

2019



# Summary of Benefits

## Elderplan Advantage for Nursing Home Residents (HMO SNP)

*January 1, 2019 to December 31, 2019*

**Elderplan Summary of Benefits  
for Advantage For Nursing Home Residents (HMO SNP)**

January 1, 2019 - December 31, 2019

Bronx, Kings, Monroe, Nassau, New York, Queens, Richmond, Suffolk, and  
Westchester Counties, NY

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SUMMARY OF BENEFITS – Elderplan Advantage For Nursing Home Residents (HMO SNP) **2019**

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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 contract renewal.

### WHO CAN JOIN?

To join **Elderplan Advantage For Nursing Home Residents (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in a Institutional Special Needs Plan Contracted nursing home.

Our service area includes the following counties in New York: Bronx, Kings, Monroe, Nassau, New York, Queens, Richmond, Suffolk, 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, call us and ask for the “Evidence of Coverage.”

### 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 Advantage For Nursing Home Residents (HMO SNP)**).

### TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits booklet gives you a summary of what **Elderplan Advantage For Nursing Home Residents (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

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<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 Advantage For Nursing Home Residents (HMO SNP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug 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 ADVANTAGE FOR NURSING HOME RESIDENTS (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 ADVANTAGE FOR NURSING HOME RESIDENTS (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 Advantage For Nursing Home Residents (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 directories.

## **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. 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>Premium and Benefits</b>   | Elderplan Advantage For Nursing Home Residents (HMO SNP)   |
|---|--|
| <b>Monthly Plan Premium</b>   | \$39.30 per month for your Part D premium. In addition, you must keep paying your Medicare Part B premium.   |
| <b>Deductible</b>   | <p>This plan has deductibles for some hospital and medical services, and Part D prescription drugs.</p> <p>The deductible amount is \$185 per year for in network services.</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>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services</p> |



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|                                    |  |
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|                                    | <p>and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your 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>  |
| <b>Inpatient Hospital Coverage</b> | <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:</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 91 and beyond: \$682 copayment per lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime)</li><li>• Beyond lifetime reserve days, you pay all costs.</li></ul> |

**SUMMARY OF BENEFITS – Elderplan Advantage For Nursing Home Residents (HMO SNP) 2019**

|   |   |
|---|---|
|   | Authorization is required, except in an emergency.  |
| <b>Outpatient Hospital Coverage</b>                               | 20% coinsurance for each service<br>Three (3) Pint Deductible Waived  |
| <b>Doctor Visits<br/>(Primary Care Providers and Specialists)</b> | Zero cost-sharing for each visit  |
| <b>Preventive Care</b>  | Zero cost-sharing for the following preventive services: <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> <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> </ul> |

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|  | <ul style="list-style-type: none"> <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> |
| <b>Emergency Care</b>  | <p>20% coinsurance (up to \$90) for each visit.</p> <p>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>   |
| <b>Urgently Needed Services</b>  | <p>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><b>Diagnostic Services/Labs/Imaging</b></p> <p>Diagnostic Procedures/Tests<br/>Lab services<br/>Diagnostic Radiological<br/>Therapeutic Radiological<br/>X-Rays</p> | <p>20% coinsurance for:</p> <ul style="list-style-type: none"> <li>• Medicare-covered Diagnostic Procedures / Tests</li> <li>• Diagnostic Radiological</li> <li>• Therapeutic Radiological</li> <li>• X-Rays</li> </ul>  |

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|--------------------------------|--|
|                                | <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><b>Hearing Services</b></p> | <p>20% coinsurance for Medicare-covered diagnostic hearing exams and balance exam</p> <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 \$2,000 plan coverage limit for hearing aids. Authorization is required for hearing aid(s) by a Physician or Specialist</li> </ul> |
| <p><b>Dental Services</b></p>  | <p><b><u>Preventive Dental Services</u></b><br/>Not Covered</p> <p><b><u>Comprehensive Dental Services</u></b><br/>20% coinsurance for Medicare-covered benefits</p> <p>Medicare will only pay for selected Comprehensive Dental Services that you receive while in a hospital. Medicare will also pay for hospital stays if you need to have an emergency or complicated dental procedure.</p>  |

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|   |  |
|---|--|
|   | <p>A Referral is required for Comprehensive Dental Services. For more information about which services are covered please contact Member Services.</p>   |
| <p><b>Vision Services</b></p>   | <p>\$25 copayment for Medicare-covered exams to diagnose and treat diseases and conditions of the eye</p> <p>20% coinsurance Glaucoma Screening</p> <p>Zero cost sharing for:</p> <ul style="list-style-type: none"> <li>• \$0 Copayment for routine eye exam once every year</li> <li>• One pair of Medicare covered eyeglasses or contact lenses after cataract surgery</li> <li>• Eyewear up to a \$200 limit per calendar year. Eyewear provided after cataract surgery is not subject to this \$200 limit.</li> </ul> |
| <p><b>Mental Health (Outpatient):</b></p> <p><b>Mental Health Specialty Services</b></p> <p><b>Psychiatric Services</b></p> | <p>50% coinsurance for each Medicare-covered Mental Health Specialty Service Individual or Group Session*</p> <p>45% coinsurance for each Medicare-covered Psychiatric Service for each individual or group session. *</p> <p>*Authorization is Required</p>   |

**Mental Health: Inpatient  
Mental Health**

A per admission deductible is applied once during the defined benefit period on the day of admission.

