



YOUR GUIDE TO METROPLUS GOLD 2020.



OUR HEALTH PLAN FOR NEW YORK CITY EMPLOYEES.



Welcome to MetroPlus Gold!

This Guide describes the comprehensive benefits you receive as a MetroPlus Gold member. This Guide is an important supplement to the MetroPlus Gold Certificate of Coverage. Please take the time to read them both carefully.

We offer our members many extras to help make getting health care easier and more convenient, including online appointment scheduling through Zocdoc, an expanded urgent care network, gym reimbursement, and an enhanced member website that puts you in charge.

For more information on MetroPlus Gold, please contact the benefits office where you work. You can also call **MetroPlus Gold Member Services** 24/7 at **877.475.3795**, TTY **711** or visit **www.metroplus.org**.

For information on NYC Employee Health Benefits Program administered by The City of New York, Office of Labor Relations, contact the benefits office where you work or visit their website, **www.nyc.gov/olr**.

Sincerely,

Talya Schwartz, M.D.
President & Chief Executive Officer
MetroPlus Health Plan



Talya Schwartz, M.D.





THE HEALTH PLAN FOR NYC EMPLOYEES BY NYC EMPLOYEES.

NO EMPLOYEE PREMIUM FOR BASIC PLAN!

NO CO-PAYS!*

NO DEDUCTIBLE!

**METROPLUS GOLD GIVES YOU THE BENEFITS YOU WANT.
MEMBERS AND THEIR DEPENDENTS GET:**

- Physical examinations
- Visits with the in-network doctor you choose at a health care site convenient to you
- Private doctors' offices
- Maternity care including routine prenatal care, delivery, and newborn care
- Well baby care including immunizations
- Routine hearing exams
- Medically necessary hospital care including room and board, intensive care, physician, and surgical services
- Lab tests and X-rays
- Mental health services
- Special health education and care programs, and lots more
- Value-Added Services, including a member portal that puts you in charge

For a full list of benefits, refer to your Certificate of Coverage.

The basic MetroPlus Gold plan is available to NYC employees and their dependents. Optional benefits, including prescriptions, are available at additional cost. *No co-pays for most in-network services. There is a copay for ER visits and prescription drugs.

MEMBER EXTRAS!

GYM REIMBURSEMENT

As a MetroPlus Gold member, we want to help you stay healthy. MetroPlus will reimburse you up to \$250 every six months for the cost of your exercise facility membership. If your spouse is a MetroPlus Gold member, they are also eligible for the same \$250 reimbursement every six months. Exercise facilities that maintain equipment and programs that promote cardiovascular wellness qualify for reimbursement.*



URGENT CARE CENTERS

MetroPlus members can access an increasing number of Urgent Care Centers throughout the five boroughs to help with a sudden illness, an injury, or a condition that needs care right away, but is not so serious as to require an Emergency Room visit. For a complete list of Urgent Care Centers that accept MetroPlus, go to www.metroplus.org/find-urgent-care**



ZOCDOC™ APPOINTMENTS

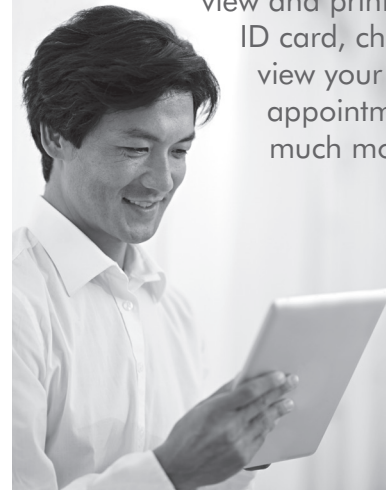
Now, MetroPlus Gold members can make and change their appointments online with any of our Zocdoc-participating providers. Zocdoc was created to solve patient problems, beginning with online appointment-booking. With Zocdoc, you can see doctors' open appointment times and book instantly online, make informed choices with verified reviews, and stay on top of important checkups with tailored reminders. And those pesky waiting room forms? Fill them out online, just once, and keep them forever.



