

2025

 elderplan®

Leading the way to great care.™



Summary of Benefits

Elderplan Select (HMO-POS I-SNP/IE-SNP)

January 1, 2025 to December 31, 2025

Summary of Benefits – Elderplan Select (HMO-POS I-SNP/IE-SNP) 2025

Proposed Effective Date ____/____/____

Primary Care Provider

Name _____

Address _____

Phone Number (____) _____

Name of Sales Representative

Important Numbers

Member Services

1-800-353-3765, TTY 711

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



Summary of Benefits

for **Elderplan Select (HMO-POS I-SNP/IE-SNP)**

January 1, 2025 – December 31, 2025

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

About Elderplan

Elderplan is a Medicare Advantage plan, which is a proud part of the MJHS Health System family. Both Elderplan and MJHS are not-for-profit organizations that share the same core values of compassion, dignity and respect.

Elderplan has a rich history of caring for at-risk New Yorkers of all backgrounds. That's why we understand that gaps in access to quality health care based on race, ethnicity, gender and financial stability are still all too often a factor. Consistent with our values, we are ***leading the way to great care*** by being committed to health equity, to closing these gaps in care, and ensuring that all our members have access to high-quality programs and services.

In addition, an advantage to our members of Elderplan/HomeFirst being part of the MJHS family, is that our health system also includes: MJHS Home Care, MJHS Hospice and Palliative Care, as well as MJHS Isabella and MJHS Menorah Centers for Rehabilitation and Nursing Care. So, should you require access to additional support over time, and choose to receive services from MJHS, the Elderplan team can work together with their colleagues from across the system to better coordinate your care.



Elderplan Select (HMO-POS I-SNP/IE-SNP)

Plan Overview

A health plan designed specifically for Medicare beneficiaries who live in one of Elderplan's contracted assisted living communities, nursing homes, or congregate care settings.

This plan provides an additional level of care from one of our skilled Nurse Practitioners (NPs) or Physician Assistants (PAs) along with a dedicated Registered Nurse (RN) who will support and guide you by working with your physicians to create a customized care plan, if needed, conducting preventive physical exams, managing chronic conditions, ordering lab tests, writing prescriptions, and answering your questions. This added level of care will help avoid unnecessary and stressful emergency room visits and hospitalizations as well

as further support your ability to remain in your current setting. Your team will also communicate any updates with you, your doctors, and if you wish, family members, providing comfort and peace of mind.

New for 2025! Elderplan Select now offers an expanded over-the-counter (OTC)* benefit that includes groceries, payment toward cell phone and internet bills, and even let's you pamper yourself at eligible beauty salons and barber shops. You will also receive a quarterly transportation benefit, all on one card. Plus, you can now see any doctor you want at no extra cost.

Elderplan. Leading the way to great care.

Contents














Section I: Introduction to Summary of Benefits6

- Elderplan Contact Information
- Who Can Join?
- Useful Information About Medicare
- Information About Elderplan Select

Section II: Summary of Benefits14

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

Benefits at a Glance

 Doctor Visits (Primary Care)	
 Part B Deductible	
 Brain Games with Brain HQ®	
 Routine Hearing	\$0
 Routine Vision	
 Therapeutic Leave	
 Acupuncture, Acupressure, & Chiropractic	
 Transportation	
 Specialist Care	\$45
 Routine Podiatry	\$10
 Over-the-Counter (OTC) Benefits	\$175 every month
 Supplemental Preventive & Comprehensive Dental	\$1,500 every year
 Use your OTC benefit to purchase health related items, groceries, personal hygiene and/or make a payment toward your cell phone bill too!*	

*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.

Section I: Introduction to Summary of Benefits

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

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 Select (HMO-POS I-SNP/IE-SNP) Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at www.elderplan.org.

Elderplan Contact Information

Elderplan Select hours of operation

- From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern Time.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern Time.

Elderplan Select phone numbers and website

- If you are a member of this plan, call toll-free **1-800-353-3765**. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week.
- If you are not a member of this plan, call toll-free **1-866-695-8101**. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week.
- Our website: www.elderplan.org.

