



Elderplan Plus Long Term Care (HMO SNP)

January 1, 2012 to December 31, 2012

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CMS Approved 09272011



elderplan®

Elderplan Summary of Benefits

for Elderplan Plus Long Term Care (HMO SNP)

January 1, 2012–December 31, 2012

NEW YORK CITY METROPOLITAN AREA

Elderplan has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 12/31/2013. NCQA's approval is based on a review of Elderplan Model of Care and is an indicator of compliance with CMS requirements. NCQA's approval is not an endorsement by CMS and/or NCQA of Elderplan or the quality of service provided by Elderplan. Elderplan will still need to be approved each year by CMS in order to operate. If you have questions regarding our approval by the NCQA, please contact us at 1-800-353-3765.

Proposed Effective Date _____ / _____ / _____

Primary Care Provider

Name _____

Address _____

Phone Number (_____) _____

Name of Sales Representative _____

Important Numbers

Member Services: 1-877-891-6447

TTY: 1-800-662-1220 8 a.m. to 8 p.m., 7 days a week

Section I: Introduction to the Summary of Benefits

Thank you for your interest in Elderplan Plus Long Term Care (HMO SNP)

Our plan is offered by ELDERPLAN, INC./Elderplan, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call Elderplan Plus Long Term Care (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Elderplan Plus Long Term Care (HMO SNP) and ask for the "Evidence of Coverage."

You Have Choices In Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Elderplan Plus Long Term Care (HMO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call Elderplan Plus Long Term Care (HMO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How Can I Compare My Options?

You can compare Elderplan Plus Long Term Care (HMO SNP) and the Original Medicare Plan 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 and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where Is Elderplan Plus Long Term Care (HMO SNP) Available?

The service area for this plan includes: Bronx, Kings, New York, Queens, Richmond Counties, NY. You must live in one of these areas to join the plan.

Who Is Eligible To Join Elderplan Plus Long Term Care (HMO SNP)?

You can join Elderplan Plus Long Term Care (HMO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

However, individuals with End-Stage Renal Disease generally are not eligible to enroll in Elderplan Plus Long-Term Care (HMO SNP) unless they are members of our organization and have been since their dialysis began. You must also receive assistance from the state to join this plan.

Please call the plan to see if you are eligible to join.

Can I Choose My Doctors?

Elderplan Plus Long Term Care (HMO SNP) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current provider directory. For an updated list, visit us at www.elderplan.org. Our customer service number is listed at the end of this introduction.

What Happens If I Go To a Doctor Who's Not In Your Network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services

Where Can I Get My Prescriptions If I Join This Plan?

Elderplan Plus Long Term Care (HMO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.envisionrx.com. Our customer service number is listed at the end of this introduction.

Does My Plan Cover Medicare Part B Or Part D Drugs?

Elderplan Plus Long Term Care (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

What Is A Prescription Drug Formulary?

Elderplan Plus Long Term Care (HMO SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or

change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.elderplan.org.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How Can I Get Extra Help With My Prescription Drug Plan Costs Or Get Extra Help With Other Medicare Costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227).

TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see **www.medicare.gov** 'Programs for People with Limited Income and Resources' in the publication Medicare & You.

* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday.

TTY/TDD users should call 1-800-325-0778; or

* Your State Medicaid Office.

What Are My Protections In This Plan?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans

can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area. As a member of Elderplan Plus Long Term Care (HMO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for

a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information. As a member of Elderplan Plus Long Term Care (HMO SNP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-

preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What Is A Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Elderplan Plus Long Term Care (HMO SNP) for more details.

What Types Of Drugs May Be Covered Under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Elderplan Plus Long Term Care (HMO SNP) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through DME.

Where Can I Find Information On Plan Ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan.

Our customer service number is listed below.

Please call Elderplan for more information about Elderplan Plus Long Term Care (HMO SNP).

