

2020



Summary of Benefits

Elderplan for Medicaid Beneficiaries (HMO D-SNP)

January 1, 2020 to December 31, 2020

Elderplan Summary of Benefits

for Elderplan for Medicaid Beneficiaries (HMO D-SNP)

January 1, 2020 - December 31, 2020

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

SUMMARY OF BENEFITS – Elderplan For Medicaid Beneficiaries
(HMO D-SNP) 2020

Proposed Effective Date _____/_____/_____

Primary Care Provider

Name

Address

Phone Number

Name of Sales Representative

Important Numbers

Member Services: 1-800-353-3765, TTY 711, 8 am to 8 pm, 7 days
a week

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SECTION I: Introduction to Summary of Benefits

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

This booklet gives you a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, see the 2020 Elderplan for Medicaid Beneficiaries (HMO D-SNP) Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at www.elderplan.org.

IN THIS BOOKLET WE DESCRIBE

PLAN OVERVIEW

ELDERPLAN CONTACT INFORMATION

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- USEFUL INFORMATION ABOUT MEDICARE
- INFORMATION ABOUT ELDERPLAN FOR MEDICAID BENEFICIARIES

SECTION II: SUMMARY OF BENEFITS

- MONTHLY PREMIUM, DEDUCTIBLE, AND MAXIMUM OUT-OF-POCKET COSTS
- COVERED MEDICAL AND HOSPITAL BENEFITS
- PRESCRIPTION DRUG BENEFITS
- ADDITIONAL BENEFITS

SECTION III: SUMMARY OF MEDICAID BENEFITS NOT COVERED BY ELDERPLAN

- MEDICAID BENEFITS

ELDERPLAN CONTACT INFORMATION

ELDERPLAN FOR MEDICAID BENEFICIARIES HOURS OF OPERATION

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

ELDERPLAN FOR MEDICAID BENEFICIARIES PHONE NUMBERS AND WEBSITE

- If you are a member of this plan, call toll-free 1-800-353-3765. (TTY user should call 711.) Hours are 8 am to 8 pm, 7 days a week.
- If you are not a member of this plan, call toll-free 1-866-695-8101. (TTY 711 users should call 711.) Hours are 8 am to 8 pm, 7 days a week.
- Our website: www.elderplan.org

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 am to 8 pm, 7 days a week. This information is also available in different formats, including Braille or other alternate formats. Please call Member Services at the number listed above if you need plan information in another format or language.

WHO CAN JOIN?

To join Elderplan For Medicaid Beneficiaries (HMO D-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.

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

People who qualify for Medicare and Medicaid are known as dual eligible. You must be eligible for Medicaid coverage and meet the enrollment eligibility requirements for Elderplan for Medicaid Beneficiaries. The kind of Medicaid benefits you receive are determined by New York state and may vary based upon your income and resources. With the assistance of Medicaid, some dual eligible do not have to pay for certain Medicare costs. As an Elderplan for Medicaid Beneficiaries member who qualifies for Medicaid coverage, additional benefits may be available to you from Medicaid.

USEFUL INFORMATION

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 D-SNP)).

Tips for comparing your Medicare Choices

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

- You can compare Elderplan for Medicaid Beneficiaries and Original Medicare using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers. Our members receive all of the benefits that Original Medicare

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offers. The Medicaid section includes information about services that you may receive from Medicaid. The covered benefits may change from year to year.

- 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.
 - 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>.

INFORMATION ABOUT ELDERPLAN FOR MEDICAID BENEFICIARIES

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 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
- -- *and* -- You live in our geographic service area: Bronx, Kings, Nassau, New York, Queens, and Westchester.

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- -- *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.

The kind of Medicaid benefits you receive are determined by New York 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.

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

Which Doctors, Hospitals, Pharmacies can I use?

Elderplan For Medicaid Beneficiaries (HMO D-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 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.
- 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?

Most of our members in Elderplan for Medicaid Beneficiaries get “Extra Help” with their prescription drug costs. If you receive “Extra Help,” your deductible and cost share amount will depend on the level of “Extra Help” you receive. As a member of our plan, you will receive a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also known as the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug coverage. Please refer to the “LIS Rider” for information about your deductible and cost share amounts.

If you do not receive “Extra Help,” you are responsible for your Part D drug costs.

SUMMARY OF BENEFITS – Elderplan For Medicaid Beneficiaries (HMO D-SNP) 2020

Section II: Summary of Benefits

The following are the health care costs for Elderplan for Medicaid Beneficiaries. If you meet the eligibility requirements to be in this plan, Medicaid may help pay any health care expenses you may have.

