

2022 METROPLUS ULTRACARE (HMO-DSNP) SUMMARY OF BENEFITS



MetroPlus UltraCare (HMO-DSNP) is an HMO plan with a Medicare and Medicaid contract. Enrollment in **MetroPlus UltraCare (HMO-DSNP)** depends on contract renewal.

**THIS IS A SUMMARY OF DRUG AND HEALTH BENEFITS
COVERED BY METROPLUS ULTRACARE (HMO-DSNP)
JANUARY 1, 2022 – DECEMBER 31, 2022**



LET'S GET HEALTHY TOGETHER.

MetroPlus UltraCare (HMO-DSNP) is a Medicaid Advantage Plus plan for people who qualify for both Medicare and full Medicaid benefits and who need coordinated long-term community-based services in a home setting. This plan will cover most of your Medicare and Medicaid benefits.

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 **1.866.986.0356** (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 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, 2023.
- 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).

*Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. For more information, visit www.metroplusmedicare.org.

INTRODUCTION

This document is a brief summary of the benefits and services covered by **MetroPlus UltraCare (HMO-DSNP)**. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of **MetroPlus UltraCare (HMO-DSNP)**. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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A. DISCLAIMERS



This is a summary of health services covered by **MetroPlus UltraCare (HMO-DSNP)** for January 1, 2022 – December 31, 2022. Please read the *Evidence of Coverage* for the full list of benefits. If you don't have an *Evidence of Coverage*, call MetroPlus UltraCare (HMO-DSNP) Member Services at the number at the bottom of this page to get one. You can also visit www.metroplusmedicare.org.

- ❖ MetroPlus UltraCare (HMO-DSNP) is an HMO Plan with a Medicare contract. Enrollment in MetroPlus UltraCare depends on contract renewal.
- ❖ MetroPlus UltraCare (HMO-DSNP) is a Medicaid Advantage Plus (MAP) Plan for People who qualify for both Medicare and Full Medicaid benefits and who need coordinated long-term community bases services in a home setting. This plan will cover most of your Medicare and Medicaid benefits.
- ❖ Benefits may change on January 1 of each year
- ❖ 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 throughout this booklet and the *Member Handbook*).
- ❖ Your monthly premium will depend on your level of low-income subsidy "Extra Help".
- ❖ MetroPlus UltraCare (HMO-DSNP) has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for these services. You can see 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 directory.
- ❖ We cover Part D drugs.

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.metroplusmedicare.org.

- ❖ We cover all Medicare Part B drugs and other drugs obtained or administered by your provider in their office or in your home.
- ❖ MetroPlus UltraCare (HMO-DSNP) is a plan for people who need Medicaid home care and long-term care services and covers Medicare services for those who live in the service area and have both Medicare Part A and Part B and have Medicaid.
- ❖ This plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you:
 - Must be eligible for Medicare and Full Medicaid Benefits.
 - Must be capable, at the time of enrollment of returning to or remaining in your home and community without jeopardy to health and safety, based upon criteria provided by New York State Department of Health; and
 - Must be eligible for nursing home level of care (as of the time of enrollment)
 - Must require care management and be expected to need at least one of the following Community Based Long-Term Care services for more than 120 days from the effective date of enrollment:
 - nursing services in the home;
 - therapies in the home;
 - home health aide services;
 - personal care services in the home;
 - adult day health care;
 - private duty nursing; or
 - Consumer-Directed Personal Assistance Services
 - Must be 18 years of age or older;
 - Must reside in the plan's service area;
 - Are determined eligible for long-term care services by the plan or an entity designated by the Department using the current NYS eligibility tool.

- ❖ Under MetroPlus UltraCare (HMO-DSNP) you can get your Medicare and most of your Medicaid services in one health plan. A MetroPlus UltraCare (HMO-DSNP) care manager will help manage your health care needs.
- ❖ For more information about **Medicare**, you can read the *Medicare & You Handbook*. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or 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**.
- ❖ For more information about **Medicaid**, call New York State Department of Health Medicaid Program Medicaid Helpline at **1.718.557.1399**. TTY users should call 711.
- ❖ ATTENTION: If you speak **Spanish**, language assistance services, free of charge, are available to you. Call MetroPlus UltraCare (HMO-DSNP) Member Services at the number at the bottom of this page. The call is free.
- ❖ You can get this document for free in **Spanish and** in other formats, such as large print, braille, or audio. Call Member Services at the number at the bottom of this page.
- ❖ When you fill out an application for MetroPlus UltraCare (HMO-DSNP), you can let us know if you would like to receive Plan materials in a language other than in English, or in an alternate format like large print, braille, or audio. If you want to change how you receive materials, you can request the change at any time by calling Member Services at the number at the bottom of this page.
- ❖ ATENCIÓN: Si habla español, cuenta con servicios de asistencia lingüística sin cargo disponibles para usted. Llame a Servicios al Miembro de MetroPlus UltraCare (HMO-DSNP) al número que figura al final de esta página. La llamada es gratuita.

