2027

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Leading the way to great care.℠



Summary of Benefits

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

January 1, 2027 to December 31, 2027

H3347_EP18222_M

Summary of Benefits – **Elderplan Advantage for Nursing Home Residents (HMO-POS I-SNP) 2027**

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

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Summary of Benefits

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

January 1, 2027 – December 31, 2027

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

About Elderplan

Elderplan is a proud participating agency of MJHS Health System. 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 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 a participating agency of MJHS, is that the health system also includes: MJHS Home Care, MJHS Hospice and Palliative Care, as well as 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 Advantage for Nursing Home Residents (HMO-POS I-SNP)

Plan Overview

A health plan designed specifically for Medicare and Medicaid beneficiaries who reside in one of Elderplan's contracted nursing homes, offering comprehensive coverage and personalized care to meet your unique needs.

This plan provides a skilled Nurse Practitioner (NP) or Physician Assistant (PA) who will support and guide you by working with your physicians to create a customized care plan, conduct preventive physical exams, manage chronic conditions, order lab tests, write prescriptions, and answer your questions. This added level of care will help avoid unnecessary and stressful emergency room visits and hospitalizations. Your care team will share any updates with you, your doctors, and if you wish your loved ones, providing comfort and peace of mind.

Enjoy an expanded monthly OTC* benefit that includes help paying for cell phone and internet bills and even visits to hair salons or barber shops. Plus, see any doctor you want at no extra cost.

To support your overall health and wellness, enjoy quarterly acupuncture and acupressure benefits plus an annual allowance for eyeglasses or contact lenses all in one convenient card.

Elderplan. Leading the way to great care.

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Benefits at a Glance

Doctor Visits (Primary Care) Therapeutic Leave	**$0**
Specialist Care	**20%**
Routine Vision	**$150** annually
Acupuncture & Acupressure	**$250** every quarter
Transportation	**$1,000** every quarter
Over-the-Counter (OTC) Benefits	**$175** every month

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 the SSBCI benefit (expanded OTC). Examples include, but are not limited to, Cardiovascular Disorders, Diabetes, Arthritis, Chronic Kidney Disease, Chronic Respiratory Disease (e.g., COPD). 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.

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 2027 Elderplan Advantage for Nursing Home Residents (HMO-POS I-SNP) Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at **www.elderplan.org**.

Elderplan Contact Information

Elderplan Advantage for Nursing Home Residents hours of operation

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

Elderplan Advantage for Nursing Home Residents phone numbers and website

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

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

Who Can Join?

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

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

Useful Information About Medicare

You have choices about how to get your Medicare Benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government. Visit the Medicare website (**www.medicare.gov**).
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Elderplan Advantage for Nursing Home Residents (HMO-POS I-SNP)).

Tips for Comparing your Medicare Choices

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

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



- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at **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 Advantage For Nursing Home Residents

Special eligibility requirements for our plan

To be eligible for membership in our plan, you:

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

Our plan is designed to meet the specialized needs of people who need a level of care that is usually provided in a nursing home.

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

Which Doctors, Hospitals and Pharmacies can I use?

Elderplan Advantage for Nursing Home Residents (HMO-POS I-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 must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's Provider and Pharmacy Directory at our website **www.elderplan.org**, or call us and we will send you a copy of the Provider and Pharmacy Directory.

What do we cover?

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

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

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

How will I determine my drug costs?

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

Section II: Summary of Benefits

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

Elderplan Advantage for Nursing Home Residents (HMO-POS I-SNP)		
Monthly Premium (Part D Premium)	$33.70	In addition, you must keep paying your Medicare Part B premium.
Part B Deductible	$283	This plan has deductibles for Inpatient Hospital Services and Inpatient Psychiatric Services. These are 2026 cost-sharing amounts and may change for 2027. Elderplan Advantage For Nursing Home Residents (HMO-POS I-SNP) will provide updated rates at www.elderplan.org as soon as they are released.

