

MetroPlus Health

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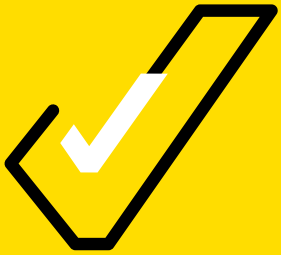
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MetroPlus Advantage Plan (HMO D-SNP) 2027 Summary of Benefits

This is a summary of drug and health services covered by MetroPlus Advantage Plan (HMO D-SNP) January 1, 2027 – December 31, 2027

MetroPlusHealth



Name _____

Phone _____

Email _____

Our **MetroPlus Advantage Plan (HMO D-SNP)** is a Dual-Eligible Special Needs Plan offering Medicare coverage with extra benefits, including transportation, over-the-counter benefits, and expanded vision and dental, and a robust network of providers in all five boroughs. Plus a great Member Rewards program! The MetroPlus Advantage Plan (HMO D-SNP)'s coverage is in addition to services you may be eligible to receive through New York State's Medicaid program.



To find out more, call **866.986.0356** (TTY: 711), Monday to Friday, 8am – 8pm, and Saturday, 9am – 5pm. At other times, call our after-hours answering service at 800.442.2560. The call is free.



Gym, Transportation, Vision, and Flex card: 866.986.0356 (TTY: 711)



Dental: 866.986.0356 (TTY: 711)

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Pre-Enrollment Checklist (PECL)

Before making an enrollment decision, it is important that you fully understand our benefits and rules. The items below must be reviewed before an enrollment is completed. If you have any questions, call our Help Line to view a copy of the EOC.

☐ 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** to view a copy of the EOC, or please contact Member Services at **866.986.0356** for additional information (TTY users should call 711). Hours are Monday to Friday, 8am – 8pm, and Saturday, 9am – 5pm. After-hours answering service: 800.442.2560. This call is free.

☐ Review the provider/pharmacy directory (or ask your doctor) to make sure your current providers (primary care and specialists) are in the network. If they are not listed, it means you will likely have to select a new provider.

Are there any other preferred facilities that need to be in-network? If yes, please explain:

_____

_____

☐ Is your hospital in-network? If it is not in network, you will need to pick a new hospital in network.

☐ 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 the beneficiary prescriptions.

☐ Understand that the Medicare Prescription Payment Plan program information will be sent to you and will be included with your member ID card mailing upon enrollment.

☐ Did you review the formulary to make sure your drugs are covered? If not, you may need to pay the full cost of those prescriptions.

☐ Do you have any other health care needs, such as needing durable medical equipment, physical therapy? If yes, please explain:

_____

_____

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 the beneficiary Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- ☐ Except for emergency situations, urgent care situations, or certain state/federal mandates, we generally do not cover services performed by out-of-network providers (providers that are not listed in our provider/pharmacy directory).
- ☐ 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. You understand that you can be enrolled in only one MA plan at a time — and that enrollment in this plan will automatically end your enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans). 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.
- ☐ Applicable for MetroPlus Advantage Plan (HMO D-SNP) and MetroPlus UltraCare (HMO D-SNP) only: Emergency care is covered both in the U.S. and worldwide (outside the U.S.). If you have an emergency outside of the U.S. and its territories, you will be responsible to pay for those services upfront and request appropriate reimbursement from us for covered, medically necessary emergency services.
- ☐ Emergency care coverage is offered worldwide.
- ☐ Plans operate on a calendar year, meaning that benefits, premiums, and/or copayments/coinsurance may change as of January 1st of each year.
- ☐ Dental, vision, and hearing benefits are subject to plan limitations and are to be discussed during review of the Summary of Benefits.
- ☐ You have the right to cancel this enrollment prior to effective date of becoming a member by contacting MetroPlusHealth at **866.986.0356** for additional information (TTY users should call 711). Hours are Monday to Friday, 8am – 8pm, and Saturday, 9am – 5pm. After-hours answering service: 800.442.2560.
- ☐ You have the right to file a complaint about the quality of care you received from a provider or pharmacy by calling us at **866.986.0356** for additional information. (TTY users should call 711). Hours are Monday to Friday, 8am – 8pm, and Saturday, 9am – 5pm. After-hours answering service: 800.442.2560. Faxing 212.908.5196 or sending a letter to MetroPlus Health Plan, 50 Water St. 7th Fl, New York, NY 10004.