Visit us at www.elderplan.org or, call us:

Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m.—8:00 p.m. Eastern

Current members should call toll-free 1-800-353-3765 for questions related to the Medicare Advantage Program. (TTY/TDD 1-800-662-1220)

Prospective members should call toll-free 1-866-695-8101 for questions related to the Medicare Advantage Program. (TTY/TDD 1-800-662-1220)

Current members should call locally (718)-921-7979 for questions related to the Medicare Advantage Program. (TTY/TDD 1-800-662-1220)

Prospective members should call locally 1-866-695-8101 for questions related to the Medicare Advantage Program. (TTY/TDD 1-800-662-1220)

Current members should call toll-free 1-800-353-3765 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-800-662-1220)

Prospective members should call toll-free 1-866-695-8101 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-800-662-1220)

Current members should call locally (718)-921-7979 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-800-662-1220)

Prospective members should call locally 1-866-695-8101 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-800-662-1220)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit **www.medicare.gov** on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento podría estar disponible en otro idioma que no sea inglés.

Para más información, llame al servicio al cliente al número de teléfono indicado anteriormente.

If you have any questions about this plan's benefits or costs, please contact Elderplan for details.

Section II: Summary of Benefits

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
IMPORTANT INFORMATION		
<p>1. Premium and Other Important Information</p>	<p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2011 the monthly Part B Premium was \$0 or \$96.40 and may change for 2012 and the annual Part B deductible amount was \$0 or \$162 and may change for 2012.*</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General</p> <p>* Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services</p> <p>** Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>In-Network</p> <p>In 2011 the annual Part B deductible amount was \$0 or \$162 and may change for 2012.</p> <p>\$3,400 out-of-pocket limit for Medicare-covered services.*</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
IMPORTANT INFORMATION		
<p>2. Doctor and Hospital Choice (For more information, see Emergency Care-#15 and Urgently Needed Care-#16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals. No referral required for network doctors, specialists, and hospitals.</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
INPATIENT CARE		
<p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011 the amounts for each benefit period were \$0 or:</p> <p>Days 1—60: \$1132 deductible*</p> <p>Days 61—90: \$283 per day*</p> <p>Days 91—150: \$566 per lifetime reserve day*</p> <p>These amounts may change for 2012.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins.</p> <p>You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network</p> <p>Plan covers 90 days each benefit period</p> <p>In 2011 the amounts for each benefit period were \$0 or:</p> <p>Days 1 - 60: \$1132 deductible*</p> <p>Days 61 - 90: \$283 per day*</p> <p>Days 91 - 150: \$566 per day</p> <p>These amounts may change for 2012.</p> <p>You will not be charged additional cost sharing for professional services Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
INPATIENT CARE		
<p>4. Inpatient Mental Health Care</p>	<p>In 2011 the amounts for each benefit period were \$0 or: Days 1—60: \$1132 deductible* Days 61—90: \$283 per day* Days 91—150: \$566 per lifetime reserve day* These amounts may change for 2012. You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network In 2011 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1132 deductible* Days 61 - 90: \$283 per day* Days 91 - 150: \$566 per day These amounts may change for 2012. You get up to 190 days if inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
INPATIENT CARE		
<p>5. Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1—20: \$0 per day* Days 21—100: \$0 or \$141.50 per day* These amounts may change for 2012. 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>General Authorization rules may apply.</p> <p>In-Network Plan covers up to 100 days each benefit period No prior hospital stay is required. \$0 copay for SNF services* You will not be charged additional cost sharing for professional services</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
INPATIENT CARE		
6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits*</p>
7. Hospice	<p>You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>
OUTPATIENT CARE		
8. Doctor Office Visits	0% or 20% coinsurance	<p>In-Network \$0 copay of the cost for each primary care doctor visit for Medicare-covered benefits.*</p> <p>\$0 copay of the cost for each in-area, network urgent care Medicare-covered visit*</p> <p>\$0 copay of the cost for each specialist visit for Medicare-covered benefits.*</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
OUTPATIENT CARE		
9. Chiropractic Services	<p>Supplemental routine care not covered.</p> <p>0% or 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 20% copay of the cost for each Medicare-covered visit* Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
10. Podiatry Services	<p>Supplemental routine care not covered.</p> <p>0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-Network</p> <p>0% or 20% copay of the cost for each Medicare-covered visit*</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
OUTPATIENT CARE		
