

2019



# Summary of Benefits

## Elderplan for Medicaid Beneficiaries (HMO SNP)

*January 1, 2019 to December 31, 2019*

# **Elderplan Summary of Benefits**

## **for Elderplan for Medicaid Beneficiaries (HMO SNP)**

January 1, 2019 - December 31, 2019

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

H3347\_EP16405v2\_M

Proposed Effective Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Primary Care Provider**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number ( \_\_\_\_ ) \_\_\_\_\_

**Name of Sales Representative** \_\_\_\_\_

**Important Numbers**

**Member Services:** 1-800-353-3765

**TTY:** 7 - 1 - 1, 8 a.m. to 8 p.m., 7 days a week

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## SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Elderplan, Inc. is a HMO plan with a Medicare contract. Enrollment in Elderplan, Inc. depends on a contract renewal.

### WHO CAN JOIN?

To join **Elderplan For Medicaid Beneficiaries (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, 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 For Medicaid Beneficiaries (HMO SNP) Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at [www.elderplan.org](http://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 For Medicaid Beneficiaries (HMO SNP)**).

### TIPS FOR COMPARING YOUR MEDICARE CHOICES

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

- 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 For Medicaid Beneficiaries (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 1-800-353-3765 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., 7 days a week. This information is also available in different formats, including Braille, 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 FOR MEDICAID BENEFICIARIES (HMO SNP)**

### **HOURS OF OPERATION**

- From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

## **ELDERPLAN FOR MEDICAID BENEFICIARIES (HMO SNP) PHONE NUMBERS AND WEBSITE**

- If you are a member of this plan, call toll-free 1-(800) 353-3765.
- If you are not a member of this plan, call toll-free 1-(866) 695-8101.
- Our website: [www.elderplan.org](http://www.elderplan.org)

## **WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?**

**Elderplan For Medicaid Beneficiaries (HMO SNP)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the 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](http://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 of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.**
- **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](http://www.elderplan.org) Or, call us and we will send you a copy of the formulary.

## **HOW WILL I DETERMINE MY DRUG COSTS?**

The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. Cost-sharing may change when entering another stage or phase of the Part D benefit. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

**Section II: Summary of Benefits**

<b>Premiums and Benefits</b>	<b>Elderplan For Medicaid Beneficiaries (HMO SNP)</b>
<b>Monthly Plan Premium</b>	<p>\$0 or \$39.30 per month for your Part D Premium.*</p> <p>In addition, you must keep paying your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party).</p> <p>*Depending on your level of Medicare cost-sharing assistance under Medicaid.</p>
<b>Deductible</b>	<p>Your deductible is \$0 or \$185.00*</p> <p>This plan has deductibles for, Inpatient, some medical services, and Part D prescription drugs.</p> <p>*Depending on your level of Medicare cost-sharing assistance under Medicaid.</p>
<b>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</b>	<p>You pay no more than \$6,700 annually.</p> <p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of New York State Medicaid eligibility.</p>

Premiums and Benefits	Elderplan For Medicaid Beneficiaries (HMO SNP)
	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> <p>Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.</p>
<p><b>Inpatient Hospital Coverage</b></p>	<p>A per admission deductible is applied once during the defined benefit period on the day of admission.</p> <p>Our plan covers 90 days for an inpatient hospital stay. 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>In 2019 the amounts for each benefit period are \$0 or*:                      \$1,364 deductible for each benefit period</p> <ul style="list-style-type: none"> <li>• Days 1-60: \$0 copayment per day</li> <li>• Days 61-90: \$341 copayment per day</li> <li>• Days 91 and beyond: \$682 copayment per lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime)</li> </ul> <p>Beyond lifetime reserve days, you pay all costs.                      *Depending on your level of Medicare cost-sharing assistance under Medicaid.                      †Authorization is required, except in an emergency.</p>