Elderplan For Medicaid Beneficiaries (HMO D-SNP)	
Monthly Plan Premium	<p>\$0 or \$31.70 per month for your Part D Premium.</p> <p>You must continue to pay your Part B Premium (unless your Part B Premium is paid for you by Medicaid or another third party).</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your plan premium.</p>
Deductible	<p>\$185</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your Part B Deductible.</p> <p>This plan has deductibles for, Inpatient, some medical services, and Part D prescription drugs.</p>

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Elderplan For Medicaid Beneficiaries (HMO D-SNP)	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>\$6,700</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 maximum out-of-pocket costs, we will pay the full cost of your covered hospital and medical services 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>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

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Elderplan For Medicaid Beneficiaries (HMO D-SNP)

Inpatient Hospital Coverage

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

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.

The following are 2019 cost-sharing amounts and may change for 2020. Elderplan for Medicaid Beneficiaries (HMO D-SNP) will provide updated rates as soon as they are released.)

The amounts for each benefit period are \$0* OR:
\$1,364 deductible.
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).

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Inpatient Hospital Coverage (continued)	<p>Beyond lifetime reserve days: you pay all costs.</p> <p>Authorization is required.</p> <p>If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at a network hospital.</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Outpatient Hospital Coverage	<p>0% or 20% coinsurance for Outpatient Hospital Services*:</p> <p>Partial hospitalization. Authorization is required.</p> <p>Prosthetic Device or Medical Supplies. Authorization is required.</p> <p>Occupational, Physical, and/or Speech/Language Therapy service. Authorization is required.</p>

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Elderplan For Medicaid Beneficiaries (HMO D-SNP)	
Outpatient Hospital Coverage (continued)	<p>Diagnostic Radiological services. Authorization is required ONLY for Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT).</p> <p>Medicare Part B prescription drugs. Authorization is required for certain items.</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Doctor Visits (Primary Care Providers and Specialists)	<p>0% or 20% coinsurance for each visit*.</p> <p>For Medicare-covered physician/practitioner services, including office visits and telehealth services.</p> <p>Authorization is only required for in home visits billed by a Nurse Practitioner or Physician Assistant directly.</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</p>

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Elderplan For Medicaid Beneficiaries (HMO D-SNP)	
Preventive Care	<p>\$0 Cost-Sharing for the following preventive services:</p> <ul style="list-style-type: none">Annual “Wellness” visitAbdominal aortic aneurysm screeningBone mass measurementBreast cancer screening (mammograms)Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)Cardiovascular disease testingCervical and vaginal cancer screeningColorectal cancer screeningDepression screeningDiabetes screeningDiabetes Self-Management trainingHIV screeningImmunizations including: Flu shots, Hepatitis B shots, Pneumococcal shotsMedical nutrition therapy servicesMedicare Diabetes Prevention Program (MDPP)Obesity screening and therapy to promote sustained weight lossProstate cancer screening examsScreening and counseling to prevent alcohol misuse

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Preventive Care (continued)	<p>Screening for Lung Cancer with low dose computed tomography (LDCT)</p> <p>Sexually transmitted infection (STI) screening and counseling to prevent STIs</p> <p>Smoking and Tobacco use cessation (counseling to stop smoking or tobacco use)</p> <p>Vision Care (Medicare-covered preventive and diagnostic eye exams including: eye exams if you have diabetes, glaucoma tests, and macular degeneration tests and treatment)</p> <p>“Welcome to Medicare” Preventive Visit (one-time)</p> <p>Other preventive services may be covered by Medicare during the benefit year.</p>
Emergency Care	<p>0% or 20% coinsurance (up to \$90) for each visit*.</p> <p>If you are admitted to the hospital within 24 hours, for the same condition, there is no coinsurance.</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</p>

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Urgently Needed Services	<p>0% or 20% coinsurance (up to \$65) for each visit*.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, there is no coinsurance.</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</p>
Diagnostic Services/ Labs/Imaging	<p>\$0 copayment for each of the following services:</p> <p>Outpatient Blood Services Lab Services</p> <p>0% or 20% coinsurance for each of the following services*:</p> <p>X-Ray Services. Therapeutic Radiological Outpatient Diagnostic procedures/ tests. Prosthetic Device or Medical Supply. Authorization is required. Occupational, Physical, and/or Speech/Language Therapy service. Authorization is required.</p>