Elderplan Advantage for Nursing Home Residents (HMO-POS I-SNP)		
Combined Maximum Out-of-Pocket	$9,850 In-Network and Out-of-Network combined	Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. If you reach the limit on your 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. Please note that you will still need to pay your plan premium, and any cost-sharing for your Part D prescription drugs.

Medicare-covered Benefits			
Health Need or Problem	**Covered Benefit**	**Your Cost Share**	**What You Should Know**
You need hospital care	Inpatient Hospital Services	**In-Network and Out-of-Network:** A per admission deductible is applied once during the defined benefit period. In 2026 the amounts for each benefit period are $1,736 deductible. Days 1–60: $0 copayment per day. Days 61–90: $434 copayment per day. Days 91 and beyond: $868 copayment per lifetime reserve day. Beyond lifetime reserve days: you pay all costs.	Authorization is required.

Medicare-covered Benefits			
Health Need or Problem	**Covered Benefit**	**Your Cost Share**	**What You Should Know**
You need hospital care *(continued)*	Inpatient Hospital Services *(continued)*	These are 2026 cost-sharing amounts and may change for 2027. Elderplan Advantage For Nursing Home Residents (HMO-POS I-SNP) will provide updated rates at www.elderplan.org as soon as they are released.	
	Outpatient Hospital Services	**In-Network and Out-of-Network:** 20% coinsurance.	
	Ambulatory Surgical Center (ASC)	**In-Network and Out-of-Network:** 20% coinsurance.	Referrals may be required.

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	**In-Network** $0 copayment for office visits. $0 copayment for telehealth services. **Out-of-Network** $0 copayment for office visits.	Please call your current provider for telehealth services details. Authorization may be required for remote patient monitoring devices.

Medicare-covered Benefits			
Health Need or Problem	**Covered Benefit**	**Your Cost Share**	**What You Should Know**
You want to see a doctor *(continued)*	Specialists	**In-Network** 20% coinsurance for office visits. 20% coinsurance for telehealth services. **Out-of-Network** 20% coinsurance for office visits.	Please call your current provider for telehealth services details. Authorization may be required for remote patient monitoring devices. Referral may be required for Specialist office visits.
	Nurse Practitioners and Physician Assistants	**In-Network and Out-of-Network:** 20% coinsurance for each visit.	Referrals may be required.
	Preventive Care	**In-Network and Out-of-Network:** $0 copayment.	Preventive care services may be covered by Medicare during the benefit year.

Medicare-covered Benefits			
Health Need or Problem	**Covered Benefit**	**Your Cost Share**	**What You Should Know**
You want to see a doctor *(continued)*	Preventive Care *(continued)*	• Abdominal aortic aneurysm screenings • Alcohol misuse screenings & counseling • Bone mass measurements • Cardiovascular disease screenings • Cardiovascular disease (behavioral therapy) • Cervical & vaginal cancer screenings • Colorectal cancer screenings - Blood-based biomarker tests - Colonoscopies - Computed tomography (CT) colonography - Fecal occult blood tests - Flexible sigmoidoscopies - Multi-target stool DNA tests • Counseling to prevent tobacco use & tobacco-caused disease • Depression screenings • Diabetes screenings • Diabetes self-management training • Glaucoma screenings • Hepatitis B shots	

Medicare-covered Benefits			
Health Need or Problem	**Covered Benefit**	**Your Cost Share**	**What You Should Know**
You want to see a doctor *(continued)*	Preventive Care *(continued)*	• Hepatitis B virus (HBV) infection screenings • Hepatitis C virus screenings • HIV screenings • Lung cancer screenings • Mammograms (screening) • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Obesity behavioral therapy • One-time "Welcome to Medicare" preventive visit • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screenings • Sexually transmitted infections screenings & counseling • Shots: - COVID-19 vaccines - Flu shots - Hepatitis B shots - Pneumococcal shots • Yearly "Wellness" Visit	

Medicare-covered Benefits			
Health Need or Problem	**Covered Benefit**	**Your Cost Share**	**What You Should Know**
You want to see a doctor *(continued)*	Preventive Care	**In-Network and Out-of-Network:** 20% coinsurance.	• Diabetes self-management training • Glaucoma Screenings
You Need Emergency Care	Emergency Care	20% coinsurance (up to $115) for each visit.	If you are admitted to the hospital within 24 hours there is no cost share.
	Urgent Care	$0 copayment for office visits and telehealth services.	This benefit is available in-network through Telehealth. Please call your current provider for details. Prior Authorization may be required for remote patient monitoring devices.