Premiums and Benefits	Elderplan For Medicaid Beneficiaries (HMO SNP)
<p><b>Outpatient Hospital Coverage</b></p>	<p>0% or 20% coinsurance for:</p> <ul style="list-style-type: none"> <li>• Outpatient hospital service*</li> <li>• Partial outpatient hospital service<sup>†*</sup></li> <li>• Prosthetic and Medical Supply<sup>†*</sup></li> </ul> <p><sup>†</sup>Authorization is required.</p> <p>*Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Original Medicare services.</p>
<p><b>Doctor Visits (Primary Care Providers and Specialists)</b></p>	<p>0% or 20% coinsurance for each visit*</p> <p>Authorization is only required for in home visits billed by a Nurse Practitioner or Physician Assistant directly.</p> <p>*Depending on your level of Medicare cost-sharing assistance under Medicaid.</p>
<p><b>Preventive Care</b></p>	<p>Zero Cost-Sharing for the following preventive services:</p> <ul style="list-style-type: none"> <li>• Annual “Wellness” visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammograms)</li> <li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> </ul>

Premiums and Benefits	Elderplan For Medicaid Beneficiaries (HMO SNP)
	<ul style="list-style-type: none"> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• HIV screening</li> <li>• Immunizations including: Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• Lung Cancer screening and counseling</li> <li>• Medical nutrition therapy services</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screening (PSA)</li> <li>• Screening Pelvic Examination</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Smoking and Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• “Welcome to Medicare” Preventive Visit (one-time)</li> </ul> <p>Other preventive services may be covered if approved by Medicare.</p>
<p><b>Emergency Care</b></p>	<p>0% or 20% coinsurance (up to \$90) for each visit.*                      If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>*Depending on your level of Medicare cost-sharing assistance under Medicaid.</p>

Premiums and Benefits	Elderplan For Medicaid Beneficiaries (HMO SNP)
<b>Urgently Needed Services</b>	<p>0% or 20% coinsurance (up to \$65) for each service.*</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>*Depending on your level of Medicare cost-sharing assistance under Medicaid.</p>
<p><b>Diagnostic Services/Labs/Imaging</b></p> <p>Diagnostic Procedures/Tests</p> <p>Lab services</p> <p>Diagnostic Radiological</p> <p>Therapeutic Radiological</p> <p>X-Rays</p>	<p>0% or 20% coinsurance for*:</p> <p>Medicare-covered Diagnostic Procedures / Tests</p> <p>Diagnostic Radiological</p> <p>Therapeutic Radiological</p> <p>X-Rays</p> <p>Zero cost-sharing for Lab services</p> <p>Authorization is required ONLY for Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT).</p> <p>*Depending on your level of Medicare cost-sharing assistance under Medicaid.</p>
<b>Hearing Services</b>	<p>0% or 20% coinsurance for Medicare-covered diagnostic hearing exams and balance exam.*</p>

Premiums and Benefits	Elderplan For Medicaid Beneficiaries (HMO SNP)
	<p>Zero Cost Sharing:</p> <ul style="list-style-type: none"> <li>• Routine Hearing Exam once every 3 years</li> <li>• Fitting/Evaluation for Hearing Aid once every 3 years.</li> <li>• Hearing aid(s) every 3 years up to \$1,300 plan coverage limit for hearing aids. Authorization is required for hearing aid(s) by a Physician or Specialist.</li> </ul> <p>*Depending on your level of Medicare cost-sharing assistance under Medicaid.</p>
<p><b>Dental Services</b></p>	<p><b>Preventive Dental Services: Not Covered</b></p> <p><b>Comprehensive Dental Services:</b> 0% or 20% coinsurance for Medicare-covered services*†</p> <p>Medicare will only pay for certain Dental Services that you get when you're in a hospital. Medicare can pay for inpatient hospital care if you need to have an emergency or complicated dental procedure.</p> <p>Coverage of Supplemental Comprehensive Dental Services is limited to selected service codes from the categories below with an allowance of \$375 per quarter (3 months).</p> <p>Upon exhaustion of the \$375 per quarter (3 months) of the rolled over cumulative amount the member will be responsible for the full cost. Benefit frequency may be limited per ADA guidelines to 1 service per tooth/per arch/per quadrant.</p>

