

2025



# Summary of Benefits

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

*January 1, 2025 to December 31, 2025*



# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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## Introduction

This document is a brief summary of the benefits and services covered by Elderplan Plus Long Term Care (HMO-POS D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Elderplan Plus Long-Term Care (HMO-POS D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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## A. Disclaimers



This is a summary of health services covered by Elderplan Plus Long-Term Care (HMO POS D-SNP) for January 1, 2025 through December 31, 2025. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. If you don't have an *Evidence of Coverage*, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at the number at the bottom of this page. You can also find a copy of the *Evidence of Coverage*, and many other member resources, on our website at [www.elderplan.org](http://www.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. 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 2025 Elderplan Plus Long-Term Care (HMO-POS D-SNP) *Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at [www.elderplan.org](http://www.elderplan.org)



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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- ❖ When this document says “we,” “us,” or “our,” it means Elderplan, Inc. When it says “plan” or “our plan,” it means Elderplan Plus Long-Term Care (HMO-POS D-SNP).
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. call 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. The call is free.
- ❖ This document is available for free in Spanish and Chinese. 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.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or request 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.



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❖ 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 Sullivan, Ulster, 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.



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- 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).
- 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



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- ❖ 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.)



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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## B. Frequently asked questions

The following table lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<b>What is a Medicaid Advantage Plus (MAP/HMO) + Dual Eligible Special Needs Plan (D-SNP) plan?</b>	<p>Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Eligible (Medicaid and Medicare) Special Needs Plan (D-SNP). Our plan combines your Medicaid home care and long-term care services and your Medicare services. It combines your doctors, hospital, pharmacies, home care, nursing home care, behavioral health care (mental health and substance use/addiction services), and other health care providers into one coordinated health care system. It also has Care Managers to help you manage all of your providers and services. They all work together to provide the care you need.</p> <p>Our MAP plan is called Elderplan Plus Long Term Care.</p>



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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## Frequently Asked Questions (FAQ)

### Answers

**Will I get the same Medicare and Medicaid benefits in Elderplan Plus Long Term Care (HMO POS D SNP) that I get now?**

If you are coming to Elderplan Plus Long Term Care from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and Medicaid benefits directly from Elderplan Plus Long Term Care.

When you enroll in Elderplan Plus Long Term Care , you and your Care Team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that Elderplan Plus Long Term Care not normally cover, you can get a temporary supply, and we will help you to transition to another drug or get an exception for Elderplan Plus Long Term Care (HMO POS D SNP) to cover your drug if medically necessary.



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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Frequently Asked Questions (FAQ)	Answers
<b>Will I get the same Medicare and Medicaid benefits in Elderplan Plus Long Term Care (HMO POS D SNP) that I get now? (continued)</b>	If you are taking any Medicare Part D prescription drugs that Elderplan Plus Long Term Care does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Elderplan Plus Long Term Care to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.



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## Frequently Asked Questions (FAQ)

### Answers

**Can I use the same health care providers I use now?**

That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Elderplan Plus Long Term Care and have a contract with us, you can keep going to them.

- Providers with an agreement with us are “in-network.” You must use the providers in Elderplan Plus Long Term Care’s network.
- If you need urgent or emergency care or behavioral health crisis
- Services or out-of-area dialysis services, you can use providers outside of Elderplan Plus Long Term Care ‘s network.
- Our plan allows you to see providers outside of our network (non contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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## Frequently Asked Questions (FAQ)

### Answers

**Can I use the same health care providers I use now? (continued)**

To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Elderplan Plus Long Term Care's Provider and Pharmacy Directory. You can also visit our website at [www.elderplan.org](http://www.elderplan.org) for the most current listing.

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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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## Frequently Asked Questions (FAQ)

### Answers

**Can I use the same health care providers I use now? (continued)**

If Elderplan Plus Long-Term Care is new for you, we will work with you to develop an Individualized Plan of Care (ICP) to address your needs. You can keep using the providers you use now for 90 days or until your ICP is completed. Further, members who enroll on or after January 1, 2025, can continue to use their same behavioral health providers for up to 24 months as part of a continuous episode of care. “Continuous Behavioral Health Episode of Care” means a course of ambulatory behavioral health treatment, other than ambulatory detoxification and withdrawal services, which began prior to the effective date of the behavioral health benefit inclusion into MAP in the geographic service area in which services had been provided to an enrollee at least twice during the six months preceding January 1, 2025 by the same provider for the treatment of the same or related behavioral health condition.

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Frequently Asked Questions (FAQ)	Answers
<b>What is a Care Manager?</b>	<p>A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p> <p>Members may have a Care Manager who works for the Plan as well as a specialized Health Home/Health Home Plus Care Manager (refer to Section E. Benefits covered outside of Elderplan Plus Long Term Care.</p>
<b>What are Managed Long Term Services and Supports (MLTSS)?</b>	<p>Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.</p>



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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Frequently Asked Questions (FAQ)	Answers
<b>What happens if I need a service but no one in Elderplan Plus Long-Term Care's network can provide it?</b>	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, such as due to shortage of staff with necessary expertise and/or availability to provide services, Elderplan Plus Long-Term Care will cover services provided by an out-of-network provider.
<b>Where is Elderplan Plus Long-Term Care available?</b>	The service area for this plan includes: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Sullivan, Ulster and Westchester counties to join the plan.



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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## Frequently Asked Questions (FAQ)

### Answers

#### What is prior

Prior authorization means that you must get approval from Elderplan Plus Long Term Care before Elderplan Plus Long Term Care will cover a specific service, item, or drug or out-of-network provider. Elderplan Plus Long-Term Care may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you don't need to get approval first. Elderplan Plus Long-Term Care can provide you with a list of services or procedures that require you to get prior authorization from Elderplan Plus Long-Term Care before the service is provided.

Refer to **Chapter 3**, of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require a prior authorization.



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<b>What is prior (continued)</b>	If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
<b>Do I pay a monthly amount (also called a premium) under Elderplan Plus Long-Term Care?</b>	<p>No. Because you have Medical Assistance (Medicaid), you will not pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.</p> <p>If you pay a Medicare Part B premium, \$3.00 is deducted through your Social Security payment.</p> <p>If you pay your Part B premium through Social Security, the Part B Giveback will be credited monthly to your Social Security check.</p> <p>If you don't pay your Part B premium through Social Security, you'll pay a reduced monthly amount directly to Medicare.</p>



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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<b>Frequently Asked Questions (FAQ)</b>	<b>Answers</b>
<b>Do I pay a deductible as a member of Elderplan Plus Long-Term Care?</b>	No. You do not pay deductibles in Elderplan Plus Long-Term Care.
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of Elderplan Plus Long-Term Care?</b>	There is no cost sharing (copays or deductibles) for medical services in Elderplan Plus Long-Term Care, so your annual out-of-pocket costs will be \$0.



