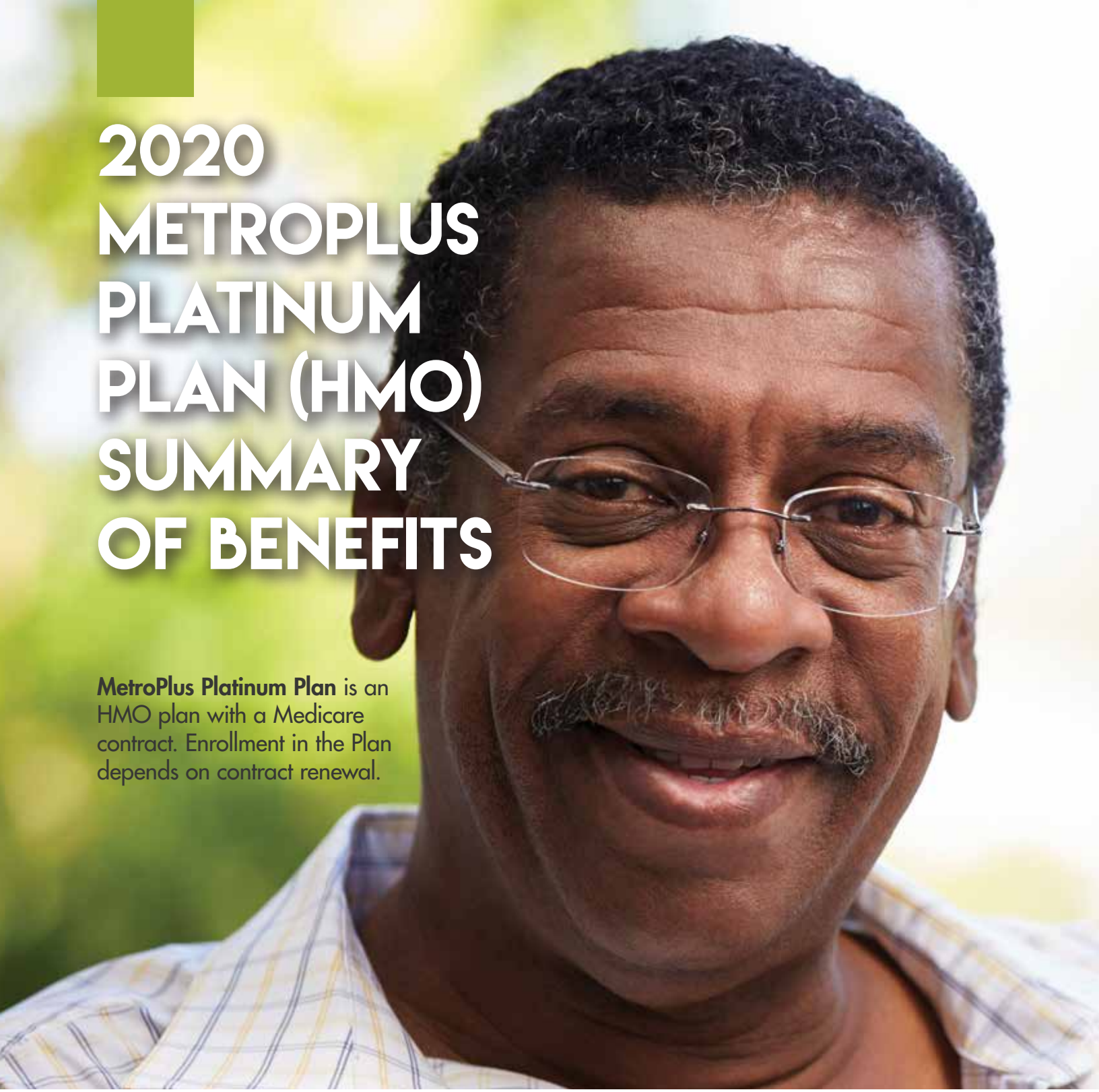

2020 METROPLUS PLATINUM PLAN (HMO) SUMMARY OF BENEFITS

MetroPlus Platinum Plan is an HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

THIS IS A SUMMARY OF DRUG AND HEALTH SERVICES COVERED BY METROPLUS PLATINUM PLAN (HMO) JANUARY 1, 2020 – DECEMBER 31, 2020

MetroPlus Health Plan
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GREAT DOCTORS IN YOUR NEIGHBORHOOD

Our **MetroPlus Platinum Plan (HMO)** offers members all the benefits included in Original Medicare, a robust network of providers in all five boroughs, and expanded hearing coverage. Plus a great Member Rewards program where our members earn points for completing healthy activities!

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** 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).

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).