Medicare-covered Benefits			
Health Need or Problem	**Covered Benefit**	**Your Cost Share**	**What You Should Know**
You need medical tests	Medicare covered Lab Services	**In-Network and Out-of-Network:** $0 copayment for each service.	
	Diagnostic Services/Labs/ Imaging: • Diagnostic tests and Procedures • Outpatient X-rays • Diagnostic Radiological services (such as MRI scans and CT scans)	**In-Network and Out-of-Network:** 20% coinsurance for each service.	Authorization may be required for certain X-ray services. Referrals may be required for X-ray services. Authorization is required ONLY for Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT).
		In-Network and Out-of-Network: $0 copayment for each Therapeutic radiology services (such as radiation treatment for cancer)	

Medicare-covered Benefits			
Health Need or Problem	**Covered Benefit**	**Your Cost Share**	**What You Should Know**
You need medical tests *(continued)*	Diagnostic Services/ Labs/ Imaging: • Outpatient Blood Services	**In-Network** $0 copayment for each service.	
You need Hearing Care	Hearing	**In-Network and Out-of-Network:** 20% coinsurance for Medicare-covered diagnostic hearing exams.	
You need Dental Care	Dental Services	**In-Network** 20% coinsurance for Medicare-covered Comprehensive Dental Services.	
		Preventive Dental Services are not covered.	

Medicare-covered Benefits			
Health Need or Problem	**Covered Benefit**	**Your Cost Share**	**What You Should Know**
You need Eye Care	Vision	**In-Network and Out-of-Network:** 20% coinsurance for Medicare-covered eye exams. $0 copayment for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.	
		$0 copayment for Non-Medicare Covered (Routine) Eye Exam and Eyewear - Up to $150 annual allowance.	Includes contact lenses and eyewear. Any unused benefit dollars will expire at the end of the calendar year or if you disenroll from the plan.

Medicare-covered Benefits			
Health Need or Problem	**Covered Benefit**	**Your Cost Share**	**What You Should Know**
You need Mental Health Care	Inpatient Mental Health	**In-Network** A per admission deductible is applied once during the defined benefit period. In 2026 the amounts for each benefit period are $1,736 deductible. Days 1–60: $0 copayment per day. Days 61–90: $434 copayment per day. Days 91 and beyond: $868 copayment per lifetime reserve day. Beyond lifetime reserve days: you pay all costs.	Authorization is required.

Medicare-covered Benefits			
Health Need or Problem	**Covered Benefit**	**Your Cost Share**	**What You Should Know**
You need Mental Health Care *(continued)*	Inpatient Mental Health *(continued)*	These are 2026 cost-sharing amounts and may change for 2027. Elderplan Advantage For Nursing Home Residents (HMO-POS I-SNP) will provide updated rates at www.elderplan.org as soon as they are released.	

Medicare-covered Benefits			
Health Need or Problem	**Covered Benefit**	**Your Cost Share**	**What You Should Know**
You need Mental Health Care *(continued)*	Outpatient Mental Health	Mental Health: **In-Network & Out-of-Network** 20% coinsurance for each Individual or Group session.	Authorization required. This benefit is available in-network through Telehealth. Please call your current provider for telehealth services details. Prior Authorization may be required for remote patient monitoring devices.