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Elderplan For Medicaid Beneficiaries (HMO D-SNP)	
Diagnostic Services/ Labs/Imaging (continued)	<p>Diagnostic Radiological services. Authorization is required ONLY for Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT).</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Hearing Services	<p>0% or 20% coinsurance for Medicare-covered diagnostic hearing exams*.</p> <p>0% coinsurance for the following (once every 3 years): Non-Medicare covered Routine Hearing Exam Fitting/Evaluation for Hearing Aids Hearing Aids (all types) up to \$1,300 total for both ears combined. Authorization is required by a Physician or Specialist.</p> <p>* If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>

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Dental Services

Preventive Dental Services:

Not Covered

Comprehensive Dental Services:

0% or 20% coinsurance for Medicare-covered services*

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

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.

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).

Upon exhaustion of the \$375 per quarter (3 months) or the rolled over cumulative amount the member will be responsible for the full cost.

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Comprehensive Dental Services: (continued)

Benefit frequency may be limited per American Dental Association guidelines.

†A referral is required for Comprehensive Dental Services. For more information about exclusions and limitations please see your Dental Handbook.

MAJOR SERVICES

Endodontic Services†

COVERED SERVICES	CODES	COPAYMENT	FREQUENCY
Root Canal Therapy, back teeth	D3330	No charge	Once per lifetime, per tooth
Retreatment of Root Canal Therapy – Back Teeth	D3348	No charge	Once per lifetime, per tooth

Periodontic Services†

COVERED SERVICES	CODES	COPAYMENT	FREQUENCY
Gingivectomy – Four or More Teeth per Quadrant	D4210	No charge	Once per 36 months
Gingival Flap Procedure	D4240	No charge	Once per 60 months
Osseous Surgery – Four or More Teeth per Quadrant	D4260	No charge	Once per 60 months
Osseous Surgery – One to Three Teeth per Quadrant	D4261	No charge	Once per 60 months

Restorative Services †

COVERED SERVICES	CODES	COPAYMENT	FREQUENCY
Crown - Resin-based Composite	D2710	No charge	Once per 60 months, per tooth
Crown - 3/4 Resin-based Composite	D2712	No charge	Once per 60 months, per tooth
Crown - Resin with High Noble Metal	D2720	No charge	Once per 60 months, per tooth
Crown - Resin with Predominantly Base Metal	D2721	No charge	Once per 60 months, per tooth
Crown - Resin with Noble Metal	D2722	No charge	Once per 60 months, per tooth
Crown - Porcelain/Ceramic Substrate	D2740	No charge	Once per 60 months, per tooth
Crown - Porcelain Fused to High Noble Metal	D2750	No charge	Once per 60 months, per tooth

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Restorative Services (continued) †			
COVERED SERVICES	CODES	COPAYMENT	FREQUENCY
Crown - Porcelain Fused to Predominantly Base Metal	D2751	No charge	Once per 60 months, per tooth
Crown - Porcelain Fused to Noble Metal	D2752	No charge	Once per 60 months, per tooth
Crown - Full Cast High Noble Metal	D2790	No charge	Once per 60 months, per tooth
Crown - Full Cast Predominantly Base Metal	D2791	No charge	Once per 60 months, per tooth
Crown - Full Cast Noble Metal	D2792	No charge	Once per 60 months, per tooth
Post and Core in Addition to Crown (Major Restorative)	D2952	No charge	Once per 60 months, per tooth
Each Additional Indirectly Fabricated Post - Same Tooth (Major Restorative)	D2953	No charge	Once per 60 months, per tooth
Prefabricated Post and Core in Addition to Crown (Major Restorative)	D2954	No charge	Once per 60 months, per tooth
Prosthodontic Services – Fixed †			
COVERED SERVICES	CODES	COPAYMENT	FREQUENCY
Pontic - Indirect Resin Based Composite	D6210	No charge	Once per 60 months, per tooth
Pontic - Cast Predominantly Base Metal	D6211	No charge	Once per 60 months, per tooth
Pontic - Cast Noble Metal	D6212	No charge	Once per 60 months, per tooth
Pontic - Porcelain Fused to High Noble Metal	D6240	No charge	Once per 60 months, per tooth
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	No charge	Once per 60 months, per tooth
Pontic - Porcelain Fused to Noble Metal	D6242	No charge	Once per 60 months, per tooth
Pontic - Resin with High Noble Metal	D6250	No charge	Once per 60 months, per tooth
Pontic - Resin with Predominantly Base Metal	D6251	No charge	Once per 60 months, per tooth
Pontic - Resin with Noble Metal	D6252	No charge	Once per 60 months, per tooth
Retainer Crown - Resin with High Noble Metal	D6720	No charge	Once per 60 months, per tooth

