



# 2020 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 Health Plan depends on contract renewal.

THIS IS A SUMMARY OF DRUG AND HEALTH SERVICES COVERED BY METROPLUS ADVANTAGE PLAN (HMO D-SNP) JANUARY 1, 2020 - DECEMBER 31, 2020



**GREAT DOCTORS IN YOUR NEIGHBORHOOD**

Our **MetroPlus Advantage Plan (HMO D-SNP)** is a Dual-Eligible Special Needs Plan offering Medicare coverage with extra benefits, including expanded dental and vision, and a robust network of providers in all five boroughs. Plus a great Member Rewards program where our members earn points for completing healthy activities! The Advantage Plan's coverage is in addition to services you may be eligible to receive through New York State's Medicaid program.

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## 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 **1.866.986.0356**, 24 hours a day, 7 days a week. TTY users should call **711**.

### Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [www.metroplusmedicare.org](http://www.metroplusmedicare.org) or call **1.866.986.0356** (TTY: 711) to view a copy of the EOC.
- Review the provider/pharmacy 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 provider/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.

### 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/coinsurance may change on January 1, 2021.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider/pharmacy directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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 will depend in your level of Medicaid eligibility. If you are eligible for full Medicaid benefits, your deductible, copays and co-insurances could be \$0.

To join **MetroPlus Advantage Plan (HMO D-SNP)**, you must be entitled to Medicare Part A, be

enrolled in Medicare Part B and Medicaid, not have End Stage Renal Disease (ESRD) with limited exceptions, you are a US citizen or lawfully present in the US, and reside in Manhattan, Brooklyn, Queens, the Bronx or Staten Island.

**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 [www.metroplusmedicare.org](http://www.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
Monthly Plan Premium	You pay \$0 or \$36.60, depending upon your level of Extra Help.	You must continue to pay your Medicare Part B premium.
Deductible	\$0 or \$198	If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	\$6,700 annually.	The most you pay for copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage	\$0 or: <ul style="list-style-type: none"> <li>\$1,408 deductible</li> <li>Days 1–60: \$0 copayment per day</li> <li>Days 61–90: \$352 copayment per day</li> <li>60 Lifetime Reserve Days: \$704 copayment per day</li> </ul>	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." Referral and prior authorization are required.
Outpatient Hospital Coverage		
<ul style="list-style-type: none"> <li>Outpatient Hospital Services</li> <li>Ambulatory Surgical Center</li> </ul>	You pay 0% or 20% of the cost.	Referral required.

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
Doctor Visits		
<ul style="list-style-type: none"> <li>Primary</li> <li>Specialists</li> </ul>	You pay 0% or 20% of the cost.	Referral required.
Preventive Care	You pay nothing.	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	You pay 0% or 20% of the cost (up to \$90).	If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	You pay 0% or 20% of the cost (up to \$65).	
Diagnostic Services/Labs/Imaging		
<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>	You pay 0% or 20% of the cost.	Referral required. Prior authorization is required for some services by your doctor or other network providers. Please contact the plan for more information.
Hearing Services	You pay 0% or 20% of the cost.	Referral required. Limited to specific services – see the 2020 <i>Evidence of Coverage</i> for MetroPlus Advantage Plan (HMO D-SNP) for full details.
Dental Services	You pay 0% or 20% of the cost.	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth). Prior authorization required.