TM

MEMBER WEBSITE

Do more with your membership online! Our Member Website lets you access your account (including member profiles for multiple plans), update your personal information, view and print your member ID card, change providers, view your claims/medical appointments history, and much more!



AND MORE EXTRAS AND MORE PROVIDERS THAN EVER BEFORE!

*The amount of the rewards and payout issued by MetroPlus may be considered taxable income, and subject to state and federal taxes in the tax year it is paid. We recommend that you consult a tax expert with any questions about your tax needs.

**You should always try to obtain urgently needed care from in-network providers and locations. We do not cover urgent care from non-participating Urgent Care Centers or physicians.

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MetroPlus Philosophy

Our mission is to provide our members with access to quality, cost-effective health care. MetroPlus believes in preventive health care, including immunizations and check-ups, health education and care management. We encourage members and their PCPs to build relationships, which promote personalized health care. MetroPlus Gold Member Services is available to help you understand your benefits and access the care you need to stay healthy. We are also committed to confidentiality regarding your medical records.

MetroPlus Terms

Here are some definitions of terms you will need to know. They are used frequently throughout this handbook.

NYC Health + Hospitals provides medical and mental health services to New York City residents. MetroPlus is subsidiary of NYC Health + Hospitals.

Participating Provider means a PCP, specialist, health care facility or other provider that has an agreement with MetroPlus to provide health care services to MetroPlus members.

PCP The Primary Care Provider or primary care team is the physician or nurse practitioner you select to provide your care from a list of approved, participating providers. The PCP takes care of the member's basic health care needs and refers the member to other providers when necessary.

Medically Necessary Care (Medical Necessity) means health care and services that are necessary to prevent, diagnose, manage or treat conditions in the person that cause acute suffering, endanger life, result in illness or infirmity, interfere with such person's capacity for normal activity or threaten some significant handicap.

Members Who Do Not Speak English or Require TTY Access

MetroPlus has Member Service Representatives who can help you in many languages on the phone and in person at NYC Health + Hospitals facilities. If necessary, MetroPlus will arrange for interpreter services. Many Participating Providers have staff who speak languages other than English.

If you are hearing-impaired and have access to a TTY machine, please call 711.

Accessing Care

CHOOSING YOUR PRIMARY CARE PROVIDER (PCP)

When you become a MetroPlus Gold member, we ask you to make several important decisions. First, we ask you and each adult dependent to select a PCP, and for you to select a PCP for each covered dependent from our extensive list of Participating Providers. If a selected PCP practices at more than one site, please pick one site where you or your dependent will regularly go for care. For convenience, you or your dependent may select a PCP near your home or workplace or other convenient location. A female member can choose a MetroPlus OB/GYN as her PCP. If you would like assistance in making your selections, just call 877.475.3795 or TTY 711 and a knowledgeable MetroPlus Gold Member Services Representative will be happy to help you.

If your PCP is a MetroPlus PCP, you can continue to see him or her. If you don't have a PCP, you can select one by going to the "Find a Doctor" page on the MetroPlus website, www.metroplus.org. On the site, you can search for a PCP who speaks your language, is associated with a particular hospital/facility, has an office in or near a particular zip code that is convenient to you and that is wheelchair accessible. You can find a PCP by looking in the MetroPlus Provider Directory. The Provider Directory indicates PCPs that are not accepting new patients. After you select a PCP, call and make sure that the PCP is taking new patients.

YOUR PCP

MetroPlus makes it easy to obtain most of the health care that you need through your Primary Care Provider (PCP). Whenever you need routine or preventive medical care, you should see your PCP. Only your PCP has the responsibility, with your assistance, for the coordination of your medical care.

Your PCP will provide basic and preventive care, such as checkups and screening tests, help you find Participating Providers who are specialists, if medically necessary, and arrange a hospital admission and other special services.

CHANGING YOUR PCP OR HEALTH CARE SITE

It is extremely important to MetroPlus that you are happy with your PCP and health care site. If you wish to change either one, you may do so easily. Simply call MetroPlus Gold Member Services at 877.475.3795 or TTY 711. To get a list of MetroPlus PCPs, simply call MetroPlus Gold Member Services or visit www.metroplus.org.