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Prosthodontic Services – Fixed (continued) †

COVERED SERVICES	CODES	COPAYMENT	FREQUENCY
Retainer Crown - Resin with Predominantly Base Metal	D6721	No charge	Once per 60 months, per tooth
Retainer Crown - Resin with Noble Metal	D6722	No charge	Once per 60 months, per tooth
Retainer Crown - Porcelain/Ceramic	D6740	No charge	Once per 60 months, per tooth
Retainer Crown - Porcelain Fused to High Noble Metal	D6750	No charge	Once per 60 months, per tooth
Retainer Crown - Porcelain Fused to Predominantly Base Metal	D6751	No charge	Once per 60 months, per tooth
Retainer Crown - Porcelain Fused to Noble Metal	D6752	No charge	Once per 60 months, per tooth
Retainer Crown - Full Cast High Noble Metal	D6790	No charge	Once per 60 months, per tooth
Retainer Crown - Full Cast Predominantly Base Metal	D6791	No charge	Once per 60 months, per tooth
Retainer Crown - Full Cast Noble Metal	D6792	No charge	Once per 60 months, per tooth

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Vision Services

0% or 20% coinsurance for Medicare-covered preventative and diagnostic eye exams (including eye exams if you have diabetes, glaucoma tests, and macular degeneration tests and treatment)*

\$0 Copayment for one routine **eye exam** for eyewear every year.

\$0 Copayment for **eyewear** (\$100 annual maximum per calendar year) including contact lenses or eyeglasses (lenses and frames).

\$0 Copayment for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery. Eyewear provided after cataract surgery are not subject to the annual maximum amount (\$100).

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

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Mental Health Services

Outpatient

Mental Health Specialty

0% or 45% coinsurance for each Individual or Group session*.

Psychiatric Services:

0% or 35% coinsurance for each Individual or Group session*.

For outpatient mental health services, if your provider offers telehealth, you pay 0% or 20% coinsurance for using telehealth services*.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Inpatient

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

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

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Mental Health Services (continued)

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.

The following are 2019 cost-sharing amounts and may change for 2020. Elderplan for Medicaid Beneficiaries (HMO D-SNP) will provide updated rates as soon as they are released.)

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**Mental Health Services
(continued)**

The amounts for each benefit period are \$0*
OR:

\$1,364 deductible.

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 0% or 20% of the Medicare-approved amount for mental health services you get from doctors and other providers while you're a hospital inpatient*.

Authorization is required.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

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Skilled Nursing Facility	<p>The plan covers up to 100 days each benefit period (a 3-day minimum prior hospital stay for a related illness or injury is required).</p> <p>The following are 2019 cost-sharing amounts and may change for 2020. Elderplan for Medicaid Beneficiaries (HMO D-SNP) will provide updated rates as soon as they are released.)</p> <p>The amounts for each benefit period after at least a 3-day Medicare covered hospital stay are \$0* OR: Days 1 - 20: \$0 per day Days 21 - 100: \$170.50 copayment per day Days 101 and beyond: you pay all costs.</p> <p>Authorization is required.</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Physical Therapy	<p>0% or 20% coinsurance for each visit*. Authorization is required.</p>

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Physical Therapy (continued)	<p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Ambulance Services	<p>0% or 20% coinsurance for each one-way trip*. Authorization is required for non-Emergency Medicare services.</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Transportation	<p>\$0 copayment for up to 6 one-way trips to a plan approved location every 3 months (in taxi, bus/subway or van).</p>
Medicare Part B Drugs	<p>0% or 20% coinsurance for chemotherapy drugs or Part B drugs*. Authorization is required for certain items.</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>

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Ambulatory Surgery Center	0% or 20% coinsurance for Outpatient Surgery at an Outpatient Hospital or Ambulatory Surgical Center. * *If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Elderplan for Medicaid Beneficiaries Prescription Drug Benefits

Most Elderplan for Medicaid Beneficiaries members get “Extra Help” with their prescription drug costs, so the Part D premium and deductible do 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 \$89.

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,

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you must pay the full cost of your drugs until you reach the plan's deductible amount, which is \$435 for 2020.

If you have questions about Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/ 7 days a week;
- The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
- New York State Department of Health (Social Services) HRA Medicaid Helpline at 1-800-692-6116 between 8 am and 5 pm, Monday through Friday. TTY users should call 711.