- The MetroPlus Advantage Plan (HMO D-SNP) is a dual eligible Special Needs Plan offering Medicare coverage with added benefits. The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the Evidence of Coverage by contacting Member Services (phone numbers are printed on page 31). Your monthly premium and cost sharing depend on your level of Extra Help. If you are eligible for full Medicaid benefits, your deductible, copays, and co-insurances could be as low as $0.
- Extra Help is a Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance.
- To join the MetroPlus Advantage Plan (HMO D-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, you are a U.S. citizen or lawfully present in the U.S., and reside in Manhattan, Brooklyn, Queens, the Bronx or Staten Island. In addition, you must be eligible for Medicaid or Medicare cost-sharing assistance under Medicaid.
- The MetroPlus Advantage Plan (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You can see our plan's Provider/Pharmacy Directory and Evidence of Coverage at **metroplusmedicare.org**. Or call us and we will send you a copy of the directory.
- MetroPlus is a not-for-profit health plan focused on quality of care to our members for over 40 years. We are a subsidiary of NYC Health + Hospitals, the largest municipal health system in the United States, and our members enjoy the advantage of using all the hospitals and clinics of this system. Additionally, we have more than 34,000 heathcare providers across NYC's five boroughs. MetroPlus has more than 650,000 happily satisfied members.
- We help coordinate the care between your primary care physician, specialists, and other providers so you are properly diagnosed and treated and do not have to undergo unnecessary tests or treatments. Every Medicare member receives and is encouraged to actively participate in a Health Risk Assessment of their medical, behavioral health, long-term services and supports and social needs that helps us to identify members that would benefit from care management specially tailored for them.
- Members who have complex care needs are managed by a team that includes Registered Nurses, Social Workers, Health and Wellness Advisors, along with collaboration with members' providers, internal providers and other departments as needed to meet the members' needs assisting with their gaps in care, connection to community resources, and healthcare providers. The comprehensive care management team develop individualized goals and interventions to improve quality outcomes, prevent potential readmissions in the hospital, reduce avoidable hospitalizations, and ensure members remain safe in the community.
- We have the "Personal Care Services Management." We work hand in hand with Health Home Aid Agencies to coordinate, speed, and improve the delivery of your HHA at home (home attendant) depending on the medical needs of the member.
- We also have the program "Transition of Care" which provides coordination and continuity of care for members transitioning from an inpatient facility setting to other care settings. A Care Manager will support the member through the transition process by providing discharge support and coordination including self-management skills, medication reconciliation, and medication adherence, enhanced care coordination of care for all member needs, and facilitation of follow up appointments.

Plan Overview

The MetroPlus Advantage Plan is a Dual-Eligible Special Needs Plan (D-SNP) that offers Medicare coverage with added-on benefits as well as services you may be entitled to receive under New York State's Medicaid program. Members who have both Medicare and Medicaid are known as dual eligibles.

To be eligible for the MetroPlus Advantage Plan (HMO D-SNP), you must:

- Have both Medicare Part A (hospital coverage) and Medicare Part B (medical coverage)
- Live in New York City (Bronx, Kings, New York, Queens, or Richmond Counties)
- Be a United States citizen or be lawfully present in the United States

You also must be eligible for Medicaid as either:

- Qualified Medicare Beneficiary (QMB)—Members with QMB status are covered by the New York Medicaid program for their Medicare cost sharing. Some QMB members are also eligible for full Medicaid benefits (QMB+).
- Full Benefit Dual Eligible (FBDE)—Members with FBDE status are enrolled in the New York Medicaid program that pays for their Medicare cost sharing. These members are also eligible to receive additional Medicaid benefits.

You must recertify for Medicaid each year by mail or phone, in person. You will receive a letter from the New York City Human Resources Administration (or your local Department of Social Services) asking you to recertify. If you cannot find or have not received your letter, please contact our Member Services number at **866.986.0356** (TTY: 711), Monday to Friday, 8am – 8pm, and Saturday, 9am – 5pm. After-hours answering service: 800.442.2560. This call is free.

Depending on your income, you may also qualify for the Medicare Savings Program to pay your monthly Part B premium. Call us at **866.986.0356** Monday to Friday, 8am – 8pm, and Saturday, 9am – 5pm, to help you enroll in the Medicare Savings Program.