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

## C. Overview of services

The following table is a quick overview of what services you may need and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care</b>	Inpatient hospital care	\$0 copayment	Except in an emergency, your health care provider must tell the plan of your hospital admission. Authorization is required.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0 copayment	
	Ambulatory surgical center (ASC) services	\$0 copayment	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You want to use an outpatient health care provider (This service is continued on the next page)</b></p>	<p>Doctor Visits - Primary Care Providers</p>	<p>\$0 copayment for each visit.</p>	<p>This benefit is also available through Telehealth. Please call your current provider for details.</p>
	<p>Doctor Visits - Specialist</p>	<p><b>In-Network and Out-of-Network</b> \$0 copayment for each visit.</p>	<p>This benefit is also available through in-network Telehealth. Please call your current provider for details.</p>
	<p>Visits to treat an injury or illness</p>	<p>\$0 copayment</p>	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want to use a health care provider (continued)</b>	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0 copayment	There is no coinsurance, copayment or deductible for Medicare-covered Preventive Services.
	Wellness visits, such as a physical	\$0 copayment	
	“Welcome to Medicare” preventive visit (one time only)	\$0 copayment	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services, including mental health emergencies at Comprehensive Psychiatric Emergency Programs (CPEPs)	\$0 copayment for each visit.	You may use any emergency room or CPEP if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network.
	Urgent care	\$0 copayment for each visit.	This benefit is also available through Telehealth. Please call your current provider for details. Urgent care is not emergency care. You do not need prior authorization and you do not have to be in network.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Lab tests, such as blood work	\$0 copayment	
<b>You need medical tests</b>	X-rays or other pictures, such as CAT scans	\$0 copayment	Authorization is required only for Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT).
	Screenings, such as tests to check for cancer	\$0 copayment	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Hearing screenings (including routine hearing exams)	\$0 copayment	
<b>You need hearing/auditory services</b>	Hearing aids (as well as fittings and associated accessories and supplies)	\$0 copayment	Hearing Aids (all types) are covered up to \$3,000 for both ears combined maximum benefit limit every year. Authorization is required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need dental care</b>	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	Medicare-covered Comprehensive Dental Services \$0 Copayment	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need dental care (continued)</b></p>	<p>Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)</p>	<p><b>In-Net-work and Out-of-Network Combined Supplemental Comprehensive Dental Services</b> are limited to the selected service codes from the categories below.</p>	<p>For more information about which services are covered please contact Member Services.</p>



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

## Supplemental Diagnostic & Preventive Dental Services

In-Network and Out-of-Network

Covered Services	Copayment	Frequency
<b>Supplemental Diagnostic &amp; Preventive Dental Services</b>		
<b>Oral Exams</b>		
Periodic Oral Evaluation	No Charge	Once every 6 months
Limited Oral Exam	No Charge	Once per month
Comprehensive Oral Exam	No Charge	Once every 6 months
Problem-focused Oral Exam	No Charge	Once every 6 months
Follow-up Exam	No Charge	Once every 6 months
Re-evaluation, limited, problem focused	No Charge	Once every 6 months
Comprehensive Periodontal Exam	No Charge	Once every 6 months
<b>Dental X-Rays</b>		
Complete Series X-rays	No Charge	Once every 36 months
Periapical X-ray	No Charge	Covered
Periapical X-ray, each additional film	No Charge	Covered



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Dental X-Rays</b>		
Occlusal X-ray	No Charge	Once every 6 months
2-D Projection X-ray	No Charge	Once every 6 months
Extra-oral posterior dental radiographic image	No Charge	Once every 6 months
Bitewing X-ray – single image	No Charge	Once every 6 months
Bitewing X-ray – two images	No Charge	Once every 6 months
Bitewing X-ray – three images	No Charge	Once every 6 months
Bitewing X-ray – four images	No Charge	Once every 6 months
Vertical Bitewing X-rays – seven to eight images	No Charge	Once every 6 months
Saliography	No Charge	Twice every 12 months
Temporomandibular joint arthrogram, including injection	No Charge	Covered
Panoramic X-ray	No Charge	Once every 36 months
Cephalometric X-ray	No Charge	Once every 36 months



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Dental X-Rays</b>		
2-D Photographic Images	No Charge	Twice every months
Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	No Charge	Covered
Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	No Charge	Covered
Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	No Charge	Covered
Cone beam ct capture	No Charge	Covered
Cone beam CT capture and interpretation for TMJ series including two or more exposures	No Charge	Covered
Intraoral tomosynthesis - comprehensive series	No Charge	Once every 3 months
Intraoral tomosynthesis - bitewing image	No Charge	Once every 12 months



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Dental X-Rays</b>		
Intraoral tomosynthesis - periapical image	No Charge	Once every 12 months
Intraoral tomosynthesis - comprehensive series image capture	No Charge	Covered
Intraoral tomosynthesis - bitewing image capture	No Charge	Covered
Intraoral tomosynthesis - periapical image capture	No Charge	Once every 12 months
Diagnostic casts	No Charge	Once every 12 months
Accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	No Charge	Covered
Consultation, including preparation of slides from biopsy materials supplied by referring source	No Charge	Covered
Other oral pathology procedures, by report	No Charge	Covered
Unspecified diagnostic procedure, by report	No Charge	Covered



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Cleanings</b>		
Prophylaxis (Cleaning) – Adult	No Charge	Once every 6 months
Tobacco counseling for control of oral disease	No Charge	Once every 6 months
Unspecified preventive procedure, by report	No Charge	Once every 6 months
<b>Other Diagnostic Services</b>		
Unspecified diagnostic procedure	No Charge	Covered
<b>Supplemental Comprehensive Dental Services</b>		
<b>Restorative Services</b>		
Silver Filling – One Surface	No Charge	Once every 12 months
Silver Filling – Two Surfaces	No Charge	Once every 12 months
Silver Filling – Three Surfaces	No Charge	Once every 12 months
Silver Filling – Four or More Surfaces	No Charge	Once every 12 months
Tooth-colored Filling – One Surface, Front	No Charge	Once every 12 months
Tooth-colored Filling – Two Surfaces, Front	No Charge	Once every 12 months



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## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Restorative Services</b>		
Tooth-colored Filling – Three Surfaces, Front	No Charge	Once every 12 months
Tooth-colored Filling – Four or More Surfaces, Front	No Charge	Once every 12 months
Tooth-colored Crown – Front	No Charge	Once every 12 months
Tooth-colored Filling – One Surface, Back	No Charge	Once every 12 months
Tooth-colored Filling – Two Surfaces, Back	No Charge	Once every 12 months
Tooth-colored Filling – Three Surfaces, Back	No Charge	Once every 12 months
Tooth-colored Filling – Four or More Surfaces, Back	No Charge	Once every 12 months
Inlay – Metallic, One Surface	No Charge	Once every 60 months
Inlay – Metallic, Two Surfaces	No Charge	Once every 60 months
Inlay – Metallic, Three or More Surfaces	No Charge	Once every 60 months
Onlay – Metallic, Two Surfaces	No Charge	Once every 60 months
Inlay – Porcelain/Ceramic, Two Surfaces	No Charge	Once every 60 months



