

2022



*Caring every minute, every day.*



# Summary of Benefits

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

*January 1, 2022 to December 31, 2022*

H3347\_EP17041\_M

# Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2022

**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 a.m. to 8 p.m., 7 days a week



# Summary of Benefits

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

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

**Bronx, Kings, Nassau, New York, Queens, and 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 organization 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 and military status.



Elderplan for Medicaid Beneficiaries  
(HMO D-SNP)

# Plan Overview

Making sure you receive the care you need is important to us. Making it easy for you to get that care is important too. We understand that coordinating your Medicare and Medicaid benefits can be challenging. That's why we created a plan that makes your life a little easier by covering your medical, hospital and prescription drug benefits all under one umbrella. Your medical expenses will be covered at little to no cost to you and you have minimal cost-sharing for prescriptions. Plus, you will enjoy an over-the-counter (OTC) benefit, which includes health-related and select grocery items\*\* that you can purchase

at a store or order online, as well as home delivered meals. The plan also includes comprehensive dental, and transportation to medical appointments. If by now it is not clear that our main goal is keeping you healthy and happy, you should also know that as part of this plan, we offer a Wellness Incentive program, which rewards you for receiving preventive screenings and immunizations. And because we care about your physical and mental well-being, we provide a fitness benefit (that allows you to join classes from home or work out at the gym) and the BrainHQ® Memory Fitness Program.

## Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2022

Perhaps one of the biggest perks of being enrolled in this plan is that you are assigned a dedicated Care Manager who leads a team of caring clinical professionals who are all committed to helping you stay healthy. Your Care Manager will stay in touch with your doctors, as well as help arrange your medical visits and

transportation to get you there. They will be your go-to person and will work to help ensure you get the care you need to remain safely at home.

Because we care. Every minute.  
Every day.



# Contents

**Section I:** Introduction to Summary of Benefits.....8

- Elderplan Contact Information
- Who Can Join?
- Useful Information About Medicare
- Information About Elderplan for Medicaid Beneficiaries

**Section II:** Summary of Benefits .....17

- Monthly Premium, Deductible, And Maximum Out-Of-Pocket Costs
- Medicare-Covered Benefits
- Supplemental Comprehensive Dental
- Prescription Drug Benefits
- Other Covered Benefits

**Section III:** Summary of Medicaid Benefits Not Covered by Elderplan..... 47

- Medicaid Benefits

## Benefits at a Glance



Monthly Premium\*



Doctor Visits (Primary Care)^



Specialist Care^

**\$0**



Acupuncture



Transportation



Silver&Fit® Fitness Program



Brain Games with BrainHQ®



Routine Hearing



Routine Vision



24/7 Access to Care with Teladoc®

**\$0**



Over-the-Counter (OTC) Benefits

up to

**\$130** every month



Use your OTC benefit to purchase groceries and meals too!\*\*



## Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2022

\*If you do not receive Medicare cost-sharing assistance under Medicaid, you pay \$39.90 monthly for the plan premium.

^If you do not receive Medicare cost-sharing assistance under Medicaid, you pay 20% coinsurance for Primary Care and Specialist Care.

\*\*For eligible members (with certain chronic conditions) the Special Supplemental Benefits for the Chronically Ill (grocery benefit) combines with the OTC benefit to cover certain grocery items and meals as a part of the monthly OTC allowance. Eligible members will be notified and provided instructions on how to access the benefit.

## **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 2022 Elderplan for Medicaid Beneficiaries (HMO D-SNP) Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at **[www.elderplan.org](http://www.elderplan.org)**.