This document is available for free in Spanish. Please contact our Member Services number at **1-800-353-3765** for additional information. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week. This information is also available in different formats, including Braille or other alternate formats. Please call Member Services at the number listed above if you need plan information in another format or language.

Who Can Join?

To join Elderplan Select (HMO-POS I-SNP/IE-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in a skilled nursing facility or congregate care setting contracted with Elderplan’s network.

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

Useful Information About Medicare

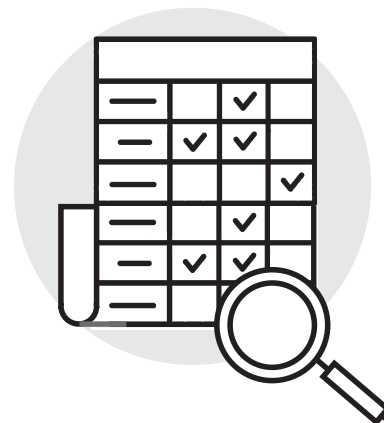
You have choices about how to get your Medicare Benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal Government. Visit the Medicare website (www.medicare.gov).
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Elderplan Select (HMO-POS I-SNP/IE-SNP)).

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

Tips for Comparing your Medicare Choices

This Summary of Benefits booklet gives you a summary of what Elderplan Select (HMO-POS I-SNP/IE-SNP) covers and what you pay.



Summary of Benefits – Elderplan Select (HMO-POS I-SNP/IE-SNP) 2025

- If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov/plan-compare.



Information About Elderplan Select

Special eligibility requirements for our plan

- Must have Medicare Part A and Medicare Part B.
- Must reside in the plan's service area: Bronx, Dutchess, Kings, Livingston, Monroe, Nassau, New York, Ontario, Orange, Orleans, Putnam, Queens, Richmond, Rockland, Seneca, Suffolk, Westchester, Yates counties.
- Must be a United States citizen or lawfully present in the United States.
- You must live in a skilled nursing facility or congregate care setting contracted in Elderplan's network.

Please note: If you lose your eligibility but can reasonably be expected to regain eligibility within one (1) month, then you are still eligible for membership in our plan (the Evidence of Coverage Chapter 4, Section 2.1 tells you about coverage and cost sharing during a period of deemed continued eligibility.)

Which Doctors, Hospitals, and Pharmacies can I use?

Elderplan Select (HMO-POS I-SNP/IE-SNP) has a network of doctors, hospitals, pharmacies and other providers. Our plan allows you to see In-Network and Out-of-Network providers based on our expansive benefit offering. Our plan covers services and benefits from any of our network providers listed in our Provider and Pharmacy Directory. Our plan also includes point-of-service coverage for certain services and benefits from any Medicare-certified provider who has not opted out of Medicare.

You can see our plan's Provider and Pharmacy Directory at our website www.elderplan.org, or call us and we will send you a copy of the Provider and Pharmacy Directory.

What do we cover?

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

- Members get all of the benefits covered by Original Medicare.
- Members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
- We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

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

How will I determine my drug costs?

The amount you pay for drugs depends on the drug you are taking, what “drug payment stage” you have reached, and the plan cost-sharing tiers.

Later in this document we discuss the drug payment stages and the plan cost-sharing tiers. The drug payment stages are the Deductible Stage, Initial Coverage Stage, and Catastrophic Coverage Stage.

Every drug on the plan’s Drug List is in one of five cost-sharing tiers:

- Tier 1: Preferred Generic Drugs (lowest cost-sharing tier)
- Tier 2: Generic Drugs
- Tier 3: Preferred Brand Drugs
- Tier 4: Non-preferred Drugs
- Tier 5: Specialty Tier Drugs (highest cost-sharing tier)

There are programs to help people with limited resources pay for their drugs. These include “Extra Help” and State Pharmaceutical Assistance Programs. For more information, see the Evidence of Coverage (Chapter 2, Section 7).