Medicare-covered Benefits			
Health Need or Problem	**Covered Benefit**	**Your Cost Share**	**What You Should Know**
You need Mental Health Care *(continued)*	Outpatient Mental Health *(continued)*	Psychiatric Services: **In-Network & Out-of-Network** 20% coinsurance for each Individual or Group session.	This benefit is also available in-network through Telehealth. Please call your current provider for telehealth services details.
You need Rehabili-tative or Skilled Nursing Care	Skilled Nursing Facility	**In-Network** In 2026 the amounts for each benefit period: Days 1–20: $0 per day. Days 21–100: $217 copayment per day. Days 101 and beyond: you pay all costs.	The plan covers up to 100 days each benefit period, a 3-day prior hospital stay is required. Authorization is required.

Medicare-covered Benefits			
Health Need or Problem	**Covered Benefit**	**Your Cost Share**	**What You Should Know**
You need Rehabili-tative or Skilled Nursing Care *(continued)*	Skilled Nursing Facility *(continued)*	These are 2026 cost-sharing amounts and may change for 2027. Elderplan Advantage For Nursing Home Residents (HMO-POS I-SNP) will provide updated rates at www.elderplan.org as soon as they are released.	
You need Outpatient Therapy	Physical Therapy	$0 copayment for each visit.	Authorization required.

Medicare-covered Benefits			
Health Need or Problem	**Covered Benefit**	**Your Cost Share**	**What You Should Know**
You need help getting to health services	Ambulance	20% coinsurance for each one-way trip.	
	Transporta-tion	You may receive unlimited one-way trips for medical and therapeutic locations up to $1,000 per quarter (3 months).	Transportation is available by Taxi, Rideshare Services, Bus/ Subway, Van, and 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.	Some Medicare Part B Prescription Drugs may be subject to step therapy requirements. Authorization may be required for certain drugs.

Medicare Part D	
Part D Premium	$33.70 per month.
Part D Deductible	Part D deductible is $700. Members pay the full cost of their drugs until their $700 deductible is met, then the cost-shares are applied in the initial coverage stage.

Medicare Part D

Initial Coverage Stage: One-Month Supply (30-Days) and Extended Supply (up to 90-Days) *^†Ω

If you **do qualify** for or get "Extra Help" with the cost of your Medicare Part D prescription drugs

	100% Extra Help - Part D Premium Subsidy	Your Level of Extra Help - LIS 1 Copayments	Your Level of Extra Help - LIS 2 Copayments
Tier 1: All Drugs	$0	Deductible $0	Deductible $0
		Generic $5.80	Generic $1.65
		Brand $14.40	Brand $5.00

If you **do not qualify** for "Extra Help" with the cost of your Medicare Part D prescription drugs

	Part D Premium	Deductible	Initial Coverage Stage: One-Month Supply (30-days) and Extended Supply (up to 90-days) *^† Ω	Catastrophic Coverage
Tier 1: All Drugs	$33.70 per month	$700	Generic 25% of the cost	$0 After you meet your Out-of-pocket Threshold $2,400
			Brand 25% of the cost	

*One-month supply for Standard retail (in-network), Long-term care (31-day), and Out-of-network cost-share. Extended supply for Standard retail (in-network) and Mail-order cost-sharing.

^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, no matter the cost-sharing for Part B and D drugs, even if you have not paid your deductible.

Once your total drug costs have reached $2,400, you will move to the next stage (the Catastrophic stage).

Medicare Part D

Catastrophic Coverage Stage

Once your "out-of-pocket costs" reach a total of $2,400, 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	20% coinsurance 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 coinsurance for Medicare-covered Durable Medical Equipment.	Authorization is required for certain items.
	Diabetic Monitors	20% coinsurance for Continuous Glucose Monitors and supplies.	Authorization may be required.

Other Covered Services			
Health Need or Problem	**Covered Benefit**	**Your Cost Share**	**What You Should Know**
You need Medical Equipment and Supplies *(continued)*	Medical Supplies	20% coinsurance for Medical Supplies.	Authorization is required.
	Prosthetics (artificial limbs or braces)	$0 copayment for Prosthetic Devices.	Authorization is required.
You need Rehabilitation Services	Physical Therapy, Occupational Therapy, Speech Language Therapy.	$0 copayment for each visit.	Authorization is required.
	Cardiac Rehabilitation	20% coinsurance.	Authorization is required.
	Pulmonary Rehabilitation	20% coinsurance.	Authorization is required.

