

Caring every minute, every day.



Summary of Benefits

Elderplan Advantage for Nursing Home Residents (HMO I-SNP)

January 1, 2022 to December 31, 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

Melderplan

Summary of Benefits

for Elderplan Advantage for Nursing Home Residents (HMO I-SNP)

January 1, 2022 – December 31, 2022

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

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 Advantage for Nursing Home Residents (HMO I-SNP)

Plan Overview

Making sure you receive the care you need is important to us. That's why we designed a plan that was created especially for Medicare beneficiaries who live in one of Elderplan's contracted nursing homes. It provides a skilled Nurse Practitioner (NP) or Physician Assistant (PA) who will coordinate with physicians to create a customized treatment plan, conduct preventive physical exams, manage chronic conditions, order lab tests,

and write prescriptions—all of which are designed to help you avoid unnecessary and stressful emergency room visits and hospitalizations. Your NP or PA will also communicate any updates with you, your doctors and family members delivering comfort and peace of mind.

Because we care. Every minute. Every day.

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Prescription Drug Benefits
Other Covered Benefits

Benefits at a Glance

	Doctor Visits (Primary Care)	
₩	Specialist Care	
≅©	Routine Hearing	
	Routine Vision	\$0
	Transportation	ŞU
111	Acupuncture	
	Acupressure	
	Therapeutic Leave	

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.

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 Advantage for Nursing Home Residents (HMO I-SNP) Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at www.elderplan.org.

Elderplan Contact Information

Elderplan Advantage for Nursing Home Residents 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 Advantage for Nursing Home Residents 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.

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 Advantage for Nursing Home Residents (HMO I-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in an Elderplan contracted nursing home in our service area.

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

Useful Information About Medicare

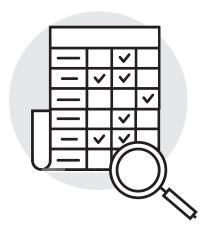
You have choices about how to get your Medicare Benefits

- 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 Advantage for Nursing Home Residents (HMO I-SNP)).

Tips for Comparing your Medicare Choices

This Summary of Benefits booklet gives you a summary of what Elderplan Advantage for Nursing Home Residents (HMO I-SNP) covers and what you pay.

You can compare Elderplan
 Advantage for Nursing Home
 Residents and Original
 Medicare using this Summary
 of Benefits. The charts in this
 booklet list some important
 health benefits. For each
 benefit, you can see what our
 plan covers. Our members
 receive all of the benefits that
 Original Medicare offers. The
 covered benefits may change
 from year to year.



- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov.



Information About Elderplan Advantage For Nursing Home Residents

Special eligibility requirements for our plan

To be eligible for membership in our plan, you:

- Must have Medicare Part A and Medicare Part B.
- Must reside in the plan's service area: Bronx, Dutchess, Kings, Monroe, Nassau, New York, Ontario, Orleans, Orange, Putnam, Queens, Richmond, Rockland, Seneca, Suffolk, Westchester, Yates counties.
- Must be a United States citizen or lawfully present in the United States.
- Must live in an Institutional Special Needs Plan contracted nursing home in Elderplan's network.

Our plan is designed to meet the specialized needs of people who need a level of care that is usually provided in a nursing home. Please note: If you lose your eligibility but can reasonably be expected to regain eligibility within one (1) month, then you are still eligible for membership in our plan (the Evidence of Coverage Chapter 4, Section 2.1 tells you about coverage and cost-sharing during a period of deemed continued eligibility.)

Which Doctors, Hospitals and Pharmacies can I use?

Elderplan Advantage for Nursing Home Residents (HMO I-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**, 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, or call us and we will send you a copy of the formulary.

How will I determine my drug costs?

The amount you pay for drugs depends on the drug you are taking and what "drug payment stage" you have reached.
Later in this document we discuss the drug payment stages: Deductible Stage, Initial Coverage Stage, Coverage Gap Stage, and Catastrophic Coverage Stage.

Section II: Summary of Benefits

The following are the health care costs for Elderplan Advantage for Nursing Home Residents.

Elderplan Advantage for Nursing Home Residents (HMO I-SNP)				
Monthly Premium (Part D Premium)	$(\Delta/\Delta())$			
Part B Deductible	\$140	The deductible applies to certain services. The deductible applies to the following services: - Cardiac Rehabilitation Services - Intensive Cardiac Rehabilitation Services - Pulmonary Rehabilitation Services - Pulmonary Rehabilitation Services - Partial Hospitalization - Home Health Services - Primary Care Physician Services - Chiropractic Services - Occupational Therapy Services		