Section II: Summary of Benefits

The following are the health care costs for Elderplan Select (HMO-POS I-SNP/IE-SNP).

Elderplan Select (HMO-POS I-SNP/IE-SNP)		
Monthly Premium (Part D Premium)	\$0	In addition, you must keep paying your Medicare Part B premium.
Part B Premium Reduction	\$2.50	<p>If you pay a Medicare Part B premium, \$2.50 each month 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>
Part B Deductible	\$0	

Elderplan Select (HMO-POS I-SNP/IE-SNP)		
Combined Maximum Out-of-Pocket	\$7,500 In-Network and Out- of-Network combined	<p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>If you reach the limit on in-network and out-of network combined out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay any cost-sharing for your Part D prescription drugs.</p>

Summary of Benefits – Elderplan Select (HMO-POS I-SNP/IE-SNP) 2025

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need hospital care	Inpatient Hospital Services	In-Network and Out-of-Network You pay per admission: Days 1–6: \$320 copayment each day. Day 7 and beyond: \$0 copayment each day.	Authorization is required.
	Outpatient Hospital Services	In-Network and Out-of-Network \$185 copayment.	
	Ambulatory Surgical Center (ASC)	In-Network and Out-of-Network \$100 copayment..	Referrals may be required.

Summary of Benefits – **Elderplan Select (HMO-POS I-SNP/IE-SNP) 2025**

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You want to see a doctor	Primary Care Providers	<p>In-Network \$0 copayment for office visits. \$0 copayment for telehealth services.</p> <p>Out-of-Network \$0 copayment for office visits.</p>	Please call your current provider for telehealth services details.

Summary of Benefits – Elderplan Select (HMO-POS I-SNP/IE-SNP) 2025

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You want to see a doctor <i>(continued)</i>	Specialists	In-Network \$45 Copayment for Office Visits. \$45 Copayment for telehealth services. Out-of-Network: \$45 Copayment for Office Visits.	Please call your current provider for telehealth services details. Referrals may be required.
	Nurse Practitioners and Physician Assistants	In-Network and Out-of-Network \$0 copayment for each visit.	Referrals may be required.
	Dialysis Services	\$55 Copayment for Medicare covered Dialysis services.	
	Preventive Care	In-Network and Out-of-Network: \$0 copayment for Medicare-Covered Preventive Services.	Preventive services may be covered by Medicare during the benefit year.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You want to see a doctor <i>(continued)</i>	Preventive Care <i>(continued)</i>		<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screenings & counseling • Blood-based biomarker test • Bone mass measurements • Cardiovascular disease screenings • Cardiovascular disease (behavioral therapy) • Cervical and vaginal cancer screening • Colorectal cancer screenings <ul style="list-style-type: none"> - Multi-target stool DNA tests - Screening barium enemas - Screening colonoscopies - Screening fecal occult blood tests - Screening flexible sigmoidoscopies • Counseling to prevent tobacco use & tobacco-caused disease • Depression screenings • Diabetes screenings • Diabetes self-management training • Glaucoma Screenings • Hepatitis B shots • Hepatitis B Virus (HBV) infection screenings

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You want to see a doctor <i>(continued)</i>	Preventive Care <i>(continued)</i>		<ul style="list-style-type: none"> • Hepatitis C Screening Tests • HIV screenings • Lung cancer screenings • Mammograms (screening) • Medicare Diabetes Prevention Program • Medical nutrition therapy services • Obesity screenings and counseling • One-time “Welcome to Medicare” preventive visit • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings & counseling • Shots: <ul style="list-style-type: none"> - COVID-19 vaccines - Flu shots - Hepatitis B shots - Pneumococcal shots

Summary of Benefits – **Elderplan Select (HMO-POS I-SNP/IE-SNP) 2025**

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You Need Emergency Care	Emergency Care	\$110 copayment for each visit.	If you are admitted to the hospital within 24 hour there is no cost share.
	Urgent Care	\$45 copayment for office visits and telehealth services.	Please call your current provider for in-network telehealth services details.