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Outpatient Prescription Drugs	
Part D Premium	\$0 or \$31.70 per month
Part D Deductible	\$0, \$89, or \$435 per year
Initial Coverage	<p>Your cost for a prescription filled at a network pharmacy:</p> <p>Depending on your “Extra Help” you pay:</p> <p>For generic drugs (including brand drugs treated as generic): \$0 copay or \$1.30 copay or \$3.60 copay or 15% of the cost or 25% of the cost</p> <p>For all other drugs: \$0 copay or \$3.90 copay or \$8.95 copay or 15% of the cost or 25% of the cost</p> <p>You may get your drugs from a network retail or mail order pharmacy for a 1 month (30-day) or a long term supply (up to 90 days).</p>

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Outpatient Prescription Drugs	
Initial Coverage (continued)	<p>If you reside in a long-term care facility, your cost-share is for a (31-day) supply.</p> <p>You may get drugs from an out-of-network pharmacy for a 1 month (30-day) supply at the same cost as an in-network pharmacy.</p> <p>Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</p>
Coverage Gap	<p>People with Medicare who get “Extra Help” paying Part D costs won’t enter the coverage gap. If you receive “Extra Help,” you will continue to pay Initial Coverage Limit cost-sharing until the Catastrophic Phase.</p> <p>If you do not receive “Extra Help,” you pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs.</p>
Catastrophic Coverage	<p>Once your out-of-pocket costs have reached the \$6,350, you enter 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”, you pay: For generic: \$0 or \$3.60 For all other drugs: \$0 or \$8.95</p>

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Outpatient Prescription Drugs	
Catastrophic Coverage (continued)	<p>If you do not receive “Extra Help”, you pay either a coinsurance or a copayment, whichever is the larger amount:</p> <p>5% coinsurance – or – For generic: \$3.60 All other drugs: \$8.95</p> <p>Our plan pays the rest of the cost.</p> <p>Look at the separate insert (the “LIS Rider”) for information about your costs during the Catastrophic Coverage Stage.</p>

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 \$4,020. After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.

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Additional benefits covered by Elderplan For Medicaid Beneficiaries

Elderplan For Medicaid Beneficiaries (HMO D-SNP)	
Acupuncture	<p>\$0 copayment per visit.</p> <p>Limited to 20 visits every year.</p>
Diabetic Supplies and Services	<p>\$0 copayment for Medicare-covered Diabetic Services and Supplies.</p> <p>0% or 20% coinsurance for Diabetes Self-Management training, Glaucoma Screening, Therapeutic Shoes or Inserts.</p> <p>Diabetic Supplies are limited to specified manufacturers: Abbott Diabetes Care and Ascensia Diabetes Care.</p>
Health and Wellness Education Programs: Fitness Benefit (Gym)	<p>\$0 copayment for this service.</p> <p>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.</p>

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Elderplan For Medicaid Beneficiaries (HMO D-SNP)	
Opioid Treatment Services	0% or 45% Coinsurance* *If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.
OTC Items	You may purchase up to \$88 every month of eligible OTC items on an OTC card provided by Elderplan. The OTC card balance cannot be carried over to the next month.
Worldwide Emergency/ Urgent Coverage	\$0 copayment for Worldwide Emergency / Urgent Coverage. The maximum benefit coverage amount is \$50,000.

Section III: Summary of Medicaid Benefits not covered by Elderplan

There may be some services that you may be eligible for from Medicaid, that are not covered by Elderplan for Medicaid Beneficiaries. You can get these services from any provider who takes Medicaid by using your Medicaid Benefit Card.

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

The following services are not covered by Elderplan for Medicaid Beneficiaries (HMO D-SNP) but are available through Medicaid:

Medicaid Benefits	
Medicare cost sharing for Part A and B Medicare benefits, encompassing deductibles, co-pays and co-insurance amounts.	
Inpatient Mental Health	All inpatient mental health services, including voluntary or involuntary admissions for mental health services, over the Medicare 190-Day Lifetime Limit.
Non-Medicare Covered Care in Skilled Nursing Facility	Skilled nursing facility days provided by a licensed facility, in excess of the first 100 days in the Medicare Advantage benefit period.

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Medicaid Benefits	
Non-Medicare Covered Home Health Services	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.
Non-Medicare Covered Durable Medical Equipment	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.

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Medicaid Benefits	
Personal Care Services	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 in accordance with a plan of care.
Private Duty Nursing Services	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.

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Medicaid Benefits	
Private Duty Nursing Services (continued)	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.
Dental Services	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.
Non-Emergency Transportation	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.

