (HMO SNP) 2019

Premiums and Benefits	Elderplan Plus Long Term Care (HMO SNP)
Inpatient Hospital Coverage	<p>Zero cost-sharing for each benefit period.</p> <p>Zero cost-sharing per day.</p> <p>Our plan covers 90 days for an Inpatient Hospital Stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>Authorization required, except in an emergency.</p>
Outpatient Hospital Coverage	<p>Zero cost-sharing for each visit.</p> <p>Authorization required for certain covered services/items.</p>
Doctor Visits (Primary Care Providers and Specialists)	<p>Zero cost-sharing for each visit.</p>
Preventive Care	<p>Zero cost-sharing for the following preventive services:</p> <ul style="list-style-type: none"> • Annual “Wellness” visit • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening

SUMMARY OF BENEFITS – Elderplan Plus Long Term Care (HMO SNP) 2019

Premiums and Benefits	Elderplan Plus Long Term Care (HMO SNP)
	<ul style="list-style-type: none"> • Depression screening • Diabetes screening • HIV screening • Immunizations including: Flu shots, Hepatitis B shots, Pneumococcal shots • Lung Cancer screening and counseling • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and counseling • Prostate cancer screening (PSA) • Screening Pelvic Examination • Sexually transmitted infections screening and counseling • Smoking and Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • “Welcome to Medicare” Preventive Visit (one-time) <p>Other preventive services may be covered by Medicare during the contract year.</p>
Emergency Care	Zero cost-sharing for each visit.
Urgently Needed Services	Zero cost-sharing for each visit.
Diagnostic Services/Labs/Imaging	<p>Zero cost-sharing for each service.</p> <p>Authorization is only required for Positron Emission Tomography (PET), Magnetic</p>

SUMMARY OF BENEFITS – Elderplan Plus Long Term Care (HMO SNP) 2019

Premiums and Benefits	Elderplan Plus Long Term Care (HMO SNP)
<p>Diagnostic Procedures/Tests</p> <p>Lab services</p> <p>Diagnostic Radiological</p> <p>Therapeutic Radiological</p> <p>X-Rays</p>	<p>Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT).</p>
<p>Hearing Services</p>	<p>Zero cost-sharing for Medicare-covered diagnostic hearing exams.</p> <p>Zero cost-sharing for Medicaid-covered services.</p> <p>Hearing Aid(s) up to \$1,000 total for both ears combined every 3 years. Authorization is required for hearing aid(s) by a Physician or Specialist.</p>
<p>Dental Services</p>	<p><u>Preventive Dental Services</u></p> <p>Zero cost-sharing for Medicaid-covered dental services.</p> <p>The following services are Preventive Dental Services: Oral Exams, Prophylaxis (cleanings), or Dental X-Rays). These services are covered through Medicaid when medically necessary.</p> <p><u>Comprehensive Dental Services</u></p> <p>Zero cost-sharing for Medicare and Medicaid covered services.</p>

SUMMARY OF BENEFITS – Elderplan Plus Long Term Care (HMO SNP) 2019

Premiums and Benefits	Elderplan Plus Long Term Care (HMO SNP)
	<p>Our plan will pay for only selected Comprehensive Dental Services that you receive while in a hospital. Our plan will also pay for hospital stays if you need to have an emergency or complicated dental procedure.</p> <p>A Referral is required for Comprehensive Dental Services. For more information about which services are covered please contact Member Services.</p>
Vision Services	Zero cost-sharing for each service or item.
Mental Health Services: Mental Health Specialty/ Psychiatric Services	Zero cost-sharing for each Medicare-covered individual or group session.
Mental Health: Inpatient Mental Health	<p>Zero cost-sharing for each benefit period. Zero cost-sharing per day.</p> <p>Our plan covers up-to 90 days of medically necessary hospitalization for each benefit period.</p> <p>Our plan also covers up to 60 additional lifetime reserve days. 90 days are given for each benefit period, but the 60 lifetime reserve days can be used only once during the beneficiary's lifetime for care provided in either an acute care hospital or a psychiatric hospital.</p> <p>Our plan covers up to 40 additional days in a Psychiatric hospital. The 40 additional Psychiatric</p>

