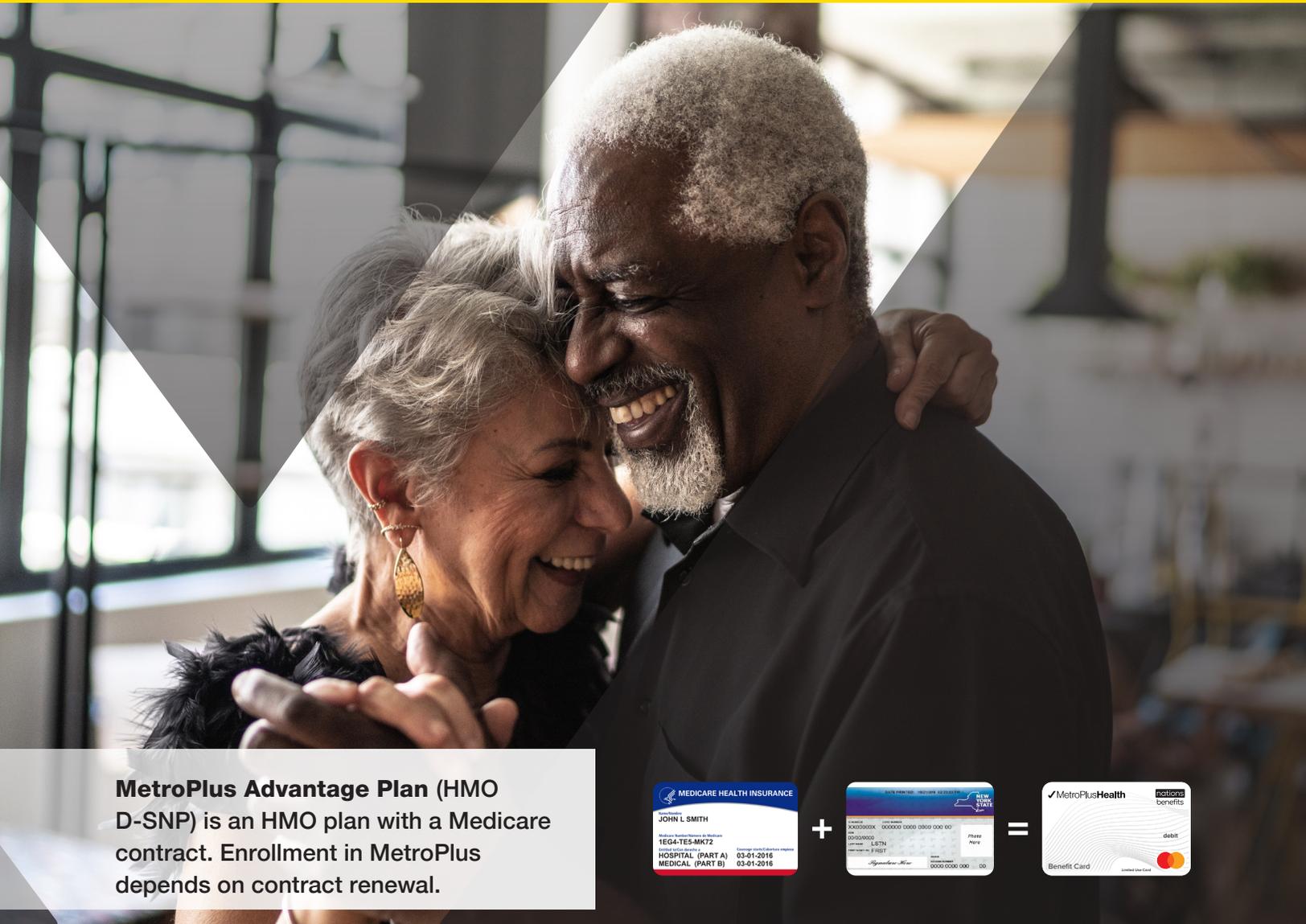


# 2024 METROPLUS ADVANTAGE PLAN (HMO D-SNP) SUMMARY OF BENEFITS



**MetroPlus Advantage Plan (HMO D-SNP)** is an HMO plan with a Medicare contract. Enrollment in MetroPlus depends on contract renewal.