Premiums and Benefits	Elderplan For Medicaid Beneficiaries (HMO SNP)
	<p><b>Restorative Services†</b>                      Select Crowns-Single Restoration at \$0 copayment / 1 every 60 months, per tooth: D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2790, D2791, D2792                      Select Major Restoratives Codes Only at \$0 copayment / 1 every 60 months, per tooth: D2952, D2953, D2954</p> <p><b>Endodontic Services†</b>                      Select Root Canal Therapy Code Only at \$0 copayment / 1 per lifetime, per tooth: D3330, D3348</p> <p><b>Periodontics Services†</b>                      Select Code Only at \$0 copayment / 1 ever 36 months; D4210                      Select Codes Only at \$0 copayment / 1 every 60 months: D4240, D4260, D4261</p> <p><b>Prosthodontics Services, Other Oral/Maxillofacial Services†</b>                      Select Fixed Partial Denture Pontics only at \$0 copayment / 1 every 60 months, per tooth: D6210, D6211, D6212, D6240, D6241, D6242, D6250, D6251, D6252                      Select Fixed Partial Denture Retainers Crowns Code Only at \$0 copayment / 1 every 60 months, per tooth: D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6790, D6791, D6792</p> <p>†A referral is required for Comprehensive Dental Services. For more information about which</p>

Premiums and Benefits	Elderplan For Medicaid Beneficiaries (HMO SNP)
	<p>services are covered please contact Member Services.</p> <p>*Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Original Medicare services</p>
<p><b>Vision Services</b></p>	<p>\$0 or \$25 copayment for Medicare-covered exams to diagnose and treat diseases and conditions of the eye*</p> <p>0% or 20% coinsurance Glaucoma Screening*</p> <p>Zero cost sharing for:</p> <ul style="list-style-type: none"> <li>• \$0 Copayment for routine eye exams Once every year.</li> <li>• One pair of Medicare covered eyeglasses or contact lenses after cataract surgery.</li> <li>• Eyewear up to a \$100 limit per calendar year. Eyewear provided after cataract surgery is not subject to this \$100 limit.</li> </ul> <p>*Depending on your level of Medicare cost-sharing assistance under Medicaid.</p>
<p><b>Mental Health (Outpatient):</b></p> <p><b>Mental Health Specialty Services</b></p> <p><b>Psychiatric Services</b></p>	<p>0% or 45% coinsurance for each Medicare-covered Mental Health Specialty Service Individual or Group Session*</p> <p>0% or 35% coinsurance for each Medicare-covered Psychiatric Service for each individual or group session. *</p> <p>*Depending on your level of Medicare cost-sharing assistance under Medicaid.</p>

Premiums and Benefits	Elderplan For Medicaid Beneficiaries (HMO SNP)
<p><b>Mental Health: Inpatient Mental Health</b></p>	<p>A per admission deductible is applied once during the defined benefit period on the day of admission.</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 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>In 2019 the amounts for each benefit period are \$0 or*:</p> <ul style="list-style-type: none"> <li>• \$1,364 deductible for each benefit period</li> <li>• Days 1-60: \$0 copayment per day</li> <li>• Days 61-90: \$341 copayment per day</li> <li>• Days 91and beyond: \$682 copayment per lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime)</li> </ul>

Premiums and Benefits	Elderplan For Medicaid Beneficiaries (HMO SNP)
	<ul style="list-style-type: none"> <li>• Beyond lifetime reserve days you pay all costs</li> <li>• You pay 20% of the Medicare-approved amount for mental health services you get from doctors and other providers while you are a hospital inpatient.</li> </ul> <p>†Authorization required, except in an emergency.</p> <p>*Depending on your level of Medicare cost-sharing assistance under Medicaid.</p>
<b>Skilled Nursing Facility</b>	<p>Our plan covers up to 100 days in a SNF per benefit period. A 3-day prior hospital stay is required.</p> <p>In 2019 the amounts for each benefit period after at least a 3-day Medicare-covered stay are \$0 or*:</p> <ul style="list-style-type: none"> <li>• Days 1 – 20: \$0 per day</li> <li>• Days 21 – 100: \$170.50 per day</li> <li>• Days 101 and beyond you pay all cost.</li> </ul> <p>Authorization is required.</p> <p>*Depending on your level of Medicare cost-sharing assistance under Medicaid.</p>
<b>Physical Therapy</b>	<p>0% or 20% coinsurance for each service.*</p> <p>Authorization is required.</p> <p>*Depending on your level of Medicare cost-sharing assistance under Medicaid.</p>

