

2023 METROPLUS ADVANTAGE PLAN (HMO-DSNP) SUMMARY OF BENEFITS



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

**This is a summary of drug and health services
covered by MetroPlus Advantage Plan (HMO-DSNP)
January 1, 2023 – December 31, 2023**

✓ **MetroPlusHealth**



OUR **METROPLUS ADVANTAGE PLAN (HMO-DSNP)** 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 WHERE OUR MEMBERS EARN POINTS FOR COMPLETING HEALTHY ACTIVITIES! THE **METROPLUS ADVANTAGE PLAN (HMO-DSNP)**'S COVERAGE IS IN ADDITION TO SERVICES YOU MAY BE ELIGIBLE TO RECEIVE THROUGH NEW YORK STATE'S MEDICAID PROGRAM.

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, please call our 24/7 Help Line at **866.986.0356** (TTY: 711) and a representative will assist you.

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 **metroplusmedicare.org** or call **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, 2023.
- ☐ Except for emergency situations, urgent care situations, or certain state/federal mandates, we generally do not cover services by out-of-network providers
- ☐ 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-DSNP)** 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-DSNP)**, 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-DSNP)** 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. Or call us and we will send you a copy of the directory.

Premiums and Benefits	MetroPlus Advantage Plan (HMO-DSNP)	What you should know
Monthly Plan Premium	You pay \$0 or up to \$38.90, depending upon your level of Extra Help .	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.
Deductible	\$0 or \$233. These are 2022 cost-sharing amounts and may change for 2023. MetroPlus Advantage Plan (HMO-DSNP) will provide updated rates as soon as they are released.	If you are eligible for Medicare cost-sharing assistance under Medicaid, you may pay as low as \$0.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$8,300 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.
Inpatient Hospital Coverage	\$0 or: <ul style="list-style-type: none"> • \$1,556 deductible • Days 1–60: \$0 copayment per day • Days 61–90: \$389 copayment per day • 60 Lifetime Reserve Days: \$778 copayment per day These are 2022 cost-sharing amounts and may change for 2023. MetroPlus Advantage Plan (HMO-DSNP) will provide updated rates as soon as they are released.	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.

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-DSNP)	What you should know
Outpatient Hospital Coverage: Outpatient Hospital Services Ambulatory Surgical Center	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	
Doctor Visits: primary and specialists	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	Referral required for specialist.
Preventive Care	You pay nothing.	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	You pay zero or 20% of the cost (up to \$95) 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.
Urgently Needed Services	You pay zero or 20% of the cost (up to \$60) 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.
Diagnostic Services / Labs / Imaging <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • Diagnostic radiology service (e.g., MRI) • Outpatient x-rays 	<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.
Hearing Services	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 3 years).	Referral or prior authorization may be required. For additional information, please see the 2022 Evidence of Coverage for MetroPlus Advantage Plan (HMO-DSNP).
Dental Services	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.

Premiums and Benefits	MetroPlus Advantage Plan (HMO-DSNP)	What you should know
Skilled Nursing Facility	<p>\$0 or:</p> <ul style="list-style-type: none"> You pay nothing for days 1 – 20 \$194.50 copay per day for days 21 – 100 <p>These are 2022 cost-sharing amounts and may change for 2023. MetroPlus Advantage Plan (HMO-DSNP) will provide updated rates as soon as they are released.</p>	Our plan covers up to 100 days in a SNF. Prior authorization required.
Physical Therapy	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.
Ambulance	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	
Transportation	You pay nothing.	Our plan covers up to 14 one-way trips per year to an approved provider location. No referral or prior authorization needed.
Medicare Part B Drugs	<p>You pay zero or 20% of the cost for chemotherapy drugs depending on your level of Medicaid eligibility.</p> <p>You pay zero or 20% of the cost for other Part B drugs depending on your level of Medicaid eligibility.</p>	Prior authorization or step therapy may be required.
Medical Equipment/Supplies <ul style="list-style-type: none"> Durable Medical Equipment (e.g., wheelchairs, oxygen) Prosthetics (e.g., braces, artificial limbs) Diabetes supplies 	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	Prior authorization is required.