Elderplan Advantage for Nursing Home Residents (HMO I-SNP)			
Part B Deductible (continued)	\$140	 Physician Specialist Services Mental Health Specialty Services Podiatry Services Other Health Care Professional Psychiatric Services Physical Therapy and Speech-Language Pathology Services Additional Telehealth Services Diagnostic Procedures / Tests / Lab Services Diagnostic Radiological Services Therapeutic Radiological Services Outpatient X-Ray Services Outpatient Hospital Services Observation Services Ambulatory Surgical Center (ASC) Services Outpatient Substance Abuse Outpatient Blood Services Ground Ambulance Services Air Ambulance Services Durable Medical Equipment (DME) Prosthetics / Medical Supplies Diabetic Supplies and Services 	

Elderplan Advantage for Nursing Home Residents (HMO I-SNP)			
Part B Deductible (continued)	\$140	 Dialysis Services Kidney Disease Education Services Glaucoma Screening Diabetes Self-Management Training Medicare Part B Rx Drugs. 	
		This plan also has separate deductibles for Inpatient Hospital Services and Inpatient Psychiatric Services.	

Elderplan Advantage for Nursing Home Residents (HMO I-SNP) Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. If you reach the limit on out-of-pocket **Maximum** costs, you keep getting covered hospital \$7,550 **Out-of-Pocket** and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your plan premium, and any cost-sharing for your Part D prescription drugs.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need hospital care	Inpatient Hospital Services	A per admission deductible is applied once during the defined benefit period. In 2022 the amounts for each benefit period are \$1,556 deductible. Days 1–60: \$0 copayment per day. Days 61–90: \$389 copayment per day. Days 91 and beyond: \$778 copayment per lifetime reserve day. Beyond lifetime reserve day. Beyond lifetime reserve days all costs.	Authorization is required.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need hospital care	Outpatient Hospital Services	20% coinsurance.	
(continued)	Ambulatory Surgical Center (ASC)	20% coinsurance.	
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.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You want to see a doctor (continued)	Specialists	\$0 copayment for each visit.	This benefit is also available through Telehealth. Please call your current provider for details.
	Nurse Practitioners and Physician Assistants	20% coinsurance for each visit.	
	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 (continued)	Preventive Care (continued)	 Abdominal aortic and Alcohol misuse screen counseling Annual "wellness" views and the screen (mammogram) Cardiovascular disease therapy) Cardiovascular screen (mammogram) Cardiovascular disease (mammogram) Cardiovascular disease (mammogram) Cardiovascular disease (mammogram) Cardiovascular screen (mammogram) Cardiovascular screen (mammogram) Cardiovascular screen (mammogram) Cardiovascular disease (mammogram) Cardiovascular disease (mammogram) Dervical and vaginal (mammogram) Screening barium (mammogram) Depression screening Depression screening Hepatitis B Virus (Historian (mammogram) Hepatitis C Screening Hepatitis C Screening 	enings & sit ment ning ase (behavioral ening cancer screening reenings DNA tests enemas copies cult blood tests sigmoidoscopies g BV) infection	

Medicare-covered Benefits				
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know	
You want to see a doctor (continued)	Preventive Care (continued)	 HIV screening Lung cancer screeni Medical nutrition th Obesity screenings Prostate cancer screenings Sexually transmitted screenings and cour Tobacco use cessation (counseling for peoptobacco-related dise COVID-19 vaccine, For a shots, Pneumococci "Welcome to Medical visit (one time) 	erapy services and counseling enings (PSA) d infections (STI) nseling on counseling ole with no sign of ease) flu shots, Hepatitis cal shots	
	Preventive Care	20% coinsurance.	Diabetes self- management trainingGlaucoma tests	

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You Need Emergency Care	Emergency Care	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	20% coinsurance (up to \$65) for each visit.	This benefit is also available through Telehealth. Please call your current provider for details.
		\$0 copayment for Medicare-covered Lab Services.	
You need medical tests	Diagnostic Services/ Labs/ Imaging	20% coinsurance for each of the following services: • Diagnostic tests and Procedures • Outpatient X-rays • Diagnostic Radiological services (such as MRI scans and CT scans)	Authorization is required only for Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT)

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need medical tests (continued)	Diagnostic Services/ Labs/ Imaging (continued)	 Therapeutic radiology services (such as radiation treatment for cancer) 	
	Hearing Exams You need Hearing Care	20% coinsurance for Medicare-covered diagnostic hearing exams.	
You need Hearing Care		\$0 copayment for one Non-Medicare-covered (Routine) Hearing Exams every 3 years.	
	Hearing Aids	Up to \$2,000 for both ears combined every 3 years. \$0 copayment for Fitting/Evaluation for Hearing Aid every 3 years.	Authorization is required for hearing aid(s) by a Physician or Specialist.

