

2019



Summary of Benefits

Elderplan Extra Help (HMO)

January 1, 2019 to December 31, 2019

Elderplan Summary of Benefits for Elderplan Extra Help (HMO)

January 1, 2019 - December 31, 2019

Bronx, Kings, New York, Queens, and Westchester Counties, NY

H3347_EP16408_M

SUMMARY OF BENEFITS – Elderplan Extra Help (HMO) 2019

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 Extra Help (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in New York: Bronx, Kings, 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, 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 Extra Help (HMO)**).

TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits booklet gives you a summary of what **Elderplan Extra Help (HMO)** 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 Extra Help (HMO)**
- 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 EXTRA HELP (HMO)

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 EXTRA HELP (HMO) 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

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

Elderplan Extra Help (HMO) 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 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. 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

Premiums and Benefits	Elderplan Extra Help (HMO)
Monthly Plan Premium	\$39.30 per month for the Part D premium. In addition, you must keep paying your Medicare Part B premium.
Deductible	<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>
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<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 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>
Inpatient Hospital Coverage	A per admission deductible is applied once during the defined benefit period on the day of admission.

Premiums and Benefits	Elderplan Extra Help (HMO)
	<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"> • \$1,364 deductible for each benefit period • Days 1-60: \$0 copayment per day • Days 61-90: \$341 copayment per day • Days 91and 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. <p>Authorization is required, except in an emergency.</p>
<p>Outpatient Hospital Coverage</p>	<p>20% coinsurance for each visit</p>
<p>Doctor Visits (Primary Care Providers and Specialists)</p>	<ul style="list-style-type: none"> • Primary Care Physician visit: Zero Cost sharing for each visit. • Specialist Visit - \$40 Copayment. • Other Health Care Professional Visits- 20% coinsurance. <ul style="list-style-type: none"> ○ Authorization is only required for in-home visits billed by a Nurse Practitioner or Physician’s Assistant.

Premiums and Benefits	Elderplan Extra Help (HMO)
<p>Preventive Care</p>	<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 ● 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)

Premiums and Benefits	Elderplan Extra Help (HMO)
	<ul style="list-style-type: none"> • “Welcome to Medicare” Preventive Visit (one-time) <p>Other preventive services may be covered if approved by Medicare.</p>
Emergency Care	<p>\$90 copayment for each Medicare-covered emergency room 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>
Urgently Needed Services	<p>\$35 Copayment 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 urgently needed services. See the "Inpatient Hospital Care" section of this booklet for other costs.</p>
Diagnostic Services/Labs/Imaging Diagnostic Procedures/Tests Lab services Diagnostic Radiological	<p>20% coinsurance for:</p> <ul style="list-style-type: none"> Medicare-covered Diagnostic Procedures / Tests Diagnostic Radiological Therapeutic Radiological

Premiums and Benefits	Elderplan Extra Help (HMO)
<p>Therapeutic Radiological</p> <p>X-Rays</p>	<p>X-Rays</p> <p>Zero cost-sharing for Blood services or 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>Hearing Services</p>	<p>20% coinsurance for Medicare-covered diagnostic hearing and balance exams</p> <p>Zero Cost Sharing:</p> <ul style="list-style-type: none"> • Routine Hearing Exam once every 3 years • Fitting/Evaluation for Hearing Aid once every 3 years • Hearing aid for one single ear for up to \$500 total, every 3 years. <p>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>There is no coinsurance, copayment, or deductible for the following:</p> <p>Exams</p> <p>1 every 6 months from the selected codes: D0120, D0140, D0150, D0160, D0170, D0180</p> <p>Cleanings</p> <p>1 every 6 months from the selected codes: D1110, D1120, D1208</p>

Premiums and Benefits	Elderplan Extra Help (HMO)
	<p>Dental X-Rays 1 every 12 months from the selected codes: D0220, D0230, D0240, D0250, D0270, D0272, D0273, D0274, D0277, D0330, D0340, D0350 Except Complete Series which is 1 every 36 months from the selected code D0210</p> <p><u>Comprehensive Dental Services</u> 20% coinsurance for Medicare-covered services 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> <p>Coverage of Supplemental Comprehensive Dental service is limited to the following services:</p> <p><u>Restorative Services</u> Selected Codes Only at \$0 copayment /1 every 24 months per tooth: D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394</p> <p>Selected Codes Only at \$0 copayment/1 every 6 months: D2910, D2920, D2921</p> <p>Selected Codes at \$0 copayment/1 every 60 months per tooth: D2930, D2931, D2951</p> <p>Selected codes at \$50 copayment/ 1 every 60 months per tooth: D2952, D2953, D2954</p>

Premiums and Benefits	Elderplan Extra Help (HMO)
	<p>Selected codes at \$250 copayment/ 1 every 60 months per tooth: D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2790, D2791, D2792</p> <p><u>Endodontic Services</u> Selected Codes Only \$0 copayment /1 per lifetime, per tooth: D3220, D3230, D3240, D3310, D3320, D3346, D3347</p> <p>Selected Codes Only \$40 copayment /1 per lifetime, per tooth: D3330, D3348, D3410, D3421, D3425, D3426, D3427, D3430</p> <p><u>Periodontics Services</u> Selected Codes Only at \$0 copayment / 1 every 36 months, per quadrant: D4341, D4342</p> <p>Selected Codes Only at \$0 copayment / 1 every 36 months: D4355, D4910</p> <p>Selected Codes Only at \$40 copayment/1 every 36 months, per quadrant: D4210</p> <p>Selected Codes Only at \$300 copayment/1 every 60 months, per quadrant: D4260 Selected Codes Only at \$150 copayment/1 every 60 months, per quadrant: D4261</p> <p><u>Maxillofacial Services</u> Selected Codes Only at \$0 copayment: D5410,</p>