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.metroplusmedicare.org.

B. FREQUENTLY ASKED QUESTIONS (FAQ)

What is a Medicaid Advantage Plus (MAP/HMO + D-SNP) plan?

Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Special Needs Plan (D-SNP). Our plan combines your Medicaid home care and long-term care services and your Medicare services. It combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated health care system. It also has care managers to help you manage all of your providers and services. They all work together to provide the care you need.

Our MAP plan is called **MetroPlus UltraCare (HMO-DSNP)**.

Will I get the same Medicare and Medicaid benefits in MetroPlus UltraCare (HMO-DSNP) that I get now?

If you are coming to MetroPlus UltraCare (HMO-DSNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get most of your covered Medicare and Medicaid benefits directly from MetroPlus UltraCare (HMO-DSNP). You will work with a team of providers who will help determine what services will best meet your needs. When you enroll in MetroPlus UltraCare (HMO-DSNP), you and your care team will work together to develop a Care Plan to address your health and support needs.

When you join our plan, if you are taking any Medicare Part D prescription drugs that MetroPlus UltraCare (HMO-DSNP) does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for MetroPlus UltraCare (HMO-DSNP) to cover your drug, if medically necessary. For more information, call Member Services.

Can I go to the same health care providers I see now?

That is often the case. If your providers (including doctors and pharmacies) work with MetroPlus

UltraCare (HMO-DSNP) and have a contract with us, you can keep going to them.

- Providers with an agreement with us are “in-network.” In most cases, you must use the providers in MetroPlus UltraCare (HMO-DSNP)’s network.
- If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of MetroPlus UltraCare (HMO-DSNP)’s network. You may also use out-of-network providers when MetroPlus UltraCare (HMO-DSNP) authorizes the use of out-of-network providers.

To find out if your providers are in the plan’s network, call Member Services or read MetroPlus UltraCare (HMO-DSNP)’s *Provider and Pharmacy Directory*. You can also visit our website at www.metroplusmedicare.org for the most current listing.

What happens if I need a service but no one in MetroPlus UltraCare (HMO-DSNP)’s network can provide it?

Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, MetroPlus UltraCare (HMO-DSNP) will authorize and pay for the cost of an out-of-network provider.

What is a care manager?

A care manager is your main contact person. This person helps manage all your providers and services and makes sure you get what you need.

What are long-term services and supports?

Long-term services and supports are services that help people who need assistance doing everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services help you stay in your home so you don’t need to move to a nursing home or hospital.

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.metroplusmedicare.org.

Where is MetroPlus UltraCare (HMO-DSNP) available?

The service area for this plan includes the following counties in New York: New York County (Manhattan), Kings County (Brooklyn), Bronx County (The Bronx), Richmond County (Staten Island), and Queens County (Queens). You must live in one of these counties to join the plan. Call Member Services for more information about whether the plan is available where you live.

What is prior authorization?

Prior authorization means that you must get approval from MetroPlus UltraCare (HMO-DSNP) before you can get a specific service or drug or see an out-of-network provider. MetroPlus UltraCare (HMO-DSNP) may not cover the service or drug if you don't get approval. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.**

See Chapter 3, Section 2.3 of the *Evidence of Coverage* to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the *Evidence of Coverage* to learn which services require a prior authorization.

What is a referral?

A referral means getting access for certain plan benefits from your primary care provider (PCP) **before** you can see providers in the plan's network.

If you don't get approval, MetroPlus UltraCare (HMO-DSNP) may not cover the services. You don't need a referral for certain benefits. For more information on when a referral is necessary, call Member Services or read the *Evidence of Coverage*.

What is Extra Help?

Extra Help is a Medicare program that helps people with limited incomes and resources reduce their Medicare Part D prescription drug costs such as premiums, deductibles, and copayments. **Extra Help** is also called the "Low-Income Subsidy," or "LIS."

Your prescription drug copayments under MetroPlus UltraCare (HMO-DSNP) already include the amount of **Extra Help** you qualify for. For more information

about **Extra Help**, contact your local Social Security Office, or call Social Security at 1.800.772.1213. TTY users should call 1.800.325.0778. These calls are free.

Do I pay a monthly amount (also called a "premium") as a member of MetroPlus UltraCare (HMO-DSNP)?