More benefits with your plan	
Acupuncture and Acupressure Services	Up to $250 quarterly allowance to cover acupressure and acupuncture services. Any unused benefit dollars will expire at the end of the quarter or if you disenroll from the plan.
OTC	You may purchase up to $175 every month of eligible OTC items on an OTC card provided by Elderplan.
Expanded OTC (SSBCI)	For eligible members (with certain chronic conditions) the Special Supplemental Benefits for the Chronically Ill combines with the OTC benefit to include payments toward Certain Utility Payments, Internet, Certain grocery items, Personal Hygiene, Pest Control, and Indoor Air Quality Equipment and Services as part of the OTC allowance.
Companion Care Benefit	Members eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI) will receive a companion care benefit. This benefit is provided up to 104 hours annually, in 4-hour increments. Referrals may be required.

More benefits with your plan	
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, state, and local civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Elderplan/HomeFirst does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

In compliance with Section 1557 and other federal civil rights laws, we provide individuals the following in a timely manner and free of charge:

- Language assistance services. Elderplan/HomeFirst will provide language assistance services for individuals with limited English proficiency (including individuals' companions with limited English proficiency) to ensure meaningful access to our programs, activities, services, and other benefits. Language assistance services may include:
    - Electronic and written translated documents
    - Qualified interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Appropriate auxiliary aids and services. Elderplan/HomeFirst will provide appropriate auxiliary aids and services for individuals with disabilities (including individuals' companions with disabilities) to ensure effective communication. Appropriate auxiliary aids and services may include:
    - Qualified interpreters, including American Sign Language interpreters
    - Video remote interpreting
    - Information in alternate formats (including but not limited to large print, braille, recorded audio, and accessible electronic formats)
    - Qualified readers

- Reasonable modifications. Elderplan/HomeFirst will provide reasonable modifications for qualified individuals with disabilities, when necessary to ensure accessibility and equal opportunity to participate in our programs, activities, services, or other benefits.

To access our language assistance services, auxiliary aids and services, and for assistance in getting a reasonable modification, please call 1-800-353-3765 (TTY:711).

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 by mail, phone, or fax to:

Elderplan, Inc.
ATTN Civil Rights Coordinator
55 Water Street, 46th Floor
New York, NY 10041

Phone: 1-877-326-9978, TTY 711
Fax: 1-718-759-3643

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/smartscreen/main.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F
Washington, D.C. 20201

1-800-368-1019, TDD: 1-800-537-7697

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services
45 CFR 92.11

English: Elderplan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a non-English language or require interpretation assistance, language assistance services and appropriate auxiliary aids are available to you free of charge. If you need these services or have questions about our plan, call 1-800-353-3765 (TTY: 711).

Spanish: Elderplan, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla en un idioma que no es inglés o requiere asistencia de interpretación, tiene a su disposición servicios de asistencia lingüística y las ayudas auxiliares adecuadas de forma gratuita. Si necesita estos servicios o tiene preguntas sobre nuestro plan, llame al 1-800-353-3765 (TTY: 711).

Chinese: Elderplan, Inc. 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障情況或性別而歧視任何人。請注意：如果您說英語以外的語言或需要口譯協助，我們將免費為您提供語言協助服務和適當的輔助工具。如果您需要這些服務或對我們的計劃有疑問，請致電 1-800-353-3765 (TTY: 711)。

Albanian: Elderplan, Inc. u përmbahet ligjeve të zbatueshme federale për të drejtat civile, ndaj nuk ju diskriminon në bazë të racës, ngjyrës, origjinës kombëtare, moshës, aftësive të kufizuara ose seksit. VËMENDJE: Nëse flisni një gjuhë tjetër që nuk është anglisht ose nëse keni nevojë për shërbime përkthimi, për ju ofrohen falas shërbime të ndihmës gjuhësore dhe mjete ndihmëse të përshtatshme. Nëse keni nevojë për këto shërbime ose nëse keni pyetje rreth planit tonë, telefononi 1-800-353-3765 (TTY: 711).