# Elderplan Contact Information

## Elderplan for Medicaid Beneficiaries hours of operation

- From October 1 to March 31, you can call us 7 days a week from 8 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 for Medicaid Beneficiaries 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 For Medicaid Beneficiaries (HMO D-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and New York State’s Medicaid program and live in our service area.**

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

People who qualify for Medicare and Medicaid are known as dual-eligible beneficiaries. You must be eligible for Medicaid coverage and meet the enrollment eligibility requirements for Elderplan for Medicaid Beneficiaries. The kind of Medicaid benefits you receive are determined by New York State and may vary based

upon your income and resources. With the assistance of Medicaid, some dual-eligible beneficiaries do not have to pay for certain Medicare costs. As an Elderplan for Medicaid Beneficiaries member who qualifies for Medicaid coverage, additional benefits may be available to you from Medicaid.

# Useful Information About Medicare

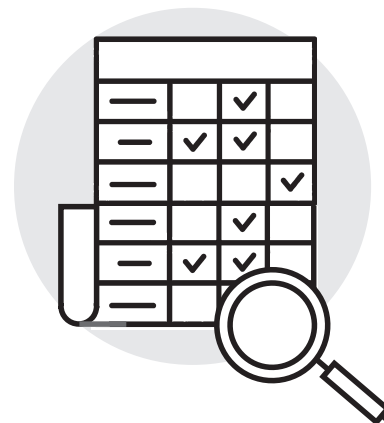
## You have choices about how to get your Medicare Benefits

- 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 For Medicaid Beneficiaries (HMO D-SNP)).

## Tips for Comparing your Medicare Choices

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

- You can compare Elderplan for Medicaid Beneficiaries and Original Medicare using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers. Our members receive all of the benefits that Original Medicare offers. The Medicaid section includes information about services that you may receive from Medicaid. The covered benefits may change from year to year.



## Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO D-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 for Medicaid Beneficiaries

## Special eligibility requirements for our plan

Our plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you must be: eligible for both Medicare and Medicaid, or eligible for Medicare and Medicare cost-sharing assistance under Medicaid. Additionally, you:

- Must have Medicare Part A and Medicare Part B.
- Must reside in the plan's service area: Bronx, Kings, Nassau, New York, Queens and Westchester counties.
- Must be a United States citizen or lawfully present in the United States.

- Must meet the special eligibility requirements described below.

The kind of Medicaid benefits you receive are determined by New York State and may vary based upon your income and resources. With the assistance of Medicaid, some dual-eligible beneficiaries do not have to pay for certain Medicare costs. The Medicaid benefit categories and types of assistance served by our plan are listed below:

- **Full Benefit Dual Eligible (FBDE):** Helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance and copayments). These individuals are also eligible for full Medicaid benefits.
- **Qualified Medicare Beneficiary (QMB):** Helps pay Medicare Part A and



Part B premiums, and other cost-sharing (like deductibles, coinsurance and copayments). (Some people with QMB are also eligible for full Medicaid benefits (QMB+).)

- **Specified Low-Income Medicare Beneficiary (SLMB):** Helps pay Part B premiums. (Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).)
- **Qualifying Individual (QI):** Helps pay Part B premiums.
- **Qualified Disabled and Working Individuals (QDWI):** Helps pay Part A premiums.

Please note: If you lose your eligibility but can reasonably be expected to regain eligibility within three (3) months, then you are still eligible for membership in our plan (Chapter 4, Section 2.1 of your Evidence of Coverage booklet

tells you about coverage and cost-sharing during a period of deemed continued eligibility.)

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

Elderplan For Medicaid Beneficiaries (HMO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, we may not pay for these services except in emergency situations. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's Provider and Pharmacy Directory at our website [www.elderplan.org](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?**

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

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

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 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778** (applications); or
- **New York State Department of Health (Social Services) HRA Medicaid Helpline at 1-888-692-6116** between 8 a.m. and 5 p.m., Monday through Friday. TTY users should call **711**.