Premiums and Benefits	Elderplan Extra Help (HMO)
	<p>D5411, D5421, D5422</p> <p>Selected Codes Only at \$0 copayment/ 1 every 12 months: D5510, D5520, D5610, D5620, D5630, D5640, D5650, D5660, D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761</p> <p>Selected Codes Only at \$300 copayment / 1 every 60 months: D5863, D5864, D5865, D5866 D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5281</p> <p><u>Prosthodontics Services</u></p> <p>Selected Codes Only at \$0 copayment: D6930</p> <p>Selected Codes Only at \$300 copayment / 1 every 60 months, per tooth: D6210, D6211, D6212, D6240, D6241, D6242, D6250, D6251, D6252, D6545, D6610, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6790, D6791, D6792</p> <p><u>Oral and Maxillofacial Surgery Services</u></p> <p>Selected codes only at \$0 copayment, 1 per lifetime, per tooth: D7140, D7210, D7220</p> <p>Selected codes only at \$0 copayment, 1 per lifetime, per quadrant: D7310</p> <p>Selected codes only at \$0 copayment, 1 every 12 months, per quadrant: D7320</p>

Premiums and Benefits	Elderplan Extra Help (HMO)
	<p>Selected codes only at \$0 copayment, 1 per lifetime, per quadrant: D7310</p> <p>Selected codes only at \$0 copayment, 1 every 12 months, per quadrant: D7320</p> <p>Selected codes only at \$100 copayment, 1 per lifetime, per tooth: D7230, D7240, D7241, D7250, D7260, D7280, D7282</p> <p>Selected codes only for \$100 copayment: D7340, D7410, D7411, D7440, D7441, D7450, D7451, D7460, D7461, D7471, D7473, D7510, D7520, D7960, D7970, D7971</p> <p><u>Adjunctive General Services</u></p> <p>Selected codes only at \$0 copayment: D9110, D9210, D9211, D9212, D9215, D9310, D9430, D9951, D9952</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	<p>Zero cost sharing for:</p> <ul style="list-style-type: none"> • Routine eye exam once every year • One pair of Medicare covered eyeglasses or contact lenses after cataract surgery • Glaucoma Screening

Premiums and Benefits	Elderplan Extra Help (HMO)
	<p>Eyewear up to a \$100 limit per calendar year. Eyewear provided after cataract surgery is not subject to this \$100 limit.</p> <p>\$25 copayment for Medicare-covered exams to diagnose and treat diseases and conditions of the eye</p>
<p>Mental Health (Outpatient) Mental Health Specialty Services</p> <p>Psychiatric Services</p>	<p>\$20 copayment each Medicare-covered Mental Health Specialty Service Individual</p> <p>\$5 copayment for each outpatient Mental health Specialty Group Session</p> <p>\$25 copayment each for each Medicare-covered Psychiatric Service for each individual session.</p> <p>\$5 copayment for each Psychiatric group session</p>
<p>Mental Health Services: Inpatient Mental Health</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>

Premiums and Benefits	Elderplan Extra Help (HMO)
	<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, 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"> • \$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 • 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. <p>Authorization required, except in an emergency.</p>
<p>Skilled Nursing Facility</p>	<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"> • Days 1 - 20: \$0 per day

Premiums and Benefits	Elderplan Extra Help (HMO)
	<ul style="list-style-type: none"> • Days 21 - 100: \$170.50 per day • Days 101 and beyond: you pay all costs <p>Authorization is required.</p>
Physical Therapy	20% coinsurance for each service Authorization is required.
Ambulance	20% coinsurance for each one-way trip. Authorization is required for non-emergency services.
Transportation	Not covered
Medicare Part B Drugs	20% coinsurance for: Chemotherapy drugs Other Part B drugs Authorization is required for certain items.

Outpatient Prescription Drugs	
Deductible	\$415 per year for Part D prescription drugs.
Initial Coverage	<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.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy for a (31-day)</p>

Outpatient Prescription Drugs

	<p>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	<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>
Catastrophic Coverage	<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">• 5% of the cost, or• \$3.40 copayment for generic (including brand drugs treated as generic) and

Outpatient Prescription Drugs	
	<ul style="list-style-type: none"> • \$8.50 copayment for all other drugs

Supplemental benefits covered by Elderplan Extra Help (HMO)

Premiums and Benefits	Elderplan Extra Help (HMO)
Annual Physical Exam	Zero Cost Sharing for an annual Physical exam.
OTC Items	You may purchase up to \$55 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.
Health and wellness education programs Fitness (Gym) Access	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.
Housekeeping Services	Zero Cost Sharing for each Housekeeping service for 2 hours, once per week for 4 weeks after hospitalization for certain cardiac and ortho procedures. Authorization is required.
Worldwide Emergency/Urgent Coverage	\$65 copayment for Worldwide Emergency/Urgent Coverage (if admitted to the hospital, there is no copayment). The maximum benefit coverage amount is \$50,000.

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>.

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 1-800-353-3765 (TTY: 711).

(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.

TTY/TDD users should call

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Visit our website

Elderplan.org

Elderplan is an HMO plan with Medicare and Medicaid contracts. Enrollment in Elderplan depends on contract renewal. Anyone entitled to Medicare Parts A and B may apply. Enrolled members must continue to pay their Medicare part B premium if not otherwise paid for under Medicaid.