**SUMMARY OF BENEFITS – Elderplan For Medicaid Beneficiaries (HMO SNP) 2019**

Premiums and Benefits	Elderplan For Medicaid Beneficiaries (HMO SNP)
<b>Ambulance</b>	<p>0% or 20% coinsurance for each one-way trip.*                      Authorization is required for non-Emergency Medicare services.</p> <p>*Depending on your level of Medicare cost-sharing assistance under Medicaid.</p>
<b>Transportation</b>	<p>Zero cost-sharing for up to 6 one-way trips to a plan-approved location every 3 months in taxi, bus/subway or van.</p>
<b>Medicare Part B Drugs</b>	<p>0% or 20% coinsurance for*:                      Chemotherapy drugs                      Other Part B drugs</p> <p>Authorization is required for certain items.</p> <p>*Depending on your level of Medicare cost-sharing assistance under Medicaid.</p>

Outpatient Prescription Drugs	
<b>Deductible</b>	\$0, \$85, or \$415 per year
<b>Initial Coverage</b>	<p>After you pay your yearly deductible, you pay \$0 or 25% coinsurance for all drugs covered by this plan until your total yearly drug costs reach</p>

	<p>\$3, 820.</p> <p>If you are eligible for Low Income Subsidy (LIS), you may be eligible for reduced cost-sharing.</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>
<p><b>Coverage Gap</b></p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,820.</p> <p>After you enter the coverage gap, During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 37% of the price for generic drugs until your out-of-pocket costs reach \$5,100 total, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
<p><b>Catastrophic Coverage</b></p>	<p>You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$5,100 limit for the calendar year. Once you are</p>

	<p>in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.</p> <p>If you receive “Extra Help” to pay for your prescription drugs, your costs for covered drugs will depend on the level of “Extra Help” you receive. During this stage, your share of the cost for a covered drug will be either:</p> <ul style="list-style-type: none"><li>• \$0; or</li><li>• A coinsurance or a copayment, whichever is the larger amount:<ul style="list-style-type: none"><li>○ either – Coinsurance of 5% of the cost of the drug;</li><li>○ or \$3.40 for a generic drug, or a drug that is treated like a generic and \$8.50 for all drugs</li></ul></li></ul> <p>Our plan pays the rest of the cost Look at the separate insert (the “LIS Rider”) for information about your costs during the Catastrophic Coverage Stage.</p>
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### **Special eligibility requirements for our plan**

Our plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you must be: eligible for both Medicare and Medicaid *or* eligible for Medicare and Full Medicaid Benefits *or* eligible for Medicare cost-sharing assistance under Medicaid.

*You are eligible for membership in our plan as long as:*

- You have both Medicare Part A and Medicare Part B (Section 2.2 tells you about Medicare Part A and Medicare Part B)
- -- *and* -- You live in our geographic service area (Section 2.3 below describes our service area).
- -- *and* -- you are a United States citizen or are lawfully present in the United States
- -- *and* -- You do not have End-Stage Renal Disease (ESRD), with limited exceptions, such as if you develop ESRD when you are already a member of a plan that we offer, or you were a member of a different plan that was terminated.
- -- *and* -- You meet the special eligibility requirements described below.

Please note: If you lose your eligibility but can reasonably be expected to regain eligibility within 1 month, then you are still eligible for membership in our plan (Chapter 4, Section 2.1 of your Evidence of Coverage booklet tells you about coverage and cost sharing during a period of deemed continued eligibility).

**Supplemental benefits covered by Elderplan For Medicaid Beneficiaries (HMO SNP)**

<b>Premiums and Benefits</b>	<b>Plan Name</b>
<b>Acupuncture</b>	Zero cost-sharing per visit. Limited to 20 visits every year.
<b>Health and wellness education program: Fitness Benefit (Gym)</b>	The Silver&Fit® Exercise and Healthy Aging program provides Elderplan members access to participating fitness centers and YMCAs. The fitness center membership includes standard center services such as access to cardiovascular equipment free weights resistance training equipment group exercise classes.

