

2022



*Caring every minute, every day.*



# Summary of Benefits

**Elderplan Assist (HMO IE-SNP)**

*January 1, 2022 to December 31, 2022*

Summary of Benefits – **Elderplan Assist (HMO IE-SNP) 2022**

**Proposed Effective Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Primary Care Provider**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number (\_\_\_\_\_)** \_\_\_\_\_

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**Name of Sales Representative**

**Important Numbers**

**Member Services**

**1-800-353-3765, TTY 711**  
8 a.m. to 8 p.m., 7 days a week



# Summary of Benefits

for **Elderplan Assist (HMO IE-SNP)**

**January 1, 2022 – December 31, 2022**

Bronx, Dutchess, Kings, Monroe, Nassau, New York, Ontario, Orange,  
Putnam, Queens, Richmond, Rockland, Suffolk, Westchester

## About Elderplan

Elderplan is a not-for-profit organization founded right here in New York. Our primary objective is ensuring that members of our community receive the care and support they deserve. That's why we offer a variety of Medicare Advantage plans tailored to fit the changing needs of Medicare and dual Medicare and Medicaid beneficiaries at every level of health.

Elderplan is a member of MJHS Health System, a not-for-profit founded by Four Brooklyn Ladies in 1907 based on the core values of compassion, dignity and respect.

Elderplan is proud to care for people of every race, ethnicity, faith, national origin, gender identity or expression, sexual orientation or military status.



Elderplan Assist (HMO IE-SNP)

# Plan Overview

Making sure you receive the care you need to help continue living independently is important to us. That's why we designed a plan that was created especially for Medicare beneficiaries who live in one of Elderplan's contracted Assisted Living Communities. Elderplan makes it possible for you to remain in the comfort and safety of your own home by providing an additional level of care from our skilled Nurse Practitioner (NP) or Physician Assistant (PA), along with a dedicated Registered Nurse (RN). They will coordinate with physicians to create a customized

treatment plan, conduct preventive wellness focused care, manage chronic conditions, order lab tests, and write prescriptions. This added level of care will help avoid unnecessary and stressful emergency room visits and hospitalizations, further supporting your ability to remain at home. Your team will also communicate any updates with you, your doctors, and if you wish family members, providing comfort and peace of mind.

Because we care. Every minute.  
Every day.

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## Benefits at a Glance



Part B Deductible



Doctor Visits (Primary Care)



Specialist Care



Routine Hearing



Routine Vision



Transportation



Brain Games with  
BrainHQ®



Acupuncture



Routine Podiatry



Over-the-Counter  
(OTC) Benefits

**\$0**

**\$10**

up to  
**\$26** every month



## **Section I: Introduction to Summary of Benefits**

Elderplan is an HMO plan with a Medicare contract. 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 by a third party.

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 2022 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).



# Elderplan Contact Information

## Elderplan Assist hours of operation

- From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern Time.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. 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 a.m. to 8 p.m., 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 a.m. to 8 p.m., 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 a.m. to 8 p.m., 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 Setting. (Assisted Living Facility)**

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

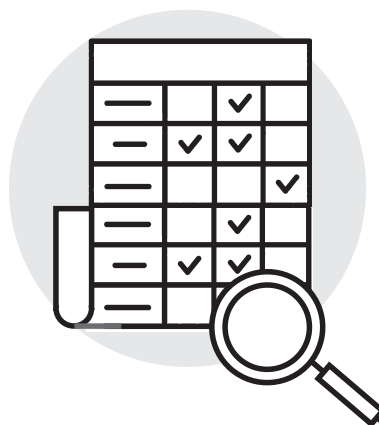
## Useful Information About Medicare

### **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)).
- 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.

### **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.



## Summary of Benefits – Elderplan Assist (HMO IE-SNP) 2022

- 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**

- Must have Medicare Part A and Medicare Part B.
- Must reside in the plan's service area: Bronx, Dutchess, Kings, Monroe, Nassau, New York, Ontario, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Westchester counties.
- Must be a United States citizen or lawfully present in the United States.
- You must live in a Congregate Care Setting of an Assisted Living Facility and require an institutional level of care as determined by the New York State approved assessment.