You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party. Depending on the level of Low-Income Subsidy **Extra Help** you get, your premium will be \$0 or up to \$42.40. **Extra Help** pays the Medicare Part D (prescription drug) monthly premium up to \$42.40.

Do I pay a deductible as a member of MetroPlus UltraCare (HMO-DSNP)?

The Part D annual deductible for MetroPlus UltraCare (HMO-DSNP) in 2022 is \$99.00. Depending on your level of **Extra Help** you will have a \$0 or \$99.00 deductible.

What is the maximum out-of-pocket amount that I will pay for medical services as a member of MetroPlus UltraCare (HMO-DSNP)?

There is no cost-sharing for **medical services** in MetroPlus UltraCare (HMO-DSNP), so your annual out-of-pocket costs will be \$0.

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.metroplusmedicare.org.

C. LIST OF COVERED SERVICES

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

MetroPlus UltraCare Covered Services	Costs	What you should know
Inpatient Hospital Coverage	You pay \$0	Unlimited inpatient days as medically necessary. Referral is required except in an emergency. Prior authorization required.
Outpatient Services		
Outpatient Hospital Services	You pay \$0	No referral required. No prior authorization required. These are medically necessary services in a facility that do not require an overnight hospital stay.
Outpatient Observation	You pay \$0	No referral required. No prior authorization required.
Ambulatory Surgical Center Services	You pay \$0	Referral required. Prior authorization required for out-of-network provider only.
Doctor Visits		
Primary	You pay \$0	Your PCP will perform basic healthcare and preventative services and coordinate all your covered services.
Specialists	You pay \$0	A referral from your PCP is required for you to see a Specialist.
Preventive Care	You pay \$0	No referral required. No prior authorization required.
Emergency Care	You pay \$0	You do not need prior authorization and you do not have to be in-network.
Urgently Needed Services	You pay \$0	You do not need prior authorization and you do not have to be in-network.

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.metroplusmedicare.org.

MetroPlus UltraCare Covered Services	Costs	What you should know
Diagnostic Services/ Labs/Imaging		
Diagnostic tests and procedures	You pay \$0	
Lab services	You pay \$0	Referral required.
Diagnostic radiology service (e.g. MRI)	You pay \$0	Prior authorization required for CT/MRI/MRA/PET Scans.
Outpatient x-rays	You pay \$0	
Hearing Services	You pay \$0	Medically necessary services and products to alleviate disability caused by loss or impairment of hearing. Referral required. Prior authorization required for certain covered services.
Dental Services	You pay \$0	Medically necessary preventative and routine dental services. Prior authorization required. Ambulatory or inpatient surgical dental services require prior authorization.
Vision Services	You pay \$0	Exams to diagnose and treat diseases and conditions of the eye. Changing of eyeglasses are limited to every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed. One pair of eyeglasses or contact lenses after cataract surgery. Referral required. Prior authorization required.

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. For more information, visit www.metroplusmedicare.org.

MetroPlus UltraCare Covered Services	Costs	What you should know
Mental Health Services		
Inpatient	You pay \$0	Medically necessary stays in a hospital. Referral required. Prior authorization required.
Outpatient	You pay \$0	Individual and group therapy visits performed in-home, office, or community.
Skilled Nursing Facility	You pay \$0	Referral required. Prior authorization required.
Physical Therapy Outpatient Rehabilitation Physical Therapy, Occupational Therapy, and Speech Therapy	You pay \$0	Referral required. Prior authorization required.
Ambulance	You pay \$0	Transportation for emergency purposes.
Transportation (Non-Emergency)	You pay \$0	Medically necessary non-emergency routine transportation to get you necessary medical care and services. Prior authorization required.
Medicare Part B Drugs (Outpatient Drugs)	You pay \$0	Prior authorization required or Step Therapy may be required.
Medical Equipment (Durable Medical Equipment)	You pay \$0	Must be ordered by a qualified practitioner. Prior authorization required.

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. For more information, visit www.metroplusmedicare.org.

MetroPlus UltraCare Covered Services	Costs	What you should know
Diabetic Supplies	You pay \$0	Diabetic test strips are limited to a specific manufacturer. Prior authorization required.
Prosthetic Services	You pay \$0	Prior authorization required.
Foot Care Podiatry	You pay \$0	Medically necessary routine foot care. 4 routine foot care per year. Referral required. Prior authorization required.
Telehealth Services	You pay \$0	Health related services via electronic communication technologies. Referral required except for Behavioral Health Services. No authorization required.
Opioid Treatment Program Services	You pay \$0	Prior authorization required for inpatient services only.
Acupuncture (to treat chronic lower back pain only)	You pay \$0	Medically necessary acupuncture is limited to up to 20 treatment sessions per year. Referral required. Prior authorization required.
Home Health Services	You pay \$0	Medically necessary services in accordance with the ordering physician. Referral required. Prior authorization required.
Private Duty Nursing	You pay \$0	Medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan. Prior authorization required.
Personal Care Services Consumer-Directed Personal Assistance Services (CDPAS)	You pay \$0	Medically necessary assistance with activities such as housekeeping, personal hygiene, dressing and feeding, and nutritional and environmental support function tasks. Prior authorization required.