<p>11. Outpatient Mental Health Care</p>	<p>0% or 40% coinsurance for most outpatient mental health services.</p> <p>0% or 40% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program.</p> <p>"Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay of the cost for each Medicare-covered individual therapy visit*</p> <p>\$0 copay of the cost for each Medicare-covered group therapy visit*</p> <p>\$0 copay of the cost for each Medicare-covered individual therapy visit with a psychiatrist*</p> <p>\$0 copay of the cost for each Medicare-covered group therapy visit with a psychiatrist*</p> <p>\$0 copay of the cost for Medicare-covered partial hospitalization program services*</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
OUTPATIENT CARE		
12. Outpatient Substance Abuse Care	0% or 20% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay of the cost for Medicare-covered individual therapy visits* \$0 copay of the cost for Medicare-covered group therapy visits*</p>
13. Outpatient Services/ Surgery	<p>0% or 20% coinsurance for the doctor's services. Specified copayment for outpatient hospital facility services Copay cannot exceed the Part A inpatient hospital deductible. 0% or 20% coinsurance for ambulatory surgical center facility services</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay of the cost for each Medicare-covered ambulatory surgical center visit* \$0 copay of the cost for each Medicare-covered outpatient hospital facility visit*</p>
14 - Ambulance Services (medically necessary ambulance services)	0% or 20% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay of the cost for Medicare-covered ambulance benefits.*</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
OUTPATIENT CARE		
<p>15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>0% or 20% coinsurance for the doctor's services. Specified copayment for outpatient hospital facility emergency services. Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital. You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit. Not covered outside the U.S. except under limited circumstances.</p>	<p>General \$0 copay of the cost (up to \$65) for Medicare-covered emergency room visits* \$50,000 plan coverage limit for emergency services outside the U.S. every year.</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
OUTPATIENT CARE		
<p>16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>0% or 20% coinsurance NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$0 copay of the cost for Medicare-covered urgently-needed-care visits*</p>
<p>17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>0% or 20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p> <p>\$0 copay of the cost for Medicare-covered Occupational Therapy visits*</p> <p>\$0 copay of the cost for Medicare-covered Physical and/or Speech and Language Therapy visits*</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
<p>18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>0% or 20% coinsurance</p>	<p>General Authorization rules may apply. In-Network \$0 copay of the cost for Medicare-covered items*</p>
<p>19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<p>0% or 20% coinsurance</p>	<p>General Authorization rules may apply. In-Network \$0 copay of the cost for Medicare-covered items*</p>
<p>20. Diabetes Programs and Supplies</p>	<p>0% or 20% coinsurance for diabetes self-management training 0% or 20% coinsurance for diabetes supplies 0% or 20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p>In-Network \$0 copay for Diabetes self-management training* \$0 copay of the cost for Diabetes monitoring supplies* \$0 copay of the cost for Therapeutic shoes or inserts*</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
<p>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>0% or 20% coinsurance for diagnostic tests and x-rays \$0 copay for Medicare-covered lab services Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol. 0% or 20% coinsurance for the digital rectal exam and other related services. Covered once a year for all men with Medicare over age 50.</p>	<p>General Authorization rules may apply. In-Network 0% of the cost for Medicare-covered lab services* \$0 copay of the cost for Medicare-covered diagnostic procedures and tests* \$0 copay of the cost for Medicare-covered X-rays* \$0 copay of the cost for Medicare-covered diagnostic radiology services (not including X-rays)* \$0 copay of the cost for Medicare-covered therapeutic radiology services*</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
PREVENTIVE SERVICES		
<p>22. Cardiac and Pulmonary Rehabilitation Services</p>	<p>0% or 20% coinsurance for Cardiac Rehabilitation services</p> <p>0% or 20% coinsurance for Pulmonary Rehabilitation services</p> <p>0% or 20% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor’s office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay of the cost for Medicare-covered Cardiac Rehabilitation Services*</p> <p>\$0 copay of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services*</p> <p>\$0 copay of the cost for Medicare-covered Pulmonary Rehabilitation Services*</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
PREVENTIVE SERVICES		
<p>23. Preventive Services and Wellness/Education Programs</p>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk 	<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
PREVENTIVE SERVICES		
	<ul style="list-style-type: none"> - HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor’s visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. - Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. 	<ul style="list-style-type: none"> - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) - Smoking Cessation (Counseling to stop smoking if ordered by a doctor) - Welcome to Medicare Physical Exam (Initial HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test.) Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
PREVENTIVE SERVICES		
	<ul style="list-style-type: none"> - Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. - Prostate Cancer Screening –Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. 	

