

## **METROPLUS HEALTH PLAN**

### **MONTHLY PLAN PREMIUM FOR PEOPLE WHO GET EXTRA HELP FROM MEDICARE TO HELP PAY FOR THEIR PRESCRIPTION DRUG COSTS**

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare.

If you get extra help, your monthly plan premium will be \$0 for any of the plan(s) below. (This does not include any Medicare Part B premium you may have to pay.)

- MetroPlus Advantage Plan (HMO D-SNP)
- MetroPlus UltraCare (HMO D-SNP)

MetroPlus Advantage Plan (HMO D-SNP) and MetroPlus UltraCare (HMO D-SNP)'s premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call 877.486.2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 800.772.1213. TTY users should call 800.325.0778 between 7am and 7pm, Monday through Friday.

If you have any questions, please call Member Services at 866.986.0356 (TTY users should call 711) from Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560. This call is free.



## 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, 7<sup>th</sup> 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, 7<sup>th</sup> Floor, New York, NY 10004  
Email: [Grievancecoordinator@metroplus.org](mailto: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><b>ATTENTION:</b> Language assistance services, free of charge, are available to you. Call 1.866.986.0356 (TTY: 711) .</p>	English
<p><b>ATENCIÓN:</b> si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.986.0356 (TTY: 711).</p>	Spanish
<p><b>注意：</b> 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 اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.866.986.0356 (TTY:711) (رقم هاتف الصم والبكم)</p>	Arabic
<p><b>주의:</b> 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1.866.986.0356 (TTY: 711) 번으로 전화해 주십시오.</p>	Korean
<p><b>ВНИМАНИЕ:</b> Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.986.0356 (телетайп: TTY: 711).</p>	Russian
<p><b>ATTENZIONE:</b> 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><b>ATTENTION :</b> Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.986.0356 (TTY: 711).</p>	French
<p><b>ATANSYON:</b> 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><b>אכטונג:</b> שפראך הילף סערוויסעס, פריי פון אפצאל, זענען אוועילעבל פאר אייך. רופט 1.866.986.0356 (TTY: 711).</p>	Yiddish
<p><b>UWAGA:</b> Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.986.0356 (TTY: 711)</p>	Polish
<p><b>PAUNAWA:</b> 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><b>মনোযোগ দিন:</b> এখানে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। কল করুন 1.866.986.0356 (TTY: 711).</p>	Benga
<p><b>KUJDES:</b> 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><b>ΠΡΟΣΟΧΗ:</b> Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1.866.986.0356</p>	Greek
<p><b>خبردار:</b> اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں - 1.866.986.0356 (TTY: 711)</p>	Urdu

LƯU 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, निःशुल्क, 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にてご利用いただけます。 電話 1.866.986.0356 (TTY: 711)。	Japanese