Premiums and Benefits	MetroPlus Advantage Plan (HMO D-SNP)	What you should know
Enhanced Dental Benefits		Limited to specific services – see the 2020 <i>Evidence of Coverage</i> for MetroPlus Advantage Plan (HMO D-SNP) for full details. Prior authorization is required.
• Restorative and Prosthodontics	\$0 copayment	Limited to 1 every 60 months, per tooth.
• Endodontics	\$0 copayment	Limited to 1 per lifetime, per tooth.
• Periodontics	\$0 copayment	Limited to 1 every 60 months, per quad.
Vision Services	You pay 0% or 20% of the cost.	Referral required.
Eyewear Benefits	Eyewear is covered up to a total of \$100 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 additional eyewear, or to purchase eyewear beyond the Medicaid spending limit. Referral required.
Mental Health Services (Inpatient)	\$0 or: <ul style="list-style-type: none"> <li>• \$1,408 deductible</li> <li>• Days 1–60: \$0 copayment per day</li> <li>• Days 61–90: \$352 copayment per day</li> <li>• 60 Lifetime Reserve Days: \$704 copayment per day</li> </ul>	Referral and prior authorization are required.
Mental Health Services (Outpatient)	You pay 0% or 20% of the cost.	
Skilled Nursing Facility	\$0 or: <ul style="list-style-type: none"> <li>• You pay nothing for days 1 – 20</li> <li>• \$176 copay per day for days 21 – 100</li> </ul>	Our plan covers up to 100 days in a SNF. Referral and prior authorization are required.
Physical Therapy	You pay 0% or 20% of the cost.	Referral required. Prior authorization is required for more than 10 visits in a year.

Premiums and Benefits	MetroPlus Advantage Plan (HMO D-SNP)	What you should know
Ambulance	You pay 0% or 20% of the cost.	
Transportation	Not covered.	Based on the level of Medicaid coverage you receive, you may be eligible to receive transportation services from Medicaid.
Medicare Part B Drugs	You pay 0% or 20% of the cost for chemotherapy drugs. You pay 0% or 20% of the cost for other Part B drugs.	Prior authorization may be required.
Medical Equipment/Supplies		
• Durable Medical Equipment (e.g., wheelchairs, oxygen)	You pay 0% or 20% of the cost.	Prior authorization is required.
• Prosthetics (e.g., braces, artificial limbs)	You pay 0% or 20% of the cost.	
• Diabetes supplies	You pay 0% or 20% of the cost.	
Foot Care (podiatry services)		
• Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	You pay 0% or 20% of the cost.	Routine foot care is available for 3 visits per year. Referral required.
• Routine foot care	You pay nothing.	
Telehealth Services	You pay 0% or 20% of the cost.	
Over-the-Counter Items	You pay a \$0 copay.	Up to \$800 per year (\$200 per quarter) for MetroPlus approved non-prescription, over-the-counter items from a select catalogue.
Opioid Treatment Program Services	You pay 0% or 20% of the cost.	Authorization and referral required for inpatient services only.



Outpatient Prescription Drugs			
Stage 1:	<b>Yearly Deductible Stage</b>	If you receive "Extra Help" to pay your prescription drugs, your deductible amount will be either \$0 or \$89, depending on the level of "Extra Help" you receive.	
Stage 2:	<b>Initial Coverage</b> (After you pay your deductible, if applicable)	Depending on your income and level of Medicaid eligibility, you pay the following cost sharing amounts:	Once your yearly out-of-pocket costs reach \$6,350, you will move to the next stage (the <b>Catastrophic Coverage Stage</b> ).
	<ul style="list-style-type: none"> <li><b>Tier 1:</b> Generic Drugs (including brand drugs treated as generic)</li> </ul>	<ul style="list-style-type: none"> <li>A \$0 copay or</li> <li>A \$1.30 copay or</li> <li>A \$3.60 copay or up to</li> <li>A 15% coinsurance</li> </ul>	
	<ul style="list-style-type: none"> <li><b>Tier 2:</b> All other drugs</li> </ul>	<ul style="list-style-type: none"> <li>A \$0 copay or</li> <li>A \$3.90 copay or</li> <li>A \$8.95 copay or up to</li> <li>A 15% coinsurance</li> </ul>	
Stage 3:	<b>Catastrophic Coverage Stage</b>		Once you are in the <b>Catastrophic Coverage Stage</b> , you will stay in this payment stage until the end of the year.
	<ul style="list-style-type: none"> <li><b>Tier 1:</b> Generic Drugs (including brand drugs treated as generic)</li> </ul>	\$0 or \$3.60, or 5% of the cost, depending on your level of Extra Help	
	<ul style="list-style-type: none"> <li><b>Tier 2:</b> All other drugs</li> </ul>	\$0 or \$8.95, or 5% of the cost, depending on your level of Extra Help	

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 <http://www.medicare.gov> 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**.

This document is available in other formats such as Braille, large print or audio.