Summary of Benefits – Elderplan Select (HMO-POS I-SNP/IE-SNP) 2025

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need medical tests	Diagnostic Services/Labs/Imaging: • Medicare-covered Lab Services • Diagnostic Tests and Procedures • Outpatient X-Rays	In-Network and Out-of-Network \$0 copayment for each service.	Authorization may be required for certain X-Ray services. Referrals may be required for X-Ray services.
	Diagnostic Services/Labs/Imaging: • Outpatient Blood Services	In-Network \$0 copayment for each service.	

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need medical tests <i>(continued)</i>	Diagnostic Radiological Services (such as MRI scans and CT scans)	In-Network and Out-of-Network \$0 copayment for each CT service. \$75 copayment for each PET, MRI, and MRA service.	Authorization is required only for Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT).
	Therapeutic Radiology Services (such as radiation treatment for cancer)	In-Network and Out-of-Network \$75 copayment for each service.	

Summary of Benefits – Elderplan Select (HMO-POS I-SNP/IE-SNP) 2025

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Hearing Care	Hearing Exams	\$0 copayment for Medicare-covered diagnostic hearing exams.	
		\$0 copayment for one Non-Medicare-covered (Routine) Hearing Exam every 3 years.	
	Hearing Aids	Up to \$2,000 for both ears combined every 3 years. \$0 copayment for Fitting/Evaluation for Hearing Aid every 3 years.	Authorization is required for hearing aid(s) by a Physician or Specialist.
You need Dental Care	Comprehensive Dental	20% coinsurance for Medicare-covered Comprehensive Dental Services.	

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Dental Care <i>(continued)</i>	Supplemental Preventive & Comprehensive Dental Services	You may receive unlimited supplemental preventive and comprehensive dental services up to \$1,500 every year.	<p>You may receive the following dental services:</p> <ul style="list-style-type: none"> • Oral Exams • Dental X-Rays • Other Diagnostic • Dental Services • Prophylaxis (cleaning) • Fluoride Treatment • Other Preventive Dental Services • Restorative Services • Endodontics • Periodontics • Prosthodontics, removable • Maxillofacial Prosthetics

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Dental Care <i>(continued)</i>			<ul style="list-style-type: none"> • Implant Services • Prosthodontics, fixed • Oral and Maxillofacial Surgery • Orthodontics • Adjunctive General Services

Summary of Benefits – **Elderplan Select (HMO-POS I-SNP/IE-SNP) 2025**

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Eye Care	Vision Exams	In-Network and Out-of-Network \$0 Copayment for Medicare-covered eye exams.	
		\$0 Copayment for one routine eye exam for eyewear.	You may receive one Eye Exam every year.
	Vision Eyewear	\$0 copayment for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.	
		\$0 copayment for Non-Medicare-covered eyewear (Routine) up to \$500 maximum every 2 years.	Includes contact lenses and eyewear.

Summary of Benefits – Elderplan Select (HMO-POS I-SNP/IE-SNP) 2025

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Mental Health Care	Inpatient Mental Health	<p>You pay per admission:</p> <ul style="list-style-type: none"> • Days 1–6: \$250 copayment each day. • Day 7 and beyond: You pay a \$0 copayment each day. 	Authorization is required.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Mental Health Care <i>(continued)</i>	Outpatient Mental Health	Mental Health: In-Network and Out-of-Network \$50 copayment for Individual and Group sessions.	Authorization is required. This benefit is also available in-network through Telehealth. Please call your current provider for details.
		Psychiatric Services: In-Network and Out-of-Network \$45 copayment for Individual and Group sessions.	This benefit is also available in-network through Telehealth. Please call your current provider for details.

Summary of Benefits – Elderplan Select (HMO-POS I-SNP/IE-SNP) 2025

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Rehabilitative or Skilled Nursing Care	Skilled Nursing Facility	<p>You pay per admission:</p> <ul style="list-style-type: none"> • Days 1–20: \$0 copayment each day. • Days 21–100: \$214 copayment each day. • Days 101 and beyond: you pay all cost. 	<p>The plan covers up to 100 days each benefit period, a 3-day prior hospital stay is not required. Authorization is required.</p>
You need Outpatient Therapy	Physical Therapy	In-Network and Out-of-Network \$40 copayment for each visit.	