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**This is a summary of drug and health services covered by MetroPlus Advantage Plan (HMO D-SNP) January 1, 2024 – December 31, 2024**

 **MetroPlusHealth**



OUR **METROPLUS ADVANTAGE PLAN (HMO D-SNP)** IS A DUAL-ELIGIBLE SPECIAL NEEDS PLAN OFFERING MEDICARE COVERAGE WITH EXTRA BENEFITS, INCLUDING TRANSPORTATION, OVER-THE-COUNTER BENEFITS, AND EXPANDED VISION AND DENTAL, AND A ROBUST NETWORK OF PROVIDERS IN ALL FIVE BOROUGHES. PLUS A GREAT MEMBER REWARDS PROGRAM! THE **METROPLUS ADVANTAGE PLAN (HMO D-SNP)**'S COVERAGE IS IN ADDITION TO SERVICES YOU MAY BE ELIGIBLE TO RECEIVE THROUGH NEW YORK STATE'S MEDICAID PROGRAM.

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To find out more, call **866.986.0356**, TTY: 711, 24 hours a day, 7 days a week, or visit us online.

Flex Card: Phone **877.439.2665** | **MetroPlus.NationsBenefits.com**

Gym, Transportation, Vision: **866.986.0356**, (TTY: 711)

Dental: **866.986.0356**

## PRE-ENROLLMENT CHECK LIST (PECL)

Before you make an enrollment decision, it is important for you to understand our Plan benefits and rules. The items below must be reviewed before an enrollment is completed. If you have additional questions, call our 24/7 Help Line at **866.986.0356** (TTY: 711).

- 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 **metroplusmedicare.org**, or call us 24/7 at **866.986.0356** (TTY: 711) 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 as follows:

- In addition to your monthly plan premium, if a plan premium applies to you (in some of our plans, members pay a \$0 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/coinsurance may change on January 1, 2024.
- Except for emergency situations, urgent care situations, or certain state/federal mandates, we generally do not cover services performed by out-of-network providers.

- If you are enrolling into one of our dual eligible special needs plans — either MetroPlus Advantage Plan (HMO D-SNP) or MetroPlus UltraCare (HMO 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 are enrolling in our MetroPlus Platinum Plan (HMO), your ability to enroll will be based only on verification that you are entitled to Medicare.
- Effect on Current Coverage. Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.

Instructions: In the event you do not have a PCP or specialist, or are not taking prescription drugs, leave the applicable line blank and enter the reason why the information was not captured. For example, “I did not have the information at the time of enrollment.”

**Network Providers**

Primary Care Physician (PCP) \_\_\_\_\_

Specialist(s) \_\_\_\_\_

\_\_\_\_\_

Prescription Drug(s) \_\_\_\_\_

\_\_\_\_\_

**By signing below, the beneficiary and agent attest to having reviewed the Pre-enrollment Check List.**

Representative/Broker Signature: \_\_\_\_\_

Rep/Broker ID: \_\_\_\_\_

Member Signature: \_\_\_\_\_

The **MetroPlus Advantage Plan (HMO D-SNP)** is a dual eligible Special Needs Plan offering Medicare coverage with added benefits. The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the *Evidence of Coverage* by contacting Member Services (phone numbers are printed on the back of this booklet). Your monthly premium and cost sharing depend on your level of **Extra Help**. If you are eligible for full Medicaid benefits, your deductible, copays and co-insurances could be as low as \$0.

**Extra Help** is a Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance.

**To join the MetroPlus Advantage Plan**

**(HMO D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, you are a US citizen or lawfully present in the US, and reside in Manhattan, Brooklyn, Queens, the Bronx or Staten Island. In addition, you must be eligible for Medicaid or Medicare cost-sharing assistance under Medicaid.

The **MetroPlus Advantage Plan (HMO D-SNP)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You can see our plan’s *Provider/Pharmacy Directory* and *Evidence of Coverage* at [metroplusmedicare.org](http://metroplusmedicare.org). Or call us and we will send you a copy of the directory.