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Covered Services	Copayment	Frequency
<b>Restorative Services</b>		
Inlay – Porcelain/Ceramic, Three or More Surfaces	No Charge	Once every 60 months
Crown – Resin-Based Composite	No Charge	Once every 60 months
Crown – 3/4 Resin-Based Composite	No Charge	Once every 60 months
Crown – Resin with High Noble Metal	No Charge	Once every 60 months
Crown – Resin With Predominantly Base Metal	No Charge	Once every 60 months
Crown – Resin With Noble Metal	No Charge	Once every 60 months
Crown – Porcelain/Ceramic Substrate	No Charge	Once every 60 months
Crown – Porcelain Fused To High Noble Metal	No Charge	Once every 60 months
Crown – Porcelain Fused To Predominantly Base Metal	No Charge	Once every 60 months
Crown – Porcelain Fused To Noble Metal	No Charge	Once every 60 months
Crown – Porcelain Fused To Titanium/Titanium Alloys	No Charge	Once every 60 months
Crown - 3/4 Cast High Noble Metal	No Charge	Once every 60 months



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Covered Services	Copayment	Frequency
<b>Restorative Services</b>		
Crown - 3/4 Case Base Metal	No Charge	Once every 60 months
Crown - 3/4 Cast Noble Metal	No Charge	Once every 60 months
Crown – Full Cast High Noble Metal	No Charge	Once every 60 months
Crown – Full Cast Predominantly Base Metal	No Charge	Once every 60 months
Crown – Full Cast Noble Metal	No Charge	Once every 60 months
Crown - Titanium And Titanium Alloys	No Charge	Once every 60 months
Re-Cement Or Re-Bond Inlay, Onlay Or Veneer	No Charge	Covered
Re-Cement Or Re-Bond Crown	No Charge	Covered
Prefabricated stainless steel crown-permanent	No Charge	Once every 60 months
Prefabricated resin crown	No Charge	Once every 24 months
Pin retention-per tooth, in addition to restoration	No Charge	Twice every 12 months
Post and Core in Addition to Crown	No Charge	Once per 60 months



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Covered Services	Copayment	Frequency
<b>Restorative Services</b>		
Each additional indirectly fabricated post	No Charge	Once per 60 months
Prefabricated Post and Core in Addition to Crown	No Charge	Once per 60 months
Post removal	No Charge	Once per lifetime
Crown repair necessitated by restorative material failure	No Charge	Covered
Unspecified restorative procedure, by report	No Charge	Covered
<b>Endodontic services</b>		
Pulpal therapy (resorbable filling)- posterior, primary tooth, (excluding final restoration)	No Charge	Covered
Root canal therapy, front tooth	No Charge	Once per lifetime
Root canal therapy, bicuspid tooth	No Charge	Once per lifetime
Root canal therapy, back tooth	No Charge	Once per lifetime
Retreatment of Root Canal Therapy, Front Tooth	No Charge	Once per lifetime
Retreatment of Root Canal Therapy, Bicuspid Tooth	No Charge	Once per lifetime



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Covered Services	Copayment	Frequency
<b>Endodontic services</b>		
Retreatment of Root Canal Therapy, Back Tooth	No Charge	Once per lifetime
Apicoectomy/periradicular-ant	No Charge	Once per lifetime
Apicoectomy/periradicular-bicuspid (first root)	No Charge	Once per lifetime
Apicoectomy/periradicular surgery-molar (first root)	No Charge	Once per lifetime
Apicoectomy/periradicular surgery (each additional root)	No Charge	Once per lifetime
Retrograde filling - per root	No Charge	Once per lifetime
Unspecified endodontic procedure, by report	No Charge	Covered
<b>Periodontics services</b>		
Gingivectomy-gingivoplasty-four or more contiguous teeth or bounded teeth spaces per quadrant	No Charge	Once per 3 months
Gingivectomy - one to three teeth per quadrant	No Charge	Once per 12 months
Gingival flap procedure - four or more teeth	No Charge	Once per 60 months
Apically positioned flap	No Charge	Covered



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Covered Services	Copayment	Frequency
<b>Periodontics services</b>		
Clinical crown lengthening - hard tissue	No Charge	Once per lifetime
Osseous surgery - per quadrant	No Charge	Once per 60 months
Osseous surgery (including flap entry and closure)- one to three contiguous teeth or bounded teeth spaces per quadrant	No Charge	Once per 60 months
Guided tissue regeneration, natural teeth - resorbable barrier, per site	No Charge	Once per lifetime
Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	No Charge	Once per lifetime
Subepithelial connective tissue graft procedures	No Charge	Once per lifetime
Soft tissue allograft	No Charge	Once per lifetime
Free soft tissue graft procedure- first tooth	No Charge	Once per lifetime
Free soft tissue graft procedure- additional tooth	No Charge	Once per lifetime
Autogenous connective tissue graft - addl tooth	No Charge	Once per lifetime



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Periodontics services</b>		
Non-autogenous connective tissue graft-addl tooth	No Charge	Once per lifetime
Perio scaling and root plan/quad	No Charge	Once per 24 months
Perio scaling and root planing, 1-3 teeth	No Charge	Once per 24 months
Periodontal maintenance	No Charge	Once per months
Unspecified periodontal procedure, by report	No Charge	Covered
<b>Prosthetic removable services</b>		
Complete denture - maxillary	No Charge	Covered
Complete denture - mandibular	No Charge	Covered
Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)	No Charge	Covered
Mandibular partial denture - "	No Charge	Covered
Maxillary part denture-cast metal	No Charge	Covered
Mandibular part denture-metal	No Charge	Covered
Upper partial denture - flexible base	No Charge	Covered



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Covered Services	Copayment	Frequency
<b>Prosthodontic removable services</b>		
Lower partial denture - flexible base	No Charge	Covered
Adjust complete denture-maxillary	No Charge	Four per 12 months
Adjust complete denture - mandibular	No Charge	Four per 12 months
Adjust partial denture - maxillary	No Charge	Four per 12 months
Adjust partial denture - mandibular	No Charge	Four per 12 months
Repair broken complete denture base, mandibular	No Charge	Twice per 12 months
Repair broken complete denture base, maxillary	No Charge	Twice per 12 months
Replace missing or broken teeth -complete denture (each tooth)	No Charge	Once per 12 months
Repair resin partial denture base, mandibular	No Charge	Twice per 12 months
Repair resin partial denture base, maxillary	No Charge	Twice per 12 months
Repair cast partial framework, mandibular	No Charge	Once per 12 months
Repair cast partial framework, maxillary	No Charge	Once per 12 months



