

2022



Caring every minute, every day.



Summary of Benefits

Elderplan Plus Long-Term Care (HMO D-SNP)

January 1, 2022 to December 31, 2022

H3347_EP17047_M

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2022

Proposed Effective Date ____/____/____

Primary Care Provider

Name _____

Address _____

Phone Number (____) _____

Name of Sales Representative

Important Numbers

Member Services

1-877-891-6447, TTY 711

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



Summary of Benefits

for **Elderplan Plus Long-Term Care (HMO D-SNP)**

January 1, 2022 – December 31, 2022

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


Proposed Effective Date _____ / _____ / _____

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 or military status.



Elderplan Plus Long-Term Care
(HMO D-SNP)

Plan Overview

Receiving the care and support you need in the safety and comfort of your own home is important. This plan was designed for Medicare and Medicaid beneficiaries who need valuable assistance with Long-Term Care at home. You'll be happy to know that there is no plan premium, no co-payments for doctor and hospital visits, and low co-payments for prescription drugs. 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 provides transportation to medical appointments. If by now it is not clear that our main goal is keeping you healthy, you should also know we offer a Wellness Incentive program, which rewards you for

receiving preventive screenings and immunizations. And to top it all off, we're introducing the BrainHQ® Memory Fitness Program that will help keep your mind stimulated.

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. In addition, a registered nurse will visit you from time to time to check on you and assess your needs. And, when it comes to who provides your care at home,

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2022

you have choices. We are happy to provide a Home Health Aide who will assist you with activities such as bathing, dressing and meals. If, however, you prefer someone you already know provide your care, you can pick a friend, neighbor, or

in some cases a family member through the Consumer-Directed Personal Assistance Services (CDPAS) program, and they will be paid for their time.

Because we care. Every minute.
Every day.

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Benefits at a Glance



Monthly Plan Premium



Doctor Visits (Primary Care)



Specialist Care



24/7 Access to Care
with Teladoc®



Brain Games with
BrainHQ®

\$0



Over-the-Counter
(OTC) Benefits

up to

\$195 every month



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

*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 Plus Long-Term Care (HMO D-SNP) Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at www.elderplan.org.

Elderplan Contact Information

Elderplan Plus Long-Term Care 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 Plus Long-Term Care phone numbers and website

- If you are a member of this plan, call toll-free **1-877-891-6447**. (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**.

This document is available for free in Spanish. Please contact our Member Services number at **1-877-891-6447** 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 Plus Long-Term Care (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, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland and Westchester.

People who qualify for Medicare and Medicaid are known as dual-eligible beneficiaries. You must be eligible for full benefits from Medicaid and meet the enrollment eligibility requirements for Elderplan Plus Long-Term Care. 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. Elderplan Plus Long-Term Care covers most of the cost-sharing amounts that you would otherwise have to pay and includes additional services that are covered by Medicaid.

Useful Information About Medicare

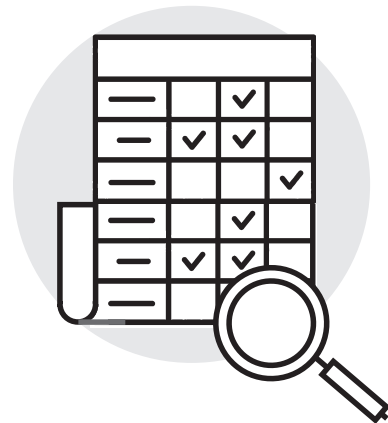
You have choices about how to get your Medicare Benefits

- 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 Plus Long-Term Care (HMO D-SNP)).

Tips for Comparing your Medicare Choices

This Summary of Benefits booklet gives you a summary of what Elderplan Plus Long-Term Care (HMO D-SNP) covers and what you pay.

- You can compare Elderplan Plus Long-Term Care 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. The charts also include information about services that you receive from Medicaid. Our members receive all of the benefits that Original Medicare offers. We also offer many benefits covered by Medicaid. The covered benefits may change from year to year.