Premiums and Benefits	MetroPlus Advantage Plan (HMO D-SNP)	What you should know
<b>Monthly Plan Premium</b>	You pay \$0 or up to \$48.70, depending upon your level of <i>Extra Help</i> .	You must continue to pay your Medicare Part B premium. If you are eligible for Medicare cost-sharing assistance under Medicaid, you may pay as low as \$0 for your Part B premium.
<b>Deductible</b>	\$0 or \$240.	If you are eligible for Medicare cost-sharing assistance under Medicaid, you may pay as low as \$0.
<b>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</b>	\$8,850 annually.	The most you pay for copays, coinsurance and other costs for medical services for the year.  If you are eligible for Medicare cost-sharing assistance under Medicaid, you may pay as low as \$0.
<b>Inpatient Hospital Coverage</b>	\$0 or: <ul style="list-style-type: none"> <li>• \$1,632 deductible</li> <li>• Days 1–60: \$0 copayment per day</li> <li>• Days 61–90: \$408 copayment per day</li> <li>• 60 Lifetime Reserve Days: \$816 copayment per day</li> </ul>	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 “lifetime reserve days.” You may be eligible for additional benefits based on your Medicaid eligibility.  Prior authorization is required.
<b>Outpatient Hospital Coverage:</b> Outpatient Hospital Services Ambulatory Surgical Center	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	
<b>Doctor Visits: primary and specialists</b>	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	Referral required for specialist.
<b>Preventive Care</b>	You pay nothing.	Any additional preventive services approved by Medicare during the contract year will be covered.
<b>Emergency Care</b>	You pay zero or 20% of the cost (up to \$100) depending on your level of Medicaid eligibility.	If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care.

*Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services.*

Premiums and Benefits	MetroPlus Advantage Plan (HMO D-SNP)	What you should know	
<b>Urgently Needed Services</b>	You pay zero or 20% of the cost (up to \$55) depending on your level of Medicaid eligibility.	If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for urgently needed services.	
<b>Diagnostic Services / Labs / Imaging</b>	<ul style="list-style-type: none"> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> <li>• Diagnostic radiology service (e.g., MRI)</li> <li>• Outpatient x-rays</li> </ul>	<p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p> <p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p> <p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p> <p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p>	Referral required. Prior authorization is required for some services by your doctor or other network providers. Please contact the plan for more information.
<b>Hearing Services</b>	You pay zero or 20% of the cost depending on your level of Medicaid eligibility for Medicare covered diagnostic hearing and balance evaluations. \$0 copay for hearing aids (up to \$500 maximum coverage for both ears every year).	Referral or prior authorization may be required. For additional information, please see the 2024 Evidence of Coverage for MetroPlus Advantage Plan (HMO D-SNP).	
<b>Dental Services</b>	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth). These services may be available to you from Medicaid depending on your level of Medicaid eligibility. Prior authorization required.	
<b>Enhanced Dental Benefits</b>			
<b>Comprehensive</b>			
<ul style="list-style-type: none"> <li>• Restorative and Prosthodontics</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Diagnostic Services</li> <li>• Extractions</li> </ul>	<p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p>	Limited to specific services – see the 2024 Evidence of Coverage for MetroPlus Advantage Plan (HMO D-SNP) for full details. Prior authorization is required. Comprehensive dental services are covered up to \$700 every year.	

Premiums and Benefits	MetroPlus Advantage Plan (HMO D-SNP)	What you should know
<b>Preventive</b> <ul style="list-style-type: none"> <li>• Oral Exams</li> <li>• Prophylaxis (Cleaning)</li> <li>• Fluoride Treatment</li> <li>• Dental X-Rays</li> </ul>	\$0 copayment \$0 copayment \$0 copayment \$0 copayment	Limited to specific services – see the 2024 Evidence of Coverage for MetroPlus Advantage Plan (HMO D-SNP) for full details. Prior authorization is required. Preventive dental services are covered up to \$1,000 every year.
<b>Vision Services</b>	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	Referral required.
<b>Eyewear Benefits</b>	Eyewear is covered up to a total of \$450 per year for: <ul style="list-style-type: none"> <li>• Contact lenses</li> <li>• Eyeglasses (lenses and frames)</li> <li>• Eyeglass lenses</li> <li>• Eyeglass frames</li> <li>• Upgrades</li> </ul>	This benefit can be combined with your Medicaid benefits to provide coverage for additional eyewear, or to purchase eyewear beyond the Medicaid spending limit. Referral required.
<b>Mental Health Services (Inpatient)</b>	\$0 or: <ul style="list-style-type: none"> <li>• \$1,632 deductible</li> <li>• Days 1–60: \$0 copayment per day</li> <li>• Days 61–90: \$408 copayment per day</li> <li>• 60 Lifetime Reserve Days: \$832 copayment per day</li> </ul>	Prior authorization required.
<b>Mental Health Services (Outpatient)</b>	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	
<b>Skilled Nursing Facility</b>	\$0 or: <ul style="list-style-type: none"> <li>• You pay nothing for days 1 – 20</li> <li>• \$204 copay per day for days 21 – 100</li> </ul>	Our plan covers up to 100 days in a SNF. Prior authorization required.
<b>Physical Therapy</b>	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	Referral required. Prior authorization is required for more than 10 visits in a year.
<b>Ambulance</b>	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	

