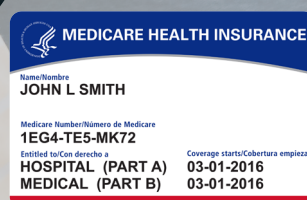


# 2024 METROPLUS PLATINUM PLAN (HMO) SUMMARY OF BENEFITS

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



**This is a summary of drug and health services  
covered by MetroPlus Platinum Plan (HMO)  
January 1, 2024 – December 31, 2024**

 **MetroPlusHealth**

OUR **METROPLUS PLATINUM PLAN (HMO)** OFFERS MEMBERS ALL THE BENEFITS INCLUDED IN ORIGINAL MEDICARE, A ROBUST NETWORK OF PROVIDERS IN ALL FIVE BOROUGHES, AND EXPANDED HEARING COVERAGE. PLUS A GREAT MEMBER REWARDS PROGRAM!

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Please call our 24/7 Help Line at **866.986.0356** (TTY: 711) and a representative will assist you.

Dental Services: **866.986.0356**

Vision Services: **866.986.0356**

## **PRE-ENROLLMENT CHECK LIST (PECL)**

Before you make an enrollment decision, it is important for you to understand our Plan benefits and rules. The items below must be reviewed before an enrollment is completed. If you have additional questions, call our 24/7 Help Line at **866.986.0356** (TTY: 711).

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **metroplusmedicare.org**, or call us 24/7 at **866.986.0356** (TTY: 711) to view a copy of the EOC.
- ☐ Review the provider 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 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.
- ☐ Review the formulary to make sure your drugs are covered.

**Understanding Important Rules as follows:**

- ☐ In addition to your monthly plan premium, if a plan premium applies to you (in some of our plans, members pay a \$0 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, 2024.
- ☐ Except for emergency situations, urgent care situations, or certain state/federal mandates, we generally do not cover services performed by out-of-network providers.
- ☐ If you are enrolling into one of our dual eligible special needs plans — either MetroPlus Advantage Plan (HMO D-SNP) or MetroPlus UltraCare (HMO 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. If you are enrolling in our MetroPlus Platinum Plan (HMO), your ability to enroll will be based only on verification that you are entitled to Medicare.
- ☐ Effect on Current Coverage. Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.

Instructions: In the event you do not have a PCP or specialist, or are not taking prescription drugs, leave the applicable line blank and enter the reason why the information was not captured. For example, “I did not have the information at the time of enrollment.”

**Network Providers**

Primary Care Physician (PCP) \_\_\_\_\_

Specialist(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prescription Drug(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**By signing below, the beneficiary and agent attest to having reviewed the Pre-enrollment Check List.**

Representative/Broker Signature: \_\_\_\_\_

Rep/Broker ID: \_\_\_\_\_

Member Signature: \_\_\_\_\_

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage” by contacting Member Services (phone numbers are printed on the back of this booklet).

To join the **MetroPlus Platinum Plan (HMO)**, 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.

The **MetroPlus Platinum Plan (HMO)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You can see our plan’s *Provider/Pharmacy Directory* and “Evidence of Coverage” at [metroplusmedicare.org](http://metroplusmedicare.org). Or call us and we will send you a copy of the *Provider/Pharmacy Directory*.

Premiums and Benefits	MetroPlus Platinum Plan (HMO)	What you should know
<b>Monthly Plan Premium</b>	You pay \$132.	You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	You pay nothing.	This plan does not have a medical deductible.
<b>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</b>	\$8,850 annually.	The most you pay for copays, coinsurance and other costs for medical services for the year.
<b>Inpatient Hospital Coverage</b>	\$225 copay per day for days 1 through 8. You pay nothing for days 9 through 90.	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 “lifetime reserve days.” Prior authorization and referral not required.
<b>Outpatient Hospital Coverage</b> • Outpatient Hospital Services • Ambulatory Surgical Center	You pay 20% of the cost. \$50 copay.	Referral required.
<b>Doctor Visits</b> • Primary • Specialists	You pay nothing. \$40 copay per visit.	Referral not required. Referral required for specialist.
<b>Preventive Care</b>	You pay nothing.	Any additional preventive services approved by Medicare during the contract year will be covered.
<b>Emergency Care</b>	\$100 copay.	If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care.
<b>Urgently Needed Services</b>	You pay nothing.	