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
PREVENTIVE SERVICES		
	<ul style="list-style-type: none"> - Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. - Welcome to Medicare Physical Exam (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 	<p>In-Network</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
PREVENTIVE SERVICES		
24. Kidney Disease and Conditions	0% or 20% coinsurance for renal dialysis 0% or 20% coinsurance for kidney disease education services	In-Network \$0 copay of the cost for renal dialysis* \$0 copay of the cost for kidney disease education services*
25. Outpatient Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	Drugs covered under Medicare Part B General \$0 annual deductible for Part B-covered drugs.* \$0 copay of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.* Drugs Covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.elderplan.org on the web.

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
PREVENTIVE SERVICES		
		<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> -have limited incomes, -live in long-term care facilities, <p>or</p> <ul style="list-style-type: none"> -have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
PREVENTIVE SERVICES		
		<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Elderplan Plus Long Term Care (HMO SNP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network.</p> <p>These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
PREVENTIVE SERVICES		
		<p>In-Network You pay a \$0 annual deductible.</p> <p>Initial Coverage Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: - A \$0 copay; or - A \$1.10 copay; or - A \$2.60 copay For all other drugs, either: - A \$0 copay; or - A \$3.30 copay; or - A \$6.50 copay.</p> <p>Retail Pharmacy You can get drugs the following way(s): - one-month (30-day) supply - three-month (90-day) supply</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
PREVENTIVE SERVICES		
		<p>Long-Term Care Pharmacy You can get drugs the following way(s): - one-month (31-day) supply</p> <p>Mail Order You can get drugs the following way(s): - three-month (90-day) supply</p> <p>Catastrophic CoverageAfter your yearly out-of-pocket drug costs reach \$4,700, you pay a \$0 copay.</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
PREVENTIVE SERVICES		
		<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Elderplan Plus Long Term Care (HMO SNP).</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
PREVENTIVE SERVICES		
		<p>You can get drugs the following way:</p> <ul style="list-style-type: none"> - one-month (30-day) supply <p>Out-of-Network Initial Coverage</p> <p>Depending on your income and institutional status, you will be reimbursed by Elderplan Plus Long Term Care (HMO SNP) up to the plan's cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$1.10 copay; or - A \$2.60 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$3.30 copay; or - A \$6.50 copay.

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
PREVENTIVE SERVICES		
		<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed in full for drugs purchased out-of-network.</p>
26. Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network \$0 copay for Medicare-covered dental benefits* In general, preventive dental benefits (such as cleaning) not covered.</p>
27. Hearing Services	Supplemental routine hearing exams and hearing aids not covered. 0% or 20% coinsurance for diagnostic hearing exams.	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for up to 1 hearing aid(s) every three years - \$0 copay of the cost for Medicare-covered diagnostic hearing exams* \$1,500 plan coverage limit for hearing aids.</p>

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
PREVENTIVE SERVICES		
28. Vision Services	<p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery * - glasses - contacts - lenses - frames - \$0 copay of the cost for exams to diagnose and treat diseases and conditions of the eye.* <p>\$150 plan coverage limit for eye wear every year.</p>
Over-the-Counter Items	Not covered.	<p>General</p> <p>Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee.</p> <p>Please contact the plan for specific instructions for using this benefit.</p>

SUMMARY OF BENEFITS – Elderplan Plus Long Term Care (HMO SNP) **2012**

Benefit Category	Original Medicare	Elderplan Plus Long Term Care (HMO SNP)
PREVENTIVE SERVICES		
Transportation (Routine)	Not covered.	In-Network This plan does not cover supplemental routine transportation.
Acupuncture	Not covered.	In-Network \$0 copay for up to 50 visit(s) every year

Section III: Extra Benefits

Members of Elderplan Plus Long Term Care also have access to the following valuable benefits:

Elderplan OTC Catalog

Over the Counter (OTC) drug costs can mount up quickly. That is why Elderplan offers members of this plan a credit of up to \$120 per quarter to all eligible members to take advantage of our OTC catalog. This catalog allows our members to purchase certain everyday pharmacy items which are not covered under your Medicare Part B or Part D prescription drug coverage benefits. Items found in the OTC catalog include cough & cold remedies, first aid items, vitamins and many other available items to choose from. To request a copy of the OTC catalog please call 1-866-417-3064 (TTY 866-763-9630) 24hours a day 7 days a week. If you have Medicaid, some health products listed in the catalog may be available to you through Medicaid using your Medicaid Benefit ID card.