<b>OTC Items</b>	You may purchase up to \$88 every month of certain OTC items on a debit card provided by Elderplan. OTC benefit dollars cannot be carried over to the next month.
<b>Worldwide Emergency/Urgent Coverage</b>	Zero Cost-Sharing for Worldwide Emergency/Urgent Coverage. The Worldwide Emergency/Urgent Coverage maximum benefit amount is \$50,000.

**Section III: Additional Information Section**

**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:

- 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.

- Your “full cost” is usually lower than the normal full price of the drug, since our plan has negotiated lower costs for most drugs.
- The “deductible” is the amount you must pay for your Part D prescription drugs before the plan begins to pay its share.

Once you have paid \$415 for your drugs, you leave the Deductible Stage and move on to the next drug payment stage, which is the Initial Coverage Stage.

## Coverage Gap

If you do not receive “Extra Help,” the Coverage Gap stage (also called the “donut hole”) applies to you. This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,820. After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 37% of the plan’s cost for covered generic drugs until your costs total \$5,100, which is the end of the coverage gap. Not everyone will enter the coverage gap.

## Section IV: Summary of Medicaid-Covered Benefits

People who qualify for Medicare and Medicaid are known as dual eligibles. As a dual eligible, you are eligible for benefits under both the federal Medicare program and the New York State Medicaid program. The Original Medicare and supplemental benefits you receive as a member of this plan are listed in Section II.

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 eligibles 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.
- **Qualified Medicare Beneficiary (QMB):** Helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments). (Some people with QMB are also eligible for full Medicaid benefits (QMB+).)
- **Specified Low-Income Medicare Beneficiary (SLMB):** Helps pay Part B premiums. (Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).)
- **Qualified Individual (QI):** Helps pay Part B premiums.
- **Qualified Disabled & Working Individuals (QDWI):** Helps pay Part A premiums.

## Comprehensive Written Statement for people with Medicare and Medicaid

In order to qualify for enrollment in the Elderplan for Medicaid Beneficiaries (HMO

SNP) Plan you must participate in the New York State Medicaid Program. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what New York State Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. If you have any questions concerning what benefits you are entitled to under the Medicaid program, please call the New York City Human Resources Administration (HRA) at 1-888-692-6116. If you live outside of New York City please call your local district. Contact information for other districts can be found in Chapter 2 of your Evidence of Coverage.

<b>Medicaid Benefit Category</b>	<b>Medicaid Fee for Service</b>
<b>Inpatient Hospital Care including Substance Abuse and Rehabilitation Services</b>	Medicaid covers Medicare deductibles, copays and coinsurances. Up to 365 days per year (366 days for leap year)
<b>Skilled Nursing Facility (SNF)</b>	Medicaid covers Medicare deductibles, copays and coinsurances. Medicaid covers additional days beyond Medicare 100 day limit.
<b>Doctor Office Visits</b>	Medicaid covers Medicare deductibles, copays and coinsurances.
<b>Podiatry Services</b>	Medicaid covers Medicare deductibles, copays and coinsurances (QMB and QMB-Plus Only)
<b>Chiropractic Services</b>	Medicaid covers Medicare deductibles, copays and coinsurances (QMB and QMB-Plus Only)
<b>Outpatient Substance Abuse Care</b>	Medicaid covers Medicare deductibles, copays and coinsurances.
<b>Outpatient Mental Health</b>	Medicaid covers Medicare deductibles, copays and coinsurances
<b>Outpatient Services/Surgery</b>	Medicaid covers Medicare deductibles, copays and coinsurances.