Summary of Benefits – Elderplan Select (HMO-POS I-SNP/IE-SNP) 2025

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need help getting to health services	Ambulance	Ground Transportation: \$100 copayment for each one-way trip. Air Transportation: 20% coinsurance for each one-way trip.	Authorization is only required for non-emergency services.
	Transportation	You may receive unlimited one-way trips for medical and therapeutic locations up to \$1,000 per quarter (3 months).	You may take a Taxi, Ride-Share Service, Bus/Subway, Van or Medical Transport.
You need drugs to treat your illness or condition	Medicare Part B Drugs	20% coinsurance for Medicare Part B prescription drugs. Up to \$35 for Medicare Part B Insulin Drugs.	Authorization may be required for certain drugs.

Medicare Part D

If you qualify for Low-Income Subsidy (also called “Extra Help”), you may not pay the amounts listed in the table below for your Part D prescription drugs. The exact amount you pay may vary depending on the amount of Extra Help you receive.

Part D Premium	\$0 per month.
Part D Deductible	Tier 1, 2, 3, 4, and 5 Drugs: Part D deductible is \$0.



Summary of Benefits – Elderplan Select (HMO-POS I-SNP/IE-SNP) 2025

Medicare Part D				
Part D Deductible & Initial Coverage Stage				
Tier Name	Part D Deductible	Initial Coverage Stage		
		Retail Pharmacy Cost-share (30-day supply)* ^Ω	Retail Pharmacy Cost-share (90-day supply) ^{^†Ω}	Mail Order Pharmacy Cost-share (90-day supply) ^{†Ω}
Tier 1: Preferred Generic Drugs	\$0	\$0 Copayment	\$0 Copayment	\$0 Copayment
Tier 2: Generic Drugs		\$2 Copayment	\$6 Copayment	\$4 Copayment
Tier 3: Preferred Brand Drugs		\$25 Copayment	\$75 Copayment	\$50 Copayment
Tier 4: Non-Preferred Drugs		\$100 Copayment	\$300 Copayment	\$200 Copayment
Tier 5: Specialty Tier Drugs		25% Coinsurance	25% Coinsurance	25% Coinsurance

*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.

^Ω – You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan.

Medicare Part D

Once your total drug costs have reached \$2,000, you will move to the next stage (the catastrophic coverage stage).

Catastrophic Coverage Stage

Once your “out-of-pocket costs” reach a total of \$2,000, you stay in this payment stage until the end of the calendar year.

Catastrophic Coverage

During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Other Covered Services			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Medical Equipment and Supplies	Diabetic Supplies	\$10 copayment for Medicare-Covered Diabetic Supplies.	Diabetic Test Strips and Blood Glucose Meters are limited to specific manufacturers: Abbott Diabetes Care and Ascensia Diabetes Care.
	Durable Medical Equipment (like wheelchairs or oxygen)	\$0 copayment for Continuous Glucose Monitors and supplies are available at participating pharmacies. 20% coinsurance for Medicare-covered Durable Medical Equipment (DME).	Continuous Glucose Monitors are limited to specific manufacturers: Freestyle Libre. Authorization is required. Authorization is required for certain items.

Summary of Benefits – Elderplan Select (HMO-POS I-SNP/IE-SNP) 2025

Other Covered Services			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Medical Equipment and Supplies <i>(continued)</i>	Medical Supplies	20% coinsurance for Medical Supplies.	Authorization is required.
	Prosthetics (artificial limbs or braces)	20% coinsurance for Prosthetic Devices.	Authorization is required.