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. For more information, visit www.metroplusmedicare.org.

MetroPlus UltraCare Covered Services	Costs	What you should know
Chiropractic	You pay \$0	Referral required. Prior authorization required.
Outpatient Substance Abuse	You pay \$0	Individual and group visits. No referral required. No prior authorization required.
Nutrition	You pay \$0	Services include but not limited to the assessment of individual nutritional needs and food. Prior authorization required.
Medical Social Services	You pay \$0	Prior authorization required.
Home Delivered and Congregate Meals	You pay \$0	Meals provided at home or in congregate settings, e.g., senior centers. Prior authorization required.
Social Day Care	You pay \$0	Prior authorization required.
Personal Emergency Response Systems (PERS)	You pay \$0	Electronic device that enables individuals to secure help in an emergency. Prior authorization required.

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. For more information, visit www.metroplusmedicare.org.

Outpatient Prescription Drugs			
Stage 1:	Yearly Deductible Stage Your deductible will be \$0 or \$99, depending on the level of <i>Extra Help</i> you receive.	Depending on your level of <i>Extra Help</i> , you will pay the following for your Prescription Part D drugs.	
Stage 2:	Initial Coverage (After you pay your deductible, if applicable)	Generic drugs (including brand drugs treated as generic) <ul style="list-style-type: none"> • A \$0 copay or • A \$1.35 copay or • A \$3.95 copay or up to • A 15% coinsurance 	Once your total drug costs reach \$4,430, you will move Out of the Initial Coverage Stage to the next coverage stage (the Coverage Gap Stage).
		All other drugs <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 	
Stage 3:	Coverage Gap Stage	Generic drugs (including brand drugs treated as generic) <ul style="list-style-type: none"> • A \$0 copay or • A \$1.35 copay or • A \$3.95 copay or up to • A 15% coinsurance 	Once your yearly out-of-pocket costs reach \$7,050, you will move to the next stage (the Catastrophic Coverage Stage).
		All other drugs <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 	
Stage 4:	Catastrophic Coverage Stage	Generic drugs (including brand drugs treated as generic) <p>\$0 or \$3.95, or 5% of the cost</p>	Once you are in the Catastrophic Coverage Stage , you will stay in this payment stage until the end of the year.
		All other drugs <p>\$0 or \$9.85, or 5% of the cost</p>	

MetroPlus UltraCare (HMO-DSNP) 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 1.866.693.4615 or you can sign up online at www.caremark.com. Plans may offer supplemental benefits in addition to Part C and Part D benefits.

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.metroplusmedicare.org.

D. SERVICES COVERED OUTSIDE OF METROPLUS ULTRACARE (HMO-DSNP)

The following services are not covered by MetroPlus UltraCare (HMO-DSNP) but are available through Medicaid:

Assisted Living Program	\$0 copay
Certain Mental Health Services, including <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) 	\$0 copay
Comprehensive Medicaid Case Management	\$0 copay
Directly Observed Therapy for Tuberculosis Disease	\$0 copay
Hospice services provided to Medicare Advantage members	\$0 copay
Home and Community Based Waiver Program Services	\$0 copay
Medicaid Pharmacy Benefits as allowed by State Law (select drug categories excluded from the Medicare Part D benefit)	\$0 copay
Methadone Maintenance Treatment Programs	\$0 copay
Office for People with Developmental Disability Services	\$0 copay
Out-of-Network Family Planning Services under the direct access provisions	\$0 copay
Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family-Based Treatment Programs	\$0 copay

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.metroplusmedicare.org.

E. SERVICES NOT COVERED BY METROPLUS ULTRACARE (HMO-DSNP), MEDICARE, OR MEDICAID

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by MetroPlus UltraCare (HMO-DSNP), Medicare or Medicaid
Services considered not reasonable and necessary, according to the standards of Original Medicare
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television
Fees charged for care by your immediate relatives or members of your household
Reversal of sterilization procedures and or non-prescription contraceptive supplies
Naturopath services (uses natural or alternative treatments)

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.metroplusmedicare.org.

