

# Elderplan for Medicaid Beneficiaries (HMO D-SNP) offered by Elderplan, Inc.

## Annual Notice of Changes for 2021

You are currently enrolled as a member of Elderplan for Medicaid Beneficiaries (HMO D-SNP). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

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### What to do now

#### 1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 1.5 and 1.6 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Are your drugs in a different tier, with different cost sharing?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?

- Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the 2021 Drug List and look in Section 1.6 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit [go.medicare.gov/drugprices](https://www.go.medicare.gov/drugprices). These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- Check to see if your doctors and other providers will be in our network next year.
- Are your doctors, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.3 and 1.4 for information about our Provider and Pharmacy Directory.
- Think about your overall health care costs.
- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?

- Think about whether you are happy with our plan.

## 2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area.
  - Use the personalized search feature on the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website.
  - Review the list in the back of your Medicare & You handbook.
  - Look in Section 2.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

## 3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2020, you will be enrolled in Elderplan for Medicaid Beneficiaries (HMO D-SNP). If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in section 2.2, page 34 to learn more about your choices.

## 4. **ENROLL:** To change plans, join a plan between **October 15 and December 7, 2020**

- If you don't join another plan by **December 7, 2020**, you will be enrolled in Elderplan for Medicaid Beneficiaries (HMO D-SNP). If you join another plan between October 15 and December 7, 2020, your new coverage will start on January 1, 2021. You will be automatically disenrolled from your current plan.

## **Additional Resources**

- 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 available in different formats including braille, large print, audio, and other alternate formats.

Please call Member Services at the number listed above if you need plan information in another format or language.

- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

## **About Elderplan for Medicaid Beneficiaries (HMO D-SNP)**

- 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.

Elderplan has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2023 based on a review of Elderplan's Model of Care. When this booklet says "we," "us," or "our," it means Elderplan, Inc. When it says "plan" or "our plan," it means Elderplan for Medicaid Beneficiaries (HMO D-SNP).

# Elderplan for Medicaid Beneficiaries (HMO D-SNP) Annual Notice of Changes for 2021

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## Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Elderplan for Medicaid Beneficiaries (HMO D-SNP) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at [www.elderplan.org](http://www.elderplan.org). You may also call Member Services to ask us to mail you an *Evidence of Coverage*. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2020 (this year)	2021 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$0 or \$31.70 for your Part D Premium	\$0 or \$35.40 for your Part D Premium

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<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Part B Deductible</b>	The Part B Deductible is \$198.  If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your Part B Deductible.	In 2021 the amount for the Part B Deductible is \$203.  If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your Part B Deductible.

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<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Doctor office visits</b>	<p>Primary care visits: 0% or 20% coinsurance per visit</p> <p>Specialist visits 0% or 20% coinsurance per visit</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</p>	<p>Primary care visits: 0% or 20% coinsurance per visit</p> <p>Specialist visits 0% or 20% coinsurance per visit</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</p> <p>There is no change for 2021</p>

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<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<p><b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day.</p>	<p>In 2020 the amounts for each benefit period are \$0* OR: \$1,408 deductible. Days 1-60: \$0 copayment per day. Days 61-90: \$352 copayment per day. Days 91 and beyond: \$704 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> <p>Authorization is required.</p>	<p>In 2021 the amounts for each benefit period are \$0* OR: \$1,484 deductible. Days 1-60: \$0 copayment per day. Days 61-90: \$371 copayment per day. Days 91 and beyond: \$742 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>



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<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Inpatient hospital stays (continued)</b>	<p>A benefit period begins on the first day you go to a Medicare-covered inpatient hospital or a skilled nursing facility.</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>A benefit period begins on the first day you go to a Medicare-covered inpatient hospital or a skilled nursing facility.</p> <p>Authorization is required.</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>