MetroPlus Health Plan 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** mail order department at **1.844.405.4309** or you can sign up online at <https://www.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:

- **Full Benefit Dual Eligible (FBDE):** Payment of your Medicare Part B premiums, in some cases Medicare Part A premiums and full Medicaid benefits.
- **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 chart lists services that are available under Medicaid for people who qualify for full Medicaid benefits. 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 at (phone numbers are listed on the back of this booklet). The following Medicaid Benefits will be covered by Medicaid.

The services listed in the following benefits chart are available under Medicaid for people who qualify for full Medicaid benefits. Simply present your New York State issued Medicaid identification (ID) card to obtain these additional Medicaid-covered benefits.

Contact your Medicaid Agency to determine your level of cost sharing. Subject to changes in state law, the following shall be considered Medicaid Benefits and shall be paid for by SDOH for eligible Medicaid beneficiaries.

Category of Service	Description of Covered Services
<b>Inpatient Hospital Services</b>	Inpatient Hospital services, as medically necessary, shall include, except as otherwise specified, the care, treatment, maintenance and nursing services as may be required, on an inpatient hospital basis, up to 365 days per year (366 leap year). Inpatient hospital services encompass a full range of necessary diagnostic and therapeutic care including medical, surgical, nursing, radiological, and rehabilitative services.  <i>(Covered only when admit date precedes effective date of enrollment.)</i>
<b>Inpatient Stay Pending Alternate Level of Medical Care</b>	Inpatient stay pending alternate level of medical care, or continued care in a hospital, Article 31 mental health facility, or skilled nursing facility pending placement in an alternate lower medical level of care.
<b>Physician Services</b>	Services, whether furnished in the office, the Enrollee's home, a hospital, a skilled nursing facility, or elsewhere by a physician within the scope of medicine as defined in law by the New York State Education Department, and by or under the personal supervision of an individual licensed and currently registered by the New York State Education Department to practice medicine.  Includes the full range of preventative care services, primary care medical services and physician specialty services that fall within a physician's scope of practice under New York State law.
<b>Nurse Practitioner Services</b>	Practitioner services include preventive services, the diagnosis of illness and physical conditions, and the performance of therapeutic and corrective measures, within the scope of the certified nurse practitioner's licensure and collaborative practice agreement with a licensed physician in accordance with the requirements of the NYS Education Department.
<b>Midwifery Services</b>	The management of normal pregnancy, childbirth and postpartum care as well as primary preventive reproductive health care to essentially healthy women and shall include newborn evaluation, resuscitation and referral for infants. The care may be provided on an inpatient or outpatient basis including in a birthing center or in the Enrollee's home as appropriate. The midwife must be licensed by the NYS Education Department and have a collaborative relationship with a physician or hospital that provides obstetric services, that provides for consultation, collaborative management and referral to address the health status and risks of patients and includes plans for emergency medical OB/GYN coverage.

Category of Service	Description of Covered Services
<b>Preventative Health Services</b>	Preventive health services means care and services to avert disease/illness and/or its consequences. There are three (3) levels of preventive health services: <ol style="list-style-type: none"> <li>1. <i>primary</i>, such as immunizations, aimed at preventing disease;</li> <li>2. <i>secondary</i>, such as disease screening programs aimed at early detection of disease; and</li> <li>3. <i>tertiary</i>, such as physical therapy, aimed at restoring function after the disease has occurred.</li> </ol>
<b>Second Medical/Surgical Opinion</b>	Enrollees will be allowed to obtain second opinions for diagnosis of a condition, treatment or surgical procedure by a qualified physician or appropriate specialist, including one affiliated with a specialty care center. In the event that the Contractor determines that it does not have a Participating Provider in its network with appropriate training and experience qualifying the Participating Provider to provide a second opinion, the Contractor shall make a referral to an appropriate Non-Participating Provider. The Contractor shall pay for the cost of the services associated with obtaining a second opinion regarding medical or surgical care, including diagnostic and evaluation services, provided by the Non-Participating Provider.
<b>Laboratory Services</b>	Laboratory services include medically necessary tests and procedures ordered by a qualified medical professional and listed in the Medicaid fee schedule for a laboratory services.
<b>Radiology Services</b>	Radiology services include medically necessary services provided by qualified practitioners in the provision of diagnostic radiology, diagnostic ultrasound, nuclear medicine, radiation oncology, and magnetic resonance imaging (MRI). These services may only be performed upon the order of a qualified practitioner.
<b>Prescription and Non-Prescription (OTC) Drugs, Medical Supplies, and Enteral Formula</b>	Medically necessary prescription and nonprescription (OTC) drugs, medical supplies, hearing aid batteries and enteral formula are covered by MetroPlus when ordered by a qualified provider. Pharmaceuticals and medical supplies routinely furnished or administered as part of a clinic or office visit and self-administered injectable drugs (including those administered by a family member and during a home care visit) not included on the Medicaid outpatient formulary are covered by MetroPlus.
<b>Smoking Cessation Products</b>	Prior authorization for smoking cessation products that are included in the formulary and ordered by a qualified provider is not required. A course of therapy is defined as no more than a 90-day supply (an original order and two refills, even if less than a 30-day supply is dispensed on any fill).