Premiums and Benefits	MetroPlus Advantage Plan (HMO D-SNP)	What you should know
<b>Transportation</b>	You pay nothing.	Our plan covers up to 48 one-way trips per year to an approved provider location. No referral or prior authorization needed.
<b>Medicare Part B Drugs*</b>	You pay zero or 20% of the cost for chemotherapy drugs depending on your level of Medicaid eligibility. You pay zero or 20% of the cost for other Part B drugs depending on your level of Medicaid eligibility.	Prior authorization or step therapy may be required.
<b>Medical Equipment/Supplies</b> <ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>• Prosthetics (e.g., braces, artificial limbs)</li> <li>• Diabetes supplies</li> </ul>	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	Prior authorization is required.
<b>Foot Care (podiatry services)</b> <ul style="list-style-type: none"> <li>• Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</li> <li>• Routine foot care</li> </ul>	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.  You pay nothing.	Routine foot care is available for 8 visits per year. Referral required.

Premiums and Benefits	MetroPlus Advantage Plan (HMO D-SNP)	What you should know
<b>Telehealth Services</b>	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	Covered telehealth services include: Urgently Needed Services; Physician Specialist Services; Individual Sessions for Mental Health Specialty Services; Other Health Care Professional; Individual Sessions for Psychiatric Services; Individual Sessions for Outpatient Substance Abuse; and Diabetes Self-Management Training. Referral required except for Behavioral Health Services.
<b>Opioid Treatment Program Services</b>	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	Prior authorization is required for inpatient services only.
<b>Acupuncture (to treat chronic lower back pain only)</b>	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	<p><b>Covered services include:</b></p> <p>12 sessions covered in a 90-day period.</p> <p>8 additional sessions are covered for patients demonstrating improvement.</p> <p>Treatment must be discontinued if the member is not improving or is regressing.</p> <p>Limit of 20 acupuncture treatments per year.</p> <p>Referral and prior authorization are required.</p>
<b>Fitness Benefit</b>	You pay nothing.	MetroPlus Advantage Plan (HMO D-SNP) will reimburse you up to \$250 every six months for membership to qualifying exercise facilities.
<b>Post-Discharge Meals</b>	You pay nothing.	Members are eligible for up to 20 meals over 5 days after discharge from an inpatient setting to the home. Prior authorization is required.

Premiums and Benefits	MetroPlus Advantage Plan (HMO D-SNP)	What you should know
<b>Flex Card</b>	You pay nothing.	Members will receive \$155 amount per month that can be used for OTC (over the counter), groceries, bathroom safety devices, utilities and PERS (personal emergency response systems). Benefit amounts do not roll over month to month.
<b>Worldwide Emergency Room</b>	You pay nothing.	

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Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. 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 [medicare.gov](https://www.medicare.gov) or get a copy by calling **800.MEDICARE (800.633.4227)**, 24 hours a day, 7 days a week. TTY users should call **877.486.2048**. This document is available in other formats such as Braille, large print or audio. Please call our 24/7 Help Line at **866.986.0356** (TTY: 711) and a representative will assist you. If you don't qualify for Medicaid, we have other plans that may be right for you. To find out more, call **866.986.0356**, TTY: 711, 24 hours a day, 7 days a week, or visit us online at [metroplusmedicare.org](https://metroplusmedicare.org).

Outpatient Prescription Drugs			
<b>Stage 1:</b>	<b>Yearly Deductible Stage</b>	If you receive <i>Extra Help</i> to pay your prescription drugs, your deductible amount will be \$0.	
<b>Stage 2:</b>	<b>Initial Coverage</b> (After you pay your deductible, if applicable)	<b>Depending on the level of <i>Extra Help</i> you receive, you pay the following cost-sharing amounts:</b>	
	<ul style="list-style-type: none"> <li>• <b>Generic Drugs</b> (including brand drugs treated as generic)</li> </ul>	\$0 copay	
	<ul style="list-style-type: none"> <li>• All other drugs</li> </ul>	<ul style="list-style-type: none"> <li>• A \$0 copay or</li> <li>• A \$4.60 copay or</li> <li>• A \$11.20 copay</li> </ul>	
<b>Stage 3:</b>	<b>Coverage Gap Stage</b>	<b>Depending on the level of <i>Extra Help</i> you receive, you pay the following cost-sharing amounts:</b>	
	<ul style="list-style-type: none"> <li>• <b>Generic Drugs</b> (including brand drugs treated as generic)</li> </ul>	\$0 copay	
	<ul style="list-style-type: none"> <li>• All other drugs</li> </ul>	<ul style="list-style-type: none"> <li>• A \$0 copay or</li> <li>• A \$4.60 copay or</li> <li>• A \$11.20 copay</li> </ul>	
<b>Stage 4:</b>	<b>Catastrophic Coverage Stage</b>		
	<ul style="list-style-type: none"> <li>• <b>Generic Drugs</b> (including brand drugs treated as generic)</li> </ul>	\$0 copay	
	<ul style="list-style-type: none"> <li>• All other drugs</li> </ul>	\$0 or \$11.20, depending on your level of <i>Extra Help</i>	