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Cost	2020 (this year)	2021 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.6 for details.)</p>	<p>Deductible: The Part D Deductible is \$435.</p> <p>If you receive “Extra Help” to pay your prescription drugs, your deductible amount will be either \$0 or \$89, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p>	<p>Deductible: The Part D Deductible is \$445.</p> <p>If you receive “Extra Help” to pay your prescription drugs, your deductible amount will be either \$0 or \$92, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p>

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Cost	2020 (this year)	2021 (next year)
<p><b>Part D prescription drug coverage (continued)</b></p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing for Drug Tier 1: Depending on your “Extra Help” You Pay:</p> <p>For generic drugs (including brand drugs treated as generic):</p> <p>\$0 copay or \$1.30 copay or \$3.60 copay or 15% of the cost or 25% of the cost</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing for Drug Tier 1: Depending on your “Extra Help” You Pay:</p> <p>For generic drugs (including brand drugs treated as generic):</p> <p>\$0 copay or \$1.30 copay or \$3.70 copay or 15% of the cost or 25% of the cost.</p>

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Cost	2020 (this year)	2021 (next year)
<p><b>Part D prescription drug coverage (continued)</b></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>For all other drugs: \$0 copay or \$4.00 copay or \$9.20 copay or 15% of the cost or 25% of the cost</p>
<p><b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>\$6,700</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>	<p>\$7,550</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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**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2020 (this year)	2021 (next year)
<p><b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</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>\$0 or \$31.70 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>\$0 or \$35.40 for your Part D Premium</p>

## Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2020 (this year)	2021 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p><b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b></p> <p>If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, 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>	<p>\$6,700</p> <p>Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>	<p>\$7,550</p> <p>Once you have paid \$7,550 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>



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Cost	2020 (this year)	2021 (next year)
<p><b>Maximum out-of-pocket amount (continued)</b></p> <p>Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>		

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### Section 1.3 – Changes to the Provider Network

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There are changes to our network of providers for next year. An updated Provider and Pharmacy Directory is located on our website at [www.elderplan.org](http://www.elderplan.org). You may also call Member Services for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. **Please review the 2021 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

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It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

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## **Section 1.4 – Changes to the Pharmacy Network**

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Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Provider and Pharmacy Directory is located on our website at [www.elderplan.org](http://www.elderplan.org). You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2021 Provider and Pharmacy Directory to see which pharmacies are in our network.**

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## **Section 1.5 – Changes to Benefits and Costs for Medical Services**

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Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at [www.elderplan.org](http://www.elderplan.org). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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Cost	2020 (this year)	2021 (next year)
<p>Medicare Covered <b>Acupuncture for chronic low back pain</b></p>	<p>There is no coinsurance or copayment for Medicare-covered Acupuncture for chronic low back pain services (covered as of January 2020).</p> <p>Covered services include: Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances: For the purpose of this benefit, chronic low back pain is defined as:</p> <ul style="list-style-type: none"> <li>• Lasting 12 weeks or longer;</li> </ul>	<p>There is no coinsurance or copayment for Medicare-covered Acupuncture for chronic low back pain services.</p> <p>Covered services include: Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances: For the purpose of this benefit, chronic low back pain is defined as:</p> <ul style="list-style-type: none"> <li>• Lasting 12 weeks or longer;</li> </ul>

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Cost	2020 (this year)	2021 (next year)
<p>Medicare Covered <b>Acupuncture for chronic low back pain (continued)</b></p>	<ul style="list-style-type: none"> <li>• nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);</li> <li>• not associated with surgery; and</li> <li>• not associated with pregnancy.</li> </ul> <p>An additional eight sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually.</p> <p>Treatment must be discontinued if the patient is not improving or is regressing</p>	<ul style="list-style-type: none"> <li>• nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);</li> <li>• not associated with surgery; and</li> <li>• not associated with pregnancy.</li> </ul> <p>An additional eight sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually.</p> <p>Treatment must be discontinued if the patient is not improving or is regressing</p>