Premiums and Benefits	MetroPlus Advantage Plan (HMO-DSNP)	What you should know
Foot Care (podiatry services) <ul style="list-style-type: none"> • Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions • Routine foot care 	<p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p> <p>You pay nothing.</p>	<p>Routine foot care is available for 4 visits per year. Referral required.</p>
Telehealth Services	<p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p>	<p>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.</p>
Over-the-Counter Items	<p>You pay nothing.</p>	<p>Up to \$1,500 per year (\$375 per quarter) for MetroPlus approved non-prescription, over-the-counter items from a select catalogue.</p>
Opioid Treatment Program Services	<p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p>	<p>Prior authorization is required for inpatient services only.</p>
Acupuncture (to treat chronic lower back pain only)	<p>You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p>	<p>Covered services include:</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>

Premiums and Benefits	MetroPlus Advantage Plan (HMO-DSNP)	What you should know
Fitness Benefit	You pay nothing.	MetroPlus Advantage Plan (HMO-DSNP) will reimburse you up to \$250 every six months for membership to qualifying exercise facilities.
Post-Discharge Meals	You pay nothing.	Members are eligible for up to 10 meals over 5 days after discharge from an inpatient setting to the home. Prior authorization is required.
Flex Card	You pay nothing.	Members will receive a \$400 flex card per year that can be used purchase home and bathroom safety devices and modification, phone equipment, services, and utility payments.
Healthy Food Vouchers (Special Supplemental Benefits for the Chronically Ill [SSBCI])	You pay nothing.	Qualifying members may get up to \$100 per quarter in food vouchers that can be used to purchase fresh healthy foods from participating vendors. Prior authorization is required.
Worldwide Emergency Room	You pay nothing.	

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** 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**.

Outpatient Prescription Drugs			
Stage 1:	Yearly Deductible Stage	If you receive <i>Extra Help</i> to pay your prescription drugs, your deductible amount will be either \$0 or 104, depending on the level of <i>Extra Help</i> you receive.	
Stage 2:	Initial Coverage (After you pay your deductible, if applicable)	Depending on the level of <i>Extra Help</i> you receive, you pay the following cost-sharing amounts:	Once your total drug costs reach \$4,660, you will move to the next stage (the Coverage Gap Stage).
	<ul style="list-style-type: none"> • Generic Drugs (including brand drugs treated as generic) 	\$0 copay	
	<ul style="list-style-type: none"> • All other drugs 	<ul style="list-style-type: none"> • A \$0 copay or • A \$4.30 copay or • A \$10.35 copay or up to • A 15% coinsurance 	
Stage 3:	Coverage Gap Stage	Depending on the level of <i>Extra Help</i> you receive, you pay the following cost-sharing amounts:	Once your yearly out-of- pocket costs reach \$7,400, you will move to the next stage (the Catastrophic Coverage Stage).
	<ul style="list-style-type: none"> • Generic Drugs (including brand drugs treated as generic) 	\$0 copay	
	<ul style="list-style-type: none"> • All other drugs 	<ul style="list-style-type: none"> • A \$0 copay or • A \$4.30 copay or • A \$10.35 copay or up to • A 15% coinsurance 	
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.
	<ul style="list-style-type: none"> • Generic Drugs (including brand drugs treated as generic) 	\$0 copay	
	<ul style="list-style-type: none"> • All other drugs 	\$0 or \$10.35, or 5% of the cost, depending on your level of <i>Extra Help</i>	

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-DSNP) 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-DSNP) 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-DSNP)
Inpatient Hospital Coverage	Medicaid covers Medicare deductibles, copays, and coinsurances. Up to 365 days per year (366 days for leap year).	\$0 or: <ul style="list-style-type: none"> • \$1,556 deductible • Days 1–60: \$0 copayment per day • Days 61–90: \$389 copayment per day • 60 Lifetime Reserve Days: \$778 copayment per day
Outpatient Hospital Coverage <ul style="list-style-type: none"> • Outpatient Hospital Services • Ambulatory Surgical Center 	Medicaid covers Medicare deductibles, copays, and coinsurances. Medicaid covers Medicare deductibles, copays, and coinsurances.	You pay zero or 20% of the cost depending on your level of Medicaid eligibility. You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
Doctor Visits <ul style="list-style-type: none"> • Primary • Specialists 	Medicaid covers Medicare deductibles, copays, and coinsurances. Medicaid covers Medicare deductibles, copays, and coinsurances.	You pay zero or 20% of the cost depending on your level of Medicaid eligibility. You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
Preventive Care	No coverage.	You pay nothing.
Emergency Care	Medicaid covers Medicare deductibles, copays, and coinsurances.	You pay zero or 20% of the cost (up to \$90) depending on your level of Medicaid eligibility.
Urgently Needed Services	Medicaid covers Medicare deductibles, copays, and coinsurances.	You pay zero or 20% of the cost (up to \$65) depending on your level of Medicaid eligibility.

