

2024 METROPLUS ULTRACARE PLAN (HMO D-SNP) SUMMARY OF BENEFITS



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

✓ MetroPlusHealth

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Introduction

This document is a brief summary of the benefits and services covered by MetroPlus UltraCare (HMO D-SNP). 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 D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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If you have questions, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours, a day, 7 days a week. The call is free. **For more information**, visit metroplusmedicare.org.

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A. Disclaimers



- This is a summary of health services covered by MetroPlus UltraCare (HMO D-SNP) for January 1, 2024 - December 31, 2024. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. A copy of the *Evidence of Coverage* is located on our website at metroplusmedicare.org. You may also call Member Services at one of the numbers listed below to ask us to mail you an *Evidence of Coverage*.
- MetroPlus UltraCare (HMO D-SNP) is an HMO Plan with a Medicare contract. Enrollment in MetroPlus UltraCare (HMO D-SNP) depends on contract renewal.
- MetroPlus UltraCare (HMO D-SNP) 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-based services in a home setting. This plan will cover most of your Medicare and Medicaid benefits.
- When you fill out an application for MetroPlus UltraCare (HMO D-SNP), you can let us know if you prefer to receive Plan materials in a language other than in English, or in an alternate format like large print, braille, or audio.
- We will keep on file the language and/or format you prefer for future mailings. If you want to change how you receive materials, you can request the change at any time by calling Member Services at 866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free.
- If you want to change or update your contact information, you can request the change at any time by calling Member Services at 866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free.
- For more information about **Medicare**, you can read the *Medicare & You* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (medicare.gov) or request a copy by calling 1-800-MEDICARE (800.633.4227), 24 hours a day, 7 days a week. TTY users should call 877.486.2048.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free.
- This document is available for free in Spanish and traditional Chinese.



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B. Frequently asked questions

The following table lists frequently asked questions.


Frequently Asked Questions (FAQ)	Answers
What is a Medicaid Advantage Plus (MAP/HMO) + Dual Eligible Special Needs Plan (D-SNP)?	Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Eligible (Medicaid and Medicare) 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, behavioral health care (mental health and substance use/addiction services), 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 D-SNP).

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Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and Medicaid benefits in MetroPlus UltraCare (HMO D-SNP) that I get now?	<p>If you are coming to MetroPlus UltraCare (HMO D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and Medicaid benefits directly from MetroPlus UltraCare (HMO D-SNP).</p> <p>When you enroll in MetroPlus UltraCare (HMO D-SNP), you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that MetroPlus UltraCare (HMO D-SNP) does not normally cover, you can get a temporary supply, and we will help you to transition to another drug or get an exception for MetroPlus UltraCare (HMO D-SNP) to cover your drug if medically necessary.</p>


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Frequently Asked Questions (FAQ)	Answers
<p>Can I use the same health care providers I use now?</p>	<p>That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with MetroPlus UltraCare (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in MetroPlus UltraCare (HMO D-SNP)’s network. <p>If you need urgent or emergency care, or behavioral health crisis services, or out-of-area dialysis services, you can use providers outside of MetroPlus UltraCare (HMO D-SNP)’s network. Other exceptions may apply. To find out if your providers are in the plan’s network, call Member Services at 866.986.0356, TTY: 711, or read MetroPlus UltraCare (HMO D-SNP)’s <i>Provider/Pharmacy Directory</i>. You can also visit our website at metroplusmedicare.org for the most current listing. If MetroPlus UltraCare (HMO D-SNP) is new for you, we will work with you to develop an individualized plan of care (ICP) to address your needs. You can keep using the providers you use now for 90 days or until your ICP is completed. Further, members who enroll on or after January 1, 2023, can continue to use their same behavioral health providers for up to 24 months as part of a continuous episode of care. “Continuous Behavioral Health Episode of Care” means a course of ambulatory behavioral health treatment, other than ambulatory detoxification and withdrawal services, which began prior to the effective date of the behavioral health benefit inclusion into MAP in the geographic service area in which services had been provided to an enrollee at least twice during the six months preceding January 1, 2023, by the same provider for the treatment of the same or a related behavioral health condition.</p>
<p>What is a Care Manager?</p>	<p>A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p> <p>Members may have a Care Manager who works for the Plan as well as a specialized Health Home/Health Home Plus Care Manager (refer to section E, “Benefits covered outside of MetroPlus UltraCare (HMO D-SNP),” on page 23.</p>