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Covered Services	Copayment	Frequency
<b>Prosthodontic removable services</b>		
Repair or replace broken clasp	No Charge	Twice per 12 months
Replace broken teeth - per tooth	No Charge	Once per 12 months
Add tooth to existing partial denture	No Charge	Once per 12 months
Add clasp to existing partial denture	No Charge	Once per 12 months
Rebase complete maxillary denture	No Charge	Once per 24 months
Rebase complete mandibular denture	No Charge	Once per 24 months
Rebase maxillary partial denture	No Charge	Once per 24 months
Rebase mandibular partial denture	No Charge	Once per 24 months
Rebase hybrid prosthesis	No Charge	Once per 24 months
Reline complete maxillary denture (chairside)	No Charge	Once per 24 months
Reline complete mandibular denture (chairside)	No Charge	Once per 24 months
Reline maxillary partial denture (chairside)	No Charge	Once per 24 months



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Covered Services	Copayment	Frequency
<b>Prosthodontic removable services</b>		
Reline mandibular partial denture (chairside)	No Charge	Once per 24 months
Reline complete maxillary denture (laboratory)	No Charge	Once per 24 months
Reline complete mandibular denture (laboratory)	No Charge	Once per 24 months
Reline maxillary partial denture (laboratory)	No Charge	Once per 24 months
Reline mandibular partial denture (laboratory)	No Charge	Once per 24 months
Interim partial denture - upper	No Charge	Once per 12 months
Interim partial denture - lower	No Charge	Once per 12 months
Tissue conditioning - upper	No Charge	Once per 12 months
Tissue conditioning - lower	No Charge	Once per 12 months
Unspecified removable prosthodontic procedure	No Charge	Covered
<b>Maxillofacial prosthetics</b>		
Fluoride gel carrier	No Charge	Twice per 12 months
Unspecified maxillofacial prosthesis, by report	No Charge	Covered



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Implants services</b>		
Surgical placement implant body: endosteal implant	No Charge	Once per lifetime
Surgical placement of mini implant	No Charge	Once per lifetime
Dental implant supported connecting bar	No Charge	Once per 8 years
Prefabricated abutment - includes placement	No Charge	Once per 8 years
Custom fabricated abutment - includes placement	No Charge	Once per 8 years
Abutment supported porcelain/ceramic crown	No Charge	Once per 8 years
Abutment supported porcelain/hi-noble metal crown	No Charge	Once per 8 years
Abutment supported porcelain/base metal crown	No Charge	Once per 8 years
Abutment supported porcelain/noble metal crown	No Charge	Once per 8 years
Abutment supported cast hi-noble metal crown	No Charge	Once per 8 years
Abutment supported cast base metal crown	No Charge	Once per 8 years
Abutment supported cast noble metal crown	No Charge	Once per 8 years



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Implants services</b>		
Implant supported porcelain/ceramic crown	No Charge	Once per 8 years
Implant supported porcelain/hi-noble metal crown	No Charge	Once per 8 years
Implant supported hi-noble metal crown	No Charge	Once per 8 years
Scaling and debridement - single implant	No Charge	Once per 12 months
Surgical removal of implant body	No Charge	Covered
Debridement of periimplant defect	No Charge	Once per 24 months
Debridement and contouring of periimplant defect	No Charge	Once per 24 months
Bone graft for repair of periimplant defect	No Charge	Once per 24 months
Bone graft at time of implant placement	No Charge	Once per lifetime
Guided tissue regeneration - resorbable barrier, per implant	No Charge	Covered
Guided tissue regeneration - non-resorbable barrier, per implant	No Charge	Covered
Implant/abutment supported removable upper denture	No Charge	Once per 8 years



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Covered Services	Copayment	Frequency
<b>Implants services</b>		
Implant/abutment supported removable lower denture	No Charge	Once per 8 years
Implant/abutment supported removable upper denture	No Charge	Once per 8 years
Implant/abutment supported removable full lower denture	No Charge	Once per 8 years
Radiographic/surgical implant index	No Charge	Once per 12 months
Semi-precision abutment - placement	No Charge	Once per 8 years
Semi-precision attachment - placement	No Charge	Once per 8 years
Unspecified implant procedure, by report	No Charge	Covered
<b>Prosthodontics fixed services</b>		
Pontic - cast high noble metal	No Charge	Once per 60 months
Pontic - cast predominately base metal	No Charge	Once per 60 months
Pontic - cast noble metal	No Charge	Once per 60 months
Pontic-porcelain fused-high noble	No Charge	Once per 60 months
Pontic-porcelain fused metal	No Charge	Once per 60 months



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Covered Services	Copayment	Frequency
<b>Prosthodontics fixed services</b>		
Pontic-porcelain fused-noble metal	No Charge	Once per 60 months
Pontic - porcelain/titanium and titanium alloys	No Charge	Once per 60 months
Pontic-porcelain/ceramic	No Charge	Once per 60 months
Pontic - resin with high noble metal	No Charge	Once per 60 months
Pontic-resin with base metal	No Charge	Once per 60 months
Pontic-resin with noble metal	No Charge	Once per 60 months
Retainer - cast metal for resin bonded fixed prosthesis	No Charge	Once per 60 months
Crown - resin with high noble metal	No Charge	Once per 60 months
Crown - resin with predominantly base metal	No Charge	Once per 60 months
Crown - resin with noble metal	No Charge	Once per 60 months
Crown - porcelain/ceramic	No Charge	Once per 60 months
Crown-porcelain fused high noble	No Charge	Once per 60 months



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Covered Services	Copayment	Frequency
<b>Prosthodontics fixed services</b>		
Crown-porcelain fused to metal	No Charge	Once per 60 months
Crown-porcelain fused noble metal	No Charge	Once per 60 months
Retainer crown-porcelain/titanium and alloys	No Charge	Once per 60 months
Retainer crown - 3/4 cast high noble metal	No Charge	Once per 60 months
Retainer crown-3/4 cast predominantly based metal	No Charge	Once per 60 months
Retainer crown-3/4 cast noble metal	No Charge	Once per 60 months
Retainer crown-3/4 porcelain/ceramic	No Charge	Once per 60 months
Retainer crown 3/4 - titanium and titanium alloys	No Charge	Once per 60 months
Crown-full cast high noble	No Charge	Once per 60 months
Crown - full cast base metal	No Charge	Once per 60 months
Crown - full cast noble metal	No Charge	Once per 60 months
Retainer crown - titanium and titanium alloys	No Charge	Once per 60 months