<b>Medicaid Benefit Category</b>	<b>Medicaid Fee for Service</b>
<b>Ambulance Services</b>	Medicaid covers Medicare deductibles, copays and coinsurances.
<b>Emergency Care</b>	Medicaid covers Medicare deductibles, copays and coinsurances.
<b>Urgently Needed Care</b>	Medicaid covers Medicare deductibles, copays, and coinsurances.
<b>Outpatient Rehabilitation Services</b>	Medicaid covers Medicare deductibles, copays and coinsurances. Occupational and Speech therapies are limited to twenty (20) visits and Physical therapy is limited to forty (40) visits per therapy per year, except for children under age 21, or you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.
<b>Prosthetic Devices</b>	Medicaid covers Medicare deductibles, copays and coinsurances. Medicaid covered prosthetics, orthotics, and orthopedic footwear. Prescription footwear coverage is limited to treatment of diabetics or when a shoe is part of a leg brace (orthotic) or if there are foot complications in children under age 21.
<b>Diabetes Self-Monitoring Training, Nutrition Therapy,</b>	Medicaid covers Medicare deductibles, copays and coinsurances.
<b>Diagnostic Tests, X-Rays, Lab Services, and Radiology</b>	Medicaid covers Medicare deductibles, copays and coinsurances.
<b>Bone Mass Measurement</b>	Medicaid covers Medicare deductibles, copays and coinsurances.

<b>Medicaid Benefit Category</b>	<b>Medicaid Fee for Service</b>
<b>Colorectal Screening Exams</b>	Medicaid covers Medicare deductibles, copays and coinsurances.
<b>Immunizations</b>	Medicaid covers Medicare deductibles, copays and coinsurances.
<b>Mammograms</b>	Medicaid covers Medicare deductibles, copays and coinsurances.
<b>Pap Smears and Pelvic Exams</b>	Medicaid covers Medicare deductibles, copays and coinsurances.
<b>Prostate Cancer Screening Exams</b>	Medicaid covers Medicare deductibles, copays and coinsurances.
<b>End Stage Renal Disease</b>	Medicaid covers Medicare deductibles, copays and coinsurances.
<b>Pharmacy Benefits</b>	Medicaid Pharmacy Benefits as allowed by State Law (select drug categories excluded from the Medicare Part D benefit).
<b>Dental</b>	Dental services include, but shall not be limited to, preventive, prophylactic and other dental care, services, supplies, routine exams, prophylaxis, oral surgery (when not covered by Medicare), and dental prosthetic and orthotic appliances required to alleviate a serious health condition, including one which affects employability.

Medicaid Benefit Category	Medicaid Fee for Service
<p><b>Non-Emergency Transportation</b></p>	<p>Transportation expenses are covered when transportation is essential in order for a Member to obtain necessary medical care and services which are covered under the Medicaid program.</p> <p>Transportation services means transportation by ambulance, ambulette, fixed wing or airplane transport, invalid coach, taxicab, livery, public transportation, or other means appropriate to the Member’s medical condition; and a transportation attendant to accompany the Member, if necessary. Such services may include the transportation attendant’s transportation, meals, lodging and salary; however, no salary will be paid to a transportation attendant who is a member of the Member’s family.</p> <p><i>For Members with disabilities, the method of transportation must reasonably accommodate their needs, taking into account the severity and nature of the disability.</i></p>

<b>Medicaid Benefit Category</b>	<b>Medicaid Fee for Service</b>
<b>Inpatient Mental Health Services (over 190-day lifetime limit)</b>	<p>Medicaid covered Medicare deductibles, copays and coinsurances</p> <p>All inpatient mental health services, including voluntary or involuntary admissions for mental health services, over the Medicare 190-Day Lifetime Limit. The Contractor may provide the covered benefit for medically necessary mental health inpatient services through hospitals licensed pursuant to Article 28 of the New York State P.H.L.</p>
<b>Non-Medicare Covered Home Health Services</b>	<p>Medicaid covered home health services include the provision of skilled services not covered by Medicare (e.g. physical therapist to supervise maintenance program for patients who have reached their maximum restorative potential or nurse to pre-fill syringes for disabled individuals with diabetes) and /or home health aide services as required by an approved plan of care.</p>