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<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<p><b>Mental Health Specialty Services</b></p>	<p>You pay 0% or 45% coinsurance for Individual or Group Mental Health services.</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you pay 0% of the total cost.</p>	<p>You pay 0% or 20% coinsurance for Individual or Group Mental Health services.</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you pay 0% of the total cost.</p>
<p><b>Opioid Treatment Services</b></p>	<p>You pay 0% or 45% coinsurance for Opioid Treatment Services.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost</p>	<p>You pay 0% or 20% coinsurance for Opioid Treatment Services.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>

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<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Over the Counter (OTC)</b>	<p>You may purchase up to \$88 every month of eligible OTC items. The OTC card balance cannot be carried over to the next month.</p> <p>The OTC benefit combines with Special Supplemental Benefits for the Chronically Ill (SSBCI) for eligible members covered as of October 2020.</p>	<p>You may purchase up to \$120 every month of eligible OTC items. The OTC card balance cannot be carried over to the next month.</p> <p>The OTC benefit combines with Special Supplemental Benefits for the Chronically Ill (SSBCI) for eligible members.</p>
<b>Physician/ Practitioner Telehealth Services</b>	<p>You pay 0% or 20% coinsurance for certain Telehealth services</p> <ul style="list-style-type: none"> <li>• Urgently Needed Services</li> <li>• Primary Care Services</li> </ul>	<p>You pay 0% coinsurance for Telehealth services received by:</p> <ul style="list-style-type: none"> <li>• Primary Care Provider (PCP) Services</li> <li>• TELADOC</li> </ul>

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Cost	2020 (this year)	2021 (next year)
<p><b>Physician/ Practitioner Telehealth Services (continued)</b></p>	<ul style="list-style-type: none"> <li>• Physician Specialist Services</li> <li>• Mental Health Specialty (Individual and Group Sessions)</li> <li>• Psychiatric Services (Individual and Group Sessions)</li> <li>• Outpatient Substance Abuse (Individual and Group Sessions)</li> </ul> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you pay 0% of the total cost.</p>	<p>You pay 0% or 20% coinsurance for certain Telehealth services</p> <ul style="list-style-type: none"> <li>• Urgently Needed Services</li> <li>• Physician Specialist Services</li> <li>• Mental Health Specialty (Individual and Group Sessions)</li> <li>• Psychiatric Services (Individual and Group Sessions)</li> <li>• Outpatient Substance Abuse (Individual and Group Sessions)</li> </ul> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you pay 0% of the total cost.</p>



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Cost	2020 (this year)	2021 (next year)
<p><b>Post Discharge Meals</b></p>	<p>Post Discharge Meals are <u>not</u> covered.</p>	<p>There is no coinsurance or copayment for Post Discharge Meals.</p> <p>Eligible members will receive 2 prepared meals a day for 14 days, after discharge. These meals will be delivered directly to your home at no extra cost to you.</p> <p>The meal program is limited to 2 times per calendar year.</p> <ul style="list-style-type: none"> <li>• Meals are available following non-elective or emergent an inpatient stay in either the hospital or skilled nursing facility</li> </ul>

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<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Post Discharge Meals (continued)</b>		<ul style="list-style-type: none"> <li>• Post discharge meals are not covered following inpatient stays for elective services.</li> </ul>
<b>Psychiatric Services (Individual and Group sessions)</b>	<p>0% or 35% coinsurance for Individual and Group Psychiatric Services.</p> <p>*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay 0% of the total cost.</p>	<p>0% or 20% coinsurance for Individual and Group Psychiatric Services.</p> <p>*If you are eligible for Medicare cost sharing assistance under Medicaid, you pay 0% of the total cost.</p>
<b>Special Supplemental Benefit for the Chronically Ill (SSBCI)</b>	<p>There is no coinsurance or copayment for Special Supplemental Benefits for the Chronically Ill (covered as of October 2020).</p>	<p>There is no coinsurance or copayment for Special Supplemental Benefits for the Chronically Ill.</p>