**See back page for information on vaccine and insulin coverage.**

MetroPlusHealth is excited to inform you that you can use our mail order program to get your medications delivered right to your home, at no extra cost to you. This service will save you time – and your medicine will arrive safely in a plain, secure, tamper-proof package.

To enroll in this service, please call **CVS Caremark's** Customer Care Department at **866.693.4615** or you can sign up online at **caremark.com**.

## SUMMARY OF MEDICAID-COVERED BENEFITS

MetroPlus Advantage Plan (HMO D-SNP) is a Dual Eligible Special Needs Plan that coordinates your Medicare coverage with additional wrap-around benefits and services you may be entitled to receive under New York State's Medicaid Program.

Members who qualify for Medicare and Medicaid are known as dual eligibles. As a dual eligible member, you are eligible for benefits under both the federal Medicare Program and the New York State Medicaid Program.

The additional Medicaid benefits you receive may vary based upon your income and resources. With the assistance of Medicaid, some dual eligibles do not have to pay for certain Medicare costs. The Medicaid benefit categories and types of assistance served by our plan are:

- ✓ **Qualified Disabled and Working Individual (QDWI):** Payment of your Medicare Part A premiums only.
- ✓ **Qualifying Individual (QI):** Payment of your Medicare Part B premiums only.
- ✓ **Specified Low Income Medicare Beneficiary (SLMB):** Payment of your Medicare Part B premiums.
- ✓ **SLMB-Plus:** Payment of your Medicare Part B premiums and full Medicaid benefits.
- ✓ **Qualified Medicare Beneficiary (QMB Only):** Payment of your Medicare Part A and/or Part B premiums, deductibles and cost-sharing (excluding Part D copayments).
- ✓ **QMB-Plus:** Payment of your Medicare Part A and Part B premiums, deductibles, cost-sharing (excluding Part D copayments) and full Medicaid benefits.

As a QMB or QMB-Plus, you pay \$0 for Medicare-covered services except any copayments for Part D prescription drugs. However, if you are not a QMB or QMB-Plus but qualify for full Medicaid benefits you may have to pay some copayments, coinsurance, and deductibles, depending on your Medicaid benefits.

The following table lists services that are available under Medicaid for people who qualify for full Medicaid benefits, and also explains whether those benefits are available under our plan. It is important to understand that Medicaid benefits can vary based on your income level and other standards. Also, your Medicaid benefits can change throughout the year. Depending on your current status, you may not be qualified for all Medicaid benefits. However, while a member of our plan, you can access plan benefits regardless of your Medicaid status.

For the most current and accurate information regarding your eligibility and benefits, contact the **New York City Human Resources Administration** at **718.557.1399**. For additional assistance, you may also contact **MetroPlus Advantage Plan (HMO D-SNP) Member Services** (phone numbers are listed on the back of this booklet).

## MEDICAID-COVERED BENEFITS

Benefit	Description of Medicaid Covered Services	MetroPlus Advantage Plan (HMO D-SNP)
<b>Inpatient Hospital Coverage</b>	Medicaid covers Medicare deductibles, copays, and coinsurances. Up to 365 days per year (366 days for leap year).	<p>\$0 or:</p> <ul style="list-style-type: none"> <li>• \$1,632 deductible</li> <li>• Days 1–60: \$0 copayment per day</li> <li>• Days 61–90: \$408 copayment per day</li> <li>• 60 Lifetime Reserve Days: \$816 copayment per day</li> </ul>
<b>Outpatient Hospital Coverage</b>		
<ul style="list-style-type: none"> <li>• Outpatient Hospital Services</li> </ul>	Medicaid covers Medicare deductibles, copays, and coinsurances.	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
<ul style="list-style-type: none"> <li>• Ambulatory Surgical Center</li> </ul>	Medicaid covers Medicare deductibles, copays, and coinsurances.	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
<b>Doctor Visits</b>		
<ul style="list-style-type: none"> <li>• Primary</li> </ul>	Medicaid covers Medicare deductibles, copays, and coinsurances.	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
<ul style="list-style-type: none"> <li>• Specialists</li> </ul>	Medicaid covers Medicare deductibles, copays, and coinsurances.	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
<b>Preventive Care</b>	No coverage.	You pay nothing.
<b>Emergency Care</b>	Medicaid covers Medicare deductibles, copays, and coinsurances.	You pay zero or 20% of the cost (up to \$100) depending on your level of Medicaid eligibility.
<b>Urgently Needed Services</b>	Medicaid covers Medicare deductibles, copays, and coinsurances.	You pay zero or 20% of the cost (up to \$55) depending on your level of Medicaid eligibility.