## Section II: Summary of Benefits

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

### Elderplan For Medicaid Beneficiaries (HMO D-SNP)

<p><b>Monthly Premium (Part D Premium)</b></p>	<p>\$0 or \$39.90</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.) If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your plan premium.</p>
<p><b>Part B Deductible</b></p>	<p>\$0 or \$233</p>	<p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your Part B Deductible. This plan has deductibles for Inpatient Hospital Services and Inpatient Psychiatric Services.</p>

## Elderplan For Medicaid Beneficiaries (HMO D-SNP)

<p><b>Maximum Out-of-Pocket</b></p>	<p>\$7,550</p>	<p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your plan premium, and any cost-sharing for your Part D prescription drugs.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>
-------------------------------------	----------------	--

<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 hospital care</b>	Inpatient Hospital Services	<p>A per admission deductible is applied once during the defined benefit period.</p> <p>In 2022 the amounts for each benefit period are \$0* or:                      \$1,556 deductible.</p> <p>Days 1–60: \$0 copayment per day.                      Days 61–90: \$389 copayment per day.                      Days 91 and beyond:                      \$778 copayment per lifetime reserve day.</p> <p>Beyond lifetime reserve days: you pay all costs.</p>	Authorization is required.

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

## Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2022

<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 hospital care</b> <i>(continued)</i>	Outpatient Hospital Services	0% or 20% coinsurance.*	
	Ambulatory Surgical Center (ASC)	0% or 20% coinsurance.*	

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



<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 want to see a doctor</b>	Primary Care Providers	0% or 20% coinsurance for each visit.*	This benefit is also available through Telehealth. Please call your current provider for details.
	Specialists	0% or 20% coinsurance for each visit.*	This benefit is also available through Telehealth. Please call your current provider for details.
	Nurse Practitioners and Physician Assistants	0% or 20% coinsurance for each visit.*	Authorization only required for in-home visits.

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

<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 want to see a doctor</b> <i>(continued)</i>	Preventive Care	\$0 copayment	Preventive care services may be covered by Medicare during the benefit year.
		<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> </ul>	

<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 want to see a doctor</b> <i>(continued)</i>	Preventive Care <i>(continued)</i>		<ul style="list-style-type: none"> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• Hepatitis B Virus (HBV) infection screening</li> <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) screenings 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 for Medicaid Beneficiaries (HMO D-SNP) 2022

<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 want to see a doctor</b> <i>(continued)</i>	Preventive Care <i>(continued)</i>	0% or 20% coinsurance.*	<ul style="list-style-type: none"> <li>• Diabetes self-management training</li> <li>• Glaucoma tests</li> </ul>
<b>You Need Emergency Care</b>	Emergency Care	0% or 20% coinsurance (up to \$90) for each visit.*	If you are admitted to the hospital within 24 hours there is no cost share.
	Urgent Care	0% or 20% coinsurance (up to \$65) for each visit.*	This benefit is also available through Telehealth. Please call your current provider for details.

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

<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>	Diagnostic Services/ Labs/Imaging • Medicare-covered Lab Services • Outpatient Blood Services	\$0 copayment for each service.	\$0 copayment for each service.

<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>
<p><b>You need medical tests</b> <i>(continued)</i></p>	<p>Diagnostic Services/ Labs/ Imaging</p> <ul style="list-style-type: none"> <li>• Diagnostic tests and Procedures</li> <li>• Outpatient X-rays</li> <li>• Therapeutic radiology services (such as radiation treatment for cancer)</li> <li>• Diagnostic Radiological services (such as MRI scans and CT scans)</li> </ul>	<p>0% or 20% coinsurance for each service*.</p>	<p>Authorization is required only for Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT).</p>

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

<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 Hearing Care</b>		0% or 20% coinsurance for Medicare-covered hearing exams.*	
	Hearing Exams	\$0 copayment for Non-Medicare-covered (Routine) Hearing Exams.	You may receive one Non-Medicare-covered (Routine) Hearing Exam every three years.
	Hearing Aids	Up to \$1,300 for both ears combined maximum benefit limit every 3 years. \$0 copayment for Fitting and Evaluation for Hearing Aid(s) every 3 years.	Authorization is required for hearing aid(s) by a Physician or Specialist.