Category of Service	Description of Covered Services
<b>Rehabilitation Services</b>	Services are provided for the maximum reduction of physical or mental disability and restoration of the Enrollee to his or her best functional level. Rehabilitation services include care and services rendered by physical therapists, speech-language pathologists and occupational therapists.
<b>EPSDT Services/Child Teen Health Program (C/THP)</b>	<p>Package of early and periodic screening, including inter-periodic screens and, diagnostic and treatment services that New York State offers all Medicaid eligible children under twenty-one (21) years of age. Care and services shall be provided in accordance with the periodicity schedule and guidelines developed by the New York State Department of Health.</p> <p>The care includes necessary health care, diagnostic services, treatment and other measures to correct or ameliorate defects, and physical and mental illnesses and conditions discovered by the screening services (regardless of whether the service is otherwise included in the New York State Medicaid Plan). The package of services includes administrative services designed to assist families obtain services for children including outreach, education, appointment scheduling, administrative case management and transportation assistance.</p>
<b>Home Health Services</b>	Home health services are: nursing services provided on a part-time or intermittent basis by a CHHA or, if there is no CHHA that services the county/district, by a registered professional nurse or a licensed practical nurse acting under the direction of the Enrollee's PCP; physical therapy, occupational therapy, or speech pathology and audiology services; and home health services provided by a person who meets the training requirements of the SDOH, is assigned by a registered professional nurse to provide home health aid services in accordance with the Enrollee's plan of care, and is supervised by a registered professional nurse from a CHHA or a registered nurse, or therapist.
<b>Hospice</b>	<p>Coordinated program of home and/or inpatient non-curative medical and support services for terminally ill persons and their families. Care focuses on easing symptoms rather than treating disease. The patient and his or her family receive physical, psychological, social and spiritual support and care. Hospice provides four levels of care:</p> <ol style="list-style-type: none"> <li>1. routine home care,</li> <li>2. respite care,</li> <li>3. continuous care, and</li> <li>4. general inpatient care.</li> </ol> <p>The program is available to persons with a medical prognosis of six months or less to live for FHPlus or one (1) year or less to live for MMC, if the terminal illness runs its normal course.</p>