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Frequently Asked Questions (FAQ)	Answers
<p>What are Managed Long Term Services and Supports (MLTSS)?</p>	<p>Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.</p>
<p>What happens if I need a service but no one in MetroPlus UltraCare (HMO D-SNP)'s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, such as due to shortage of staff with necessary expertise and/or availability to provide services, MetroPlus UltraCare (HMO D-SNP) will cover services provided by an out-of-network provider.</p>
<p>Where is MetroPlus UltraCare (HMO D-SNP) available?</p>	<p>The service area for this plan includes the following counties: New York (Manhattan), Kings (Brooklyn), Bronx, Richmond (Staten Island), and Queens. You must live in this area to join the plan.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means that you must get approval from MetroPlus UltraCare (HMO D-SNP) before MetroPlus UltraCare (HMO D-SNP) will cover a specific service, item, or drug, or out-of-network provider. MetroPlus UltraCare (HMO D-SNP) may not cover the service, item, or drug if you don't get prior approval. If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you don't need to get approval first. MetroPlus UltraCare (HMO D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from MetroPlus UltraCare (HMO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3 of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p>

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Frequently Asked Questions (FAQ)	Answers
<p>What is a referral?</p>	<p>A referral means that your primary care provider (PCP) must give you written approval before you can use specialists or other providers in the plan's network. This can be done electronically; however, if you don't get approval, MetroPlus UltraCare (HMO D-SNP) may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists.</p> <p>MetroPlus UltraCare (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. For more information on when a referral is needed, call Member Services at 866.986.0356, TTY: 711, or refer to Chapter 3 of the <i>Evidence of Coverage</i>.</p>
<p>Do I pay a monthly amount (also called a premium) under MetroPlus UltraCare (HMO D-SNP)?</p>	<p>No. You will not pay any monthly premiums to MetroPlus UltraCare (HMO D-SNP) for your health coverage.</p> <p>Additionally, Medicaid will pay your Medicare Part B premium for you.</p>
<p>Do I pay a deductible as a member of MetroPlus UltraCare (HMO D-SNP)?</p>	<p>No. You do not pay deductibles in MetroPlus UltraCare (HMO D-SNP).</p>
<p>What is the maximum out-of-pocket amount that I will pay for medical services as a member of MetroPlus UltraCare (HMO D-SNP)?</p>	<p>There is no cost sharing (copays or deductibles) for medical services in MetroPlus UltraCare (HMO D-SNP), so your annual out-of-pocket costs will be \$0.</p>
<p>Do I have a coverage gap for drugs?</p>	<p>No. Because you have Medicaid, you will not have a coverage gap stage for your drugs.</p>