HOW TO OBTAIN ROUTINE CARE

Routine care includes exams, regular check-ups, shots or other treatments to keep you well, advice when you need it, and referral to the hospital or specialists when needed.

You and your PCP should work together to keep you well or to see that you get the care you need. Day or night, your PCP is only a phone call away. Be sure to call your PCP whenever you have a medical question or concern. If you call after hours or

on weekends, leave a message and include the phone numbers where you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how MetroPlus works.

Your care must be "medically necessary." Medically Necessary Care means health care and services that are necessary to prevent, diagnose, manage or treat conditions in the person that cause acute suffering, endanger life, result in illness or infirmity, interfere with such person's capacity for normal activity or threaten some significant handicap.

SCHEDULING APPOINTMENTS

Your PCP will take care of most of your health care needs – but you must have an appointment to see your PCP. As soon as you choose a PCP, call to make a first appointment. Be prepared to give your name and MetroPlus Gold ID Number. Your PCP will need to know your medical history. Prepare for your first appointment. Make a list of your medical background, any problems you have now and the questions you want to ask your PCP. In most cases, your first visit should be within three months of your joining MetroPlus Gold. Remember to bring your MetroPlus Gold ID with you to all appointments.

If you need care before your first appointment, call your PCP's office to explain the problem. Your PCP will give you an earlier appointment. You should still keep the "first" appointment. Use the following list as a guide for our limits on how long you may have to wait for an appointment:

- Your first appointment and routine physicals: within 12 weeks
- Urgent care: within 24 hours
- Non-urgent sick visits: within 3 days
- Routine, preventive care: within 4 weeks
- Non-urgent behavioral health visit: 2 weeks
- First pre-natal visit: within 3 weeks during 1st trimester (2 weeks during 2nd trimester, 1 week during 3rd trimester)
- First family planning visit: within 2 weeks
- Follow-up after a behavioral health emergency room or inpatient visit: 5 days

If you cannot keep or need to change an appointment, call your PCP's office as soon as possible, preferably 24 hours in advance. By doing so, you will allow another MetroPlus member to use the appointment time.

YOUR BASELINE PHYSICAL EXAMINATION

MetroPlus recommends having a comprehensive physical exam, because it is the starting point for your PCP to monitor your health. The baseline examination is an important part of "Preventive Medicine." Once your PCP gathers essential health information about you and your family, he or she will be able to suggest a schedule of follow-up visits as well as immunizations to help you maintain good health.

On your first visit to your PCP, you may be asked to sign a consent form to obtain medical records from your other health care providers. This is routine and will assist your MetroPlus provider in giving you the best care.

Important Note: If a medical problem arises before your initial check-up, please schedule an earlier appointment.

REFERRALS TO A SPECIALIST

If you need care that your PCP cannot provide, your PCP will refer you to a specialist who can. There are some treatments and services that your PCP must ask MetroPlus to authorize before you can get them. It is very important to us that you are happy with your specialist. If you think the specialist does not meet your needs, call or talk to your PCP. You can also call MetroPlus GoldCare Member Services at 877.475.3795 or TTY 711 for assistance.

SELF-REFERRAL FOR OB/GYN SERVICES

You do not need a referral from your PCP to make an appointment directly with a Participating OB/GYN provider. Your OB/GYN provider may be an obstetrician, gynecologist, nurse practitioner or licensed midwife. You can choose a Participating OB/GYN as your PCP.

CHOOSING A SPECIALIST FOR A LIFE-THREATENING OR DEGENERATIVE AND DISABLING CONDITION

If you have a disease or condition that is life-threatening or degenerative and disabling, and you require ongoing specialized medical care, you are entitled to have a specialist with expertise in your disease or condition provide or coordinate all of your medical care. You are also entitled to care from a specialty care center accredited or designated as having special expertise in treating your disease or condition. To arrange for these services, ask your PCP or call MetroPlus Gold Member Services at 877.475.3795 or TTY 711.