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<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<p><b>Special Supplemental Benefit for the Chronically Ill (continued)</b></p>	<p>Members eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI) will receive a combined OTC benefit to cover certain grocery items, which may only be used at select pharmacies and/or retailers.</p> <p>The combined OTC coverage of up to \$88 per month will be available monthly. Benefits will not carry forward to the next month if it is unused.</p> <p>Contact the Plan for a complete listing of eligible items and network listing of select pharmacies and/or retailers.</p>	<p>Members eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI) will receive a combined OTC benefit to cover certain grocery items, which may only be used at select pharmacies and/or retailers.</p> <p>The combined OTC coverage of up to \$120 per month will be available monthly. Benefits will not carry forward to the next month if it is unused.</p> <p>Contact the Plan for a complete listing of eligible items and network listing of select pharmacies and/or retailers.</p>

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Cost	2020 (this year)	2021 (next year)
<p><b>Skilled nursing facility (SNF) care</b></p>	<p>In 2020 the amounts for each benefit period are \$0* OR: \$1,408 deductible. Days 1-60: \$0 copayment per day. Days 61-90: \$352 copayment per day. Days 91 and beyond: \$704 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> <p>Authorization is required.</p>	<p>In 2021, the amounts for each benefit period after at least a 3-day Medicare covered inpatient hospital stay are \$0* OR:</p> <p>Days 1 - 20: \$0 per day Days 21 - 100: \$185.50 copayment per day</p> <p>Days 101 and beyond: you pay all costs.</p> <p>Authorization is required.</p>

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<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Skilled nursing facility (SNF) care (continued)</b>	<p>A benefit period begins on the first day you go to a Medicare-covered inpatient hospital or a skilled nursing facility.</p> <p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>

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## Section 1.6 – Changes to Part D Prescription Drug Coverage

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### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically. If you don’t see your drug on this list, it might still be covered. **You can get the *complete Drug List*** by calling Member Services (see the back cover) or visiting our website ([www.elderplan.org](http://www.elderplan.org)).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. We encourage current members to ask for an exception before next year.
  - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

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In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you are a current member and a drug you are taking will be removed from the formulary or restricted in some way for next year, we will allow you to request a formulary exception in advance for next year. We will tell you about any change in the coverage for your drug for next year. You can ask for an exception before next year and we will give you an answer within 72 hours after we receive your request (or your prescriber's supporting statement). If we approve your request, we will authorize the coverage before the change takes effect. Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue

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to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

### Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. Because you receive “Extra Help” and didn’t receive this insert with this packet, please call Member Services and ask for the “LIS Rider.” Phone numbers for Member Services are in Section 6.1 of this booklet

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look in your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*.)



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### Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$435.</p> <p>If you receive “Extra Help” to pay your prescription drugs, your deductible amount will be either \$0 or \$89, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p>	<p>The deductible is \$445.</p> <p>If you receive “Extra Help” to pay your prescription drugs, your deductible amount will be either \$0 or \$92, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p>

### Changes to Your Cost Sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

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Stage	2020 (this year)	2021 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Drug Tier 1: Depending on your “Extra Help”</b></p> <p>You pay:</p> <p>For generic drugs (including brand drugs treated as generic):</p> <p>\$0 copay or \$1.30 copay \$3.60 copay or 15% of the cost or 25% of the cost</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Drug Tier 1: Depending on your “Extra Help”</b></p> <p>You pay:</p> <p>For generic drugs (including brand drugs treated as generic):</p> <p>\$0 copay or \$1.30 copay \$3.70 copay or 15% of the cost or 25% of the cost</p>

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Stage	2020 (this year)	2021 (next year)
<p><b>Stage 2: Initial Coverage Stage (continued)</b></p> <p>For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</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> <hr/> <p>Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</p>	<p>For all other drugs: \$0 copay or \$4.00 copay or \$9.20 copay or 15% of the cost or 25% of the cost.</p> <hr/> <p>Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).</p>

## **Changes to the Coverage Gap and Catastrophic Coverage Stages**

The Coverage Gap Stage and the Catastrophic Coverage Stage are two other drug coverage stages for people with high drug costs. **Most members do not reach either stage.**

For information about your costs in these stages, look at your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## **SECTION 2 Deciding Which Plan to Choose**

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### **Section 2.1 – If you want to stay in Elderplan for Medicaid Beneficiaries (HMO D-SNP)**

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**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Elderplan for Medicaid Beneficiaries (HMO D-SNP).