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



## Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2022

<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 Dental Care</b>	Comprehensive Dental	0% or 20% coinsurance for Medicare-Covered services.*	
	Supplemental Preventive Dental	Not Covered	
	Supplemental Comprehensive Dental	Supplemental Comprehensive Dental Services are limited to selected service codes from the categories below with an allowance of \$375 per quarter (3 months).	Upon exhaustion of the \$375 per quarter (3 months) or the rolled over cumulative amount the member will be responsible for the full cost.

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

# Supplemental Comprehensive Dental Major Services

<b>Endodontic Services</b>		
<b>Covered Services</b>	<b>Copayment</b>	<b>Frequency</b>
Root Canal Therapy, Back (Molar) teeth	No charge	Once per lifetime, per tooth
Retreatment of Root Canal Therapy – Back (Molar) Teeth	No charge	Once per lifetime, per tooth
<b>Periodontics Services</b>		
<b>Covered Services</b>	<b>Copayment</b>	<b>Frequency</b>
Gingivectomy – Four or More Teeth per Quadrant	No charge	Once per 36 months
Gingival Flap Procedure, four or more teeth per quadrant	No charge	Once per 60 months
Osseous Surgery – Four or More Teeth per Quadrant	No charge	Once per 60 months
Osseous Surgery – One to Three Teeth per Quadrant	No charge	Once per 60 months
<b>Restorative Services</b>		
<b>Covered Services</b>	<b>Copayment</b>	<b>Frequency</b>
Crown – Resin-based Composite	No charge	Once per 60 months, per tooth
Crown – 3/4 Resin-based Composite	No charge	Once per 60 months, per tooth

## Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2022

<b>Restorative Services (continued)</b>		
<b>Covered Services</b>	<b>Copayment</b>	<b>Frequency</b>
Crown – Resin with High Noble Metal	No charge	Once per 60 months, per tooth
Crown – Resin with Predominantly Base Metal	No charge	Once per 60 months, per tooth
Crown – Resin with Noble Metal	No charge	Once per 60 months, per tooth
Crown – Porcelain/Ceramic Substrate	No charge	Once per 60 months, per tooth
Crown – Porcelain Fused to High Noble Metal	No charge	Once per 60 months, per tooth
Crown – Porcelain Fused to Predominantly Base Metal	No charge	Once per 60 months, per tooth
Crown – Porcelain Fused to Noble Metal	No charge	Once per 60 months, per tooth
Crown – Full Cast High Noble Metal	No charge	Once per 60 months, per tooth
Crown – Full Cast Predominantly Base Metal	No charge	Once per 60 months, per tooth
Crown – Full Cast Noble Metal	No charge	Once per 60 months, per tooth
Post and Core in Addition to Crown	No charge	Once per 60 months, per tooth

## Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2022

<b>Restorative Services (continued)</b>		
<b>Covered Services</b>	<b>Copayment</b>	<b>Frequency</b>
Each Additional Indirectly Fabricated Post – Same Tooth	No charge	Once per 60 months, per tooth
Prefabricated Post and Core in Addition to Crown	No charge	Once per 60 months, per tooth
<b>Prosthodontic Services – Fixed</b>		
<b>Covered Services</b>	<b>Copayment</b>	<b>Frequency</b>
Pontic - Indirect Resin Based Composite	No charge	Once per 60 months, per tooth
Pontic – Cast Predominantly Base Metal	No charge	Once per 60 months, per tooth
Pontic – Cast Noble Metal	No charge	Once per 60 months, per tooth
Pontic – Porcelain Fused to High Noble Metal	No charge	Once per 60 months, per tooth
Pontic – Porcelain Fused to Predominantly Base Metal	No charge	Once per 60 months, per tooth
Pontic – Porcelain Fused to Noble Metal	No charge	Once per 60 months, per tooth
Pontic – Resin with High Noble Metal	No charge	Once per 60 months, per tooth

## Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2022

<b>Prosthodontic Services – Fixed (continued)</b>		
<b>Covered Services</b>	<b>Copayment</b>	<b>Frequency</b>
Pontic – Resin with Predominantly Base Metal	No charge	Once per 60 months, per tooth
Pontic – Resin with Noble Metal	No charge	Once per 60 months, per tooth
Retainer Crown – Resin with High Noble Metal	No charge	Once per 60 months, per tooth
Retainer Crown – Resin with Predominantly Base Metal	No charge	Once per 60 months, per tooth
Retainer Crown – Resin with Noble Metal	No charge	Once per 60 months, per tooth
Retainer Crown – Porcelain/Ceramic	No charge	Once per 60 months, per tooth
Retainer Crown – Porcelain Fused to High Noble Metal	No charge	Once per 60 months, per tooth
Retainer Crown – Porcelain Fused to Predominantly Base Metal	No charge	Once per 60 months, per tooth
Retainer Crown – Porcelain Fused to Noble Metal	No charge	Once per 60 months, per tooth
Retainer Crown – Full Cast High Noble Metal	No charge	Once per 60 months, per tooth
Retainer Crown – Full Cast Predominantly Base Metal	No charge	Once per 60 months, per tooth

### Prosthodontic Services – Fixed (continued)

Covered Services	Copayment	Frequency
Retainer Crown – Full Cast Noble Metal	No charge	Once per 60 months, per tooth

### Medicare-covered Benefits

Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Eye Care	Vision Exams	0% or 20% coinsurance for Medicare-covered eye exams.*	
		\$0 Copayment for Non-Medicare-covered. (Routine eye exam for eyewear.)	You may receive one Non-Medicare-covered (Routine) Eye Exam every year.

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

<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 Eye Care</b> <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 \$100 annual maximum every year.	Includes contact lenses and eyewear.

<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 Mental Health Care</b>	Inpatient Mental Health	<p>A per admission deductible is applied once during the defined benefit period.</p> <p>In 2022 the amounts for each benefit period are \$0* or:</p> <p>\$1,556 deductible.</p> <p>Days 1–60: \$0 copayment per day.</p> <p>Days 61–90: \$389 copayment per day.</p> <p>Days 91 and beyond: \$778 copayment per lifetime reserve day.</p> <p>Beyond lifetime reserve days: you pay all costs.</p>	Authorization is required.

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



## Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2022

<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 Mental Health Care</b>	Outpatient Mental Health	Mental Health: 0% or 20%* coinsurance for each Individual or Group session.	This benefit is also available through Telehealth. Please call your current provider for details.
		Psychiatric Services: 0% or 20%* coinsurance for each Individual or Group session.	This benefit is also available through Telehealth. Please call your current provider for details.

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

<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 Rehabilitative or Skilled Nursing Care</b>	Skilled Nursing Facility	A per admission deductible is applied once during the defined benefit period is \$0* or: Days 1–20: \$0 per day. Days 21–100: \$194.50 copayment per day. Days 101 and beyond: you pay all costs.	The plan covers up to 100 days each benefit period, a 3-day prior hospital stay is required. Authorization is required.

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

<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 Outpatient Therapy</b>	Physical Therapy	0% or 20% coinsurance for each visit.*	Authorization is required.

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

<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 help getting to health services</b>	Ambulance	0% or 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 related purposes every 3 months.	You may take a taxi, bus, subway, or van.
<b>You need drugs to treat your illness or condition</b>	Medicare Part B Drugs	0% or 20% coinsurance for each 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.