OUT-OF-NETWORK REFERRALS

Your PCP must get an authorization from MetroPlus for a referral to a non-Participating Provider, unless it is an emergency. A referral to a non-Participating Provider will be provided only if the services you require are not available from a Participating Provider. MetroPlus prior authorization is required for any referral to a non-Participating Provider. If MetroPlus authorizes the referral to a provider outside our network, you are not responsible for any of the costs other than required copayments.

If MetroPlus determines that care can be provided by a Participating Provider, the request for referral for out-of-network services will not be approved (refer to the Utilization Review section of this manual).

Transitional Out-of-Network Care

WHEN YOU JOIN METROPLUS

If you have a disease or condition that is life-threatening or degenerative and disabling, and you require ongoing specialized medical care, you may be able to continue receiving care from that provider for a transitional period of up to 60 days. If you are in the second trimester of pregnancy and are receiving care from an OB/GYN who is not in our network, you may be able to continue care with that OB/GYN throughout your pregnancy, delivery, and postpartum care related to the delivery. Your provider must agree to the following conditions:

1. Accept reimbursement from the MCO at established rates;
2. Adhere to plan's quality assurance requirements;
3. Provide plan with necessary medical information related to this care;
4. Adhere to the plan's policies and procedures.

IF YOUR PROVIDER LEAVES THE METROPLUS NETWORK

We will tell you within 15 days after we learn about your provider's departure from the MetroPlus network. Depending on the reason why the provider left our network, you may be entitled to continue an ongoing course of treatment with that provider for a transitional period. If the provider is your OB/GYN and you are in the second trimester of pregnancy, you may continue care with that provider throughout your pregnancy, delivery and postpartum care related to the delivery. If you are seeing a provider regularly for an ongoing condition, you may continue your present course of treatment for up to 90 days from the date the provider leaves MetroPlus. Your provider must agree to the following conditions:

1. Reimbursement rates applicable prior to start of transitional care;
2. Adhere to plan's quality assurance requirements;
3. Provide plan with necessary medical information related to this care;
4. Adhere to plan's policies and procedures.

Note: Transitional care is not allowed if the provider leaves the network due to imminent harm to patient care, a determination of fraud or a final disciplinary action by a state licensing board or other governmental agency that impairs the health care professional's ability to practice.

If you want to receive transitional out-of-network care when you join MetroPlus or if your provider leaves the MetroPlus network, call MetroPlus Gold Member Services 877.475.3795 or TTY 711.

Family Coverage

SPOUSE AND DEPENDENTS

MetroPlus Gold is available to all eligible New York City employees, their spouse or qualified domestic partner, and any eligible dependent children under the age of 26. You will find the definitions of qualified domestic partner and dependent children in the MetroPlus Gold Certificate of Coverage.

CHILDREN

If you are an employee enrolled in MetroPlus Gold, your children who are under the age of 26, except for children who are eligible for employer-sponsored coverage, are eligible for MetroPlus Gold. The following are considered children:

- Natural children
- Legally adopted children
- Children whom the employee proposes to adopt and who are dependent upon the employee during the waiting period prior to adoption
- Newly born infants adopted by the employee if:
 - The employee takes physical custody of the infant upon the infant's release from the hospital and the employee files a petition pursuant to New York State Domestic Relations Law, Section 115-c, within thirty (30) days of birth, and
 - Provided that no notice of revocation to the adoption has been filed pursuant to New York State Domestic Relations Law, Section 115-b, and
 - Consent to the adoption has not been revoked.

Please note: MetroPlus will not cover the infant's initial hospital stay when a natural parent has insurance coverage available for the infant's care.
- Children for whom the employee is the court appointed legal guardian and who are chiefly dependent upon the employee for support and maintenance
- Stepchildren who are dependent upon the employee for support and maintenance
- Natural children of the employee's covered dependent ("grandchild") if his/her grandchildren are dependent upon the employee for support and maintenance; the employee's grandchild may remain covered only while his/her parent is covered as a dependent
- Children of domestic partners as long as the domestic partner is covered as a dependent

In addition, an unmarried child as defined above who is age 26 and older and who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation or physical handicap and who became so incapable prior to attaining age 26 is eligible for MetroPlus Gold. Such coverage shall not terminate

while this Certificate of Coverage remains in effect and the child remains in such condition, if the employee submits proof of the child's incapacity within thirty-one (31) days of the child attaining age 26.