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 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: Summary of Benefits

The following are the health care costs for Elderplan Assist (HMO IE-SNP).

Elderplan Assist (HMO IE-SNP)		
Monthly Premium (Part D Premium)	\$42.00	In addition, you must keep paying your Medicare Part B premium.
Part B Deductible	\$0	
Maximum Out-of-Pocket	\$7,550	<p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your plan premium and any cost-sharing for your Part D prescription drugs.</p>

## Summary of Benefits – Elderplan Assist (HMO IE-SNP) 2022

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need hospital care	Inpatient Hospital Services	You pay per admission: Days 1–6: \$320 copayment each day Day 7 and beyond: \$0 copayment each day	Authorization is required.
	Outpatient Hospital Services	\$250 copayment.	
	Ambulatory Surgical Center (ASC)	\$100 copayment.	
You want to see a doctor	Primary Care Providers	\$0 copayment for each visit.	This benefit is also available through Telehealth. Please call your current provider for details.

## Summary of Benefits – Elderplan Assist (HMO IE-SNP) 2022

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You want to see a doctor (continued)	Specialists	\$0 copayment for each visit.	This benefit is also available through Telehealth. Please call your current provider for details.
	Nurse Practitioners and Physician Assistants	\$0 copayment for each visit.	
	Preventive Care	\$0 copayment.	Preventive services may be covered by Medicare during the benefit year.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
<b>You want to see a doctor</b> <i>(continued)</i>	Preventive Care <i>(continued)</i>		<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse screenings &amp; counseling</li> <li>• Annual “wellness” visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screening</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings               <ul style="list-style-type: none"> <li>- Multi-target stool DNA tests</li> <li>- Screening barium enemas</li> <li>- Screening colonoscopies</li> <li>- Screening fecal occult blood tests</li> <li>- Screening flexible sigmoidoscopies</li> </ul> </li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• Diabetes self-management training</li> <li>• Glaucoma tests</li> <li>• Hepatitis B Virus (HBV) infection screening</li> </ul>

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
<b>You want to see a doctor</b> <i>(continued)</i>	Preventive Care <i>(continued)</i>		<ul style="list-style-type: none"> <li>• Hepatitis C Screening</li> <li>• HIV screening</li> <li>• Lung cancer screenings</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screenings and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections (STI) screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• COVID-19 vaccines, Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• “Welcome to Medicare” preventive visit (one time)</li> </ul>

## Summary of Benefits – Elderplan Assist (HMO IE-SNP) 2022

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You Need Emergency Care	Emergency Care	\$90 copayment for each visit.	If you are admitted to the hospital within 24 hour there is no cost share.
	Urgent Care	\$65 copayment for each visit.	This benefit is also available through Telehealth. Please call your current provider for details.

<b>Medicare-covered Benefits</b>			
<b>Health Need or Problem</b>	<b>Covered Benefit</b>	<b>Your Cost Share</b>	<b>What You Should Know</b>
<b>You need medical tests</b>	<p>Diagnostic Services/Labs/Imaging:</p> <ul style="list-style-type: none"> <li>• Outpatient Blood Services</li> <li>• Medicare-covered Lab Services</li> <li>• Diagnostic Tests and Procedures</li> <li>• Outpatient X-Rays</li> <li>• Diagnostic Radiological Services (such as MRI scans and CT scans)</li> </ul>	\$0 copayment for each service.	<p>Authorization is required only for Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT).</p>



## Summary of Benefits – Elderplan Assist (HMO IE-SNP) 2022

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
<b>You need medical tests</b> <i>(continued)</i>	Diagnostic Services/Labs/Imaging: <ul style="list-style-type: none"><li>• Therapeutic Radiology Services (such as radiation treatment for cancer)</li></ul>	20% coinsurance for each service.	