<b>Medicaid Benefit Category</b>	<b>Medicaid Fee for Service</b>
<b>Non-Medicare Covered Durable Medical Equipment</b>	<p>Medicare and Medicaid covered durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula, and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period of time; 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.</p>
<b>Private Duty Nursing Services</b>	<p>Private duty nursing services provided by a person possessing a license and current registration from the NYS Education Department to practice as a registered professional nurse or licensed practical nurse. Private duty nursing services can be provided through an approved certified home health agency, a licensed home care agency, or a private Practitioner. The location of nursing services may be in the Member's home.</p> <p>Private duty nursing services are covered when determined by the attending physician to be medically necessary. Nursing services may be intermittent, part-time or continuous and provided in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.</p>

<b>Medicaid Benefit Category</b>	<b>Medicaid Fee for Service</b>
<b>Non-Medicare Covered Hearing Services</b>	<p>Medicaid covers Medicare deductibles, copays and coinsurances.</p> <p>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.</p>

<b>Medicaid Benefit Category</b>	<b>Medicaid Fee for Service</b>
<b>Non-Medicare Covered Vision Services</b>	<p>Services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and poly-carbonate 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.</p>
<b>Hospice Services</b>	<p>Medicaid covers Medicare deductibles, copays and coinsurances.</p>
<b>Physical Exams</b>	<p>Medicaid covered Medicare deductibles, copays and coinsurances.</p>

<b>Medicaid Benefit Category</b>	<b>Medicaid Fee for Service</b>
<b>Personal Care Services</b>	<p>Personal care services (PCS) are the provision of some or total assistance with such activities as personal hygiene, dressing and feeding; and nutritional and environmental support function tasks (meal preparation and housekeeping). Such services must be essential to the maintenance of the Member’s health and safety in his or her own home. Personal care must be medically necessary, ordered by the Member’s physician and provided by a qualified person as defined in Part 700.2(b)(14) 10 NYCRR, in accordance with a plan of care.</p>
<b>Certain Mental Health Services</b>	<p>Medicaid coverage of Certain Mental Health Services includes:</p> <ul style="list-style-type: none"> <li>• Intensive Psychiatric Rehabilitation Treatment Programs</li> <li>• Day Treatment</li> <li>• Continuing Day Treatment</li> <li>• Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units)</li> <li>• Partial Hospitalizations</li> <li>• Assertive Community Treatment (ACT)</li> <li>• Personalized Recovery Oriented Services (PROS)</li> </ul>
<b>Methadone Maintenance Treatment Programs (MMTP)</b>	Medicaid coverage provided

<b>Medicaid Benefit Category</b>	<b>Medicaid Fee for Service</b>
<b>Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs</b>	Medicaid coverage provided
<b>Office of Mental Retardation and Developmental Disabilities (OMRDD) Services</b>	Medicaid coverage provided
<b>Comprehensive Medicaid Case Management</b>	Medicaid coverage provided
<b>Directly Observed Therapy for Tuberculosis (TB) Disease</b>	Medicaid coverage provided
<b>AIDS Adult Day Health Care</b>	Medicaid coverage provided
<b>HIV COBRA Case Management</b>	Medicaid coverage provided
<b>Assisted Living Program</b>	Medicaid coverage provided
<b>Medical Social Services</b>	Medical social services include assessing the need for, arranging for and providing aid for social problems related to the maintenance of a patient in the home where such services are performed by a qualified social worker and provided within a plan of care. These services must be provided by a qualified social worker as defined in Section 700.2(b)(24) 10 NYCRR.

<b>Medicaid Benefit Category</b>	<b>Medicaid Fee for Service</b>
<b>Adult Day Health Care</b>	<p>Adult day health care is care and services provided in a residential health care facility or approved extension site under the medical direction of a physician to a person who is functionally impaired, not homebound, and who requires certain preventive, diagnostic, therapeutic, rehabilitative or palliative items or services. Adult day health care includes the following services: medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure time activities which are a planned program of diverse meaningful activities, dental, pharmaceutical, and other ancillary services.</p>
<b>Community First Choice Option (CFCO) Services</b>	<p>Home and community based services and supports available to qualified individuals pursuant to section 365-a(2)(bb) of the New York Social Services Law and section 1396n(k) of title 42 of the United States Code.</p>