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Covered Services	Copayment	Frequency
<b>Prosthodontics fixed services</b>		
Recement fixed partial denture	No Charge	Once per 24 months
Fixed partial denture repair	No Charge	Once per 60 months
<b>Oral and Maxillofacial Surgery Services</b>		
Extraction, coronal remnants - primary tooth	No Charge	Once per lifetime
Extraction - erupted or exposed root	No Charge	Once per lifetime
Surgical removal erupted tooth	No Charge	Once per lifetime
Removal impacted tooth-soft	No Charge	Once per lifetime
Removal of impacted tooth - partially bony	No Charge	Once per lifetime
Remove impact tooth-comp bony	No Charge	Once per lifetime
Removal of impacted tooth - completely bony, with unusual surgical complications	No Charge	Once per lifetime
Surgical remove residual roots	No Charge	Once per lifetime
Oral-antral fistula closure	No Charge	Once per lifetime



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Covered Services	Copayment	Frequency
<b>Oral and Maxillofacial Surgery Services</b>		
Primary closure of a sinus perforation	No Charge	Once per lifetime
Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	No Charge	Once per lifetime
Surgical access of an unerupted tooth	No Charge	Once per lifetime
Placement of device to facilitate eruption of impacted tooth	No Charge	Once per lifetime
Incisional biopsy of oral tissue-hard (bone/tooth)	No Charge	Once per lifetime
Incisional biopsy of oral tissue-soft	No Charge	Once per lifetime
Surgical repositioning of teeth	No Charge	Once per lifetime
Alveoloplasty w extract/quad	No Charge	Once per lifetime
Alveoloplasty w/extractions - 1-3 teeth per quad	No Charge	Once per lifetime
Alveoloplasty - per quad	No Charge	Once per lifetime
Alveoloplasty not w/ extractions - 1-3 teeth/quad	No Charge	Once per lifetime



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Covered Services	Copayment	Frequency
<b>Oral and Maxillofacial Surgery Services</b>		
Vestibuloplasty - ridge extension (second epithelialization)	No Charge	Once per 60 months
Vestibuloplasty (including grafts)	No Charge	Once per 60 months
Excision of benign lesion of up to 1.25 cm	No Charge	Covered
Excision of benign lesion greater than 1.25 cm	No Charge	Covered
Excision of benign lesion, complicated	No Charge	Covered
Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	No Charge	Covered
Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No Charge	Covered
Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	No Charge	Covered
Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No Charge	Covered



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Covered Services	Copayment	Frequency
<b>Oral and Maxillofacial Surgery Services</b>		
Removal of lateral exostosis (maxilla or mandible)	No Charge	1 per lifetime
Removal of torus mandibularis	No Charge	Covered
Surgical reduction of osseous tuberosity	No Charge	1 per lifetime
Incision and drainage of abscess - intraoral soft tissue	No Charge	Covered
Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	No Charge	Covered
Incision and drainage of abscess - extraoral soft tissue	No Charge	Covered
Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	No Charge	Covered
Removal of foreign body	No Charge	Covered
Removal of foreign bodies	No Charge	Covered
Partial ostectomy/ sequestrectomy	No Charge	Covered
Maxillary sinusotomy for removal of tooth fragment	No Charge	Covered



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Covered Services	Copayment	Frequency
<b>Oral and Maxillofacial Surgery Services</b>		
Suture of recent small wounds	No Charge	Covered
Sinus augmentation with bone or bone substitutes	No Charge	Covered
Sinus augmentation via a vertical approach	No Charge	Covered
Bone replacement graft for ridge preservation	No Charge	Covered
Buccal/labial frenectomy (frenulectomy)	No Charge	Once per lifetime
Lingual frenectomy (frenulectomy)	No Charge	Once per lifetime
Excision of hyperplastic tissue - per arch	No Charge	Twice per lifetime
Excision of pericoronal gingiva	No Charge	Once per 24 months
Surgical reduction of fibrous tuberosity	No Charge	Twice per lifetime
Appliance removal (not by dentist who placed appliance), includes removal of archbar	No Charge	Covered
Unspecified oral surgery procedure, by report	No Charge	Covered



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Adjunctive general services</b>		
Palliative (emergency) treat	No Charge	Twice per 12 months
Fixed partial denture sectioning	No Charge	Covered
Deep sedation/general anesthesia - first 15 minutes	No Charge	Covered
Deep sedation/general anesthesia - each 15 minutes	No Charge	Covered
Intravenous moderate (conscious) sedation/ anesthesia - first 15 minutes	No Charge	Covered
Intravenous moderate (conscious) sedation - 15 min	No Charge	Covered
Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No Charge	Once per months
House/extended care facility call	No Charge	Covered
Hospital or ambulatory surgical center call	No Charge	Covered
Office visit for observation (during regularly scheduled hours)-no other services performed	No Charge	Covered



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Covered Services	Copayment	Frequency
<b>Adjunctive general services</b>		
Office visit - after regularly scheduled hours	No Charge	Covered
Therapeutic parenteral drug, single administration	No Charge	Covered
Therapeutic parenteral drugs, two or more administrations, different medications	No Charge	Covered
Occlusal guard - hard appliance, full arch	No Charge	Once per 12 months
Occlusal guard - soft appliance, full arch	No Charge	Once per 12 months
Occlusal guard - hard appliance, partial arch	No Charge	Once per 12 months
Certified translation or sign-language services - per visit	No Charge	Covered
Teledentistry - synchronous; real-time encounter	No Charge	Covered
Teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review	No Charge	Covered



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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Covered Services	Copayment	Frequency
Adjunctive general services		
Dental case management - patients with special health care needs	No Charge	Once every 6 months
Unspecified adjunctive procedure, by report	No Charge	Covered



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Vision services (including annual eye exams)	\$0 copayment	
<b>You need eye care</b>	Glasses or contact lenses	\$0 copayment	<p>We cover the following services:</p> <ul style="list-style-type: none"> <li>• Medicare-covered eyeglasses or contact lenses after cataract surgery</li> <li>• Non-Medicare covered eyewear (Routine) up to \$600 annual maximum every year. Includes contact lenses and eyewear.</li> </ul>



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need eye care (continued)</b>	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0 copayment	



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a mental health condition (This service is continued on the next page)</b></p>	<p>Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), State Operated Addiction Treatment Center's (ATC), Inpatient addiction rehabilitation, Inpatient Medically Supervised De-tox, or critical access hospital)</p>	<p>\$0 copayment</p>	<p>Authorization is required.</p>



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a mental health condition (This service is continued on the next page)</b></p>	<p>Adult outpatient mental health care Continuing Day Treatment (CDT) Partial hospitalization</p>	<p>\$0 copayment</p>	<p>Authorization is required for partial hospitalization.</p>



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition (continued)</b>	Adult outpatient rehabilitative mental health care  Assertive Community Treatment (ACT)  Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)  Personalized Recovery Oriented Services (PROS)	\$0 copayment	