## Summary of Benefits – Elderplan Assist (HMO IE-SNP) 2022

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Hearing Care	Hearing Exams	\$0 copayment for Medicare-covered diagnostic hearing exams.	
		\$0 copayment for one Non-Medicare-covered (Routine) Hearing Exam every 3 years.	
	Hearing Aids	Up to \$2,000 for both ears combined every 3 years. \$0 copayment for Fitting/Evaluation for Hearing Aid every 3 years.	Authorization is required for hearing aid(s) by a Physician or Specialist.

## Summary of Benefits – Elderplan Assist (HMO IE-SNP) 2022

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Dental Care	Dental Services	20% coinsurance for Medicare-covered Comprehensive Dental Services.	
	Preventive Dental Services	Not Covered	
You need Eye Care	Vision Exams	\$0 Copayment for Medicare-covered eye exams.	
		\$0 Copayment for one routine eye exam for eyewear.	You may receive one Eye Exam every year.

## Summary of Benefits – Elderplan Assist (HMO IE-SNP) 2022

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Eye Care <i>(continued)</i>	Vision Eyewear	\$0 copayment for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.	
		\$0 copayment for Non-Medicare-covered eyewear (Routine) up to \$500 maximum every 2 years.	Includes contact lenses and eyewear.
You need Mental Health Care	Inpatient Mental Health	<p>You pay per admission:</p> <ul style="list-style-type: none"> <li>• Days 1–6: \$300 copayment each day.</li> <li>• Day 7 and beyond: You pay a \$0 copayment each day.</li> </ul>	Authorization is required.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Mental Health Care (continued)	Outpatient Mental Health	Mental Health: 50% coinsurance for Individual and Group sessions.	Authorization is required. This benefit is also available through Telehealth. Please call your current provider for details.
		Psychiatric Services: 45% coinsurance for Individual and Group sessions.	This benefit is also available through Telehealth. Please call your current provider for details.

## Summary of Benefits – Elderplan Assist (HMO IE-SNP) 2022

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Rehabilitative or Skilled Nursing Care	Skilled Nursing Facility	<p>You pay per admission:</p> <ul style="list-style-type: none"> <li>• Days 1–20: \$0 copayment each day.</li> <li>• Days 21–100: \$184 copayment each day.</li> <li>• Days 101 and beyond: you pay all cost</li> </ul>	The plan covers up to 100 days each benefit period, a 3-day prior hospital stay is required. Authorization is required.
You need Outpatient Therapy	Physical Therapy	\$30 copayment for each visit.	Authorization is required.

## Summary of Benefits – Elderplan Assist (HMO IE-SNP) 2022

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need help getting to health services	Ambulance	Ground Transportation: \$100 copayment for each one-way trip. Air Transportation: 20% coinsurance for each one-way trip.	Authorization is only required for non-emergency services.
	Transportation	\$0 copayment. You may take up to 6 one-way trips for medical and therapeutic-related purposes every quarter.	You may take a taxi, bus/ subway or van.
You need drugs to treat your illness or condition	Medicare Part B Drugs	20% coinsurance for Medicare Part B prescription drugs.	Some Medicare Part B Prescription Drugs may be subject to step therapy requirements. Authorization may be required for certain drugs.



**Medicare Part D**

If you qualify for Low-Income Subsidy (also called “Extra Help”), you may not pay the amounts listed in the table below for your Part D prescription drugs. The exact amount you pay may vary depending on the amount of Extra Help you receive.

<b>Part D Premium</b>	\$42.00 per month
<b>Part D Deductible</b>	Tier 1, 2, and 3 Drugs: Part D deductible is \$0. Tier 4 and 5 Drugs: Part D deductible is \$480. Members pay the full cost of their drugs until their \$480 deductible is met, then the cost-shares are applied in the initial coverage stage.