Summary of Benefits – Elderplan Plus Long-Term Care (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 Plus Long-Term Care

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 Medicare and Full Medicaid Benefits. Additionally, you:

- Must have Medicare Part A and Medicare Part B.
- Must reside in the plan's service area: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland and Westchester counties.
- Must be a United States citizen or lawfully present in the United States.
- Must meet the special eligibility requirements described below
- Must be 18 years of age or older.
- You are determined eligible for Long-Term care services by Elderplan or an entity designated by the New York State Department of Health using the current NYS eligibility tool.
- Must be capable, at the time of enrollment, of returning to or remaining in your home and community without jeopardy to health and safety, based upon criteria provided by New York State Department of Health.
- Must be eligible for nursing home level of care (as of the time of enrollment).

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2022

- Must require care management and be expected to need at least one of the following Community-Based Long-Term Care services for more than 120 days from the effective date of enrollment:
 - a) nursing services in the home
 - b) therapies in the home
 - c) home health aide services
 - d) personal care services in the home
 - e) adult day health care
 - f) private duty nursing
 - g) Consumer-Directed Personal Assistance Services

Please note: If you lose your Medicaid 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 the Evidence of Coverage tells you about coverage during a period of deemed continued eligibility.)

Which Doctors, Hospitals and Pharmacies can I use?

Elderplan Plus Long-Term Care (HMO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, we may not pay for these services except in emergency situations. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's Provider and Pharmacy Directory at our website www.elderplan.org, or call us and we will send you a copy of the Provider and Pharmacy Directory.

What do we cover?

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

- Members get all the benefits covered by Original Medicare.
- Members also get more than

what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

- We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.elderplan.org or call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Most of our members in Elderplan Plus Long-Term Care 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

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2022

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).
- 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 Plus Long-Term Care (HMO D-SNP). If you meet the eligibility requirements to be in this plan, Medicaid will help pay any health care expenses you may have.

Elderplan Plus Long-Term Care (HMO D-SNP)		
Monthly Premium	\$0	Because you are a dual-eligible member with full Medicaid benefits, your plan premium is covered on your behalf.
Part B Deductible	\$0	Because you are a dual-eligible member with full Medicaid benefits, your Medicare Part B deductible (\$233 in 2022) is covered on your behalf.

Elderplan Plus Long-Term Care (HMO D-SNP)

<p>Maximum Out-of-Pocket</p>	<p>\$7,550</p>	<p>Because you are a dual-eligible member with full Medicaid benefits, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount (\$7,550) for covered Part A and Part B services. This does not apply to prescription drug costs.</p>
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Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-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	\$0 copayment for each benefit period. \$0 copayment per day.	Authorization is required.
	Outpatient Hospital Services	\$0 copayment.	
	Ambulatory Surgical Center (ASC)	\$0 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 Plus Long-Term Care (HMO D-SNP) 2022

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You want to see a doctor <i>(continued)</i>	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.	Authorization only required for in-home visits.
	Preventive Care	\$0 copayment.	Preventive care 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
You want to see a doctor <i>(continued)</i>	Preventive Care <i>(continued)</i>		<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screenings & counseling • Annual “wellness” visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening • Cervical and vaginal cancer screening • Colorectal cancer screenings <ul style="list-style-type: none"> - Multi-target stool DNA tests - Screening barium enemas - Screening colonoscopies - Screening fecal occult blood tests - Screening flexible sigmoidoscopies • Depression screening • Diabetes screenings • Diabetes self-management training • Glaucoma tests • Hepatitis B Virus (HBV) infection screening

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

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2022

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You Need Emergency Care	Emergency Care	\$0 copayment for each visit.	If you are admitted to the hospital within 24 hours there is no cost share.
	Urgent Care	\$0 copayment for each visit.	This benefit is also available through Telehealth. Please call your current provider for details.