To join **MetroPlus Platinum Plan (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, 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 Platinum Plan (HMO) 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**. Or call us and we will send you a copy of the *Provider/Pharmacy Directory.*

Premiums and Benefits	MetroPlus Platinum Plan (HMO)	What you should know
Monthly Plan Premium	You pay $141.	You must continue to pay your Medicare Part B premium.
Deductible	You pay nothing.	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	$6,700 annually.	The most you pay for copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage	$225 copay per day for days 1 through 8. You pay nothing for days 9 through 90.	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." Prior authorization and referral are required.
Outpatient Hospital Coverage • Outpatient Hospital Services • Ambulatory Surgical Center	 You pay 20% of the cost. $50 copay.	 Referral required.
Doctor Visits • Primary • Specialists	 You pay nothing. $40 copay per visit.	 Referral required.
Preventive Care	You pay nothing.	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	$75 copay.	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 nothing.	
Diagnostic Services/Labs/Imaging • Diagnostic tests and procedures • Lab services • Diagnostic radiology service *(e.g., MRI)* • Outpatient x-rays	 You pay 20% of the cost. You pay 20% of the cost. You pay 20% of the cost. You pay 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 • Routine hearing exam (up to 1 every year) • Exam to diagnose and treat hearing and balance issues • Hearing aid (1 every 3 years)	 $20 copay. $20 copay. You pay nothing.	Referral required. Prior authorization is required for hearing aids. Our plan pays up to $500 every 3 years for hearing aids.
Dental Services	You pay nothing.	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth). Prior authorization required.
Vision Services	You pay nothing.	Exams to diagnose and treat diseases and conditions of the eye, including yearly glaucoma screening. Referral required.
Mental Health Services *(Inpatient)*	$195 copay per day for days 1 through 8. You pay nothing for days 9 through 90.	Referral and prior authorization are required.
Mental Health Services *(Outpatient group or individual therapy visits)*	$40 copay.	

Premiums and Benefits	MetroPlus Platinum Plan (HMO)	What you should know
Skilled Nursing Facility	You pay nothing for days 1 through 20. $176 copay per day for days 21 through 100.	Our plan covers up to 100 days in a SNF. Prior authorization and referral are required.
Physical Therapy	$25 copay.	Referral required. Prior authorization is required after 10 visits.
Ambulance	$100 copay per one-way trip.	If you are admitted to the hospital, you do not have to pay for the ambulance services.
Transportation	Not covered.	
Medicare Part B Drugs	20% of the cost for chemotherapy drugs. 20% of the cost for other Part B drugs.	Prior authorization may be required.
Foot Care *(podiatry services)* • Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	$30 copay.	Referral required.
Medical Equipment/Supplies • Durable Medical Equipment *(e.g., wheelchairs, oxygen)* • Prosthetics *(e.g., braces, artificial limbs)* • Diabetes supplies	You pay 20% of the cost. You pay 20% of the cost. You pay 20% of the cost.	Prior authorization is required.
Telehealth Services	You pay nothing.	
Opioid Treatment Program Services	You pay nothing.	Authorization and referral required for inpatient services only.

Outpatient Prescription Drugs			
Stage 1:	**Yearly Deductible Stage**	The plan has a deductible amount of $435 for Part D prescription drugs. Until you have paid the deductible amount, you must pay the full cost for Part D prescription drugs.	
Stage 2:	**Initial Coverage** (After you pay your deductible, if applicable)		Cost-Sharing may change depending on when you enter another phase of the Part D benefit. For more information on the phases of the benefit, please call us or access our Evidence of Coverage online. Once your total drug costs have reached $4,020, you will move to the next stage.
	• Tier 1: Generic Drugs (including brand drugs treated as generic)	You pay 25% coinsurance	
	• Tier 2: All other drugs	You pay 25% coinsurance	
Stage 3:	**Coverage Gap Stage**		You remain in Stage 3 until your costs total $6,350, which is the end of the **Coverage Gap Stage**.
	• Tier 1: Generic Drugs (including brand drugs treated as generic)	You pay 25% coinsurance	
	• Tier 2: All other drugs	You pay 25% coinsurance and a portion of the dispensing fee	
Stage 4:	**Catastrophic Coverage Stage**		Once you are in the **Catastrophic Coverage Stage**, you will stay in this payment stage until the end of the year.
	• Tier 1: Generic Drugs (including brand drugs treated as generic)	You pay the greater of 5% of the cost or a $3.60 copay	
	• Tier 2: All other drugs	You pay the greater of 5% of the cost or a $8.95 copay	

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**.

For more information, please call us at the phone number below or visit us at **www.metroplusmedicare.org**.

Please call our Member Service Department at **1.866.986.0356**, 24 hours a day, 7 days a week. TTY users should call **711**.

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 **www.metroplusmedicare.org**.

MetroPlus Health Plan is a HMO, HMO SNP plan with a Medicare contract. Enrollment in MetroPlus Health Plan depends on contract renewal. MetroPlus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.986.0356 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1.866.986.0356 (TTY: 711)。

MetroPlus Health Plan

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