Benefit	Description of Medicaid Covered Services	MetroPlus Advantage Plan (HMO-DSNP)
Diagnostic Services / Labs / Imaging <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • Diagnostic radiology service (e.g., MRI) • Outpatient x-rays 	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <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>
Hearing Services	<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 3 years.</p>
Dental Services	<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-DSNP)
Vision Services	<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 \$350 per year for:</p> <ul style="list-style-type: none"> • Contact lenses • Eyeglasses (lenses and frames) • Eyeglass lenses • Eyeglass frames • Upgrades <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>
Mental Health Services (Inpatient)	<p>Medicaid covers Medicare deductibles, copays and coinsurances.</p>	<p>\$0 or:</p> <ul style="list-style-type: none"> • \$1,556 deductible • Days 1–60: \$0 copayment per day • Days 61–90: \$389 copayment per day • 60 Lifetime Reserve Days: \$778 copayment per day
Skilled Nursing Facility	<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"> • You pay nothing for days 1 – 20 • \$194.50 copay per day for days 21 – 100

Benefit	Description of Medicaid Covered Services	MetroPlus Advantage Plan (HMO-DSNP)
Rehabilitation Services	<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>Occupational Therapy: You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p> <p>Physical Therapy: You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p> <p>Speech Language Therapy: You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p> <p>Cardiac Rehabilitation: You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p> <p>Pulmonary Rehabilitation: You pay zero or 20% of the cost depending on your level of Medicaid eligibility.</p>
Ambulance	<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>
Transportation	<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 14 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-DSNP)
<p>Medical Equipment / Supplies</p> <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetes supplies 	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>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>Medicaid covers prosthetics, orthotics, and orthopedic footwear.</p> <p>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>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>

Benefit	Description of Medicaid Covered Services	MetroPlus Advantage Plan (HMO-DSNP)
Prescription Drugs	<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 Extra Help you receive, you pay:</p> <ul style="list-style-type: none"> • A \$0 copay <p>For all other drugs, depending on the level of Extra Help you receive, you pay either:</p> <ul style="list-style-type: none"> • A \$0 copay or • A \$4.00 copay or • A \$9.85 copay or up to • A 15% coinsurance
Over-the-Counter Items	<p>Medicaid covers certain over-the-counter medications.</p>	<p>You pay a \$0 copay.</p> <p>Up to \$1,500 per year (\$375 per quarter) for MetroPlus approved non-prescription, over-the-counter items from a select catalogue.</p>

MEDICAID-ONLY SERVICES

Benefit	Description of Medicaid Covered Services	MetroPlus Advantage Plan (HMO-DSNP)
Adult Day Health Care	<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>Adult day health care includes the following services: 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>	Covered under Medicaid.
Assisted Living Services	<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>	Covered under Medicaid.
Certain Mental Health Services	<p>Medicaid covers the following mental health services:</p> <ul style="list-style-type: none"> • Intensive Psychiatric Rehabilitation Treatment Programs • Day Treatment • Continuing Day Treatment • Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units) Partial Hospitalizations • Assertive Community Treatment (ACT) • Personalized Recovery Oriented Services (PROS) 	Covered under Medicaid.

Benefit	Description of Medicaid Covered Services	MetroPlus Advantage Plan (HMO-DSNP)
Comprehensive Medicaid Case Management	<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.
Directly Observed Therapy for Tuberculosis (TB) Disease	<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.
Home and Community Based Waiver Program Services	<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.
Medical Social Services	<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.
Methadone Maintenance Treatment Programs (MMTP)	<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-DSNP)
Nutrition	<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.
Office of Mental Retardation and Developmental Disabilities (OMRDD) Services	<p>Medicaid covers the following OMRDD services:</p> <ul style="list-style-type: none"> • Long Term Therapy Services Provided by Article 16-Clinic Treatment Facilities or Article 28 Facilities. • Day Treatment. • Medicaid Service Coordination (MSC). • Home and Community Based Services Waivers (HCBS). • Services Provided Through the Care At Home Program (OMRDD). 	Covered under Medicaid.

Benefit	Description of Medicaid Covered Services	MetroPlus Advantage Plan (HMO-DSNP)
Personal Care Services	<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>	<p>Covered under Medicaid.</p>
Personal Emergency Response Services (PERS)	<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>	<p>Covered under Medicaid.</p>
Private Duty Nursing	<p>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.</p>	<p>Covered under Medicaid.</p>

Benefit	Description of Medicaid Covered Services	MetroPlus Advantage Plan (HMO-DSNP)
Rehabilitation Services Provided to Residents of OMH Licensed Community Residence (CRs) and Family Based Treatment Programs	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.
Out-of-Network Family Planning services provided under the direct access provisions of the waiver	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.

OTC CVS: Phone **888.628.2770** (Monday-Friday 9am-8pm) | **cvs.com/otchs/metroplus**

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

Member Rewards: Finity **800.510.3944** | **metroplusrewards.org**

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

Dental: **844.831.9099**





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

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**.

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