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2022

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need medical tests	Diagnostic Services/ Labs/ Imaging including services such as:	\$0 copayment for each Service.	
		<ul style="list-style-type: none"> • Lab Services • Diagnostic tests and Procedures • Outpatient X-rays • Diagnostic Radiological services (such as MRI scans and CT scans) • Therapeutic radiology services (such as radiation treatment for cancer) 	Authorization is required only for Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT).
You need Hearing Care	Hearing Exams	\$0 copayment for Medicare-covered hearing exams.	
		See Medicaid-covered Benefits.	
	Hearing Aids	See Medicaid-covered Benefits.	

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2022

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Dental Care	Comprehensive Dental	\$0 Copayment for Medicare-covered Comprehensive Dental Services.	
	Dental Services	See Medicaid-covered Benefits for Preventive and Comprehensive Dental Services	
You need Eye Care	Vision Exams	\$0 copayment for Medicare-covered Services.	
	Vision Eyewear	\$0 copayment for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.	
		See Medicaid-covered Benefits.	

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2022

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Mental Health Care	Inpatient Mental Health	\$0 copayment for each benefit period. \$0 copayment per day.	Authorization is required.
	Outpatient Mental Health	Mental Health Services: \$0 copayment for each Individual or Group session.	This benefit is also available through Telehealth. Please call your current provider for details.
		Psychiatric Services: \$0 copayment for each Individual or Group session.	This benefit is also available through Telehealth. Please call your current provider for details.

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-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	\$0 copayment per day.	The plan covers up to 100 days each benefit period, a 3-day prior hospital stay is not required. Authorization is required.
You need Outpatient Therapy	Physical Therapy	\$0 copayment for each visit.	Authorization is required.
You need help getting to health services	Ambulance	\$0 copayment for each one-way trip.	Authorization is only required for non-emergency services.
	Transportation	See Medicaid-covered Benefits.	

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2022

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need drugs to treat your illness or condition	Medicare Part B Drugs	\$0 copayment.	Some Medicare Part B Prescription Drugs may be subject to step therapy requirements. Authorization may be required for certain drugs.

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2022

Medicare Part D	
Part D Premium	\$0 or \$42.40 per month
Part D Deductible	Most Elderplan Plus Long-Term Care 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.
Initial Coverage Stage (30-day supply)	
For Generic Drugs (including brand drugs treated as generic):	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

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2022

Medicare Part D

For All Other Drugs:

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 year-to-date “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

The plan will pay most of the costs of your drugs for the rest of the calendar year (through December 31, 2022).

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-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 Diabetic 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 copayment Medicare-covered Durable Medical Equipment (DME).	Authorization only required for certain items.
	Medical Supplies	\$0 copayment for Medical Supplies.	Authorization is required.
	Prosthetics (artificial limbs or braces)	\$0 copayment for Prosthetic Devices.	Authorization is required.

Other Covered Services

You need Rehabilitation Services	Physical Therapy, Occupational Therapy, Speech Language Therapy	\$0 copayment for each visit.	Authorization is required.
	Cardiac Rehabilitation	\$0 copayment for each visit.	Authorization is required.
	Pulmonary Rehabilitation	\$0 copayment for each visit.	Authorization is required.

More benefits with your plan

Brain Games with BrainHQ®	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.
OTC	You may purchase up to \$195 every month of eligible OTC items on an OTC card provided by Elderplan.
OTC + Grocery + Meals	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.

More benefits with your plan

Teladoc®

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.

Worldwide Emergency/Urgent Care

\$0 cost-sharing for Worldwide Emergency/Urgent Coverage. The maximum benefit coverage amount is \$50,000.

Section III: Summary of Medicaid-covered Benefits

The following chart lists services that are available under Medicaid for Elderplan Plus Long-Term Care members who qualify for full Medicaid benefits.