Section IV: Additional Information for People with Medicare and Medicaid

January 1—December 31, 2012

Benefits Comparison

Elderplan Plus Long Term Care (HMO SNP) Summary of Benefits

You can compare Elderplan Plus Long Term Care (HMO SNP) and the Original Medicare plan 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 chart also includes information about services that you receive from Medicaid. Our members receive all of the benefits that the Original Medicare plan offers. We also offer many benefits covered by Medicaid. The covered benefits may change from year to year.

Important Information

You must be eligible for full benefits from Medicaid and meet the enrollment eligibility requirements for Elderplan Plus Long Term Care (HMO SNP). Elderplan Plus Long Term Care (HMO SNP) covers most of the cost-sharing amounts that you would otherwise have to pay and includes additional services that are covered by Medicaid. The cost-sharing amounts and additional services are listed below. Contact Elderplan Plus Long Term Care (HMO SNP) for more information.

Comprehensive Written Statement for people with Medicare and Medicaid

In order to qualify for enrollment in the Elderplan Plus Long Term Care (HMO SNP) Plan you must be eligible for both Medicare and full New York State Medicaid benefits and the special needs eligibility requirements noted in the Introduction to the Summary of Benefits Report. The Medicare Advantage benefits and cost-sharing protections you receive as a member of this plan are listed in the above two sections entitled Introduction to the Summary of Benefits Report and Important Information.

The below chart, Medicaid Benefits and Cost-sharing, describes Medicaid benefits that you may be entitled to if you qualify for full Medicaid benefits under the New York State Medicaid program. The chart also explains if a similar benefit is available under our plan. If you have any questions concerning what benefits you are entitled to under the Medicaid program, please call the New York City Medicaid staff the Human Resources Administration at 1-877-474-8411.

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
<p>Inpatient Hospital Care including Substance Abuse and Rehabilitation Services</p>	<p>Medicaid covers Medicare deductibles, copays and coinsurances.</p>	<p>In Network Plan covers Medicare deductibles, copays, and coinsurances up to 365 days per year (366 days for leap year)</p>
<p>Inpatient Mental Health in excess of 190-day Lifetime Limit: Including voluntary or involuntary admissions for mental health services over the Medicare 190-Day Lifetime Limit</p>	<p>Medicaid covers Medicare deductibles, copays and coinsurances.</p>	<p>In Network Plan covers Medicare deductibles, copays and coinsurances.</p>
<p>Skilled Nursing Facility (SNF) Days beyond Medicare 100-day limit. No prior hospital stay required.</p>	<p>Medicaid covers Medicare deductibles, copays and coinsurances. Medicaid covers additional days beyond Medicare limit</p>	<p>In Network Plan covers days in excess of the Medicare 100 day limit</p>
<p>Doctor Office Visits</p>	<p>Medicaid covers Medicare deductibles, copays and coinsurances.</p>	<p>In Network Plan covers Medicare deductibles, copays and coinsurances.</p>
<p>Non-Medicare Covered Home Health Services Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services.</p>	<p>Covered by Medicaid</p>	<p>In Network Covered by the Plan</p>

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
Outpatient Substance Abuse Care	Medicaid covers Medicare deductibles, copays and coinsurances.	Plan covers Medicare deductibles, copays, and coinsurances. Enrollee must be able to self refer for one assessment from a network provider in a twelve (12) month period.
Outpatient Mental Health	Medicaid covers Medicare deductibles, copays and coinsurances.	Plan covers Medicare deductibles, copays and coinsurances. Enrollee must be able to self refer for one assessment from a network provider in a twelve (12) month period.
Outpatient Services/ Surgery	Medicaid covers Medicare deductibles, copays and coinsurances.	Plan covers Medicare deductibles, copays and coinsurances.
Ambulance Services	Medicaid covers Medicare deductibles, copays and coinsurances.	Plan covers Medicare deductibles, copays and coinsurances.
Emergency Care	Medicaid covers Medicare deductibles, copays and coinsurances.	Plan covers Medicare deductibles, copays and coinsurances.
Urgently Needed Care	Medicaid covers Medicare deductibles, copays, and coinsurances.	Plan covers Medicare deductibles, copays, and coinsurances.