You must add your newborn or newly eligible dependent to your coverage within 30 days of birth or becoming eligible. To do this, contact your Benefits Manager where you work, complete the required forms and return them to your Benefits Manager.

YOUNG ADULT OPTION

Unmarried children, who can no longer be covered under the parent's policy due to age, may be eligible to purchase a separate policy which continues coverage afforded under the parent's group health plan. To be eligible for this policy, the unmarried child must be under 30 years of age, not eligible for health insurance coverage through his/her own employer, live, work or reside in the MetroPlus service area, and not be covered by Medicare.

For current information on Eligibility, Enrollment Processes or Effective Dates of Coverage, please refer to the MetroPlus Gold Certificate of Coverage.

Member's General Responsibilities

MetroPlus is committed to providing you and your family with prompt, courteous, quality health care. To get the best from MetroPlus Gold and its comprehensive benefits program, we ask you to do the following:

- Carry your MetroPlus Gold Member ID Card with you at all times.
- Keep your appointments and arrive for them on time. If you need to cancel an appointment, please do so at least 24 hours in advance, or as soon as possible.
- Let your PCP know of any change in your medical status, such as pregnancy or a recent Emergency Room visit or hospitalization.
- Obtain prior authorizations and written referrals when required by MetroPlus.

Member's Financial Responsibility

You must pay for those services which:

- Are administered by a non-Participating Provider unless the services were specifically authorized by MetroPlus or constitute emergency services (see next page)
- Are provided without necessary prior authorization as required by MetroPlus
- Are not MetroPlus Gold Covered Benefits

Members who purchase the Optional Prescription Drug Rider must pay the monthly premium and required co-pay per prescription.

Getting Care in Special Situations

SECOND OPINION FOR SURGERY

If your PCP or a MetroPlus specialist recommends surgery, you may obtain a second opinion from a Participating Provider. This additional evaluation is usually scheduled to:

- Confirm surgery as the best course of treatment.
- Determine if other treatment is available to you. After a second opinion, recommendations will be discussed with you by both your PCP and an appropriate authorized specialist.

SECOND OPINION FOR CANCER CARE

If you are receiving medical care to diagnose or treat cancer, MetroPlus Gold benefits include a second opinion from a specialist. You are entitled to get a second opinion from an appropriate specialist or a specialist at a cancer specialty care center. The second opinion may be obtained from a Participating or non-Participating Provider; however, all treatment must be obtained from a Participating Provider. For MetroPlus to pay for the second opinion, you must get prior authorization from MetroPlus.

WHAT IF YOU GET SICK ON THE JOB?

If you get sick or have an accident at work, you must follow the procedure established by your place of employment. If you are examined by the Employee Health Service or at an Emergency Room and a follow-up visit is recommended, call your PCP's office and arrange for any necessary follow-up care.

HIV TESTING AND COUNSELING

All HIV testing and counseling is confidential. If you want to be tested, you can either visit your MetroPlus provider or go to a New York City or New York State anonymous testing program. No referral is required. For more information, you can call the New York State HIV/AIDS Information Service toll-free hotline at 800.541.2437.

EMERGENCY SERVICES

MetroPlus Gold benefits include emergency services. Emergency services are services that are medically necessary to stabilize or treat an emergency condition. An Emergency Condition is defined as:

A medical or behavioral condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

1. Placing the health of the person afflicted with such condition (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or in the case of a behavioral condition placing the health of such person or others in serious jeopardy;
2. Serious impairment to such person's bodily functions;
3. Serious dysfunction of any bodily organ or part of such person; or
4. Serious disfigurement of such person.