All Part C cost-sharing, including all deductibles, copays and coinsurance amounts, as well as any premiums for services listed below, are covered for members. The chart also explains if a similar benefit is available under our plan.

Medicaid-covered Benefits	
Inpatient Hospital Care Including Substance Abuse and Rehabilitation Services	Up to 365 days per year (366 days for leap year).
Inpatient Mental Health	Medically necessary care, including days in excess of the Medicare 190-day lifetime maximum.
Residential Health Care Facility	Medicare and Medicaid-covered care provided in a Residential Health Care Facility. No prior hospital stay required.

Medicaid-covered Benefits

<p>Home Health</p>	<p>Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services.</p> <p>Also includes Non-Medicare-covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals).</p>
<p>PCP Office Visits</p>	<p>Primary care provider office visits.</p>
<p>Specialist office visits</p>	<p>Specialist office visits.</p>
<p>Chiropractic</p>	<p>Manual manipulation of the spine to correct subluxation; provided by chiropractors or other qualified providers.</p>
<p>Podiatry</p>	<p>Medically necessary foot care, including care for medical conditions affecting lower limbs.</p> <p>Visits for routine foot care up to four (4) visits per year.</p>
<p>Outpatient Mental Health</p>	<p>Individual and group therapy visits.</p> <p>Enrollee must be able to self-refer for one assessment from a network provider in a twelve (12) month period.</p>

Medicaid-covered Benefits	
Outpatient Substance Abuse	Individual and group visits. Enrollee must be able to self-refer for one assessment from a network provider in a twelve (12) month period.
Outpatient Surgery	Medically necessary visits to an ambulatory surgery center or outpatient hospital facility.
Ambulance	Transportation provided by an ambulance service, including air ambulance. Emergency transportation if for the purpose of obtaining hospital services for an Enrollee who suffers from severe, life-threatening or potentially disabling conditions which require the provision of emergency services while the Enrollee is being transported. Includes transportation to a hospital emergency department generated by telephoning "911."
Emergency Department Care	Care provided in a hospital emergency department, subject to prudent layperson standard.

Medicaid-covered Benefits

<p>Urgent Care</p>	<p>Urgently needed care in most cases outside the plan’s service area.</p>
<p>Outpatient Rehabilitation (OT, PT, Speech)</p>	<p>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).</p>
<p>Durable Medical Equipment (DME)</p>	<p>Medicare and Medicaid covered DME including devices and equipment, other than prosthetic, orthotics or orthopedic footwear, which have been ordered by a practitioner in the treatment of a specific medical condition. Includes medical equipment and hearing aid batteries. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bars).</p>

Medicaid-covered Benefits

Medical/Surgical Supplies, Parenteral Formula, Enteral Formula, Nutritional Supplements

Items for medical use other than drugs, prosthetics, orthotics, durable medical equipment or orthopedic footwear. These items are generally considered to be one-time use, consumable items routinely paid for under the DME category of fee-for-service Medicaid.

Coverage of enteral formula and nutritional supplements are limited coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding.

Enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following conditions:

1) Tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube.

2) Individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and

Medicaid-covered Benefits

<p>Medical/Surgical Supplies, Parenteral Formula, Enteral Formula, Nutritional Supplements <i>(continued)</i></p>	<p>3) children who require medical formulas due to mitigating factors in growth and development. Coverage of certain inherited disease of amino acid and organic acid metabolism shall include modified solid food products that are low-protein, or which contain modified protein.</p>
<p>Prosthetics</p>	<p>Medicare and Medicaid-covered prosthetics, orthotics and orthopedic footwear.</p>
<p>Diabetes Monitoring</p>	<p>Diabetes self-monitoring, management training and supplies, including coverage for glucose monitors, test strips and lancets. Diabetic supplies such as 2x2 gauze pads, alcohol swabs/pads, insulin syringes and needles are covered by Part D.</p>
<p>Diagnostic Testing</p>	<p>Diagnostic tests, x-rays, lab services and radiation therapy.</p>
<p>Bone Mass Measurement</p>	<p>Bone Mass Measurement for people at risk.</p>
<p>Colorectal Screening</p>	<p>Colorectal screening for people age 50 and older.</p>