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a mental health condition (continued)</b></p>	<p>Adult outpatient rehabilitative mental health and addiction services for members who meet clinical requirements. These are also known as Community Oriented Recovery and Empowerment (CORE) services. CORE services:</p>	<p>\$0 copayment</p>	



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a mental health condition (continued)</b></p>	<p>Psychosocial Rehabilitation (PSR)</p> <p>Community Psychiatric Supports and Treatment (CPST)</p> <p>Empowerment services – peer supports</p> <p>Family Support and Training (FST)</p>		



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a mental health condition (continued)</b></p>	<p>Adult mental health crisis services</p> <p>Comprehensive Psychiatric Emergency Program (CPEP)</p> <p>Mobile Crisis and Telephonic Crisis Services</p> <p>Crisis Residential Programs</p>	<p>\$0 copayment</p>	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a mental health condition (continued)</b></p>	<p>Outpatient mental health care (including, but not limited to, clinical counseling and therapy, peer support, psychosocial rehabilitation, medication management, family psychoeducation, and intensive outpatient models of care)</p>	<p>\$0 copayment</p>	<p>Services may be provided by any OMH licensed, designated, or approved provider agency, or a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant,</p>



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a mental health condition (continued)</b></p>	<p>(<b>Note:</b> This is not a complete list of the plan’s expanded outpatient mental health services. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)</p>		<p>Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws. This benefit is also available through Telehealth. Please call your current provider for details.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You are having a mental health or substance use crisis</b></p>	<p>Mobile Crisis services (assessment by telephone or mobile crisis team response); short-term residential crisis stabilization (for mental health crises)</p>	<p>\$0 copayment</p>	<p>Any approved mobile crisis or licensed crisis residence provider in New York State.</p>



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a mental health condition or a substance use disorder</b></p>	<p>CORE Services (which are person-centered, recovery oriented mobile behavioral health supports. CORE Services build skills and self-efficacy that promote and facilitate community participation and independence).</p>	<p>\$0 copayment</p>	<p>CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services.</p>



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a mental health condition or a substance use disorder (continued)</b></p>	<p>(Note: For more information about CORE Services and to determine whether you are eligible for them, call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i>.)</p>		



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a substance use disorder</b></p>	<p>Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment)</p>	<p>\$0 copayment</p>	<p>Authorization is required for inpatient substance use disorder treatment services.</p> <p>Telehealth access is dependent on provider's availability.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a substance use disorder (continued)</b></p>	<p>(<b>Note:</b> This is not a complete list of the plan’s expanded substance use disorder services. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)</p>		



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0 copayment	The plan covers up to 100 days each benefit period, a 3-day prior hospital stay is not required. Authorization is required.
	Nursing home	\$0 copayment	Authorization is required.



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need a place to live with people available to help you (continued)</b></p>	<p>Custodial care (long-term care in a Nursing Facility)</p>	<p>\$0 copayment</p>	<p>Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission. Authorization is required.</p>
<p><b>You need therapy after a stroke or accident</b></p>	<p>Occupational, physical, or speech therapy (outpatient or in home)</p>	<p><b>In-Network and Out-of-Network</b> \$0 copayment</p>	<p>Authorization is required.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help getting to health services</b></p>	<p>Emergency transportation</p>	<p>\$0 copayment</p>	<p>Ambulance is covered for each one-way trip. Authorization is only required for non-emergency services.</p>
<p><b>You need drugs to treat your illness or condition (This service is continued on the next page)</b></p>	<p>Medicare Part B prescription drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)</p>	<p>\$0 copayment</p>	<p>Authorization may be required for certain drugs.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>	<p>Medicare Part D prescription drugs*<sup>^†Ω</sup></p> <p><b>Note:</b> All drugs including generic and brand name drugs are on a single tier</p>	<p>If you do not get Extra Help paying for your drugs, you pay \$590 in the first stage, the Deductible Stage. Once you have paid \$590 for your drugs, you move to the Initial Coverage Stage.</p>	<p>There may be limitations on the types of drugs covered. Refer to Elderplan Plus Long-Term Care’s formulary name (for example, <i>List of Covered Drugs</i>) at <a href="http://www.elderplan.org">www.elderplan.org</a> for more information.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>		<p>In the Initial Coverage Stage,  For <b>Generic Drugs</b> (including brand drugs treated as generic):</p>	<p>Elderplan Plus Long-Term Care may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Elderplan Plus Long-Term Care for certain drugs.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>		<p>Depending on your Extra Help you pay: \$0 copay or \$1.60 copay or \$4.90 copay or 25% of the cost</p>	<p>*One month supply for Standard retail (in network), Long term care (31 day), and Out of network cost share.                      ^60 Day supply is also available for Standard retail (in network).                      †NDS – Non-Extended Days Supply. Certain specialty drugs will be limited up to a 30-day supply per fill.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>		<p><b>For All Other Drugs:</b> Depending on your Extra Help you pay: \$0 copay or \$4.80 copay or \$12.15 copay or 25% of the cost</p>	<p><sup>Ω</sup>You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing for Part B and D drugs, even if you have not paid your deductible.</p>



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>		<p>When your total out-of-pocket costs reach \$2,000, you move to the final stage, the Catastrophic Coverage Stage.</p>	



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>		<p>In the Catastrophic Coverage Stage, you pay nothing. The Plan pays all costs for your Part D prescription drugs.</p>	



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>	<p>Over-the-counter (OTC) drugs</p>	<p>\$0 copayment</p>	<p>You must use 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. These drugs are listed on the plan’s website, Comprehensive Formulary and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov/plan-compare">www.medicare.gov/plan-compare</a>.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>			<p>For some drugs, you can get a long term supply (also called an extended supply, up to 90-days) at standard retail pharmacies or by mail-order. There may be limitations on the types of drugs covered. Please refer to Elderplan Plus Long-Term Care’s <i>List of Covered Drugs (Drug List)</i> for more information.</p>



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You need foot care	Podiatry services (including routine exams)	\$0 copayment	We cover the following services: <b>Supplemental Podiatry Services</b> In-Network \$0 copayment per visit. You may receive up to 12 Routine Foot Care visits per year. Out-of-Network \$0 copayment per visit. You may receive up to 12 Routine Foot Care visits per year.
	Orthotic services	\$0 copayment	Authorization is required.