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C. Overview of services


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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization required.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0	
	Ambulatory surgical center (ASC) services	\$0	Referral required. Prior authorization rules may apply.
You want to use an outpatient health care provider (continued on the next page)	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	Referral required for Specialist visits.
	Visits to treat an injury or illness	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You want to use a health care provider (continued from previous page)	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	
You need emergency care	Emergency room services, including mental health emergencies at Comprehensive Psychiatric Emergency Programs (CPEPs)	\$0	You may use any emergency room or CPEP if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are NOT covered outside of the U.S. and its territories except under limited circumstances. Contact the plan for details.
	Urgent care	\$0	Urgent care is not emergency care. You do not need prior authorization and you do not have to be in-network. Urgent care is NOT covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need medical tests	Lab tests, such as blood work	\$0	Referral required. Prior authorization required for certain genetic tests.
	X-rays or other pictures, such as CAT scans	\$0	Referral required. Authorization required for CT/MRI/MRA and PET scans.
	Screenings, such as tests to check for cancer	\$0	Referral required. Authorization required for CT/MRI/MRA and PET scans.
You need hearing/auditory services	Hearing screenings (including routine hearing exams)	\$0	Prior authorization required for Medicaid-covered hearing services.
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	Prior authorization required for Medicaid-covered hearing services.
You need dental care	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	Prior authorization required for Medicaid-covered ambulatory or inpatient surgical dental services.
You need eye care	Vision services (including annual eye exams)	\$0	Referral required.
	Glasses or contact lenses	\$0	Referral required.
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	Referral required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p>You have a mental health condition (continued on the next page)</p>	<p>Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), State-Operated Addiction Treatment Centers (ATC), Inpatient addiction rehabilitation, Inpatient Medically Supervised Detox, or critical access hospital)</p>	<p>\$0</p>	<p>All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment.</p> <p>Notice of Admission (NOA) required.</p>
	<p>Adult outpatient mental health care</p> <ul style="list-style-type: none"> • Continuing Day Treatment (CDT) • Partial hospitalization 	<p>\$0</p>	<p>Notice of Admission (NOA) required.</p>
	<p>Adult outpatient rehabilitative mental health care</p> <ul style="list-style-type: none"> • Assertive Community Treatment (ACT) • Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) • Personalized Recovery Oriented Services (PROS) 	<p>\$0</p>	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p>You have a mental health condition (continued on the next page)</p>	<p>Adult outpatient rehabilitative mental health and addiction services for members who meet clinical requirements. These are also known as Community Oriented Recovery and Empowerment (CORE) services. CORE services include:</p> <ul style="list-style-type: none"> • Psychosocial Rehabilitation (PSR) • Community Psychiatric Supports and Treatment (CPST) • Empowerment services – peer supports • Family Support and Training (FST) 	\$0	
	<p>Adult mental health crisis services</p> <ul style="list-style-type: none"> • Comprehensive Psychiatric Emergency Program (CPEP) • Mobile Crisis and Telephonic Crisis Services • Crisis Residential Programs 	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p>You have a mental health condition (continued)</p>	<p>Outpatient mental health care (including, but not limited to, clinical counseling and therapy, peer support, psychosocial rehabilitation, medication management, family psychoeducation, and intensive outpatient models of care)</p> <p>(Note: This is not a complete list of the plan’s expanded outpatient mental health services. Call Member Services or read the <i>Evidence of Coverage</i> for more information.)</p>	<p>\$0</p>	<p>Services may be provided by any OMH licensed, designated, or approved provider agency, or a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist, or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p>You are having a mental health or substance use crisis</p>	<p>Mobile Crisis services (assessment by telephone or mobile crisis team response); short-term residential crisis stabilization (for mental health crises)</p>	<p>\$0</p>	<p>Any approved mobile crisis or licensed crisis residence provider in New York State.</p>
<p>You have a mental health condition or a substance use disorder</p>	<p>CORE Services (which are person-centered, recovery-oriented mobile behavioral health supports. CORE Services build skills and self-efficacy that promote and facilitate community participation and independence).</p> <p>(Note: For more information about CORE Services and to determine whether you are eligible for them, call Member Services at 866.986.0356, TTY: 711, or see Chapter 4 of the <i>Evidence of Coverage</i>.)</p>	<p>\$0</p>	<p>CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p>You have a substance use disorder</p>	<p>Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment)</p> <p>(Note: This is not a complete list of the plan's expanded substance use disorder services. Call Member Services or read the <i>Evidence of Coverage</i> for more information.)</p>	<p>\$0</p>	
<p>You need a place to live with people available to help you</p>	<p>Skilled nursing care</p>	<p>\$0</p>	<p>Prior authorization required.</p>
	<p>Nursing home</p>	<p>\$0</p>	<p>Prior authorization required.</p>
	<p>Custodial care (long-term care in a Nursing Facility)</p>	<p>\$0</p>	<p>Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.</p>
<p>You need therapy after a stroke or accident</p>	<p>Occupational, physical, or speech therapy (outpatient or in-home)</p>	<p>\$0</p>	<p>Referral required for Occupational Therapy. Authorization required for more than 10 visits in a year.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need help getting to health services	Emergency transportation	\$0	
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B prescription drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	\$0	Read the <i>Evidence of Coverage</i> for more information on these drugs.


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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Medicare Part D prescription drugs</p> <p>Tier 1: Generic and brand name drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Refer to MetroPlus UltraCare (HMO D-SNP)'s <i>List of Covered Drugs</i> at metroplusmedicare.org for more information.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs</i> (Formulary). Our plan covers most Part D vaccines at no cost to you.</p> <p>MetroPlus UltraCare (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from MetroPlus UltraCare (HMO D-SNP) for certain drugs.</p>