Here are some examples of emergency conditions:

- a heart attack or severe chest pain
- bleeding that won't stop or a bad burn
- broken bones
- trouble breathing/convulsions/loss of consciousness
- when you feel you might hurt yourself or others
- if you are pregnant and have severe abdominal pain or cramps, vaginal bleeding, fever, vomiting or ruptured membranes (your water breaking or leaking)

Examples of non-emergencies are colds, sore throat, upset stomach, minor cuts and bruises, or sprained muscles.

In an emergency, call 911 and follow instructions, or go immediately to the nearest Emergency Room. Services for an Emergency Medical Condition do not require prior approval or authorization by your PCP or MetroPlus.

NOTE: If you go to an Emergency Room, you or someone acting on your behalf should contact your PCP to arrange for follow-up care.

AN EMERGENCY ROOM IS NOT ALWAYS THE BEST PLACE TO GO

If you have a problem that is not an emergency, please do not go to the Emergency Room. Call your PCP any time of the day or night. If you cannot reach your PCP, call MetroPlus Gold Member Services 877.475.3795 or TTY 711. We will do our best to help you get the information and care that you need.

URGENT CARE

You may have an injury or an illness that is not an emergency but still needs prompt care.

- This could be an episode of persistent vomiting or diarrhea
- It could be a sprained ankle, or a bad splinter you can't remove

An urgent problem is serious, but Emergency Room services are not required. You can get an appointment for an urgent care visit for the same or next day. If you are at home or away, call your PCP any time, day or night. If you cannot reach your PCP, call MetroPlus Gold Member Services 877.475.3795 or TTY 711. We will do our best to help you get the information and care that you need.

However, in an emergency, dial 911 and follow instructions, or go immediately to the nearest Emergency Room.

Benefits

METROPLUS GOLD BENEFITS* INCLUDE...

- All visits to your Primary Care Provider (PCP)
- Hospital care*
- Home health and skilled nursing facility services*
- Mental health, alcoholism and substance abuse treatment*
- Specialty services
- Initial and periodic physical examinations for adults and children, including well-child care
- All gynecological care, including Pap tests
- All maternity care
- Infertility diagnosis and treatment, EXCEPT reversal of elective sterilization, gamete intrafallopian tube transfers (GIFT) or zygote intrafallopian tube transfers (ZIFT)
- All laboratory services, x-rays (including mammography, prostate and bone density screening), and other diagnostic tests and services ordered by your PCP or a specialist
- Short-term rehabilitation therapy
- Dialysis
- Emergency ambulance service
- Durable medical equipment
- Hospice care
- All diabetic medications and supplies
- Injectable drugs administered in a physician's office
- Medically necessary vaccines including Gardasil for HPV prevention
- Care management programs for members with chronic diseases and other health issues
- All contraceptive medication and supplies for all women with reproductive capacity
- Access to End of Life care*

OPTIONAL BENEFIT RIDER FOR PRESCRIPTION DRUGS

An Optional Prescription Drug Rider is available through a payroll deduction. If you elect this option, prescription drugs are covered with a required co-pay when prescribed by an authorized MetroPlus provider and obtained from a participating pharmacy. Use your MetroPlus Gold Member ID Card to obtain authorized prescriptions at participating pharmacies. For a listing of participating pharmacies, check the MetroPlus website, www.metroplus.org, or call MetroPlus Gold Member Services at 877.475.3795 or TTY 711.

For information on the prescription mail order program, please see the enclosed brochure or visit www.caremark.com.

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If you have any questions about what is or is not covered, refer to the MetroPlus Gold Certificate of Coverage or call MetroPlus Gold member Services at 877.475.3795 or TTY 711.

Note: Some services are covered through New York City Management Benefits Fund or Union Welfare Fund. Your Benefits Manager or Union Representative can provide you with details.

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METROPLUS GOLD MEMBER SATISFACTION

If you are experiencing any kind of problem with accessing MetroPlus Gold benefits, we want to know about it. Please contact your Managed Care Coordinator at your facility or call MetroPlus Gold Member Services at 877.475.3795 or TTY 711. We consider your concerns of the utmost importance.