Arabic

تمتثل Elderplan Inc. لقوانين الحقوق المدنية الفيدرالية المعمول بها ولا تميّز على أساس العِرق أو اللون أو الأصل القومي أو العمر أو الإعاقة أو الجنس. تنبيه: إذا كنت تتحدث لغة غير الإنجليزية أو تحتاج إلى مساعدة في الترجمة الفورية، فإن خدمات المساعدة اللغوية والمساعدات المعينة المناسبة متاحة لك مجانًا. إذا كنت بحاجة إلى هذه الخدمات أو كانت لديك أسئلة حول خطتنا، فاتصل بالرقم 1-800-353-3765 (TTY: 711).

Bengali: Elderplan, Inc. প্রযোজ্য ফেডারেল নাগরিক অধিকার আইন মেনে চলে এবং জাতি, বর্ণ, জাতীগত উৎপত্তি, বয়স, অক্ষমতা বা লিঙ্গের ভিত্তিতে বৈষম্য করে না। লক্ষ্য করুন: যদি আপনি ইংরেজি ছাড়া অন্য কোনো ভাষায় কথা বলেন বা দোভাষী সহায়তার প্রয়োজন হয়, আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং প্রয়োজনীয় সহায়ক উপকরণ উপলব্ধ আছে। আপনার যদি এই পরিষেবাগুলির প্রয়োজন হয় বা আমাদের পরিকল্পনা সম্পর্কে প্রশ্ন থাকে তবে 1-800-353-3765 (TTY: 711) নম্বরে ফোন করুন।

French: Elderplan, Inc. se conforme aux lois fédérales applicables en matière de droits civils et ne fait aucune discrimination fondée sur la race, la couleur, l'origine nationale, l'âge, le handicap ou le sexe. ATTENTION : Si vous parlez une langue autre que l'anglais ou si vous avez besoin d'une assistance d'interprétation, des services d'assistance linguistique et des aides auxiliaires appropriées sont à votre disposition gratuitement. Si vous avez besoin de ces services ou si vous avez des questions sur notre régime d'assurance maladie, appelez le 1-800-353-3765 (TTY : 711).

German: Elderplan, Inc. hält alle geltenden Bundesbürgerrechtsgesetze ein und diskriminiert nicht aufgrund von Ethnie, Hautfarbe, nationaler Herkunft, Alter, Behinderung oder Geschlecht. HINWEIS: Wenn Sie eine andere als die englische Sprache sprechen oder einen Dolmetscher benötigen, stehen Ihnen Sprachassistenzdienste und geeignete Hilfsmittel kostenlos zur Verfügung. Falls Sie solche Dienste benötigen oder Fragen zu unserem Plan haben, rufen Sie uns bitte unter der Nummer +1-800-353-3765 (TTY: 711) an.

Greek: Η Elderplan, Inc. συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους περί πολιτικών δικαιωμάτων και δεν κάνει διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο. ΠΡΟΣΟΧΗ: Αν μιλάτε άλλη γλώσσα εκτός από τα αγγλικά ή χρειάζεστε τη βοήθεια διερμηνείας, παρέχονται δωρεάν υπηρεσίες γλωσσικής υποστήριξης και κατάλληλα βοηθητικά μέσα. Εάν χρειάζεστε αυτές τις υπηρεσίες ή έχετε ερωτήσεις σχετικά με το πρόγραμμά μας, καλέστε στο 1-800-353-3765 (TTY: 711).

Haitian Creole: Elderplan, Inc. konfòme l avèk lwa Federal sou dwa sivil ki aplikab yo epi li pa fè diskriminasyon sou baz ras, koulè, orijin nasyonal, laj, andikap oswa sèks. ATANSYON: Si ou pale yon lang ki pa Angle oswa ou bezwen asistans entèprèt, sèvis asistans lang ak èd oksilyè ki apwopriye yo disponib pou ou gratis. Si ou bezwen sèvis sa yo oswa ou gen kesyon sou plan nou an, rele 1-800-353-3765 (TTY: 711).