F. YOUR RIGHTS AS A MEMBER OF THE PLAN

As a member of MetroPlus UltraCare (HMO-DSNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*.

YOUR RIGHTS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
 - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
 - Apply your rights freely without any negative effect on the way MetroPlus UltraCare (HMO-DSNP) or your provider treats you

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - MetroPlus UltraCare (HMO-DSNP)
 - The services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and Care Managers
 - Your rights and responsibilities

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP). You can change your PCP at any time during the year. You can call 1.866.986.0356 (TTY: 711) if you want to change your PCP.
 - See a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment as far as the law allows, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.metroplusmedicare.org.

- Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. **MetroPlus UltraCare (HMO-DSNP)** will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
- Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call **1.866.986.0356** (TTY: 711) if you need help with this service
 - Have your *Evidence of Coverage* and any printed materials from **MetroPlus UltraCare (HMO-DSNP)** translated into your primary language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
- Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
 - See an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
- Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
- Access an easy process to voice your concerns, and to expect follow-up by **MetroPlus UltraCare (HMO-DSNP)**
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers
 - Ask for a State Appeal (State Fair Hearing)
 - Get a detailed reason why services were denied

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.metroplusmedicare.org.

YOUR RESPONSIBILITIES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- **You have a responsibility to treat others with respect, fairness and dignity.** You should:
- Treat your health care providers with dignity and respect
 - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
- Tell your health care provider your health complaints clearly and provide as much information as possible
 - Tell your health care provider about yourself and your health history
 - Tell your health care provider that you are a **MetroPlus UltraCare (HMO-DSNP)** member
 - Talk to your PCP, Care Manager, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency)
 - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
 - Notify **MetroPlus UltraCare (HMO-DSNP)** Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
- Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
 - Partner with your Care Team and work out treatment plans and goals together
 - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from MetroPlus UltraCare (HMO-DSNP).** You should:
- Get all your health care from **MetroPlus UltraCare (HMO-DSNP)**, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless **MetroPlus UltraCare (HMO-DSNP)** provides a prior authorization for out-of-network care
 - Not allow anyone else to use your **MetroPlus UltraCare (HMO-DSNP)** Member ID Cards to obtain healthcare services
 - Notify **MetroPlus UltraCare (HMO-DSNP)** when you believe that someone has purposely misused **MetroPlus UltraCare (HMO-DSNP)** benefits or services

For more information about your rights, you can read the **MetroPlus UltraCare (HMO-DSNP) Evidence of Coverage**. If you have questions, you can also call **MetroPlus UltraCare (HMO-DSNP)** Member Services.

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.metroplusmedicare.org.

G. HOW TO FILE A COMPLAINT OR APPEAL A DENIED SERVICE OR DRUG

If you have a complaint or think MetroPlus UltraCare (HMO-DSNP) should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the MetroPlus UltraCare (HMO-DSNP) *Evidence of Coverage*. You can also call MetroPlus UltraCare (HMO-DSNP) Member Services.

Contact Member Services at <1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week>.

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.metroplusmedicare.org.

H. WHAT TO DO IF YOU SUSPECT FRAUD

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a health care provider, hospital or pharmacy is doing something wrong, please contact us.

- **Call MetroPlus UltraCare (HMO-DSNP) Member Services. Phone numbers are at the bottom of this page.**
- **<Call the MetroPlusHealth Plan Anonymous Compliance Hotline at <1.888.245.7247>.>**
- **Call Medicare at 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048. You can call these numbers for free, 24 hours a day, 7 days a week.**
- **Or, call the New York State Medicaid Fraud Hotline 1.877.87.FRAUD.**

If you have questions, please call MetroPlus UltraCare (HMO-DSNP) Member Services at our toll-free number 1.866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.metroplusmedicare.org.



If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call MetroPlus UltraCare (HMO-DSNP) Member Services:

1.866.986.0356

Calls to this number are free, 24 hours a day, 7 days a week.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free, 24 hours a day, 7 days a week.

**If you need immediate behavioral health care, please call
The Mental Health, Substance Use & Crisis Line:**

[1.866.728.1885]

Calls to this number are free, 24 hours a day, 7 days a week.

**The Mental Health, Substance Use & Crisis Line is
SMS-capable for the hearing impaired.**

MetroPlus UltraCare (HMO-DSNP) is an HMO, HMO-DSNP plan with a Medicare and Medicaid contract. Enrollment in **MetroPlus UltraCare (HMO-DSNP)** depends on contract renewal. **MetroPlus UltraCare (HMO-DSNP)** 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)。



METROPLUSMEDICARE.ORG 1.866.986.0356 • TTY: 711



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