SUMMARY OF BENEFITS – Elderplan Plus Long Term Care (HMO SNP) 2019

Premiums and Benefits	Elderplan Plus Long Term Care (HMO SNP)
	<p>days are offered once during the beneficiary lifetime. Payment may not be made for more than a total of 190 days of inpatient psychiatric care in a freestanding psychiatric hospital during the patient's lifetime.</p> <p>Authorization is required.</p>
Skilled Nursing Facility	<p>Zero cost-sharing per day.</p> <p>The plan covers up to 100 days each benefit period, a 3-day prior hospital stay is not required.</p> <p>Authorization is required.</p>
Physical Therapy	<p>Zero cost-sharing for each visit.</p> <p>Authorization is required.</p>
Ambulance Services	<p>Zero cost-sharing for each service.</p> <p>Authorization is only required for Non-emergency services.</p>
Transportation	<p>Please refer to the Medicaid Covered Benefit Table of this booklet, Non-Emergency Transportation section for details about coverage provided by Medicaid or call Member Services.</p>
Medicare Part B Drugs	<p>Zero cost-sharing for chemotherapy drugs or Part B drugs.</p> <p>Authorization is required for certain items.</p>

Outpatient Prescription Drugs	
Deductible	\$0, \$85, or \$415 per year
Initial Coverage	<p>Depending on your income and institutional status, you pay the following, 25% of the cost or:</p> <p>For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.25 copay; or \$3.40 copay; or 15% of the cost</p> <p>For all other drugs, either: \$0 copay; or \$3.80 copay; or \$8.50 copay; or 15% of the cost</p> <p>You may get your drugs from a network retail pharmacy for a 1 month (30-day), 2 months (60-day), or 3 months (90-day) supply and mail order pharmacies for 3 months (90-day) supply.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy for a (31-day) supply.</p> <p>You may get drugs from an out-of-network pharmacy for a 1 month (30-days) supply at the same cost as an in-network pharmacy.</p>
Coverage Gap	Because you have Medicaid, you are already enrolled in “Extra Help” also called the Low-

	<p>Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, call:</p> <ul style="list-style-type: none"> • 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/ 7 days a week; • The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or • Your State Medicaid Office (applications).
<p>Catastrophic Coverage</p>	<p>Because you receive “Extra Help” to pay for your prescription drugs, your share of the costs for covered drugs will be covered by the plan. During this stage, you pay nothing for your share of the cost for a covered drug. Look at the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also known as the “Low Income Subsidy Rider” or the “LIS Rider”), for more information about Catastrophic Coverage.</p>

Additional information on prescription drug benefits

Most of our members get “Extra Help” with their prescription drug costs, so the Deductible Stage does not apply to many of them. If you receive “Extra Help,” your deductible amount depends on the level of “Extra Help” you receive – you will either:

SUMMARY OF BENEFITS – Elderplan Plus Long Term Care (HMO SNP) 2019

- Not pay a deductible
- --or-- Pay a deductible of \$85.

Look at the separate insert (the “LIS Rider”) for information about your deductible amount.

If you do not receive “Extra Help,” the Deductible Stage is the first payment stage for your drug coverage. This stage begins when you fill your first prescription in the year. When you are in this payment stage, you must pay the full cost of your drugs until you reach the plan’s deductible amount, which is \$415 for 2019.

Section III: Summary of Medicaid-Covered Benefits Section

Elderplan Plus Long Term Care (HMO SNP) Summary of Benefits

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

Important Information

You must be eligible for full benefits from Medicaid and meet the enrollment eligibility requirements for Elderplan Plus Long Term Care (HMO SNP). Elderplan Plus Long Term Care (HMO SNP) covers most of the cost-sharing amounts that you would otherwise have to pay and includes additional services that are covered by Medicaid. The cost-sharing amounts and additional services are listed below. Contact Elderplan Plus Long Term Care (HMO SNP) for more information. The Part D premium is paid by Extra Help.