If you don't qualify for Medicaid, we have other plans that may be right for you. To find out more, call **833.965.1526** (TTY:711), Monday to Friday, 8am – 8pm, and Saturday, 9am – 5pm, or visit us online at **metroplus.org/better-medicare**.

In addition to the MetroPlus Advantage Plan (HMO D-SNP) coverage, you will also have coverage through Medicaid. If you have Medicaid, your Medicaid benefit will help take care of any copays, coinsurance, and/or deductibles.

With full Medicaid you pay $0 for your Medicare healthcare services. Plus, it may cover healthcare services that are not usually covered under Medicare. It is important to understand that Medicaid benefits can vary based on your income level and other standards. Also, your Medicaid benefits can change throughout the year. Depending on your current status, you may not be qualified for all Medicaid benefits. However, while a member of our plan, you can access plan benefits.

This is a summary document and does not include every covered service, nor does it list every limitation or exclusion. The complete list of services covered by this plan can be found in the Evidence of Coverage (EOC). A copy of the MetroPlus Advantage Plan (HMO D-SNP) EOC can be found online at **metroplus.org/plans/medicare/advantage-health-plan**.

Need help paying for your healthcare costs?

You are likely already enrolled in the following financial assistance programs. However, if you are unsure of your enrollment status or have questions about qualifying, please call the numbers provided in the chart.

	Extra Help or Low Income Subsidy (LIS) administered by the Social Security Administration	Medicare Savings Programs (four levels) administered by New York State	Medicaid administered by New York State
How this program helps	Pays Medicare Part D (prescription drug) monthly premiums up to $40.50 in 2027. Keeps Medicare Part D copays very low.	Some levels pay Part A premium, Part B premium, or both. Some pay Medicare copays and coinsurances. None will pay costs of services Medicare does not cover.	Pays Medicare deductibles, copays and coinsurances, Part A (Hospital) and Part B (Medical) only. Pays for some services that Medicare may not cover. Does not pay Part B premium.
Are you eligible for other programs?	If you have Extra Help, you may also have Medicaid and/or a Medicare Savings Program—but this is not necessarily the case, since the Extra Help income eligibility levels are higher.	The Medicare Savings Programs help cover out-of-pocket costs associated with Medicare, such as premiums, deductibles, and coinsurance. They are administered by state Medicaid programs and are available to Medicare beneficiaries who meet specific income and resource limits. Often times, qualification for one type of savings program means automatic qualification for others.	Everyone with Medicare and Medicaid will also have Extra Help. Some people with Medicare and Medicaid will also have incomes that qualify them for Medicare Savings Programs.
Are you eligible for Supplemental Security Income (SSI)?	If you qualify for Medicare and Medicaid, you may also qualify for Supplemental Security Income (SSI). It pays benefits to disabled adults and children who have limited income and resources. SSI benefits also are payable to people 65 and older without disabilities who meet the financial limits. For more information, contact your local Social Security office at 800.772.1213 (TTY: 800.325.0778).		

You may qualify for one, two, or all three programs, depending on your income and your needs. Each program has different income eligibility levels. Extra Help has the highest income eligibility level and Medicaid has the lowest. Call us at 866.986.0356 Monday to Friday, 8am – 8pm, and Saturday, 9am – 5pm to find out if you qualify for these programs.

If you have any of these programs, you may also qualify for the Elderly Pharmaceutical Insurance Coverage (EPIC) Program. EPIC can help with drug costs and premiums and you can have both EPIC and Extra Help together. You may also qualify for EPIC even if you don't qualify for the Extra Help, Medicare Savings Program, or Medicaid. Call 800.332.3742 (TTY: 800.290.9138) for more information.