Medicaid-covered Benefits

Immunizations	Influenza (Flu) and Pneumococcal Disease vaccines, and Hepatitis B vaccine for people in high-risk settings.
Mammograms	Annual screening for individuals age 40 and older. No referral necessary.
Pap Smear and Pelvic Exams	Pap smears and Pelvic Exams.
Prostate Cancer Screening	Prostate Cancer Screening exams for men age 50 and older.
Outpatient Drugs	All Medicare Part B covered prescription drugs and other drugs obtained by a provider and administered in a physician’s office or clinic setting covered by Medicaid. (No Part D).

Medicaid-covered Benefits

Hearing Services

Medicare and Medicaid hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, earmolds, special fittings and replacement parts.

Hearing Aids

Hearing Aids are covered \$600 per ear with a \$1200 maximum every 3 years.

1-year supply of batteries included with purchase and will be shipped with the hearing aid.

Authorization is required by a physician or specialist for Hearing Aids.

All services are covered once every three years.

Medicaid-covered Benefits

<p>Vision Care Services</p>	<p>Services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.</p>
<p>Routine Physical Exam 1/year</p>	<p>Up to one routine physical per year.</p>
<p>Private Duty Nursing</p>	<p>Medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant or certified nurse practitioner’s written treatment plan.</p>

Medicaid-covered Benefits

Non-Emergency Transportation

Transportation essential for an Enrollee to obtain necessary medical care and services under the plan's benefits or Medicaid fee for-service. Includes ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to the Enrollee's medical condition and a transportation attendant to accompany the Enrollee, if necessary.

Dental

Medicaid-covered dental services including necessary preventive, prophylactic and other routine dental care, services and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.

Medicaid-covered Benefits

<p>Preventive Dental Services</p>	<p>There is no coinsurance, or copayment for the following Medicaid-covered Preventive Dental services:</p> <ul style="list-style-type: none"> - Oral Exams - Prophylaxis (cleanings) - Dental X-Rays
<p>Personal Care Services</p>	<p>Includes medically necessary assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs) and health-related tasks through hands-on assistance, supervision and/or cueing.</p>
<p>Nutrition</p>	<p>Assessment of nutritional status/ needs, development and evaluation of treatment plans, nutritional education, in-service education, includes cultural considerations.</p>
<p>Medical Social Services</p>	<p>Assessment, arranging and providing aid for social problems related to maintaining individual at home.</p>

Medicaid-covered Benefits

<p>Social and Environmental Supports</p>	<p>Services and items to support member’s medical need. May include home maintenance tasks, homemaker/chore services, and respite care.</p>
<p>Home Delivered and Congregate Meals</p>	<p>Meals provided at home or in congregate settings (e.g., senior centers) to individuals unable to prepare meals or to have them prepared.</p>
<p>Adult Day Health Care</p>	<p>Includes medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure activities, dental, pharmaceutical, and other ancillary services. Services furnished in approved RHCF or extension site.</p>
<p>Social Day Care</p>	<p>Structured comprehensive program providing socialization, supervision and monitoring, personal care and nutrition in a protective setting.</p>

Medicaid-covered Benefits

Personal Emergency Response Services (PERS)

Electronic device that enables individuals to secure help in a physical, emotional or environmental emergency.

Medicare Part D Prescription Drug Benefit as Approved by CMS

Enrollee responsible for co-pays.

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

Services covered by Medicaid using your Medicaid Benefit Card

There are some Medicaid services that Elderplan Plus Long-Term Care does not cover. You can get these services from any provider who takes Medicaid by using your Medicaid Benefit Card.