People who qualify for Medicare and Medicaid are known as dual eligible. As a dual eligible, you are eligible for benefits under both the federal Medicare program and the state-operated Medicaid program. The kind of Medicaid benefits you receive are determined by your state and may vary based upon your income and resources. With the assistance of Medicaid, some dual eligible do not have to pay for certain Medicare costs.

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

- **Full Benefit Dual Eligible (FBDE):** Payment of your Medicare Part B premiums, in some cases Medicare Part A premiums and full Medicaid benefits.

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.

- 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; and
- 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 covered services for more than 120 days from the effective date of enrollment:
 - a) nursing services in the home;
 - b) therapies in the home;
 - c) home health aide services;
 - d) personal care services in the home;
 - e) adult day health care;
 - f) private duty nursing; or
 - g) Consumer Directed Personal Assistance Services
- Must be 18 years of age or older;

Please note: If you lose your Medicaid eligibility but can reasonably be expected to regain eligibility within 3 month(s), 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).

Supplemental benefits covered by Elderplan Plus Long Term Care

Premiums and Benefits	Elderplan Plus Long Term Care (HMO SNP)
OTC Items	You may purchase up to \$264 every quarter (3 months) of certain OTC items on a debit card provided by Elderplan. OTC benefit dollars cannot be carried over to the next quarter.
Worldwide Emergency/Urgent Coverage	Zero cost-sharing for Worldwide Emergency/Urgent Coverage. The maximum benefit coverage amount is \$50,000.

Additional benefits covered by Elderplan Plus Long Term Care

The following chart lists services that are available under Medicaid for people who qualify for full Medicaid benefits and that are covered by Elderplan Plus Long Term Care. The chart also explains if a similar benefit is available under our plan.

Medicaid Covered Benefits	
	All Part C cost sharing, including all deductibles, copays and co-insurance amounts as well as any premiums for services listed below are covered for members. This does not include supplemental benefits provided by the plan
Inpatient Hospital Care Including Substance Abuse and Rehabilitation Services	Up to 365 days per year (366 days for leap year).
Inpatient Mental Health	Medically necessary care, including days in excess of the Medicare 190-days lifetime maximum.

Medicaid Covered Benefits	
Skilled Nursing Facility	Medicare and Medicaid covered care provided in a skilled nursing facility. No prior hospital stay required.
Home Health	Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals).
PCP Office Visits	Primary care doctor office visits.
Specialist Office Visits	Specialist office visits.
Chiropractic	Manual manipulation of the spine to correct subluxation provided by chiropractors or other qualified providers.
Podiatry	Medically necessary foot care, including care for medical conditions affecting lower limbs. Visits for routine foot care up to 4 visits per year.
Outpatient Mental Health	Individual and group therapy visits. Enrollee must be able to self-refer for one assessment from a network provider in a twelve (12) month period.
Outpatient Substance Abuse	Individual and group visits. Enrollee must be able to self-refer for one assessment from a network provider in a twelve (12) month period.
Outpatient Surgery	Medically necessary visits to an ambulatory surgery center or outpatient hospital facility.

Medicaid Covered Benefits	
Ambulance	Transportation provided by an ambulance service, including air ambulance. Emergency transportation if it is for obtaining hospital services for an enrollee who suffers from severe, life-threatening or potentially disabling conditions which require the provision of emergency services while the enrollee is being transported. Includes transportation to a hospital emergency room generated by a “Dial 911”.
Emergency Room	Care provided in an emergency room subject to prudent layperson standard.
Urgent Care	Urgently needed care in most cases outside the plan’s service area.
Outpatient Rehabilitation (OT, PT, Speech)	Occupational therapy, physical therapy and speech and language therapy. (PT services are limited to forty (40) visits per calendar year. OT and ST services are limited to twenty (20) visits per therapy per calendar year. The limitations above do not apply to individuals with intellectual disabilities, individuals with traumatic brain injury, and individuals under age 21.)