MetroPlusHealth Medicare website

- **metroplus.org/medicare**
- **866.986.0356** (TTY: 711), Monday to Friday, 8am – 8pm, and Saturday, 9am – 5pm

Medicare

- 800.MEDICARE (800.633.4227), TTY: 877.486.2048, 7 days a week, 24 hours a day
- **medicare.gov**

Social Security

- 800.772.1213, TTY: 800.325.0778, Monday to Friday, 8am – 7pm

Elderly Pharmaceutical Insurance Coverage (EPIC) Program

- 800.332.3742, TTY: 800.290.9138, Monday to Friday, 8am – 5pm

MyChart

MetroPlusHealth members who receive care at NYC Health + Hospital facilities now have access to MyChart. MyChart is a no cost secure portal you can use to manage your health information. MyChart allows you to:

- Schedule appointments with your doctor or specialist
- Message your doctor with health-related questions
- Request refills of your prescription drugs
- Access your test results

Member Portal

With the MetroPlusHealth member portal, you can:

- Search for a doctor, pharmacy, urgent care center, or clinic in our network
- Access and print forms you need
- View or print a temporary Member ID card
- View recent medical claims and authorizations
- Review your benefits
- Change your primary care provider (PCP)
- Take an online Annual Health Assessment survey
- See a complete list of prescription drugs covered under your plan
- And more!

Tips for using your MetroPlus Advantage Plan (HMO D-SNP)

- **Use in-network providers and pharmacies**

  MetroPlusHealth has a network of over 34,000 providers, 40 hospitals, and 110 urgent care centers across New York City. If you use providers that are not in our network, the plan may not pay for those services.

  You can find our list of in-network providers and pharmacies at **metroplus.org/plans/medicare/advantage-health-plan** or call us at **866.986.0356**, Monday to Friday, 8am – 8pm, and Saturday, 9am – 5pm to get a copy mailed to you.

- **Read the Medicare & You handbook**

  This guide from the Centers for Medicare & Medicaid Services (CMS) helps you understand your Medicare choices. Visit **medicare.gov/medicare-and-you** to view this handbook online or order a copy by calling 800.MEDICARE (800.633.4227), TTY: 877.486.2048. You can call 24 hours a day, 7 days a week. You can also download a copy of the handbook by visiting **medicare.gov/medicare-and-you/medicare-and-you.html**.

- **Look into long-term care services**

  If you need long-term care services, like a home health aide to help you bathe, dress, and complete other daily activities, you may qualify for MetroPlus Ultracare (HMO D-SNP). Please contact our Member Services number at **866.986.0356** (TTY: 711), Monday to Friday, 8am – 8pm, and Saturday, 9am – 5pm. After-hours answering service: 800.442.2560 to find out more. This call is free. Or visit **metroplus.org/plans/medicare/ultra-care**.

Premiums and Benefits	MetroPlus Advantage Plan (HMO D-SNP)	What you should know
Monthly Plan Premium	You pay $0 or up to $40.50, depending upon your level of Extra Help.	You must continue to pay your Medicare Part B premium. If you are eligible for Medicare cost-sharing assistance under Medicaid, you may pay as low as $0 for your Part B premium.
Deductible	$0 or $283* depending on your level of Medicaid eligibility.	If you are eligible for Medicare cost-sharing assistance under Medicaid, you may pay as low as $0.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$9,850 annually.	The most you pay for copays, coinsurance, and other costs for medical services for the year. If you are eligible for Medicare cost-sharing assistance under Medicaid, you may pay as low as $0.
Inpatient Hospital Coverage	Depending on your level of Medicaid eligibility, $0 or: • $1,736* deductible • Days 1–60: $0 copayment per day • Days 61–90: $434* copayment per day • 60 Lifetime Reserve Days: $868* copayment per day	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 “lifetime reserve days.” You may be eligible for additional benefits based on your Medicaid eligibility. Prior authorization is required.
Outpatient Hospital Coverage • Outpatient Hospital Services • Ambulatory Surgical Center	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	
Doctor Visits • Primary and Specialists	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	Referral required for specialist.

*These are 2026 cost-sharing amounts and can change for 2027.

Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services.

Premiums and Benefits	MetroPlus Advantage Plan (HMO D-SNP)	What you should know
Preventive Care	You pay nothing.	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	You pay zero or 20% of the cost (up to $115) depending on your level of Medicaid eligibility.	If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	You pay zero or 20% of the cost (up to $40) depending on your level of Medicaid eligibility.	If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for urgently needed services.
Diagnostic Services/ Labs/Imaging		
• Diagnostic tests and procedures	• You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	Referral required. Prior authorization is required for some services by your doctor or other network providers. Please contact the plan for more information.
• Lab services	• You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	
• Diagnostic radiology service (e.g., MRI)	• You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	
• Outpatient x-rays	• You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	
Hearing Services	You pay zero or 20% of the cost depending on your level of Medicaid eligibility for Medicare covered diagnostic hearing and balance evaluations. $0 copay for hearing aids (up to $2,000 maximum coverage for both ears each year, plus one routine hearing exam per year and routine hearing aid fitting per year).	Referral or prior authorization may be required. For additional information, please see the 2027 Evidence of Coverage for MetroPlus Advantage Plan (HMO D-SNP).