Benefit	Description of Medicaid Covered Services	MetroPlus Advantage Plan (HMO D-SNP)
<p><b>Diagnostic Services / Labs / Imaging</b></p> <ul style="list-style-type: none"> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> <li>• Diagnostic radiology service (e.g., MRI)</li> <li>• Outpatient x-rays</li> </ul>	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p>	<p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p> <p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p> <p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p> <p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p>
<p><b>Hearing Services</b></p>	<p>Medicaid covers Medicare deductibles, copays, and coinsurances. Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing and selecting, fitting, and dispensing, hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings and replacement parts.</p>	<p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility for Medicare-covered diagnostic hearing and balance evaluations.</p> <p>Additionally, we cover hearing aids at a \$0 copay, for up to \$500 maximum coverage for both ears every year.</p>
<p><b>Dental Services</b></p>	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covered dental services including necessary preventive, prophylactic and other routine dental care, services, and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.</p>	<p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility for Medicare-covered dental services.</p> <p>Additionally, we cover comprehensive dental services including Restorative and Prosthodontics, Endodontics, and Periodontics. You pay nothing for these comprehensive dental services.</p> <p>Comprehensive dental services are covered up to \$700 every year.</p>

Benefit	Description of Medicaid Covered Services	MetroPlus Advantage Plan (HMO D-SNP)
<p><b>Vision Services</b></p>	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Services of Optometrists, Ophthalmologists, and Ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.</p>	<p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility for Medicare-covered vision services.</p> <p>Additionally, we cover eyewear up to a total of \$450 per year for:</p> <ul style="list-style-type: none"> <li>• Contact lenses</li> <li>• Eyeglasses (lenses and frames)</li> <li>• Eyeglass lenses</li> <li>• Eyeglass frames</li> <li>• Upgrades</li> </ul> <p>This benefit can be combined with your Medicaid benefits to provide coverage for additional eyewear, or to purchase eyewear beyond the Medicaid spending limit.</p>
<p><b>Mental Health Services (Inpatient)</b></p>	<p>Medicaid covers Medicare deductibles, copays and coinsurances.</p>	<p>\$0 or:</p> <ul style="list-style-type: none"> <li>• \$1,632 deductible</li> <li>• Days 1–60: \$0 copayment per day</li> <li>• Days 61–90: \$408 copayment per day</li> <li>• 60 Lifetime Reserve Days: \$816 copayment per day</li> </ul>
<p><b>Skilled Nursing Facility</b></p>	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covers additional days beyond Medicare 100 day limit.</p>	<p>\$0 or:</p> <ul style="list-style-type: none"> <li>• You pay nothing for days 1 – 20</li> <li>• \$204 copay per day for days 21 – 100</li> </ul>

Benefit	Description of Medicaid Covered Services	MetroPlus Advantage Plan (HMO D-SNP)
<b>Rehabilitation Services</b>	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Occupational and Speech Therapies are limited to twenty (20) Medicaid visits per therapy per year.</p> <p>Physical Therapy is limited to forty (40) Medicaid visits per therapy per year, except for children under age 21, or you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.</p>	<p><b>Occupational Therapy:</b> You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p> <p><b>Physical Therapy:</b> You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p> <p><b>Speech Language Therapy:</b> You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p> <p><b>Cardiac Rehabilitation:</b> You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p> <p><b>Pulmonary Rehabilitation:</b> You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p>
<b>Ambulance</b>	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p>	<p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p>
<b>Transportation</b>	<p>Includes ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to the enrollee's medical condition.</p>	<p>You pay nothing.</p> <p>Our plan covers up to 48 one-way trips per year to an approved provider location. No referral or prior authorization needed.</p>