Medicaid Covered Benefits

Durable Medical Equipment (DME)

Medicare and Medicaid covered durable medical equipment, including devices and equipment other than prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use. Must be ordered by a qualified practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bars). Includes medical/surgical supplies, medical equipment, enteral and parenteral formula, hearing aid batteries, prosthetics, orthotics and orthopedic footwear. Enteral nutritional formula coverage is limited to tube feeding and inborn metabolic diseases. In children under age 21, oral formulas remain covered when caloric and dietary nutrients cannot be absorbed or metabolized.

Prosthetics

Medicare and Medicaid covered prosthetics, orthotics and orthopedic footwear.

Medicaid Covered Benefits	
Diabetes Monitoring	Diabetes self-monitoring, management training and supplies, including coverage for glucose monitors, test strips, and lancets. OTC diabetic supplies such as 2x2 gauze pads, alcohol swabs/pads, insulin syringes and needles are covered by Part D.
Diagnostic Testing	Diagnostic tests, x-rays, lab services and radiation therapy
Bone Mass Measurement	Bone Mass Measurement for people at risk.
Colorectal Screening	Colorectal screening for people, age 50 and older.
Immunizations	Flu, hepatitis B vaccine for people who are at risk, Pneumonia vaccine
Mammograms	Annual screening for women age 40 and older. No referral necessary.
Pap Smear and Pelvic Exams	Pap smears and Pelvic Exams for women.
Prostate Cancer Screening	Prostate Cancer Screening exams for men age 50 and older.
Outpatient Drugs	All Medicare Part B covered prescription drugs and other drugs obtained by a provider and administered in a physician office or clinic setting covered by Medicaid. (No Part D.)

Medicaid Covered Benefits	
Hearing Services	Medicare and Medicaid hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, earmolds, special fittings and replacement parts.
Vision Care Services	Services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.
Routine Physical Exam 1/year	Up to one routine physical per year.

Medicaid Covered Benefits	
Private Duty Nursing	Medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.
Non-Emergency Transportation	Transportation essential for an enrollee to obtain necessary medical care and services under the plan's benefits or Medicaid fee-for-service. Includes ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to the enrollee's medical condition and a transportation attendant to accompany the enrollee, if necessary.
Dental	Medicaid covered dental services including necessary preventive, prophylactic and other routine dental care, services and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.
Personal Care Services	Medically necessary assistance with activities such as personal hygiene, dressing and feeding, and nutritional and environmental support function tasks.
Nutrition	Assessment of nutritional status/needs, development and evaluation of treatment plans, nutritional education, in-service education, includes cultural considerations.
Medical Social Services	Assessment, arranging and providing aid for social problems related to maintaining individual at home.

Medicaid Covered Benefits	
Social and Environmental Supports	Services and items to support member’s medical need. May include home maintenance tasks, homemaker/chore services, housing improvement, and respite care.
Home Delivered and Congregate Meals	Meals provided at home or in congregate settings, e.g., senior centers to individuals unable to prepare meals or have them prepared.
Adult Day Health Care	Includes medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure activities, dental, pharmaceutical, and other ancillary services. Services furnished in approved SNF or extension site.
Social Day Care	Structured comprehensive program providing socialization; supervision, monitoring; personal care, nutrition in a protective setting.
Personal Emergency Response Services (PERS)	Electronic device that enables individuals to secure help in a physical, emotional or environmental emergency.
Medicare Part D Prescription Drug Benefit as Approved by CMS	Member responsible for co-pays.

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

Services *not* covered by Elderplan Plus Long Term Care:

The following services are not covered by Elderplan Plus Long Term Care (HMO SNP) but are available through Medicare or Medicaid.

There are some Medicaid services that Elderplan Plus Long Term Care (HMO SNP) does not cover. You can get these services from any provider who takes Medicaid by using your Medicaid Benefit Card. Call Member Services at 1-877-891-6447 (TTY 711) if you have a question about whether a benefit is covered by Elderplan Plus Long Term Care (HMO SNP) or Medicaid.