Hindi: Elderplan, Inc. लागू संघीय नागरिक अधिकार कानूनों का अनुपालन करता है और नस्ल, रंग, राष्ट्रीय मूल, उम्र, विकलांगता या लिंग के आधार पर भेदभाव नहीं करता है। ध्यान दें: यदि आप एक गैर-अंग्रेज़ी भाषा बोलते हैं या आपको भाषांतरण सहायता की आवश्यकता है, तो भाषा सहायता सेवाएँ और उपयुक्त सहायक उपकरण आपके लिए निःशुल्क उपलब्ध हैं। यदि आपको इन सेवाओं की आवश्यकता है या हमारी योजना के बारे में प्रश्न हैं, तो 1-800-353-3765 (TTY: 711) पर कॉल करें।

Italian: Elderplan, Inc. è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso. ATTENZIONE: Se parla una lingua diversa dall'inglese o ha bisogno dell’assistenza di un interprete, può usufruire gratuitamente di servizi di assistenza linguistica e di appositi supporti ausiliari. Se necessita di questi servizi o ha domande sul nostro piano, chiami il numero 1-800-353-3765 (TTY: 711).

Japanese: Elderplan, Inc. は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害、性別に基づいて差別しません。注意：英語以外の言語を話す場合や通訳のサポートが必要な場合は、言語サポートサービスと適切な補助器具を無料でご利用いただけます。これらのサービスが必要な場合、または当社のプランについてご質問がある場合は、1-800-353-3765 (TTY: 711) までお電話ください。

Korean: Elderplan, Inc.는 해당 연방 민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 근거로 차별하지 않습니다. 주의: 영어 이외의 언어를 구사하거나 통역 지원이 필요한 경우 언어 지원 서비스 및 적절한 보조 장치를 무료로 이용할 수 있습니다. 이러한 서비스가 필요하거나 플랜에 대해 질문이 있는 경우 1-800-353-3765 (TTY: 711) 로 전화하십시오.

Polish: Elderplan, Inc. przestrzega obowiązujących federalnych przepisów dotyczących praw obywatelskich i nie dyskryminuje ze względu na rasę, kolor skóry, pochodzenie narodowe, wiek, niepełnosprawność ani płeć. UWAGA: Jeśli mówisz w języku innym niż angielski lub potrzebujesz pomocy tłumacza, możesz bezpłatnie skorzystać z usług pomocy językowej i odpowiednich narzędzi pomocniczych. Jeśli potrzebujesz tych usług lub masz pytania dotyczące naszego planu, zadzwoń pod numer 1-800-353-3765 (TTY: 711).

Portuguese: A Elderplan, Inc. cumpre as leis federais de direitos civis aplicáveis e não discrimina com base em raça, cor, nacionalidade, idade, deficiência ou sexo. ATENÇÃO: Se fala uma língua diferente do inglês ou necessita de assistência de interpretação, estão disponíveis gratuitamente serviços de assistência linguística e recursos auxiliares apropriados. Se precisar destes serviços ou tiver dúvidas sobre o nosso plano, ligue para 1-800-353-3765 (TTY: 711).