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

## Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2022

<b>Medicare Part D</b>	
<b>Part D Premium</b>	\$0 or \$39.90 per month
<b>Part D Deductible</b>	Most Elderplan for Medicaid Beneficiaries members get “Extra Help” with their prescription drug costs. For 2022, the Part D deductible is \$480. If you receive “Extra Help,” your deductible amount depends on the level of “Extra Help” you receive—you will either pay \$0 or \$99 for Part D deductible. Members pay the full cost of their drugs until their deductible is met, then the cost-shares are applied in the initial coverage stage.
<b>Initial Coverage Stage (30-day supply)</b>	
<b>For Generic Drugs (including brand drugs treated as generic):</b>	Depending on your Extra Help you pay: \$0 copay or \$1.35 copay \$3.95 copay or 15% of the cost or 25% of the cost

## Medicare Part D

<b>For All Other Drugs:</b>	Depending on your Extra Help you pay: \$0 copay or \$4.00 copay \$9.85 copay or 15% of the cost or 25% of the cost
-----------------------------	---

You may get your drugs from a network or mail-order pharmacy for a 1-month (30 days) or a long-term supply (up to 90 days). For network and mail-order pharmacy Non-Extended Days Supply may apply; certain Specialty drugs will be limited up to a 30-day supply per fill. If you reside in a long-term care facility, you may get a 1-month supply (31 days).

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

### 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.

<b>Medicare Part D</b>		
<b>Catastrophic Coverage Cost-Sharing</b>	If you receive “Extra Help,” depending on your level of Extra Help you pay:	If you do not receive “Extra Help” you pay either a coinsurance or copayment, whichever is larger:
<b>For Generic Drugs (including brand drugs treated as generic):</b>	\$0 copay - or - \$3.95 copay	\$3.95 copay - or - 5% coinsurance
<b>For All Other Drugs:</b>	\$0 copay - or - \$9.85 copay	\$9.85 copay - or - 5% coinsurance

<b>Other Covered Services</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 Equipment and Supplies</b>	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)	0% or 20% coinsurance for Medicare-covered Durable Medical Equipment (DME).*	Authorization is only required for certain items.
	Medical Supplies	0% or 20% coinsurance for Medical Supplies.*	Authorization is required.
	Prosthetics (artificial limbs or braces)	0% or 20% coinsurance for Prosthetic Devices.*	Authorization is required.

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



<b>Other Covered Services</b>			
<b>You need Rehabilitation Services</b>	Physical Therapy, Occupational Therapy, Speech Language Therapy.	0% or 20% coinsurance for each visit.*	Authorization is required.
	Cardiac Rehabilitation	0% or 20% coinsurance for each visit.*	Authorization is required.
	Pulmonary Rehabilitation	0% or 20% coinsurance for each visit.*	Authorization is required.

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

**More benefits with your plan**

<p><b>Acupuncture Services</b></p>	<p>\$0 copayment per visit. You may receive up to 20 visits per year.</p>
<p><b>Brain Games with BrainHQ®</b></p>	<p>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.</p>
<p><b>OTC</b></p>	<p>You may purchase up to \$130 every month of eligible OTC items on an OTC card provided by Elderplan.</p>
<p><b>OTC + Grocery + Meals</b></p>	<p>For eligible members (with certain chronic conditions) the Special Supplemental Benefits for the Chronically Ill (grocery benefit) combines with the OTC benefit to cover certain grocery items and meals as a part of the monthly OTC allowance.</p>
<p><b>Post-discharge Meals</b></p>	<p>Post-discharge Meal program allows two prepared meals a day for up to 14 days following an inpatient hospital or skilled nursing facility stay up to two times a year.</p>

**More benefits with your plan**

<p><b>Silver&amp;Fit® Fitness Program</b></p>	<p>The Silver&amp;Fit® Healthy Aging and Exercise program provides Elderplan members access to a Fitness Center membership at a location from the participating Network and the option to choose a Home Fitness kit including options like a wearable fitness tracker or a strength kit. Also available, digital workout classes and one-on-one Healthy Aging Coaching sessions by phone with a trained health coach.</p>
<p><b>Teladoc®</b></p>	<p>At \$0 cost share, Teladoc® connects you with board-certified doctors 24 hours a day, 7 days a week for video or phone chat using your smartphone, tablet or computer. These doctors can help diagnose, treat and even write prescriptions for a variety of non-emergency conditions.</p>
<p><b>Worldwide Emergency/Urgent Care</b></p>	<p>\$0 cost-sharing for Worldwide Emergency/Urgent Coverage. The maximum benefit coverage amount is \$50,000.</p>