<b>Medicaid Benefit Category</b>	<b>Medicaid Fee for Service</b>
<p><b>Personal Emergency Response Services (PERS)</b></p>	<p>Personal Emergency Response Services (PERS) is an electronic device which enables certain high-risk patients to secure help in the event of a physical, emotional or environmental emergency. A variety of electronic alert systems now exist which employ different signaling devices. Such systems are usually connected to a patient’s phone and signal a response center once a “help” button is activated. In the event of an emergency, the signal is received and appropriately acted upon by a response center.</p>

<b>Medicaid Benefit Category</b>	<b>Medicaid Fee for Service</b>
<b>Nutrition</b>	<p>Nutrition services includes the assessment of nutritional needs and food patterns, or the planning for the provision of foods and drink appropriate for the individual’s physical and medical needs and environmental conditions, or the provision of nutrition education and counseling to meet normal and therapeutic needs. In addition, these services may include the assessment of nutritional status and food preferences, planning for provision of appropriate dietary intake within the patient’s home environment and cultural considerations, nutritional education regarding therapeutic diets as part of the treatment milieu, development of a nutritional treatment plan, regular evaluation and revision of nutritional plans, provision of in-service education to health agency staff as well as consultation on specific dietary problems of patients and nutrition teaching to patients and families. These services must be provided by a qualified nutritionist as defined in Part 700.2(b)(5), 10 NYCRR.</p>

<b>Medicaid Benefit Category</b>	<b>Medicaid Fee for Service</b>
<p><b>Medical and Surgical Supplies, Enteral and Parenteral Formula and Hearing Aid Batteries</b></p>	<p>These items are generally considered to be one-time only use, consumable items routinely paid for under the Durable Medical Equipment category of fee-for-service Medicaid.</p> <p>Coverage of enteral formula and nutritional supplements are limited to coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding. Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following three conditions: 1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3) children who require medical formulas due to mitigating factors in growth and development. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein or which contain modified protein.</p>

<b>Medicaid Benefit Category</b>	<b>Medicaid Fee for Service</b>
<b>Medicare Part D Prescription Drug Benefit as Approved by CMS</b>	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 and Social Services office.

<b>Method</b>	<b>New York State Department of Health– Contact Information</b>
<b>CALL</b>	<p>1-888-692-6116  New York City: 718-557-1399  Available 8:00 am to 5:00 pm, Monday through Friday  Nassau County: 516-227-8000  Available 8:00 am to 4:00 pm, Monday through Friday  Westchester County: 914-995-3333  Available 8:30 am to 5:00 pm, Monday through Friday</p>
<b>TTY</b>	<p>711  This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p>
<b>WRITE</b>	<p>New York City Human Resources Administration  Medical Assistance Program Correspondence Unit  785 Atlantic Avenue  1st Floor  Brooklyn, NY 11238</p> <p>Nassau County Department of Social Services  60 Charles Lindbergh Boulevard  Uniondale, NY 11553</p> <p>Westchester County Department of Social Services  White Plains District Office  85 Court Street  White Plains, NY 10601</p>
<b>WEBSITE</b>	<p><a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></p>

## 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 7<sup>th</sup> 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>.

## Language Taglines

**ATTENTION:** If you speak a non-English language or require assistance in ASL, language assistance services, free of charge, are available to you. Call 1-800-353-3765 (TTY: 711).

(Spanish) **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-353-3765 (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 1-800-353-3765 (TTY: 711)。

(Russian) **ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-353-3765 (телетайп: 711).

(French Creole) **ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-353-3765 (TTY: 711).

(Korean) **주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-353-3765 (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 1-800-353-3765 (TTY: 711).

(Yiddish) **אויפמערקזאם:** אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט  
1-800-353-3765 (TTY: 711)

(Bengali) **লক্ষ্য করুনঃ** যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-353-3765 (TTY: 711)।

(Polish) **UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-353-3765 (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 (TTY: 711) 1-800-353-3765.

(French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-353-3765 (ATS: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں  
(Urdu)  
1-800-353-3765 (TTY: 711).

(Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-353-3765 (TTY: 711).

(Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-353-3765 (TTY: 711).

(Albanian) KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-353-3765 (TTY: 711).



For more information, call us toll-free

**1-800-353-3765**

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.