Punjabi: Elderplan, Inc. ਲਾਗੂ ਸੰਘੀ ਨਾਗਰਿਕ ਅਧਿਕਾਰ ਕਾਨੂੰਨਾਂ ਦੀ ਪਾਲਣਾ ਕਰਦਾ ਹੈ ਅਤੇ ਨਸਲ, ਰੰਗ, ਰਾਸ਼ਟਰੀ ਮੂਲ, ਉਮਰ, ਅਪਾਹਜਤਾ, ਜਾਂ ਲਿੰਗ ਦੇ ਆਧਾਰ 'ਤੇ ਵਿਤਕਰਾ ਨਹੀਂ ਕਰਦਾ ਹੈ। ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਕੋਈ ਅੰਗਰੇਜ਼ੀ ਤੋਂ ਬਿਨ੍ਹਾਂ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ ਜਾਂ ਵਿਆਖਿਆ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੁੰਦੀ ਹੈ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਸਹਾਇਤਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। ਜੇ ਤੁਹਾਨੂੰ ਇਹਨਾਂ ਸੇਵਾਵਾਂ ਦੀ ਲੋੜ ਹੈ ਜਾਂ ਸਾਡੀ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕੋਈ ਸਵਾਲ ਹਨ, ਤਾਂ 1-800-353-3765 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Russian: Компания Elderplan, Inc. соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола. ВНИМАНИЕ: Если вы не говорите на английском языке или вам нужна помощь переводчика, вам будут бесплатно предоставлены услуги языковой помощи и соответствующие вспомогательные средства. Если вам нужны такие услуги или у вас есть вопросы о нашем плане, позвоните по номеру 1-800-353-3765 (TTY: 711).

Tagalog: Sumusunod ang Elderplan, Inc. sa naaangkop na mga batas sa Pederal na mga karapatang sibil at hindi nandidiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan, o kasarian. ATENSYON: Kung nagsasalita ka ng wikang hindi Ingles o nangangailangan ng tulong sa interpretasyon, ang mga serbisyo ng tulong sa wika at naaangkop na mga pantulong na tulong ay magagamit mo nang walang bayad. Kung kailangan mo ang mga serbisyong ito o may mga tanong tungkol sa aming plano, tawagan ang 1-800-353-3765 (TTY: 711).

Urdu

Elderplan/HomeFirst قابل اطلاق وفاقی شہری حقوق کے قوانین کی تعمیل کرتا ہے اور نسل، رنگ، قومیت، عمر، معذوری، یا جنس کی بنیاد پر امتیازی سلوک نہیں کرتا۔ توجہ: اگر آپ غیر انگریزی زبان بولتے ہیں یا تشریح میں مدد کی ضرورت ہے تو ، زبان کی مدد کی خدمات اور مناسب معاون امداد آپ کے لئے مفت دستیاب ہیں۔ اگر آپ کو ان خدمات کی ضرورت ہے یا ہمارے منصوبے کے بارے میں سوالات ہیں تو،(TTY: 711) 1-800-353-3765 پر کال کریں.

Vietnamese: Elderplan, Inc. tuân thủ luật dân quyền Liên bang hiện hành và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, tình trạng khuyết tật hoặc giới tính. CHÚ Ý: Nếu quý vị nói ngôn ngữ không phải tiếng Anh hoặc cần được hỗ trợ thông dịch thì chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ và các phương tiện phụ trợ phù hợp miễn phí cho quý vị. Nếu quý vị cần những dịch vụ này hoặc có thắc mắc về chương trình của chúng tôi, hãy gọi số 1-800-353-3765 (TTY: 711).

Yiddish

Elderplan, Inc. פֿאָלגט די אָנוועגדלעכע פּעדעראלע ציווילע רעכט געזעצן און דיסקרימינירט נישט אויף דער באַזע פון ראַסע, קאָליר, נאַציאָנאַלער אָפּשטאַם, עלטער, דיסאַביליטי, אָדער געשלעכט. ופמערקזאַמקייַט: אויב איר רעדט אַ נישט-ענגלישע שפּראַך אָדער דאַרפֿט הילף מיט איבערזעצונג, זענען שפּראַך הילף באַדינונגען און פּאַסיק הילפסמיטלען בנימצא פֿאַר אײַך אָן קיין אָפּצאָל. אויב איר דאַרפט די סערוויסעס אדער האָט פֿראַגעס וועגן אונדזער פּלאַן, רופֿט אָן 1-800-353-3765 (TTY: 711)

Pre-Enrollment Checklist

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

Understanding the Benefits

- ☐ 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, 2028**.
- ☐ 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.
- ☐ 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.

elderplan homefirst®

a participating agency of MJHS Health System

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

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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.