



# Elderplan Summary of Benefits

for Elderplan Assist (HMO IE-SNP)

January 1, 2020 - December 31, 2020

Bronx, Kings, Monroe, Nassau, New York, Putnam, Queens,  
Richmond, Rockland, Suffolk, and Westchester.

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 Assist (HMO IE-SNP) Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at [www.elderplan.org](http://www.elderplan.org)

## **IN THIS BOOKLET WE DESCRIBE**

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ELDERPLAN CONTACT INFORMATION

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- INFORMATION ABOUT ELDERPLAN ASSIST

SECTION II: ADDITIONAL INFORMATION

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

## **ELDERPLAN CONTACT INFORMATION**

### **ELDERPLAN ASSIST 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 ASSIST PHONE NUMBERS AND WEBSITE**

- If you are a member of this plan, call toll-free 1-800-353-3765. (TTY users 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 users should call 711.) Hours are 8 am to 8 pm, 7 days a week.
- Our website: [www.elderplan.org](http://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 Assist (HMO IE-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in a Congregate Care Facility (Assisted Living Facility) or the community and meet the level of care criteria described below.

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

## 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 Assist (HMO IE-SNP)).

### Tips for comparing your Medicare Choices

This Summary of Benefits booklet gives you a summary of what Elderplan Assist (HMO IE-SNP) covers and what you pay.

- You can compare Elderplan Assist 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 offers. 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 ASSIST

### Special eligibility requirements for our plan

*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, Monroe, Nassau, New York, Putnam, Queens, Richmond, Suffolk, Rockland and Westchester;
- -- *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 live in a Congregate Care Facility (Assisted Living Facility) or the community and New York has certified that you need the type of care that is usually provided in a Nursing Home.

*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.*

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

### Which Doctors, Hospitals, and Pharmacies can I use?

Elderplan Assist (HMO IE-SNP) has a network of doctors, hospitals,



pharmacies, and other providers. If you use the providers that are not in our network, we may not pay for these services except in emergency situations, you must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

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

### **What do we cover?**

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

- Members get all of the benefits covered by Original Medicare.
- 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, what “drug payment stage” you have reached, and the plan cost-sharing tiers.

Later in this document we discuss the drug payment stages and the plan cost-sharing tiers. The drug payment stages are the Deductible Stage, Initial Coverage Stage, Coverage Gap, and Catastrophic Coverage Stage. Every drug on the plan’s Drug List is in one of five cost-sharing tiers:

- Tier 1: Preferred Generic Drugs (lowest cost-sharing tier)
- Tier 2: Generic Drugs
- Tier 3: Preferred Brand Drugs
- Tier 4: Non-preferred Brand Drugs
- Tier 5: Specialty Tier Drugs (highest cost-sharing tier)

There are programs to help people with limited resources pay for their drugs. These include “Extra Help” and State Pharmaceutical Assistance Programs. For more information, see the Evidence of Coverage (Chapter 2, Section 7).

## **Section II: Additional Information**

Elderplan Assist (HMO IE-SNP) provides an extra layer of care for Assisted Living Facilities residents by adding a nurse practitioner to their existing clinical team of primary care doctors, nurses, social workers, etc. Our nurse practitioners (NP) are assigned to care for Elderplan Assist members. This means that they’re visiting Elderplan members regularly and communicate with members and families often. In order to enhance communication, the nurse practitioner is also available telephonically.

Our nurse practitioners collaborate closely with our Elderplan member’s primary care doctors to develop an individualized plan of care for each individual based on the member’s clinical and social needs. The nurse practitioner will also work closely with the member and their family to develop the care plan. The nurse practitioner can order and coordinate treatment services, as well as request multiple outpatient procedures (such as blood transfusions, biopsies, and some minor surgical procedures).

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

**Section III: Summary of Benefits**

<b>Elderplan Assist (HMO IE-SNP)</b>	
<b>Monthly Plan Premium</b>	<p>\$36.60 per month for your Part D premium.</p> <p>In addition, you must keep paying your Medicare Part B premium.</p>
<b>Deductible</b>	<p>\$0</p> <p>This plan has no Part B Deductible.</p> <p>However, the plan has a deductible for certain types of medical services and Part D prescription drugs.</p>
<b>Out-of-Pocket Maximum Responsibility (does not include prescription drugs)</b>	<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>Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.</p>



































**Additional benefits covered by Elderplan Assist (HMO IE-SNP)**

<b>Elderplan Assist (HMO IE-SNP)</b>	
<b>Acupuncture</b>	\$10 copayment for up to 20 visits per year.
<b>Diabetic Supplies and Services</b>	<p>There is no coinsurance or copayment for Medicare-covered Diabetes Supplies, Diabetes Self-Management Training, or Glaucoma Screenings.</p> <p>20% coinsurance for Medicare-covered Diabetic Therapeutic Shoes or Inserts.</p> <p>Diabetic supplies are limited to specified manufacturers: Abbott Diabetes Care and Ascensia Diabetes Care.</p>
<b>Over-the-Counter (OTC) Items</b>	<p>You may purchase up to \$18 every month of eligible OTC items on an OTC card provided by Elderplan.</p> <p>The OTC card balance cannot be carried over to the next month.</p>
<b>Podiatry</b>	\$10 copayment for up to 6 visits per year for routine foot care.
<b>Opioid Treatment Program Services</b>	20% coinsurance for each service.

**Elderplan, Inc.**  
**Notice of Nondiscrimination –**  
**Discrimination is Against the Law**

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

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

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

Civil Rights Coordinator  
6323 7<sup>th</sup> Ave  
Brooklyn, NY, 11220  
Phone: 1-877-326-9978, TTY 711  
Fax: 1-718-759-3643

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

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW, Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

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

## 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.  
רופ  
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).

(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.

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TTY/TDD users should call

**711**

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Visit our website

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