MEMBER INPUT INTO METROPLUS POLICIES AND PROCEDURES

We want to hear from you! To give us your ideas on how to improve MetroPlus policies and procedures, call MetroPlus Gold Member Services at 877.475.3795 or TTY 711 or write to: MetroPlus Health Plan, Attention: Member Services Department, 160 Water Street, 3rd Floor, New York, NY 10038

FRAUD PREVENTION

You can help prevent health care fraud. Protect your MetroPlus Gold Identification Card as you would a credit card. Be careful about giving your ID number to strangers. Someone could use your ID number to commit fraud. If your ID card is lost or stolen, call MetroPlus Gold Member Services right away. Also, if you get a bill for services that should be paid for by MetroPlus, call MetroPlus Gold Member Services at 877.475.3795 or TTY 711.

Members' Bill of Rights

The MetroPlus Members' Bill of Rights gives members the following rights:

1. The right to be treated with consideration, dignity and respect, regardless of your physical and emotional condition.
2. The right to get complete and current information regarding a diagnosis, treatment and prognosis from a physician or other provider in terms the member can be reasonably expected to understand. When it is not advisable to give such information to the member, the information shall be made available to an appropriate person acting on the member's behalf.
3. The right to be informed of the name, title and function of anyone involved in your care, as well as information about his/her professional qualifications.
4. The right to receive necessary information in order to give informed consent before the beginning of any procedure or treatment (except in emergency situations when informed consent cannot be obtained).
5. The right to refuse treatment to the extent permitted by law and to be informed of any medical problems you may experience from lack of treatment.
6. The right to receive necessary emergency medical care when you arrive at the emergency room.
7. The right to receive confidential care and treatment and to have all your medical records remain private except as provided by law.
8. The right to be told by a provider, or his or her representative, of any special health care needs you may have after being discharged or transferred.
9. The right to refuse to take part in research and/or any experimental treatment as part of your care or treatment unless you have full knowledge and agree.
10. The right to receive treatment without discrimination as to age, race, color, religion, gender, sexual orientation or national origin.
11. The right to voice or file a written grievance without fear of reprisal.
12. The right to have decisions carried out as you request in an Advance Directive.

*For complete information about Covered Services, exclusions and limitations, and other terms and conditions for coverage, please refer to the MetroPlus Gold Certificate of Coverage.

Information Available on Request

The following information is available to you. To request it, please call MetroPlus Gold Member Services at 877.475.3795 or TTY 711.

- Names and addresses of MetroPlus officers and directors
- A copy of our most recent annual financial statement
- Department of Insurance consumer complaint information
- MetroPlus confidentiality protection procedures
- A list of medicines we will pay for (if you subscribe to Prescription Drug Rider)
- A written description of the organizational arrangements and ongoing procedures of MetroPlus' quality assurance program
- A description of the procedures followed in making decisions about the experimental or investigational nature of individual drugs, medical devices or treatments in clinical trials
- Information on the MetroPlus hospital affiliations of our MetroPlus providers
- MetroPlus' written medical standards of care for a particular sickness or medical problem (upon written request)
- Application procedures and minimum qualifications for health care providers to become MetroPlus providers
- Information on Advance Directives

Important Phone Numbers

For help from MetroPlus Gold Member Services, call 877.475.3795 or TTY 711 Monday through Friday, 8 AM – 8 PM, or Saturday 9 AM – 5 PM.

To make or change an appointment or if you have questions about your health or medical treatment, call your health care provider. Write your providers' phone numbers here:

	Name:	Phone Number:
PCP:	_____	_____
OB/GYN:	_____	_____
Other:	_____	_____
Other:	_____	_____

EMERGENCY SERVICES

In an emergency, call 911 and follow instructions, or go to the nearest Emergency Room. Refer to the Emergency Services section of this handbook to find out what is a true emergency.

NYS DEPARTMENT OF HEALTH COMPLAINT HOTLINE: 800.206.8125.



METROPLUS.ORG/GOLD 1.877.475.3795
160 Water Street, 3rd Floor, New York, NY 10038

OUR HEALTH PLAN FOR NEW YORK CITY EMPLOYEES.