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need durable medical equipment (DME) or supplies</b></p>	<p>Wheelchairs, nebulizers, crutches, roll about knee walkers, walkers, and oxygen equipment and supplies, for example  <b>(Note:</b> This is not a complete list of covered DME or supplies. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)</p>	<p>\$0 copayment</p>	<p>Authorization is required for certain items.</p>



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# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need interpreter services	Spoken language interpreter	\$0 copayment	Services available upon request. Please contact Member Services.
	Sign language interpreter	\$0 copayment	Services available upon request. Please contact Member Services.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (This service is continued on the next page)</b>	Acupuncture	\$0 copayment	You may receive up to 40 visits every year for the following Expanded Acupuncture Services: <ul style="list-style-type: none"> <li>● Acupuncture</li> <li>● Cupping/Moxa</li> <li>● Acupressure</li> <li>● Tui Na</li> <li>● Gua Sha</li> <li>● Reflexology</li> <li>● Infrared Therapy</li> </ul>
	Plan Care coordination	\$0 copayment	
	Chiropractic services	\$0 copayment	We cover only Manual manipulation of the spine to correct subluxation.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (continued)</b>	Diabetic supplies	\$0 copayment	Diabetic Test Strips and Blood Glucose Meters are limited to specific manufacturers: Abbott Diabetes Care and Ascensia Diabetes Care.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (continued)</b>	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	\$0 copayment	EPSDT is for members under 21 years of age.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Family planning	\$0 copayment	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	\$0 copayment	Elderplan Plus Long-Term Care (HMO-POS D-SNP) will pay for a one-time consultative visit before you select hospice.
	Mammograms	\$0 copayment	



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (continued)</b>	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); and social adult day care)	\$0 copayment	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting. MLTSS is available to all members; specific service authorization, including amount, is indicated in the member's individualized approved Plan of Care. Authorization is required.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)



# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (continued)</b>	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0 copayment	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living. Authorization is required.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (continued)</b>	Personal Care Assistance (PCA) (assistance with daily activities such as bathing, dressing, using the bathroom, shopping, cooking, including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as	\$0 copayment	Authorization is required.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (continued)</b>	certified by a physician in accordance with a member's written plan of care)		
	Prosthetic services	\$0 copayment	Authorization is required.
	Services to help manage your disease	\$0 copayment	

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read Elderplan Plus Long-Term Care's *Evidence of Coverage*. If you have questions, you can also call Elderplan Plus Long-Term Care Member Services at the numbers at the bottom of this page.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

## D. Additional services Elderplan Plus Long-Term Care covers

This is not a complete list. Call Member Services or read the *Evidence of Coverage* to find out about other covered services.

Additional services Elderplan Plus Long Term Care covers	Your costs
<b>Brain Games with BrainHQ®</b> Members will have access to an online memory fitness program to improve brain function through games, puzzles and other fun exercises.	\$0 copayment
<b>Flex Card</b> Flex Card benefit offers \$750 allowance to use in 2025 on out-of-pocket expenses for dental, vision, hearing, and/or fitness services. Any unused benefit dollars will expire at the end of the calendar year or if you disenroll from the plan.	\$0 copayment
<b>OTC</b> You may purchase up to \$900 every quarter of eligible OTC items on an OTC card provided by Elderplan.	\$0 copayment



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Additional services Elderplan Plus Long Term Care covers	Your costs
<p><b>Special Supplemental Benefits for the Chronically Ill*</b></p> <p>For eligible members (with certain chronic conditions) the Special Supplemental Benefits for the Chronically Ill combines with the OTC benefit to includes the following items/services:</p> <ul style="list-style-type: none"> <li>• <b>New!</b> Community Rides</li> <li>• Rent/Mortgage Assistance</li> <li>• Internet and Utility Bill Payment</li> <li>• Home-Delivered Meals</li> <li>• Healthy Foods and Fresh Produce</li> </ul> <p>*Eligibility is determined by whether you have a chronic condition associated with SSBCI benefit (expanded OTC). Examples of SSBCI conditions include, but are not limited to, Cardiovascular Disorders, Diabetes, Arthritis, Chronic Lung Disorders and Cancer. There are other eligible conditions not listed. Standards may vary for this benefit</p>	<p>\$0 copayment</p>



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

Additional services Elderplan Plus Long Term Care covers	Your costs
<p><b>Teladoc®</b></p> <p>Teladoc® connects you with board-certified doctors 24 hours a day, 7 days a week for video or phone chat using your smartphone, tablet or computer. These doctors can help diagnose, treat and even write prescriptions for a variety of non-emergency conditions.</p>	<p>\$0 copayment</p>
<p><b>Worldwide Emergency / Emergency Transportation / Urgent Coverage</b></p> <p>You are covered for a maximum of \$50,000 per year.</p>	<p>\$0 copayment</p>
<p><b>Travel Assistance</b></p> <p>Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.</p>	<p>\$0 copayment</p>



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

## E. Benefits covered outside of Elderplan Plus Long-Term Care

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other services not covered by Elderplan Plus Long-Term but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
Assisted Living Program	\$0 copayment
Comprehensive Medicaid Case Management	\$0 copayment
Directly Observed Therapy for Tuberculosis Disease	\$0 copayment
Home & Community-Based Waiver Program Services	\$0 copayment
Medicaid Pharmacy Benefits as allowed by State Law (select drug categories excluded from the Medicare Part D benefit)	\$0 copayment
Office for People With Developmental Disability Services	\$0 copayment



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)



# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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Other services covered directly by Medicaid fee-for-service	Your costs
Out of network Family Planning services under the direct access provisions	\$0 copayment
Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family-based Treatment Programs	\$0 copayment



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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## F. Services that Elderplan Plus Long-Term Care, Medicare, and Medicaid do not cover

The following services are not covered by our plan. This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Elderplan Plus Long Term Care, Medicare, and Medicaid do not cover	
Cosmetic surgery	
Custodial care	Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing.
Experimental medical and surgical procedures, equipment and medications. Experimental procedures and items are those items and procedures determined by Original Medicare to not be generally accepted by the medical community.	



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

## Services Elderplan Plus Long Term Care, Medicare, and Medicaid do not cover

Fees charged for care by your immediate relatives or members of your household.

Full-time nursing care in your home.

Home-delivered meals

Homemaker services including basic household assistance, such as light housekeeping or light meal preparation.

Orthopedic shoes or supportive devices for the feet

Covered under specific conditions: Shoes that are part of a leg brace and are included in the cost of the brace. Orthopedic or therapeutic shoes for people with diabetic foot disease.

Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

## Services Elderplan Plus Long Term Care, Medicare, and Medicaid do not cover

Private room in a hospital.	
Reversal of sterilization procedures and/or non-prescription contraceptive supplies.	
Routine chiropractic care	
Radial keratotomy, LASIK surgery, and other low vision aids.	
Services considered not reasonable and necessary, according to Original Medicare standards	



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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### **G. Your rights and responsibilities as a member of the plan**

As a member of Elderplan Plus Long-Term Care, you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused medically necessary treatment. You can use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, read the *Evidence of Coverage*.