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
<p>Outpatient Rehabilitation Services Occupational, Physical and Speech therapies are limited to twenty (20) visits per therapy per year, except for children under age 21, or you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.</p>	<p>Covered by Medicaid Medicaid covers Medicare deductibles, copays and coinsurances.</p>	<p>Covered by Plan Plan covers Medicare deductibles, copays and coinsurances.</p>

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
<p>Non-Medicare Covered Durable Medical Equipment</p> <p>Medicaid covered durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use. Must be ordered by a practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bar)</p>	<p>Covered by Medicaid</p>	<p>Covered by Plan</p>

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
<p>Prosthetic Devices Medicaid covered prosthetics, orthotics, and orthopedic footwear. Prescription footwear coverage is limited to treatment of diabetics or when a shoe is part of a leg brace (orthotic) or if there are foot complications in children under age 21.</p>	<p>Medicaid covers Medicare deductibles, copays and coinsurances.</p>	<p>Covered by Plan. Plan covers Medicare deductibles, copays and coinsurances.</p>
<p>Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</p>	<p>Medicaid covers Medicare deductibles, copays and coinsurances.</p>	<p>Plan covers Medicare deductibles, copays and coinsurances.</p>
<p>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>Medicaid covers Medicare deductibles, copays and coinsurances.</p>	<p>Plan covers Medicare deductibles, copays and coinsurances.</p>
<p>Bone Mass Measurement</p>	<p>Medicaid covers Medicare deductibles, copays and coinsurances.</p>	<p>Plan covers Medicare deductibles, copays and coinsurances.</p>
<p>Colorectal Screening Exams</p>	<p>Medicaid covers Medicare deductibles, copays and coinsurances.</p>	<p>Plan covers Medicare deductibles, copays and coinsurances.</p>
<p>Immunizations</p>	<p>Medicaid covers Medicare deductibles, copays and coinsurances.</p>	<p>Plan covers Medicare deductibles, copays and coinsurances.</p>

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
Mammograms	Medicaid covers Medicare deductibles, copays and coinsurances.	Plan covers Medicare deductibles, copays and coinsurances.
Pap Smears and Pelvic Exams	Medicaid covers Medicare deductibles, copays and coinsurances.	Plan covers Medicare deductibles, copays and coinsurances.
Prostate Cancer Screening Exams	Medicaid covers Medicare deductibles, copays and coinsurances.	Plan covers Medicare deductibles, copays and coinsurances.
End Stage Renal Disease	Medicaid covers Medicare deductibles, copays and coinsurances.	Plan covers Medicare deductibles, copays and coinsurances.
Prescription Drugs Medicaid Pharmacy Benefits allowed by State Law (select drug categories excluded from the Medicare Part D benefit). Certain Medical Supplies and Enteral Formula when not covered by Medicare.	Medicaid does not cover Part D covered drugs or copays.	Plan does not cover Part D covered drugs or copays.
Over the Counter Drugs	Certain Over the Counter medications are covered.	Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
<p>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</p>	<p>Medicaid covers Medicare deductibles, copays and coinsurances Covered by Medicaid</p>	<p>In Network Plan covers Medicaid covered services.</p>
<p>Non-Emergency Transportation: Transportation essential in order to obtain necessary medical care and services which are covered under the Medicaid program.</p>	<p>Medicaid covers non-emergency transportation services.</p>	<p>Covered by plan Transport to health-related appointments by ambulance, ambulette, taxi, livery service or public transportation at the appropriate level for the member's condition. Non-emergency transportation by ambulance is appropriate if it is documented that the member's condition is such that other means of transportation are contraindicated (could endanger the person's health) and that transportation by ambulance is medically required.</p>

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
<p>Private Duty Nursing Services</p> <p>Private duty nursing services are covered when determined by the physician to be medically necessary. Nursing services can be provided through an approved certified home health agency, a licensed home care agency, or a private practitioner. Nursing services may be intermittent, part time or continuous and must be provided in an Enrollee's home in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.</p>	<p>Covered by Medicaid</p>	<p>Covered by Plan</p> <p>Plan covers Medicare deductibles, copays and coinsurances.</p>

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
<p>Non-Medicare Covered Hearing Services</p> <p>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, ear molds, special fittings and replacement parts.</p>	<p>Covered by Medicaid</p>	<p>Covered by Plan</p>

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
<p>Nutrition: Includes assessment of nutritional needs and food patterns, or the planning for the provision of food and drink appropriate to the individual’s physician and medical needs and environmental condition. These services must be provided by a qualified nutritionist.</p>	<p>Covered by Medicaid</p>	<p>Covered by Plan</p>