Other Covered Services			
You need Rehabilitation Services	Physical Therapy, Speech Language Therapy.	In-Network and Out-of-Network \$40 copayment.	
	Occupational Therapy	In-Network and Out-of-Network \$35 copayment.	
	Cardiac Rehabilitation	Cardiac Rehabilitation: \$35 copayment for services. Intensive Rehabilitation: \$45 copayment for services.	Authorization is required.
	Pulmonary Rehabilitation	\$25 copayment for services.	Authorization is required.

More benefits with your plan

<p>Acupuncture/Acupressure/ Chiropractic services</p>	<p>In-Network and Out-of Network \$0 Copayment per visit. You may receive up to 20 visits per calendar year in-network and out-of-network combined.</p>
<p>Brain Games with BrainHQ®</p>	<p>There is no copayment or coinsurance for BrainHQ®. Members will have access to an online memory fitness program to improve brain function through games, puzzles and other fun exercises.</p>
<p>OTC</p>	<p>You may purchase up to \$175 every month of eligible OTC items on an OTC card provided by Elderplan.</p>
<p>OTC + Groceries+ Utilities + Personal Hygiene</p>	<p>For eligible members (with certain chronic conditions) the Special Supplemental Benefits for the Chronically Ill combines with the OTC benefit to cover Groceries, Certain Utility Payments, and Personal Hygiene as a part of the monthly OTC allowance.</p>

More benefits with your plan

Routine Podiatry Services

\$10 copayment per visit. You may receive up to 6 Routine Podiatry Services annually In Network and Out of Network combined.

Therapeutic Leave

Plan Members are covered for up to 5 days of Therapeutic Leave. Authorization is not required.

Elderplan, Inc.
Notice of Nondiscrimination – Discrimination is Against the Law

Elderplan/HomeFirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Elderplan, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Elderplan/HomeFirst.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - 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 1-800-353-3765 (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 1-800-353-3765 (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 1-800-353-3765 (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 1-800-353-3765 (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 1-800-353-3765 (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 1-800-353-3765 (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 1-800-353-3765 (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 1-800-353-3765 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-353-3765 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 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 1-800-353-3765 (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 بمساعدتك. هذه خدمة فوري، ليس عليك سوى الاتصال بنا على 1-800-353-3765 (TTY:711). سيقوم شخص ما يتحدث العربية 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 1-800-353-3765 (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 1-800-353-3765 (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 1-800-353-3765 (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 1-800-353-3765 (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 1-800-353-3765 (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、1-800-353-3765 (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 1-800-353-3765 (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 1-800-353-3765 (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 οποιοσδήποτε απορίες σας σχετικά με το πρόγραμμα υγείας ή φαρμάκων που προσφέρουμε. Προκειμένου να χρησιμοποιήσετε την υπηρεσία διερμηνείας, επικοινωνήστε μαζί μας καλώντας το 1-800-353-3765 (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 דראג פלאן. צו באקומען א דאלמעטשער, רופט אונז אויף 1-800-353-3765 (TTY: 711) איינער וואס רעדט אידיש/שפראך קען אייך העלפן. 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 1-800-353-3765 (TTY: 711) پر کال کریں۔ اردو بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ ایک مفت خدمت ہے۔

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-800-353-3765**.

Understanding the Benefits

- 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 or call **1-800-353-3765** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on **January 1, 2026**.
- 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.
- This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a skilled nursing facility (SNF), a nursing facility, an intermediate care facility for individuals with intellectual developmental disabilities, a psychiatric hospital or unit, a rehabilitation hospital or unit, a long-term care hospital, a swing-bed hospital, or a facility approved by CMS that furnishes similar services.
- This plan is an Institutional Equivalent Special Needs Plan (IE-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided skilled nursing facility (SNF), a nursing facility, an intermediate care facility for individuals with intellectual and developmental disabilities, a psychiatric hospital or unit, a rehabilitation hospital or unit, a long-term care hospital, a swing-bed hospital, or a facility approved by CMS that furnishes similar services.

- 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.

For more information, call us toll-free

1-800-353-3765

8 a.m.–8 p.m., 7 days a week.

TTY/TDD users should call

711

Visit our website

Elderplan.org

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