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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, and printed materials, as well as on the <i>Medicare Prescription Drug Plan Finder</i> on medicare.gov/plan-compare .
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered.
	Diabetes medications	\$0	
You need foot care	Podiatry services (including routine exams)	\$0	Referral required.
	Orthotic services	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need durable medical equipment (DME) or supplies	<p>Wheelchairs, nebulizers, crutches, roll about knee walkers, walkers, and oxygen equipment and supplies, for example</p> <p>(Note: This is not a complete list of covered DME or supplies. Call Member Services at the number listed at the bottom of this page, or see Chapter 4 of the <i>Evidence of Coverage</i> for more information.)</p>	\$0	Authorization required.
You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	
Other covered services (continued on the next page)	Acupuncture	\$0	Referral required. Authorization required.
	Plan Care coordination	\$0	
	Chiropractic services	\$0	Referral required.
	Diabetic supplies	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Other covered services (continued on the next page)	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	\$0	EPSDT is for members under 21 years of age.
	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	\$0	Covered by Original Medicare.
	Mammograms	\$0	
	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); social adult day care; and nonmedical transportation)	\$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting. MLTSS is available to all members; specific service authorization, including amount, is indicated in the member's individualized approved Plan of Care.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Other covered services (continued)	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.
	Personal Care Assistance (PCA) (assistance with daily activities such as bathing, dressing, using the bathroom, shopping, and cooking, including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)	\$0	
	Prosthetic services	\$0	Prior authorization required.
	Services to help manage your disease	\$0	May require prior authorization for certain services.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read the MetroPlus UltraCare (HMO D-SNP) *Evidence of Coverage*. If you have questions, you can also call MetroPlus UltraCare (HMO D-SNP) Member Services at the number listed at the bottom of this page.

MetroPlus UltraCare (HMO D-SNP) | 2024 Summary of Benefits

D. Additional services MetroPlus UltraCare (HMO D-SNP) covers

This is not a complete list. Call Member Services at 866.986.0356, TTY: 711, or read the *Evidence of Coverage* to find out about other covered services.

Additional services MetroPlus UltraCare (HMO D-SNP) covers	Your costs
Flex Card - Members will receive a preloaded card of \$155 per month that can be used to purchase bathroom safety devices and modifications, OTC items, groceries, phone equipment, utilities, and PERS services.	\$0
Fitness Benefit - Members will be reimbursed up to \$250 every six months for memberships to qualifying exercise facilities.	\$0
Supplemental Vision benefit - eyewear for up to \$450 per year	\$0
Supplemental Hearing Aid benefit - hearing aids for up to \$500 per year	\$0

E. Benefits covered outside of MetroPlus UltraCare (HMO D-SNP)

This is not a complete list. Call Member Services at 866.986.0356, TTY: 711 to find out about other services not covered by MetroPlus UltraCare (HMO D-SNP), but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
CSS (Community Support Services)	\$0
Health Home (HH) and Health Home Plus (HH+) Care Management services	\$0
Certified Community Behavioral Health Clinics (CCBHC)	\$0
Crisis Intervention Services for Youth ages 18-20	\$0

 **If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit metroplusmedicare.org.

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F. Services that MetroPlus UltraCare (HMO D-SNP), Medicare, and Medicaid do not cover

The following services are not covered by our plan. This is not a complete list. Call Member Services at 866.986.0356, TTY: 711 to find out about other excluded services.

Services MetroPlus UltraCare (HMO D-SNP), Medicare, and Medicaid do not cover	
Services considered not reasonable and necessary, according to the standards of Original Medicare	Personal and Comfort items
Cosmetic surgery, if not medically necessary	Services of a provider that is not part of the plan, unless the plan sends you to that provider

G. Your rights and responsibilities as a member of the plan

As a member of MetroPlus UltraCare (HMO D-SNP), you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused medically necessary treatment. You can 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, 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



If you have questions, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit metroplusmedicare.org.

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- 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 D-SNP) 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 D-SNP)
 - Description of 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) and change your PCP at any time during the year. You can call 866.986.0356, TTY: 711 if you want to change your PCP.
 - Use 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
 - Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. MetroPlus UltraCare (HMO D-SNP) will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive



If you have questions, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit metroplusmedicare.org.

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- **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 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 D-SNP) translated into your primary language, and/or 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 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
 - Use 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 D-SNP)
 - 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**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit metroplusmedicare.org.

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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 D-SNP) 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 D-SNP) 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 D-SNP).** You should:
 - Get all your health care from MetroPlus UltraCare (HMO D-SNP), except in cases of emergency, urgent care, behavioral health crisis services, out-of-area dialysis services, or family planning services, unless MetroPlus UltraCare (HMO D-SNP) provides a prior authorization for out-of-network care
 - Not allow anyone else to use your MetroPlus UltraCare (HMO D-SNP) Member ID Card to obtain health care services
 - Notify MetroPlus UltraCare (HMO D-SNP) when you believe that someone has purposely misused MetroPlus UltraCare benefits or services

 **If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit metroplusmedicare.org.

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For more information about your rights, you can read MetroPlus UltraCare (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711.