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### **Section 2.2 – If you want to change plans**

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We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

#### **Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

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To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare). **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Elderplan Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

### **Step 2: Change your coverage**

- **To change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Elderplan for Medicaid Beneficiaries (HMO D-SNP).
- **To change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Elderplan for Medicaid Beneficiaries (HMO D-SNP).
- **To change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).

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- – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

### **SECTION 3 Changing Plans**

If you want to change to a different plan or Original Medicare for next year, you can do it from October 15 to December 7. The change will take effect on January 1, 2021.

#### **Are there other times of the year to make a change?**

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year.

If you enrolled in a Medicare Advantage plan for January 1, 2021, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2021. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

## **SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In New York, the SHIP is called The Office for the Aging Health Insurance Information, Counseling and Assistance Program (HIICAP).

HIICAP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HIICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HIICAP at (212) 602-4180 (Inside the boroughs) or 1-800-701-0501 (Outside the boroughs). You can learn more about The Office for the Aging Health Insurance Information, Counseling and Assistance Program (HIICAP) by visiting their website <https://aging.ny.gov/programs/medicare-and-health-insurance>.

For questions about your New York State Medicaid benefits, contact New York State Department of Health (Social Services) HRA Medicaid Helpline at 1-888-692-6116, TTY users can call 711, 8 am to 5 pm Monday through Friday. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage. For the contact information to region-specific New York State Department of Health Social Services offices, see chapter 2 section 6 of your Evidence of Coverage (EOC) or visit [https://www.health.ny.gov/health\\_care/medicaid/ldss.htm](https://www.health.ny.gov/health_care/medicaid/ldss.htm).

## **SECTION 5 Programs That Help Pay for Prescription Drugs**

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in ‘Extra Help,’ also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. 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
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** New York has a program called Elderly Pharmaceutical Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, contact EPIC at 1-800-332-3742, TTY users should call 1-800-290-9138, 8:30 am to 5 pm, Monday through Friday or visit the website at [https://www.health.ny.gov/health\\_care/epic/](https://www.health.ny.gov/health_care/epic/).



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- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the New York AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-542-2437.

### **SECTION 6 Questions?**

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#### **Section 6.1 – Getting Help from Elderplan for Medicaid Beneficiaries (HMO D-SNP)**

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Questions? We're here to help. Please call Member Services at 1-800-353-3765. (TTY only, call 711) We are available for phone calls 8 am to 8 pm, 7 days a week. Calls to these numbers are free.

**Read your 2021 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 *Evidence of Coverage* for Elderplan for Medicaid Beneficiaries (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed

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description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.elderplan.org](http://www.elderplan.org). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

### **Visit our Website**

You can also visit our website at [www.elderplan.org](http://www.elderplan.org). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

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## **Section 6.2 – Getting Help from Medicare**

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)).

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### **Read *Medicare & You 2021***

You can read *Medicare & You 2021* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or 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.

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### **Section 6.3 – Getting Help from Medicaid**

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To get information from Medicaid you can call the New York State Department of Health (Social Services) HRA Medicaid Helpline at 1-888-692-6116. TTY users should call 711, 8 am to 5 pm, Monday through Friday. You can also visit [https://www.health.ny.gov/health\\_care/medicaid/ldss.htm](https://www.health.ny.gov/health_care/medicaid/ldss.htm).

**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 פון אפצאל. 1-800-353-3765 (TTY: 711) רופט.

(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).