## Summary of Benefits – Elderplan Assist (HMO IE-SNP) 2022

Medicare Part D				
Part D Deductible & Initial Coverage Stage				
Tier Name	Part D Deductible	Initial Coverage Stage		
		Retail Pharmacy Cost-share (30-day supply)*	Retail Pharmacy Cost-share (90-day supply)^†	Mail Order Pharmacy Cost-share (90-day supply)†
Tier 1: Preferred Generic Drugs	\$0	\$4 Copayment	\$12 Copayment	\$8 Copayment
Tier 2: Generic Drugs		\$14 Copayment	\$42 Copayment	\$28 Copayment
Tier 3: Preferred Brand Drugs		\$47 Copayment	\$141 Copayment	\$94 Copayment
Tier 4: Non-Preferred Drugs	\$480	25% Coinsurance	25% Coinsurance	25% Coinsurance
Tier 5: Specialty Tier Drugs		25% Coinsurance	25% Coinsurance	25% Coinsurance

\*One-month supply for Standard retail (in-network), Long-term care (31-day), and out-of-network cost-share.

^60-Day supply is also available for Standard retail (in-network).

†NDS – Non-Extended Days Supply. Certain Specialty drugs will be limited up to a 30-day supply per fill.

Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap stage).

Medicare Part D	
Coverage Gap Stage	
You pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.	If you receive Extra Help, you will not enter the Coverage Gap Stage. Instead, you will continue to pay the Initial Coverage Stage cost-sharing until the Catastrophic Stage.
You stay in this stage until your “out-of-pocket costs” (your payments) reach a total of \$7,050. This amount and rules for counting costs toward this amount have been set by Medicare.	
Catastrophic Coverage Stage	
Once your “out-of-pocket costs” (your payments) reach a total of \$7,050, you stay in this payment stage until the end of the calendar year.	
Catastrophic Coverage Cost-Sharing	You pay either a coinsurance or copayment, whichever is larger:
For <b>Generic Drugs</b> (including brand drugs treated as generic):	\$3.95 copayment - or - 5% coinsurance
For <b>All Other Drugs</b> :	\$9.85 copayment - or - 5% coinsurance

## Summary of Benefits – Elderplan Assist (HMO IE-SNP) 2022

Other Covered Services			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Medical Equipment and Supplies	Diabetic Supplies	\$0 copayment for Medicare-Covered Diabetes Supplies.	Diabetic Test Strips and Blood Glucose Meters are limited to specific manufacturers: Abbott Diabetes Care and Ascensia Diabetes Care.
	Durable Medical Equipment (like wheelchairs or oxygen)	20% coinsurance for Medicare-covered Durable Medical Equipment (DME).	Authorization is only required for certain items.
	Medical Supplies	\$0 copayment for Medical Supplies.	Authorization is required.
	Prosthetics (artificial limbs or braces)	20% coinsurance for Prosthetic Devices.	Authorization is required.

## Other Covered Services

<b>You need Rehabilitation Services</b>	Physical Therapy, Occupational Therapy, Speech Language Therapy.	\$30 copayment.	Authorization is required.
	Cardiac Rehabilitation	Cardiac Rehabilitation: \$50 copayment for services. Intensive Rehabilitation: \$100 copayment for services.	Authorization is required.
	Pulmonary Rehabilitation	\$30 copayment for Pulmonary rehabilitation services.	Authorization is required.

### More benefits with your plan

<b>Acupuncture Services</b>	\$10 copayment per visit. You may receive up to 20 visits per year.
<b>Brain Games with BrainHQ®</b>	There is no copayment or coinsurance for BrainHQ®. Members will have access to an online memory fitness program to improve brain function through games, puzzles and other fun exercises.
<b>OTC</b>	You may purchase up to \$26 every month of eligible OTC items on an OTC card provided by Elderplan.
<b>Routine Podiatry Services</b>	\$10 copayment per visit. You may receive up to 6 visits per year.

**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. 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).

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-800-353-3765**.

### Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **[www.elderplan.org](http://www.elderplan.org)** or call **1-800-353-3765** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on **January 1, 2023**.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.

For more information, call us toll-free

**1-800-353-3765**

8 a.m.–8 p.m., 7 days a week.

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TTY/TDD users should call

**711**

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Visit our website

**Elderplan.org**

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