H. How to file a complaint or appeal a denied service

If you have a complaint or think MetroPlus UltraCare (HMO D-SNP) should cover something we denied, call MetroPlus UltraCare (HMO D-SNP) at 866.986.0356. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of MetroPlus UltraCare (HMO D-SNP)'s *Evidence of Coverage*. You can also call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711.

I. 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 doctor, hospital, or other pharmacy is doing something wrong, contact us.

- Call us at MetroPlus UltraCare (HMO D-SNP) Member Services. Phone numbers are listed at the bottom of this page. Or, call Medicare at 1-800-MEDICARE (800.633.4227). TTY users may call 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.

MetroPlus UltraCare (HMO D-SNP) | 2024 Summary of Benefits

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

866.986.0356 (TTY: 711)

Calls to this number are free. Call 24 hours a day, 7 days a week or visit our website at metroplusmedicare.org. 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 have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If you need immediate behavioral health care, call the Mental Health, Substance Use, and Crisis Line:

Call 866.728.1885. Calls to this number are free. Call 24 hours a day, 7 days a week. The Mental Health, Substance Use, and Crisis Line is SMS-capable for the hearing impaired. MetroPlus UltraCare (HMO D-SNP) also has free language interpreter services available for non-English speakers (TTY: 711). Calls to this number are free. Call 24 hours a day, 7 days a week.

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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).

Understanding the Benefits as follows:

- 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: _____



NOTICE OF NON-DISCRIMINATION

MetroPlus Health Plan complies with Federal civil rights laws. **MetroPlus Health Plan** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MetroPlus Health Plan provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **MetroPlus Health Plan**

at 1.866.986.0356. For TTY/TDD services, call 711.

If you believe that **MetroPlus Health Plan** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **MetroPlus Health Plan** by:

Mail: 50 Water Street, 7th Floor, New York, NY 10004
Phone: 1-866-986-0356 (for TTY/TDD services, call 711)
Fax: 1-212-908-8705
In person: 50 Water Street, 7th Floor, New York, NY 10004
Email: Grievancecoordinator@metroplus.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>
Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

Language Assistance

<p>ATTENTION: Language assistance services, free of charge, are available to you. Call 1.866.986.0356 (TTY: 711).</p>	English
<p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.986.0356 (TTY: 711).</p>	Spanish
<p>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)。</p>	Chinese Cantonese
<p>ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية متوفرة بالمجان. اتصل برقم 1.866.986.0356 (TTY: 711).</p>	Arabic
<p>주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.986.0356 (TTY: 711) 번으로 전화해 주십시오.</p>	Korean
<p>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.986.0356 (телефайп: ТTY: 711).</p>	Russian
<p>ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.866.986.0356 (TTY: 711).</p>	Italian
<p>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.986.0356 (TTY: 711).</p>	French
<p>ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.866.986.0356 (TTY: 711).</p>	French Creole
<p>אכטונג: שפראך הילף סערוויסעס, פריי פון אפצאל, זענען אוועלעבל פאר אייך. רופט 1.866.986.0356 (TTY: 711).</p>	Yiddish
<p>UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.986.0356 (TTY: 711)</p>	Polish
<p>PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.866.986.0356 (TTY: 711).</p>	Tagalog
<p>মনোযোগ দিন: এখানে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। কল করুন 1.866.986.0356 (TTY: 711)।</p>	Benga
<p>KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.986.0356 (TTY: 711).</p>	Albanian
<p>ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1.866.986.0356</p>	Greek
<p>خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں - 1 (TTY: 711) .866.986.0356</p>	Urdu

LU'U Ý: Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ, miễn phí cho quý vị. Hãy gọi 1.866.986.0356 (TTY: 711).	Vietnamese
BEACHTEN SIE: Es stehen Ihnen kostenlose Sprachdienste zur Verfügung. Rufen Sie 1.866.986.0356 (TTY: 711) an.	German
收件人：我们可为您提供免费的语言协助服务。请致电 1.866.986.0356 (听力障碍电传：711)。	Chinese Mandarin
ध्यान दें: भाषा सहायता सेवाएँ, नि:शुल्क, आपके लिए उपलब्ध हैं। 1.866.986.0356 (TTY: 711) पर कॉल करें।	Hindi
ATENÇÃO: Encontram-se disponíveis serviços de apoio linguístico gratuitos. Ligue para 1.866.986.0356 (TTY: 711).	Portuguese
注意：言語サポートサービスを無料でご利用いただけます。 電話 1.866.986.0356 (TTY: 711)。	Japanese

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METROPLUSMEDICARE.ORG 866.986.0356 • TTY: 711

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)。