#### **Your rights include, but are not limited to, the following:**

- You have a right to respect, fairness, and dignity. This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
  - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
  - Be free from any form of physical restraint or seclusion



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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- Not be billed by network providers
- Have your questions and concerns answered completely and courteously
- Apply your rights freely without any negative effect on the way Elderplan Plus Long Term Care or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
  - Elderplan Plus Long-Term Care
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Care Managers
  - Your rights and responsibilities
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year. You can call Member Services at 1 877 891 6447 (TTY 711) if you want to change your PCP.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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- Use a women's health care provider without a referral
- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they are covered
- Refuse treatment as far as the law allows, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. Elderplan Plus Long-Term Care will pay for the cost of your second opinion visit.
- Make your health care wishes known in an advance directive
- You have the right to timely access to care that does not have any communication or physical access barriers. This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)



## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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- Have interpreters to help with communication with your doctors, other providers, and your health plan. Call Member Services at 1 877 891 6447 (TTY 711) if you need help with this service
- Have your *Evidence of Coverage* and any printed materials from Elderplan Plus Long Term Care translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
- Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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- Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
- Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - Access an easy process to voice your concerns, and to expect follow-up by Elderplan Plus Long-Term Care
  - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers
  - Ask for a State Appeal (State Fair Hearing)
  - Get a detailed reason why services were denied

**Your responsibilities include, but are not limited to, the following:**

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
  - Treat your health care providers with dignity and respect
  - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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- Tell your health care provider your health complaints clearly and provide as much information as possible
- Tell your health care provider about yourself and your health history
- Tell your health care provider that you are a Elderplan Plus Long-Term Care member
- Talk to your PCP, Care Manager, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency)
- Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
- Notify Elderplan Plus Long-Term Care Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
  - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
  - Partner with your Care Team and work out treatment plans and goals together



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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- Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from Elderplan Plus Long-Term Care** You should:
  - Get all your health care from Elderplan Plus Long-Term Care, except in cases of emergency, urgent care, behavioral health crisis services, out-of-area dialysis services, or family planning services, unless Elderplan Plus Long-Term Care provides a prior authorization for out-of-network care
  - Not allow anyone else to use your Elderplan Plus Long-Term Care Member ID Card to obtain healthcare services
  - Notify Elderplan Plus Long-Term Care when you believe that someone has purposely misused Elderplan Plus Long-Term Care benefits or services

For more information about your rights, you can read Elderplan Plus Long-Term Care's *Evidence of Coverage*. If you have questions, you can also call Elderplan Plus Long Term Care Member Services at the numbers listed at the bottom of this page.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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## H. How to file a complaint or appeal a denied service

If you have a complaint or think Elderplan Plus Long-Term Care should cover something we denied, call Elderplan Plus Long-Term Care at 1-877-891-6447. (TTY users, call 711.) You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 8** of Elderplan Plus Long-Term Care's *Evidence of Coverage*. You can also call Elderplan Plus Long-Term Care Member Services at the numbers end of this document.

ELDERPLAN

ATTN: APPEALS & GRIEVANCES

55 WATER STREET, 46TH FLOOR

NEW YORK, NY 10041

1-877-891-6447 Calls to this number are free. 8 am to 8 pm,  
7 days a week TTY: 711  
FAX: 718 765-2027

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## I. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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If you think a doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at Elderplan Plus Long-Term Care Member Services. Phone numbers are the numbers in the of this page.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1 877 486 2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the New York State Medicaid Fraud Hotline 1-877-87 FRAUD.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

## 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

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [www.elderplan.org](http://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.
- Review the formulary to make sure your drugs are covered.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free.

**For more information**, visit [www.elderplan.org](http://www.elderplan.org)



# Elderplan Plus Long-Term Care (HMO-POS D-SNP) | 2025 Summary of Benefits

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## 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, 2026**.
- Your medical and prescription coverage were reviewed against your current insurance coverage. You will become a member of Elderplan upon enrollment verification and no longer have coverage with your current plan.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non contracted providers.
- 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.



**If you have questions**, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at 1 877-891-6447 TTY 711, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.elderplan.org](http://www.elderplan.org)

**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:

Elderplan, Inc.  
ATTN Civil Rights Coordinator  
55 Water Street  
New York NY 10041

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

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-891-6447 (TTY: 711). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-891-6447 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Simplified:** 我们提供免费的翻译服务,帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务,请致电 1-877-891-6447 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Traditional:** 您對我們的健康或藥物保險可能存有疑問,為此我們提供免費的翻譯服務。如需翻譯服務,請致電 1-877-891-6447 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-877-891-6447 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-891-6447 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-891-6447 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-891-6447 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-891-6447 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-891-6447 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (1-877-891-6447:711 TTY). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-891-6447 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-891-6447 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-891-6447 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-891-6447 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-891-6447 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-891-6447 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Albanian:** Ne ofrojmë shërbime interpretimi pa pagesë për t'ju përgjigjur çdo lloj pyetjeje që mund të keni rreth planit tonë të shëndetit ose të mjekimit. Për t'u lidhur me një interpret, telefononi në 1-877-891-6447 (TTY: 711). Një shqip folës mund t'ju ndihmojë. Ky shërbim është pa pagesë.

**Bengali:** আমাদের স্বাস্থ্য বা ওষুধপত্র বিষয়ক পরিকল্পনা সম্পর্কিত আপনার যে কোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যে দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে, আমাদের কেবল 1-877-891-6447 (TTY: 711) নম্বরে কল করুন। বাংলা বলতে পারেন এমন কেউ আপনাকে সাহায্য করতে পারবেন। পরিষেবাটি বিনামূল্যে।

**Greek:** Διαθέτουμε υπηρεσία δωρεάν διερμηνείας προκειμένου να απαντούμε σε οποιεσδήποτε απορίες σας σχετικά με το πρόγραμμα υγείας ή φαρμάκων που προσφέρουμε. Προκειμένου να χρησιμοποιήσετε την υπηρεσία διερμηνείας, επικοινωνήστε μαζί μας καλώντας το 1-877-891-6447 (TTY: 711). Θα λάβετε βοήθεια από ένα άτομο που μιλά ελληνικά. Αυτή είναι μια υπηρεσία που παρέχεται δωρεάν.

**Yiddish:** מיר האבן אומזיסטע דאלמעטשער סערוויסעס צו ענטפערן סיי וועלכע פראגעס וואס איר קענט מעגליך האבן וועגן אונזער העלט אדער איינער וואס רעדט אידיש/שפראך קען אייך העלפן. 1-877-891-6447 (TTY:711) דראג פלאן. צו באקומען א דאלמעטשער, רופט אונז אויף דאס איז אן אומזיסטע סערוויס.

**Urdu:** ہماری صحت یا دوا کے پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت مترجم کی خدمات موجود ہیں۔ مترجم حاصل کرنے کے لیے، ہمیں بس 1-877-891-6447 (TTY:711) پر کال کریں۔ اردو بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ ایک مفت خدمت ہے۔





For more information, call us toll-free

**1-877-891-6447**

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

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TTY/TDD users should call

**711**

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Visit our website

**Elderplan.org**

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