Benefit	Description of Medicaid Covered Services	MetroPlus Advantage Plan (HMO D-SNP)
<p data-bbox="118 457 293 554"><b>Medical Equipment / Supplies</b></p> <ul data-bbox="118 835 370 1533" style="list-style-type: none"> <li data-bbox="118 835 370 961">• Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li data-bbox="118 1440 326 1533">• Prosthetics (e.g., braces, artificial limbs)</li> </ul>	<p data-bbox="418 233 935 296">Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p data-bbox="418 310 1011 783">Medicaid covered durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use. Must be ordered by a practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bar).</p> <p data-bbox="418 1052 930 1115">Medicaid covers prosthetics, orthotics, and orthopedic footwear.</p> <p data-bbox="418 1129 997 1919">These items are generally considered to be one-time only use, consumable items routinely paid for under the Durable Medical Equipment category of Fee-For-Service Medicaid. Coverage of enteral formula and nutritional supplements are limited to coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding. Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following three conditions: 1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3) children who require medical formulas due to mitigating factors in growth and development. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein or which contain modified protein</p>	<p data-bbox="1065 852 1446 947">You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p> <p data-bbox="1065 1440 1446 1535">You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p>

Benefit	Description of Medicaid Covered Services	MetroPlus Advantage Plan (HMO D-SNP)
<ul style="list-style-type: none"> <li>• Diabetes supplies</li> </ul>		<p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p>
<p><b>Prescription Drugs</b></p>	<p>Medicaid covers Medicare coinsurance for the Medicare Part B prescription drugs.</p> <p>Medicaid does not cover Part D covered drugs or copays. Medicaid covers Medicaid Pharmacy Benefits as allowed by State Law (select drug categories excluded from the Medicare Part D benefit).</p>	<p>0% or 20% of the cost for Medicare Part B drugs.</p> <p>Standard Retail Cost-Sharing</p> <p>For generic drugs (including brand drugs treated as generic), depending on the level of <i>Extra Help</i> you receive, you pay:</p> <ul style="list-style-type: none"> <li>• A \$0 copay</li> </ul> <p>For all other drugs, depending on the level of <i>Extra Help</i> you receive, you pay either:</p> <ul style="list-style-type: none"> <li>• A \$0 copay or</li> <li>• A \$4.60 copay or</li> <li>• A \$11.20 copay</li> </ul>
<p><b>Over-the-Counter Items</b></p>	<p>Medicaid covers certain over-the-counter medications.</p>	<p>You pay a \$0 copay.</p> <p>OTC is covered under Flex Card benefit. Member will receive \$155 per month. Benefit amounts do not roll over month to month.</p>

## MEDICAID-ONLY SERVICES

Benefit	Description of Medicaid Covered Services	MetroPlus Advantage Plan (HMO D-SNP)
<p><b>Adult Day Health Care</b></p>	<p>Medicaid covers Adult Day Health Care services provided in a residential health care facility or approved extension site under the medical direction of a physician.</p> <p><b>Adult day health care includes the following services:</b> medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure time activities which are a planned program of diverse meaningful activities, dental, pharmaceutical, and other ancillary services.</p>	<p>Covered under Medicaid.</p>
<p><b>Assisted Living Services</b></p>	<p>Medicaid covers personal care, housekeeping, supervision, home health aides, personal emergency response services, nursing, physical therapy, occupational therapy, speech therapy, medical supplies and equipment, adult day health care, a range of home health services and the case management services of a registered professional nurse. Services are provided in an adult home or enriched housing setting.</p>	<p>Covered under Medicaid.</p>
<p><b>Certain Mental Health Services</b></p>	<p>Medicaid covers the following mental health services:</p> <ul style="list-style-type: none"> <li>• Intensive Psychiatric Rehabilitation Treatment Programs</li> <li>• Day Treatment</li> <li>• Continuing Day Treatment</li> <li>• Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units) Partial Hospitalizations</li> <li>• Assertive Community Treatment (ACT)</li> <li>• Personalized Recovery Oriented Services (PROS)</li> </ul>	<p>Covered under Medicaid.</p>