Our plan covers up to 90 days of medically necessary hospitalization for each benefit period.

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.

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.

In 2019 the amounts for each benefit period are:

- \$1,364 deductible for each benefit period
- Days 1-60: \$0 copayment per day
- Days 61-90: \$341 copayment per day
- Days 91 and beyond: \$682 copayment per lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime)
- Beyond lifetime reserve days: you pay all costs
- Beyond lifetime reserve days: you pay all costs
- 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.

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|                                 |   |
|---------------------------------|---|
|                                 | Authorization required, except in an emergency.   |
| <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 hospital stay are:</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 costs</li> </ul> <p>Authorization is required.</p> |
| <b>Physical Therapy</b>         | 20% coinsurance for each service  |
| <b>Ambulance</b>                | 20% coinsurance for each one-way trip   |
| <b>Transportation</b>           | Zero cost-sharing for up to 35 one-way trips per calendar year to a plan-approved location by ambulette only.   |
| <b>Medicare Part B Drugs</b>    | <p>20% coinsurance for:</p> <p>Chemotherapy drugs</p> <p>Other Part B drugs</p>   |

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| <b>Outpatient Prescription Drugs</b> |   |
|--------------------------------------|---|
| <b>Deductible</b>                    | \$415 per year for Part D prescription drugs.   |
| <b>Initial Coverage</b>              | <p>After you pay your yearly deductible, you pay 25% coinsurance for all drugs covered by this plan until your total yearly drug costs reach \$3,820.</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. 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> |



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| <b>Outpatient Prescription Drugs</b> |   |
|--------------------------------------|---|
| <b>Coverage Gap</b>                  | <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> |
| <b>Catastrophic Coverage</b>         | <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:</p> <ul style="list-style-type: none"><li>• 5% of the cost, or</li><li>• \$3.40 copayment for generic (including brand drugs treated as generic) and</li><li>• \$8.50 copayment for all other drugs</li></ul>  |

### Special eligibility requirements for our plan

Our plan is designed to meet the specialized needs of people who need a level of care that is usually provided in a nursing home.

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To be eligible for our plan, you must live in one of our network nursing homes. Please see the plan's *Provider and Pharmacy Directory* for a list of our network nursing homes or call Member Services and ask us to send you a list (phone numbers are printed on the back cover of this booklet).

*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 tells you about coverage and cost sharing during a period of deemed continued eligibility).

### **Supplemental benefits covered by Elderplan Advantage For Nursing Home Residents (HMO SNP)**

| <b>Premiums and Benefits</b> | <b>Plan Name</b>  |
|------------------------------|---|
| <b>Acupuncture</b>           | You Pay nothing Medicare-covered services<br>20 Visits every Year |

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|--|--|
| <b>Worldwide<br/>Emergency/Urgent Coverage</b> | \$65 copayment for Worldwide Emergency/Urgent Coverage. The maximum benefit coverage amount is \$50,000. |
|--|--|

### **Section III: Additional Information Section**

Elderplan Advantage for Nursing Home Residents (HMO SNP) provides an extra layer of care for nursing home residents by adding a nurse practitioner to their existing clinical team of primary care doctors, nurses, social workers, etc. Our nurse practitioners (NP) are on site in the nursing home and are assigned to care for Elderplan members. This means that they're visiting almost daily (including weekends, if clinically indicated), and communicate with residents and families on a regular basis. In order to enhance communication, the nurse practitioner is also available telephonically. Our nurse practitioners collaborate closely with our resident's primary care doctors to develop an individualized plan of care for each Elderplan member based on the member's clinical and social needs, and the nurse practitioner will work closely with the resident and their family to developing the care plan. The nurse practitioner is able to order and coordinate the above consultation and treatment services, as well as request multiple outpatient procedures (such as blood transfusions, biopsies, and some minor surgical procedures), which would otherwise be done in the hospital with stressful multi-day stays.

Our nurse practitioners take a holistic, comprehensive approach to caring for our members, where family dynamics and the resident's interactions with their loved ones are recognized as centrally important for the resident's well-being.

Plan Members are covered for up to 5 days of Therapeutic Leave, authorization not required. Therapeutic Leave refers to any overnight stay away from the Skilled Nursing Facility (SNF) for which the health plan provides a per diem reimbursement when the patient's absence is due to a therapeutic leave. This

leave must be consistent with a plan of care ordered by a treating health care professional or due to other leaves of absences regardless of occupancy rate of the SNF at the time of leave.

## **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:

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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>.

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### 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)।

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(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.