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Medicaid Benefits	
Non-Emergency Transportation (continued)	<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>For Members with disabilities, the method of transportation must reasonably accommodate their needs, taking into account the severity and nature of the disability.</p>
Medical and Surgical Supplies, Enteral and Parenteral Formula and Hearing Aid Batteries	<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>

Medicaid Benefits	
Medical and Surgical Supplies, Enteral and Parenteral Formula and Hearing Aid Batteries (continued)	<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>

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Medicaid Benefits	
Nutrition	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.
Medical Social Services	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.

**SUMMARY OF BENEFITS – Elderplan For Medicaid Beneficiaries
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Medicaid Benefits	
Medical Social Services (continued)	These services must be provided by a qualified social worker.
Social and Environmental Supports	Social and environmental supports are services and items that support the medical needs of the Members and are included in a Member's plan of care. These services and items include but are not limited to the following: home maintenance tasks, homemaker/chore services, housing improvement, and respite care.
Home Delivered and Congregate Meals	Home delivered and congregate meals are meals provided at home or in congregate settings, e.g. senior centers to individuals unable to prepare meals or have them prepared.
Adult Day Health Care	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.

**SUMMARY OF BENEFITS – Elderplan For Medicaid Beneficiaries
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Medicaid Benefits	
Adult Day Health Care (continued)	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.
Social Day Care	Social day care is a structured, comprehensive program which provides functionally impaired individuals with socialization; supervision and monitoring; personal care; and nutrition in a protective setting during any part of the day, but for less than a 24-hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, care giver assistance and case coordination and assistance.
Personal Emergency Response Services (PERS)	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.

**SUMMARY OF BENEFITS – Elderplan For Medicaid Beneficiaries
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Medicaid Benefits	
Personal Emergency Response Services (PERS) (continued)	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.
Hearing Services	Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, earmolds, special fittings and replacement parts.
Vision Services	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.

SUMMARY OF BENEFITS – Elderplan For Medicaid Beneficiaries
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Medicaid Benefits	
Vision Services (continued)	<p>Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease.</p> <p>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>
Hospice Services	Medicaid Pharmacy Benefits as allowed by State Law (select drug categories excluded from the Medicare Part D benefit).
Methadone Maintenance Treatment Programs	Covered
Certain Mental Health Services	<p>Certain Mental Health Services, including:</p> <ul style="list-style-type: none"> • Intensive Psychiatric Rehabilitation Treatment Programs • Day Treatment • Continuing Day Treatment • Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units) • Partial Hospitalizations

**SUMMARY OF BENEFITS – Elderplan For Medicaid Beneficiaries
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Medicaid Benefits	
Certain Mental Health Services (continued)	<ul style="list-style-type: none"> • Assertive Community Treatment (ACT) • Personalized Recovery Oriented Services (PROS)
Rehabilitation Services Provided to Residents of OMI-I Licensed Community Residences (CRS) and Family Based Treatment Programs	Covered
Office of Intellectual and Developmental Disabilities Services	Covered
Comprehensive Medicaid Case Management	Covered
Home and Community Based Waiver Program Services	Covered

**SUMMARY OF BENEFITS – Elderplan For Medicaid Beneficiaries
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Medicaid Benefits	
Directly Observed Therapy for Tuberculosis Disease	Covered
Assisted Living Program	Covered

Contact Information for New York State Medicaid Program

Method	New York State Department of Health (Social Services) – Contact Information
CALL	HRA Medicaid Helpline 1-888-692-6116 New York City: 718-557-1399 Available 8 am to 5 pm, Monday through Friday Nassau County: 516-227-8000 Available 9 am to 3:45 pm, Monday through Friday Westchester County: 914-995-3333 Available 8:30 am to 5 pm, Monday through Friday
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	New York City Human Resources Administration Medical Assistance Program Correspondence Unit 785 Atlantic Avenue 1st Floor Brooklyn, NY 11238

SUMMARY OF BENEFITS – Elderplan For Medicaid Beneficiaries
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Method	New York State Department of Health (Social Services) – Contact Information
WRITE (continued)	Nassau County Department of Social Services 60 Charles Lindbergh Boulevard Uniondale, NY 11553 Westchester County Department of Social Services White Plains District Office 85 Court Street White Plains, NY 10601
WEBSITE	https://www.health.ny.gov/health_care/medicaid/ <u>ldss.htm</u>

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

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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>.

Multi-language Interpreter Services

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).

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(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).

(Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 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.