<b>Benefit</b>	<b>Description of Medicaid Covered Services</b>	<b>MetroPlus Advantage Plan (HMO D-SNP)</b>
<b>Comprehensive Medicaid Case Management</b>	<p>Medicaid covers Comprehensive Medicaid Case Management (CMCM), which provides “social work” case management referral services to a targeted population.</p> <p>A CMCM case manager will assist a client in accessing necessary services in accordance with goals outlined in a written case management plan.</p>	Covered under Medicaid.
<b>Directly Observed Therapy for Tuberculosis (TB) Disease</b>	<p>Medicaid covers Tuberculosis Directly Observed Therapy (TB/DOT), which is the direct observation of oral ingestion of TB medications to assure patient compliance with the physician’s prescribed medication regimen.</p>	Covered under Medicaid.
<b>Home and Community Based Waiver Program Services</b>	<p>There are a number of Home and Community-Based Waiver Programs that provides services authorized pursuant to SSA Section 1915(c) waivers from DHHS. The programs include the Long Term Home Health Care Program, the Traumatic Brain Injury (TBI) Program, the ICF/MR Waiver, as well as Medicaid Care at Home HCBS Programs and OPWDD Care at Home Programs.</p>	Covered under Medicaid.
<b>Medical Social Services</b>	<p>Medical social services include assessing the need for, arranging for and providing aid for social problems related to the maintenance of a patient in the home where such services are performed by a qualified social worker and provided within a plan of care.</p>	Covered under Medicaid.
<b>Methadone Maintenance Treatment Programs (MMTP)</b>	<p>Medicaid covers MMTP, consisting of drug detoxification, drug dependence counseling, and rehabilitation services which include chemical management with methadone.</p>	Covered under Medicaid.

Benefit	Description of Medicaid Covered Services	MetroPlus Advantage Plan (HMO D-SNP)
<b>Nutrition</b>	<p>Medicaid covers the assessment of nutritional needs and food patterns, or the planning for the provision of foods and drink appropriate for the individual's physical and medical needs and environmental conditions, or the provision of nutrition education and counseling to meet normal and therapeutic needs.</p> <p>In addition, these services may include the assessment of nutritional status and food preferences, planning for provision of appropriate dietary intake within the patient's home environment and cultural considerations, nutritional education regarding therapeutic diets as part of the treatment milieu, development of a nutritional treatment plan, regular evaluation and revision of nutritional plans, provision of in-service education to health agency staff as well as consultation on specific dietary problems of patients and nutrition teaching to patients and families.</p> <p>These services must be provided by a qualified nutritionist.</p>	Covered under Medicaid.
<b>Office of Mental Retardation and Developmental Disabilities (OMRDD) Services</b>	<p>Medicaid covers the following OMRDD services:</p> <ul style="list-style-type: none"> <li>• Long Term Therapy Services Provided by Article 16-Clinic Treatment Facilities or Article 28 Facilities.</li> <li>• Day Treatment.</li> <li>• Medicaid Service Coordination (MSC).</li> <li>• Home and Community Based Services Waivers (HCBS).</li> <li>• Services Provided Through the Care At Home Program (OMRDD).</li> </ul>	Covered under Medicaid.
<b>Personal Care Services</b>	<p>Medicaid covers personal care services (PCS), which involve the provision of some or total assistance with personal hygiene, dressing and feeding and nutritional and environmental support (meal preparation and housekeeping).</p> <p>Personal care services must be medically necessary, ordered by a physician, and provided by a qualified person in accordance with a plan of care.</p>	Covered under Medicaid.

Benefit	Description of Medicaid Covered Services	MetroPlus Advantage Plan (HMO D-SNP)
<b>Personal Emergency Response Services (PERS)</b>	<p>Medicaid covers electronic devices which enable certain high-risk patients to secure help in the event of a physical, emotional, or environmental emergency.</p> <p>A variety of electronic alert systems now exist which employ different signaling devices. Such systems are usually connected to a patient's phone and signal a response center once a "help" button is activated. In the event of an emergency, the signal is received and appropriately acted upon by a response center.</p>	Covered under Flex Card benefit.
<b>Private Duty Nursing</b>	Medicaid covers medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.	Covered under Medicaid.
<b>Rehabilitation Services Provided to Residents of OMH Licensed Community Residence (CRs) and Family Based Treatment Programs</b>	Medicaid covers rehabilitation services provided to residents of the Office of Mental Health (OMH)-licensed community residences (CRs) and family-based treatment programs.	Covered under Medicaid.
<b>Out-of-Network Family Planning services provided under the direct access provisions of the waiver</b>	Medicaid coverage provided.	Covered under Medicaid.

If you don't qualify for Medicaid, we have other plans that may be right for you.

To find out more, call **866.986.0356**, TTY: 711, 24 hours a day, 7 days a week, or visit us online.

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Please call our 24/7 Help Line at **866.986.0356** (TTY: 711) and a representative will assist you.

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 at [metroplusmedicare.org](https://metroplusmedicare.org).

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