## Section III: Summary of Medicaid Benefits not covered by Elderplan

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

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

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

### Medicaid Benefits

#### Medicaid Services Not Covered By Elderplan

Home Delivered or Congregate Meals

Social Day Care

Social and Environmental Supports

Nursing Home Care (Residential Health Care Facility)

## Medicaid Benefits

### Medicaid Services Not Covered By Elderplan

#### Home Care

- a. Nursing
- b. Home Health Aide
- c. Physical Therapy (PT)
- d. Occupational Therapy (OT)
- e. Speech Pathology (SP)
- f. Medical Social Services

#### Adult Day Health Care

#### Personal Care

DME – including Medical/Surgical Supplies, Enteral and Parenteral Formula, and Hearing Aid Batteries, Prosthetics, Orthotics, and Orthopedic Footwear. Enteral Formula limited to nasogastric, jejunostomy, or gastrostomy tube feeding; or treatment of an inborn error of metabolism.

#### Personal Emergency Response System

#### Non-emergent Transportation

#### Podiatry

#### Dentistry

#### Optometry/Eyeglasses

## Medicaid Benefits

### Medicaid Services Not Covered By Elderplan

Outpatient Rehabilitation services – physical therapy (PT), occupational therapy (OT), and speech therapy (ST) – that are ordered by a doctor or other licensed professional are covered as medically necessary (without limits to the number of visits).

Audiology/Hearing Aids

Respiratory Therapy

Nutrition

Private Duty Nursing

Consumer Directed Personal Assistance Services

### Medicaid Fee-For-Service

Inpatient Hospital Services

Outpatient Hospital Services

Physician Services including services provided in an office setting, a clinic, a facility, or in the home.

Laboratory Services

Radiology and Radioisotope Services

Emergency Transportation

Rural Health Clinic Services

Chronic Renal Dialysis

## Medicaid Benefits

### Medicaid Fee-For-Service

Mental Health Services

Alcohol and Substance Abuse Services

OPWDD Services

Family Planning Services

Prescription and Non-prescription Drugs, Compounded Prescriptions

All other services listed in Title XIX State Plan



Other services may be available to you which can be accessed through Medicaid Fee-for-Service.

# Contact Information for New York State Medicaid Program

Method	New York State Department of Health (Social Services) – Contact Information
<p><b>CALL</b></p>	<p>HRA Medicaid Helpline: 1-888-692-6116                      Nassau County: 516-227-8000                      Available 9 a.m. to 4 p.m., Monday through Friday                      New York City: 718-557-1399                      Available 8 a.m. to 5 p.m., Monday through Friday                      Westchester County: 914-995-3333                      Available 8:30 a.m. to 5 p.m., Monday through Friday</p>
<p><b>TTY</b></p>	<p>711                      This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p>



## Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2022

<b>Method</b>	<b>New York State Department of Health (Social Services) – Contact Information</b>
<b>WRITE</b>	New York City Human Resources Administration Medical Assistance Program Correspondence Unit 785 Atlantic Avenue 1st Floor Brooklyn, NY 11238 Nassau County Department of Social Services 60 Charles Lindbergh Boulevard Uniondale, NY 11553 Westchester County Department of Social Services White Plains District Office 85 Court Street White Plains, NY 10601
<b>WEBSITE</b>	<a href="https://www.health.ny.gov/health_care/medicaid/ldss.htm">https://www.health.ny.gov/health_care/medicaid/ldss.htm</a>

**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).

## 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 a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.



For more information, call us toll-free

**1-800-353-3765**

8 a.m.–8 p.m., 7 days a week.

---

TTY/TDD users should call

**711**

---

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.