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

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need		\$0 copayment for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.	
Eye Care (continued)	Vision Eyewear	\$0 copayment for Non-Medicare- covered eyewear (Routine) up to \$200 annual maximum every year.	Includes contact lenses and eyewear.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Mental Health Care	Inpatient Mental Health	A per admission deductible is applied once during the defined benefit period. In 2022 the amounts for each benefit period are \$1,556 deductible. Days 1–60: \$0 copayment per day. Days 61–90: \$389 copayment per day. Days 91 and beyond: \$778 copayment per lifetime reserve day. Beyond lifetime reserve day. Beyond lifetime reserve days all costs.	Authorization is required.

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

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Rehabili- tative or Skilled Nursing Care	Skilled Nursing Facility	In 2022 the amounts for each benefit period: 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.
You need Outpatient Therapy	Physical Therapy	20% coinsurance for each visit.	

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need	Ambulance	20% coinsurance for each one-way trip.	
help getting to health services	Transporta- tion	\$0 copayment. You may take up to 40 one-way trips for medical and therapeutic related purposes.	Transportation is available by Ambulette only.
You need drugs to treat your illness or condition	Medicare Part B Drugs	20% coinsurance for Medicare Part B prescription drugs.	Some Medicare Part B Prescription Drugs may be subject to step therapy requirements. Authorization may be required for certain drugs.

Medicare Part D		
Part D Premium	\$42.40 per month	
Part D Deductible	Part D deducible is \$480. Members pay the full cost of their drugs until their \$480 deductible is met, then the cost-shares are applied in the initial coverage stage.	
Initial Coverage Stage: One-Month Supply* (30-Days) and Extended Supply^† (up to 90-Days)		
For Generic Drugs (including brand drugs treated as generic):	25% Coinsurance	
For All Other Drugs :	25% Coinsurance	

^{*}One-month supply for Standard retail (in-network), Long-term care (31-day), and Out-of-network cost-share.

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

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

[^]Extended supply (up to 90-days) for Standard retail (in-network) and Mail-order† cost-sharing. 60-Day supply is also available for Standard retail (in-network).

Medicare Part D

Coverage Gap Stage

You pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.

If you receive Extra Help, you will not enter the Coverage Gap Stage. Instead, you will continue to pay the Initial Coverage Stage cost-sharing until the Catastrophic Stage.

You stay in this stage until your "out-of-pocket costs" (your payments) reach a total of \$7,050. This amount and rules for counting costs toward this amount have been set by Medicare.

Catastrophic Coverage Stage

Once your "out-of-pocket costs" (your payments) reach a total of \$7,050, you stay in this payment stage until the end of the calendar year.

Catastrophic Coverage Cost-Sharing	You pay either a coinsurance or copayment, whichever is larger:
For Generic Drugs (including brand drugs treated as generic):	\$3.95 copayment - or - 5% coinsurance
For All Other Drugs :	\$9.85 copayment - or - 5% coinsurance

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

Other Covered Services			
You need Rehabilitation Services	Physical Therapy, Occupational Therapy, Speech Language Therapy.	20% coinsurance.	
	Cardiac Rehabilitation	20% coinsurance.	Authorization is required.
	Pulmonary Rehabilitation	20% coinsurance.	Authorization is required.

More benefits with your plan		
Acupuncture Services	\$0 copayment per visit. You may receive up to 20 visits per year.	
Acupressure Services	\$0 copayment per visit. You may receive up to 20 acupressure visits per year by a certified in-network acupressurist.	
Therapeutic Leave	Plan Members are covered for up to 5 days of Therapeutic Leave. Authorization is not required.	



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
 - o 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 1-800-353-3765 (TTY: 711).

(Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-353-3765 (TTY: 711).

(Chinese) 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電1-800-353-3765 (TTY: 711).

(Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-353-3765 (телетайп: 711).

(French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-353-3765 (TTY: 711).

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-353-3765 (TTY: 711)번으로 전화해 주십시오.

(Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-353-3765 (TTY: 711).

(Yiddish) אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. (1-800-353-3765 (TTY: 711)

(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 مجانا. اتصل برقم (TTY: 711) 376-358-400.

(French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-353-3765 (ATS: 711).

کریں اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں (Urdu) خبر دار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں -1-800-353-3765

(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 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	
_ to	addition to your monthly plan premium, you must continue pay your Medicare Part B premium. This premium is ormally taken out of your Social Security check each month.
	enefits, premiums and/or copayments/co-insurance may nange on January 1, 2023 .
se	ervices by out-of-network providers (doctors who are not sted in the provider directory.)
ak 90 le nu ar	his plan is an institutional special needs plan (I-SNP). Your collity to enroll will be based on verification that you, for D days or longer, have had or are expected to need the evel of services provided in a long-term care (LTC) skilled arsing facility (SNF), a LTC nursing facility (NF), a SNF/NF, in intermediate care facility for individuals with intellectual isabilities (ICF/IDD), or an inpatient psychiatric facility.



For more information, call us toll-free

1-800-353-3765

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

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.