Category of Service	Description of Covered Services
<b>Emergency Services</b>	Emergency services are Health care procedures, treatments or services needed to evaluate or stabilize an Emergency Medical Condition including psychiatric stabilization and medical detoxification from drugs or alcohol.
<b>Post-Stabilization Care Services</b>	Post-Stabilization Services are those services related to an Emergency Medical Condition, that are provided after an Enrollee is stabilized in order to maintain the stabilized condition, or to improve or resolve the Enrollee's condition.
<b>Foot Care Services</b>	<p>Routine foot care provided by qualified provider types other than podiatrists when any Enrollee's (regardless of age) physical condition poses a hazard due to the presence of localized illness, injury or symptoms involving the foot, or when performed as a necessary and integral part of otherwise covered services such as the diagnosis and treatment of diabetes, ulcers, and infections. Routine hygienic care of the feet, the treatment of corns and calluses, the trimming of nails, and other hygienic care such as cleaning or soaking feet, is not covered in the absence of a pathological condition.</p> <p>Services provided by a podiatrist for persons under twenty-one (21) must be covered upon referral of a physician, registered physician assistant, certified nurse practitioner or licensed midwife. Services provided by a podiatrist for adults with diabetes mellitus are covered.</p>
<b>Eye Care and Low Vision Services</b>	Eye care includes the services of ophthalmologists, optometrists and ophthalmic dispensers, and includes eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services.
<b>Durable Medical Equipment (DME)</b>	Devices and equipment, other than medical/surgical supplies, enteral formula, and prosthetic or orthotic appliances, and have the following characteristics can withstand repeated use for a protracted period of 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 not fitted, designed or fashioned for a particular individual's use. Where equipment is intended for use by only one (1) person, it may be either custom made or customized.
<b>Audiology, Hearing Aids Services &amp; Products</b>	Hearing aid services and products are provided in compliance with Article 37-A of the General Business Law when medically necessary to alleviate disability caused by the loss or impairment of hearing. Hearing aid services include: selecting, fitting and dispensing of hearing aids, hearing aid checks following dispensing of hearing aids, conformity evaluation, and hearing aid repairs.



Category of Service	Description of Covered Services
<b>Family Planning and Reproductive Health Services</b>	Family Planning and Reproductive Health Care services means the offering, arranging and furnishing of those health services which enable Enrollees, including minors who may be sexually active, to prevent or reduce the incidence of unwanted pregnancy.
<b>Non-Emergency Transportation</b>	Transportation expenses are covered when essential to obtain necessary medical care services. Transportation services means transportation by ambulance, ambulette (invalid coach), fixed wing or airplane transport, invalid coach, taxicab, livery, public transportation, or other means appropriate to the MMC Enrollee's medical condition; and a transportation attendant to accompany the MMC Enrollee, if necessary.
<b>Emergency Transportation</b>	Emergency transportation means the provision of ambulance transportation for the purpose of obtaining hospital services for an Enrollee who suffers from severe, life-threatening or potentially disabling conditions which require the provision of Emergency Services while the enrollee is being transported. Emergency transportation can only be provided by an ambulance service including air ambulance service.
<b>Dental and Orthodontic Services</b>	Dental care includes preventative, prophylactic and other routine dental care, services supplies and dental prosthetics required to alleviate a serious health condition, including one which affects employability.
<b>Court-Ordered Services</b>	Court-ordered services are those services ordered by a court of competent jurisdiction which are performed by or under the supervision of a physician, dentist, or other provider qualified under State law to furnish medical, dental, behavioral health (including treatment for mental health and/or alcohol and/or substance abuse or dependence), or other covered services.
<b>Prosthetic/Orthotic Services/ Orthopedic Footwear</b>	<p>Prosthetics are those appliances or devices which replace or perform the function of any missing part of the body. Artificial eyes are covered as part of the eye care benefit.</p> <p>Orthotics are those appliances or devices which are used for the purpose of supporting a weak or deformed body part or to restrict or eliminate motion in a diseased or injured part of the body.</p> <p>Footwear means shoes, shoe modifications, or shoe additions which are used to correct, accommodate or prevent a physical deformity or range of motion malfunction in a diseased or injured part of the ankle or foot; to support a weak or deformed structure of the ankle or foot, or to form an integral part of a brace.</p>