Services covered by Medicaid using your Medicaid Benefit Card:

Pharmacy

Most prescription drugs are covered by Elderplan Plus Long Term Care (HMO SNP) Medicare Part D as described in Chapter 5 of the Elderplan Plus Long Term Care (HMO SNP) Medicare Evidence of Coverage (EOC). Regular Medicaid will cover some drugs not covered by Elderplan Plus Long Term Care (HMO SNP) or Medicare. 2017 Elderplan Plus Long Term Care (HMO SNP) Medicaid Member Handbook

Certain Mental Health Services, including:

- Intensive Psychiatric Rehabilitation Treatment
- Day Treatment
- Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units)
- Partial Hospital Care not covered by Medicare
- Rehabilitation Services to those in community homes or in family-based treatment

- Continuing Day Treatment
- Assertive Community Treatment
- Personalized Recovery Oriented Services

Certain Mental Retardation and Developmental Disabilities Services, including:

- Long-term therapies
- Day Treatment
- Medicaid Service Coordination
- Services received under the Home and Community Based Services Waiver
- Other Medicaid Services
- Methadone Treatment
- Comprehensive Medicaid Case Management
- Directly Observed Therapy for TB (Tuberculosis)
- Adult Day Treatment for Persons with HIV/AIDS
- HIV COBRA Case Management

Family Planning

Members may go to any Medicaid doctor or clinic that provides family planning care. You do not need a referral from your Primary Care Provider (PCP).

Method**New York State Department of Health (Social Services)–
Contact Information****CALL**

1-888-692-6116 HRA Medicaid Helpline

New York City: 718-557-1399

Available 8:00 am to 5:00 pm, Monday through Friday

Nassau County: 516-227-8000

Available 9:00 am to 3:45 pm, Monday through Friday

Westchester County: 914-995-3333

Available 8:30 am to 5:00 pm, Monday through Friday

TTY

711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Method**New York State Department of Health (Social Services)–
Contact Information****WRITE**

New York City Human Resources Administration
Medical Assistance Program Correspondence Unit
785 Atlantic Avenue

1st Floor

Brooklyn, NY 11238

Nassau County Department of Social Services

60 Charles Lindbergh Boulevard

Uniondale, NY 11553

Westchester County Department of Social Services

White Plains District Office

85 Court Street

White Plains, NY 10601

WEBSITE

https://www.health.ny.gov/health_care/medicaid/

Elderplan, Inc.

Notice of Nondiscrimination – Discrimination is Against the Law

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

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

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

Civil Rights Coordinator

6323 7th Ave

Brooklyn, NY, 11220

Phone: 1-877-326-9978, TTY 711

Fax: 1-718-759-3643

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

You may also file a civil rights complaint with the U.S. Department of Health and

Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW, Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

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

ATTENTION: If you speak a non-English language or require assistance in ASL, language assistance services, free of charge, are available to you. Call 1-877-891-6447 (TTY: 711).

(Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-891-6447 (TTY: 711).

(Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-891-6447 (TTY: 711)。

(Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-891-6447 (телетайп: 711).

(French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-891-6447 (TTY: 711).

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-891-6447 (TTY: 711)번으로 전화해 주십시오.

(Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-891-6447 (TTY: 711).

(Yiddish) אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט

.1-877-891-6447 (TTY: 711)

(Bengali) লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-877-891-6447 (TTY: 711)।

(Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-891-6447 (TTY: 711).

(Arabic) ملحوظة: إذا كنت تتحدث لغة غير الإنجليزية أو تحتاج إلى مساعدة في ASL، فإن خدمات المساعدة اللغوية تتوافر لك مجاناً. اتصل برقم 1-877-891-6447 (TTY: 711).

(French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-891-6447 (ATS: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں
(Urdu)
.1-877-891-6447 (TTY: 711)

(Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-891-6447 (TTY: 711).

(Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-891-6447 (TTY: 711).

(Albanian) KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-891-6447 (TTY: 711)



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1-877-891-6447

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