Premiums and Benefits	MetroPlus Platinum Plan (HMO)	What you should know
<b>Diagnostic Services/Labs/Imaging</b> <ul style="list-style-type: none"> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> <li>• Diagnostic radiology service (e.g., MRI)</li> <li>• Outpatient x-rays</li> </ul>	<p>You pay 20% of the cost.</p> <p>You pay 20% of the cost.</p> <p>You pay 20% of the cost.</p> <p>You pay 20% of the cost.</p>	<p>Referral required. Prior authorization is required for some services by your doctor or other network providers. Please contact the plan for more information.</p>
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>• Routine hearing exam (up to 1 every year)</li> <li>• Exam to diagnose and treat hearing and balance issues</li> <li>• Fitting/evaluation for hearing aid</li> <li>• Hearing aid (1 every 3 years)</li> </ul>	<p>\$20 copay.</p> <p>\$20 copay.</p> <p>\$20 copay.</p> <p>You pay nothing.</p>	<p>Referral required.</p> <p>Prior authorization is required for hearing aids.</p> <p>Our plan pays up to \$500 every 3 years for hearing aids.</p>
<b>Dental Services</b>	You pay nothing.	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth). Prior authorization required.
<b>Vision Services</b>	You pay nothing.	Exams to diagnose and treat diseases and conditions of the eye, including yearly glaucoma screening. Referral required.
<b>Mental Health Services (Inpatient)</b>	<p>\$195 copay per day for days 1 through 8.</p> <p>You pay nothing for days 9 through 90.</p>	Referral and prior authorization are required.
<b>Mental Health Services (Outpatient group or individual therapy visits)</b>	\$40 copay.	Referral not required.
<b>Skilled Nursing Facility</b>	<p>You pay nothing for days 1 through 20.</p> <p>\$204 copay per day for days 21 through 100.</p>	Our plan covers up to 100 days in a SNF. Prior authorization and referral are required.
<b>Physical Therapy</b>	\$25 copay.	<p>Referral required.</p> <p>Prior authorization is required after 10 visits.</p>



Premiums and Benefits	MetroPlus Platinum Plan (HMO)	What you should know
<b>Ambulance</b>	\$100 copay per one-way trip.	If you are admitted to the hospital, you do not have to pay your share of the cost for ambulance services.
<b>Transportation</b>	Not covered.	
<b>Medicare Part B Drugs*</b>	20% of the cost for chemotherapy drugs. 20% of the cost for other Part B drugs.	Prior authorization or Step Therapy may be required.
<b>Foot Care (podiatry services)</b> <ul style="list-style-type: none"> <li>• Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</li> </ul>	\$30 copay.	Referral required.
<b>Medical Equipment/Supplies</b> <ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>• Prosthetics (e.g., braces, artificial limbs)</li> <li>• Diabetes supplies</li> </ul>	You pay 20% of the cost.  You pay 20% of the cost.  You pay 20% of the cost.	Prior authorization is required.
<b>Telehealth Services</b>	You pay nothing.	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.
<b>Opioid Treatment Program Services</b>	You pay nothing.	Prior authorization is required for inpatient services only.
<b>Acupuncture (to treat chronic lower back pain)</b>	You pay 20% of the cost.	Covered services include: 12 sessions covered in a 90 day period. 8 additional sessions are covered for patients demonstrating improvement. Treatment must be discontinued if the member is not improving or is regressing. Limit of 20 acupuncture treatments per year. Referral and prior authorization are required.

Outpatient Prescription Drugs			
<b>Stage 1:</b>	<b>Yearly Deductible Stage</b>	The plan has a deductible amount of \$545 for Part D prescription drugs. Until you have paid the deductible amount, you must pay the full cost for Part D prescription drugs.	
<b>Stage 2:</b>	<b>Initial Coverage</b> (After you pay your deductible, if applicable)		Once your total drug costs reach \$5,030, you will move to the next stage (the <b>Coverage Gap Stage</b> ).
	• <b>Generic Drugs</b> (including brand drugs treated as generic)	You pay 25% coinsurance	
	• All other drugs	You pay 25% coinsurance	
<b>Stage 3:</b>	<b>Coverage Gap Stage</b>		Once your yearly out-of-pocket costs reach \$8,000, you will move to the next stage (the <b>Coverage Stage</b> ).
	• <b>Generic Drugs</b> (including brand drugs treated as generic)	You pay 25% coinsurance	
	• All other drugs	You pay 25% coinsurance and a portion of the dispensing fee	
<b>Stage 4:</b>	<b>Catastrophic Coverage Stage</b>		Once you are in the <b>Catastrophic Coverage Stage</b> , you will stay in this payment stage until the end of the year.
	• <b>Generic Drugs</b> (including brand drugs treated as generic)	You pay \$0	
	• All other drugs	You pay \$0	

See back page for information on vaccine and insulin coverage.

#### Contact information

Dental Services: **866.986.0356**

Vision Services: **866.986.0356**

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.

**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**.



For more information, please call us at the phone number below or visit us at [metroplusmedicare.org](https://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](https://metroplusmedicare.org).

MetroPlus Health Plan, Inc. is an HMO, HMO D-SNP plan with a Medicare contract. MetroPlus Health Plan, Inc. has a contract with New York State Medicaid for MetroPlus UltraCare (HMO D-SNP) and a Coordination of Benefits Agreement with the New York State Department of Health for the MetroPlus Advantage Plan (HMO D-SNP). **MetroPlusHealth is not affiliated with, endorsed by, or otherwise related to the federal government, CMS, HHS, and/or Medicare.** Enrollment in MetroPlus Health Plan, Inc. depends on contract renewal. MetroPlus Health Plan, Inc. 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](https://metroplusmedicare.org) 866.986.0356 • TTY: 711



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