Call Member Services at **1-877-891-6447 (TTY 711)** if you have a question about whether a benefit is covered by Elderplan Plus Long-Term Care (HMO D-SNP) or Medicaid.

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 Plus Long-Term Care (HMO D-SNP) but are available through Medicaid Fee-for-Service:

- Out-of-network Family Planning services under the direct access provisions
- Medicaid Pharmacy Benefits as allowed by State Law (select drug categories excluded from the Medicare Part D benefit)
- Methadone Maintenance Treatment Programs
- Certain Mental Health Services, including
 - Intensive Psychiatric Rehabilitation Treatment Programs
 - Day Treatment
 - Continuing Day Treatment

Summary of Benefits – Elderplan Plus Long-Term Care (HMO D-SNP) 2022

- Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units)
- Partial Hospitalizations
- Assertive Community Treatment (ACT)
- Personalized Recovery Oriented Services (PROS)
- Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family-based Treatment Programs
- Office for People With Developmental Disability Services
- Comprehensive Medicaid Case Management
- Home & Community-Based Services Waiver Program,
- Directly Observed Therapy for Tuberculosis Disease
- Assisted Living Program

Contact Information for New York State Medicaid Program

Method	New York State Department of Health (Social Services) – Contact Information
<p>CALL</p>	<p>HRA Medicaid Helpline: 1-888-692-6116 Dutchess County: 845-486-3000 Available 9 a.m. to 5 p.m., Monday through Friday Nassau County: 516-227-8000 Available 8 a.m. to 4 p.m., Monday through Friday New York City: 718-557-1399 Available 9 a.m. to 5 p.m., Monday through Friday Orange County: 845-291-4000 Available 9 a.m. to 5 p.m., Monday through Friday Putnam County: 845-808-1500 Available 9 a.m. to 5 p.m., Monday through Friday Rockland County: 845-364-3040 Available 9 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>TTY</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 Plus Long-Term Care (HMO D-SNP) 2022

Method	New York State Department of Health (Social Services) – Contact Information
WRITE	Dutchess County 60 Market Street Poughkeepsie, New York 12601 Nassau County Department of Social Services 60 Charles Lindbergh Boulevard Uniondale, NY 11553 New York City Human Resources Administration Medical Assistance Program Correspondence Unit 785 Atlantic Avenue 1st Floor Brooklyn, NY 11238 Orange County DSS Box Z, 11 Quarry Road Goshen, New York 10924 Putnam County DSS 110 Old Route 6 Carmel, New York 10512 Rockland County DSS 50 Sanatorium Road, Building L Pomona, New York 10970 Westchester County Department of Social Services 85 Court Street White Plains, NY 10601
WEBSITE	https://www.health.ny.gov/health_care/medicaid/l-dss.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 7th 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 1-877-891-6447 (TTY: 711).

(Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-891-6447 (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 1-877-891-6447 (TTY: 711)。

(Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-891-6447 (телетайп: 711).

(French Creole) ATANSYON : Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-891-6447 (TTY: 711).

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-891-6447 (TTY: 711) 번으로 전화해 주십시오.

(Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il número 1-877-891-6447 (TTY: 711).

(Yiddish) אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פון אפצאל. 1-877-891-6447 (TTY: 711) רופט.

(Bengali) লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-877-891-6447 (TTY: 711)।

(Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-891-6447 (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 1-877-891-6447 (TTY: 711).

(French) ATTENTION : Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-877-891-6447 (ATS : 711).

(Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-891-6447 (TTY : 711)۔

(Tagalog) PAUNAWA : Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-891-6447 (TTY : 711).

(Greek) ΠΡΟΣΟΧΗ : Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-891-6447 (TTY: 711).

(Albanian) KUJDES : Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-891-6447 (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 **1-877-891-6447**.

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** or call **1-877-891-6447** 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

- 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

1-877-891-6447

8 a.m.–8 p.m., 7 days a week.

TTY/TDD users should call

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Visit our website

Elderplan.org

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