Category of Service	Description of Covered Services
<b>Mental Health Services</b>	<p>All Inpatient mental health services, including voluntary or involuntary admissions for mental health services.</p> <p>Outpatient mental health services, include but are not limited to: assessment, stabilization, treatment planning, discharge planning, verbal therapies, education, symptom management, case management services, crisis intervention and outreach services, chlozapine monitoring and collateral services.</p> <p>Services may be provided in-home, office, or the community.</p>
<b>SUD Inpatient Detoxification Services</b>	<p>Medically directed twenty-four (24) hour care on an inpatient basis to individuals who are at risk of severe alcohol or substance abuse withdrawal, incapacitated, a risk to self or others, or diagnosed with an acute physical or mental co-morbidity. Specific services include, but are not limited to: medical management, bio-psychosocial assessments, stabilization of medical psychiatric/psychological problems, individual and group counseling, level of care determinations and referral and linkages to other services as necessary.</p> <p>Treatment for moderate withdrawal on an inpatient basis. Services must include medical supervision and direction under the care of a physician in the treatment for moderate withdrawal. Specific services must include but are not limited to: medical assessment within twenty four (24) hours of admission; medical supervision of intoxication and withdrawal conditions; bio-psychosocial assessments; individual and group counseling and linkages to other services as necessary.</p>
<b>SUD Inpatient Rehabilitation and Treatment Services</b>	Services include intensive management of chemical dependence symptoms and medical management of physical or mental complications from chemical dependence to clients who cannot be effectively served on an outpatient basis and who are not in need of medical detoxication or acute care. Can include but not limited to: comprehensive admission evaluation and treatment planning; individual group, and family counseling; awareness and relapse prevention; education about self-help groups; assessment and referral services; vocational and educational assessment; medical and psychiatric consultation; food and housing; and HIV and AIDS education.
<b>SUD Residential Addiction Treatment Services</b>	Residential addiction services include individual centered residential services consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance use disorder symptoms and behaviors. Services also address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment.



Category of Service	Description of Covered Services
<b>SUD Outpatient Services</b>	<p>Includes:</p> <p><b>Medically Supervised Ambulatory Chemical Dependence Outpatient Clinic Programs</b> are licensed to deliver service to individuals who suffer from chemical abuse or dependence and/or their family members or significant others.</p> <p><b>Medically Supervised Chemical Dependence Outpatient Rehabilitation Programs</b> provide outpatient rehabilitation services for individuals with more chronic SUD conditions and emphasize development of basic skills in prevocational and vocational competencies, personal care, nutrition, and community competency. The individual must have an adequate support system and either substantial deficits in interpersonal and functional skills or health care needs requiring attention or monitoring by health care staff. These services are provided in combination with all other clinical services provided by CD-OPs.</p> <p><b>Outpatient Chemical Dependence for Youth Programs</b> which offer discrete, ambulatory clinic services to chemically-dependent youth in a treatment setting that supports abstinence from chemical dependence (including alcohol and substance abuse) services.</p> <p><b>Opioid Treatment Program</b> means one or more OASAS certified sites where methadone or other approved medications are administered to treat opioid dependency. OTPs may provide patients with any or all of the following: Opioid detoxification; Opioid medical maintenance; and Opioid taper. The term "OTP" encompasses medical and support services at the certified site or in the community including counseling, educational and vocational rehabilitation. OTP also includes the Narcotic Treatment Program (NTP) as defined by the federal Drug Enforcement Agency.</p>
<b>SUD Medically Supervised Outpatient Withdrawal</b>	These programs offer treatment for moderate withdrawal on an outpatient basis. Required services include, but are not limited to: medical supervision of intoxication and withdrawal conditions; bio-psychosocial assessments; individual and group counseling; level of care determinations; discharge planning; and referrals to appropriate services.
<b>Buprenorphine Prescribers</b>	Management and/or Prescription of buprenorphine by Primary Care Providers and Mental Health Providers for maintenance or detoxification of patients with Substance Use Disorder.
<b>Experimental and/or Investigational Treatment</b>	Experimental or investigational treatment for life-threatening and/or disabling illnesses may also be considered for coverage under the external appeal process.
<b>Renal Dialysis</b>	Renal dialysis may be provided in an inpatient hospital setting, in an ambulatory care facility, or in the home on recommendation from a renal dialysis center.