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
<p>Non-Medicare Covered Vision 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>Covered by Medicaid</p>	<p>Covered by Plan</p>

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
Hospice	Medicaid covers Medicare deductibles, copays and coinsurances.	Not Covered
Physical Exams	Medicaid covered Medicare deductibles, copays and coinsurances.	Plan covers Medicare deductibles, copays and coinsurances.
Health/Wellness Education	No coverage	Not covered.
<p>Out-of-Network Family Planning services provided under the direct access provisions of the waiver</p> <p>Members may go to any Medicaid doctor or clinic that provides family planning care. You do not need a referral from your Primary Care Provider (PCP).</p>	Medicaid coverage provided	Not available
<p>Personal Care Services</p> <p>Provision of some or total assistance with such activities as personal hygiene, dressing and feeding; and nutritional and environmental support function tasks (meal preparation and housekeeping) Must be medically necessary.</p>	Medicaid coverage provided	Not available

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
<p>Medical and Surgical Supplies, Enteral and Parenteral Formula and Hearing Aid Batteries</p> <p>These items are generally considered to be one-time only use</p>	<p>Covered by Medicaid</p>	<p>Covered by Plan</p>
<p>Medical Social Services:</p> <p>Includes assessing the need for, arranging for and providing aid for social problems related to the maintenance of a patient in the home. These services must be performed by a qualified social worker.</p>	<p>Covered by Medicaid</p>	<p>Covered by Plan</p>
<p>Social and Environmental Supports:</p> <p>Services and items that support the medical needs of the member and included in the member’s plan of care, such as home maintenance tasks, homemaker/chore services, housing improvement and respite care.</p>	<p>Covered by Medicaid</p>	<p>Covered by Plan</p>

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
<p>Home Delivered and Congregate Meals: Meals provided at home or in congregate setting (e.g., senior centers) to individuals unable to prepare meals or have them prepared.</p>	<p>Covered by Medicaid</p>	<p>Covered by Plan</p>
<p>Adult Day Health Care: Care and services provided in a residential health care facility or approved extension site under medical direction of a physician to a person who is functionally impaired, not homebound and who requires certain preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services.</p>	<p>Covered by Medicaid</p>	<p>Covered by Plan</p>

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
<p>Social Day Care: A structured, comprehensive program which provides functionally impaired individuals with socialization; supervision and monitoring; personal care and nutrition in a protective setting during any part of the day, but less than a 24 hour period</p>	<p>Covered by Medicaid</p>	<p>Covered by Plan</p>
<p>Personal Emergency Response Services (PERS): An electronic device which enables certain high-risk patients to secure help in the event of a physical, emotional or environmental emergency.</p>	<p>Covered by Medicaid</p>	<p>Covered by Plan</p>

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
<p>Certain Mental Health Services:</p> <ul style="list-style-type: none"> • Intensive Psychiatric Rehabilitation Treatment Programs, • Day Treatment, • Continuing Day Treatment, • 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) 	Covered by Medicaid	Not available
<p>Methadone Maintenance Treatment Programs (MMTP)</p>	Covered by Medicaid	Not available
<p>Rehabilitation Services Provided to Residents of OMH Licensed Community Residence (CRs) and Family Based Treatment Programs</p>	Covered by Medicaid	Not available

Medicaid Benefit Category	New York State Medicaid Fee For Service	Elderplan Plus Long Term Care (HMO SNP)
Office for People with Developmental Disabilities (OPWDD) Services	Covered by Medicaid	Not available
Comprehensive Medicaid Case Management	Covered by Medicaid	Not available
Directly Observed Therapy for Tuberculosis (TB) Disease	Covered by Medicaid	Not available
AIDS Adult Day Health Care	Covered by Medicaid	Not available
HIV COBRA Case Management	Covered by Medicaid	Not available



To contact the **Sales Department**, call **1-877-891-6447**.

If you're hearing impaired, call **TTY 1-800-662-1220**.

Department hours are 8 a.m.–8 p.m., 7 days a week.

To contact the **Member Service Department**, call **1-877-891-6447**.

If you're hearing impaired, call **TTY 1-800-662-1220**.

Department hours are 8 a.m.–8 p.m., 7 days a week.

A Coordinated Care plan with a Medicare Advantage contract and a contract with the NY State Medicaid program. 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.