Category of Service	Description of Covered Services
<b>Residential Health Care Facility (Nursing Home) Services (RHCF)</b>	Inpatient nursing home services provided by facilities licensed under Article 28 of the New York State Public Health Law, including AIDS nursing facilities. Covered services include the following health care services: medical supervision, twenty-four (24) hour per day nursing care, assistance with the activities of daily living, physical therapy, occupational therapy, and speech/language pathology services and other services as specified in the New York State Health Law and Regulations for residential health care facilities and AIDS nursing facilities.
<b>Personal Care Services</b>	Some or total assistance with personal hygiene, dressing and feeding and nutritional and environmental support (meal preparation and housekeeping). Such services must be essential to the maintenance of the Enrollee's health and safety in his or her own home. The service must be ordered by a physician or nurse practitioner, and there must be a medical need for the service.
<b>Personal Emergency Response System (PERS)</b>	Personal Emergency Response System (PERS) is an electronic device which enables certain high-risk patients to secure help in the event of a physical, emotional or environmental emergency. Such systems are usually connected to a patient's phone and signal a response center when a "help" button is activated. In the event of an emergency, the signal is received and appropriately acted upon by a response center.
<b>Consumer Directed Personal Assistance Services</b>	Consumer Directed Personal Assistance Services means the provision to a chronically ill and/or disabled consumer of some or total assistance with personal care services, home health aide services and skilled nursing tasks by a consumer directed personal assistant under the instruction, supervision and direction of a consumer or the consumer's designated representative.
<b>Observation Services</b>	Post-stabilization services for observation, short-term treatment, assessment and re-assessment of an enrollee for whom diagnosis and a determination concerning inpatient admission, discharge, or transfer cannot be accomplished within eight hours but can reasonably be expected within forty-eight (48) hours. Observation services may be provided in distinct units approved by the department, inpatient beds, or in the emergency department <b>only</b> for hospitals designated as critical access hospitals or sole community hospitals.

Category of Service	Description of Covered Services
<b>Medical Social Services</b>	An assessment of social and environmental factors related to the participant's illness, need for care, response to treatment and adjustments to treatment; assessment of the relationship of the participant's medical and nursing requirements to his/her home situation, financial resources and availability of community resources; actions to obtain available community resources to assist in resolving the participant's problems; and counseling services. Such services shall include, but not be limited to, home visits to the individual, family or both; visits preparatory to the transfer of the individual to the community; and patient and family counseling, including personal, financial, and other forms of counseling services.
<b>Home Delivered Meals</b>	Home Delivered Meals are covered only for those Enrollees who have transitioned to the Contractor's Medicaid Managed Care plan from the Long Term Home Health Care Program (LTHHCP) and who received Home Delivered Meals while in the LTHHCP. Home Delivered Meals must be provided when the Enrollee's needs cannot be met by existing support services, including family and approved personal care aides.
<b>Adult Day Health Care</b>	Care and services provided to a registrant in a residential health care facility or approved extension site under the medical direction of a physician and which is provided by personnel of the Adult Day Health Care program in accordance with comprehensive assessment of care needs and PCSP, ongoing implementation and coordination of the PCSP, and transportation.
<b>AIDS Adult Day Health Care</b>	AIDS Adult Day Health Care Programs are programs designed to assist individuals with HIV disease to live more independently in the community or eliminate the need for residential health care services.
<b>Tuberculosis Directly Observed Therapy</b>	Direct Observation of oral ingestion or the administration of injectable/infused medication, to assure patient compliance with the physician's prescribed medication regimen. DOT is the standard of care for every individual with active TB.
<b>Private Duty Nursing</b>	Private duty nursing is the care of enrollees by nurses who provide private duty care and are working one-to-one with an individual enrollee. Private duty nursing can be provided in the client's home, or an institution, such as a hospital, nursing home or other such facility.
<b>Harm Reduction Services</b>	Harm Reduction Services offer a complete patient-oriented approach to reducing substance use and other related harms. Harm Reduction services include an initial assessment for the development of a plan of care, individual and group supportive counseling, medication management and treatment adherence counseling, and psychoeducation support groups.

Category of Service	Description of Covered Services
<b>Pasteurized Donor Human Milk</b>	Pasteurized Donor Human Milk are services for an infant who is medically or physically unable to receive maternal breast milk or participate in breast feeding or whose mother is medically or physically unable to produce maternal breast milk at all or in sufficient quantities or participate in breast feeding despite optimal lactation.
<b>Transgender Related Care and Services</b>	Transgender related care and services includes medically necessary hormone therapy and/or gender reassignment surgery for the treatment of gender dysphoria.

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