Premiums and Benefits	MetroPlus Advantage Plan (HMO D-SNP)	What you should know
Dental Services	You pay nothing.	Services covered: Oral Exams Dental X-Rays Diagnostic Dental Services Prophylaxis (cleaning) Fluoride Treatment Preventive Dental Services Restorative Services Endodontics Periodontics Prosthodontics Maxillofacial Prosthetics Implant Services Prosthodontics Oral and Maxillofacial Surgery Orthodontics Adjunctive General Services All services are subject to plan's rules and limitations.
Vision Services	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	Referral required.
Eyewear Benefits	Eyewear is covered up to a total of $500 per year for: • Contact lenses • Eyeglasses (lenses and frames) • Eyeglass lenses • Eyeglass frames • Upgrades	This benefit can be combined with your Medicaid benefits to provide coverage for additional eyewear, or to purchase eyewear beyond the Medicaid spending limit. Referral required. For more info, call **866.986.0356**

Premiums and Benefits	MetroPlus Advantage Plan (HMO D-SNP)	What you should know
Mental Health Services (Inpatient)	Depending on your level of Medicaid eligibility, $0 or: • $1,736* deductible • Days 1–60: $0 copayment per day • Days 61–90: $434* copayment per day • 60 Lifetime Reserve Days: $868* copayment per day	Prior authorization required.
Mental Health Services (Outpatient)	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	
Skilled Nursing Facility	Depending on your level of Medicaid eligibility, $0 or: • You pay nothing for days 1–20 • $217* copay per day for days 21–100	Our plan covers up to 100 days in a SNF. Prior authorization required.
Physical Therapy	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	Referral required. Prior authorization is required for more than 10 visits in a year.
Ambulance	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	
Non-Emergency Transportation	50 one-way trips to health related locations.	Our plan covers 50 one-way trips per year to an approved provider location. No referral or prior authorization needed.
Medicare Part B Drugs*	You pay zero or 20% of the cost for chemotherapy drugs depending on your level of Medicaid eligibility. You pay zero or 20% of the cost for other Part B drugs depending on your level of Medicaid eligibility.	Prior authorization or step therapy may be required.

*These are 2026 cost-sharing amounts and can change for 2027.

Premiums and Benefits	MetroPlus Advantage Plan (HMO D-SNP)	What you should know
Medical Equipment/ Supplies		
• Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetes supplies	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	Prior authorization is required.
Foot Care (podiatry services)		
• Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	• You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	Routine foot care is available for 12 visits per year. Referral required.
• Routine foot care	• You pay nothing.	
Annual Physical Exam	You pay nothing.	
Telehealth Services	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	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.
Opioid Treatment Program Services	You pay nothing.	Prior authorization is required for inpatient services only.
Acupuncture	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.	Unlimited visits per year, prior authorization is required.

Premiums and Benefits	MetroPlus Advantage Plan (HMO D-SNP)	What you should know
Fitness Benefit	Reimbursement for fitness membership.	MetroPlus Advantage Plan (HMO D-SNP) will reimburse you up to $250 every six months for membership to qualifying exercise facilities. For more info, call **866.986.0356** (TTY: 711).
Post-Discharge Meals	You pay nothing.	Members are eligible for up to 20 meals over 5 days after discharge from an inpatient setting to the home. Prior authorization is required. For more info, call **866.986.0356** (TTY: 711).
Flex Card	You receive $780 quarterly.	Members will receive $780 amount per quarter that can be used for OTC (over the counter), rent assistance, groceries, bathroom safety devices, utilities, pet supplies, chiropractic services, and PERS (personal emergency response systems).* Benefit amounts do not roll over quarter to quarter. Please allow 3 weeks from date of enrollment to receive Flex Card.
Worldwide Emergency Room	Emergency care is covered up to the Medicare allowable amount minus any cost sharing the member incurs both in the U.S. and worldwide (outside the U.S.). If you have an emergency (care) outside of the U.S. and its territories, you will be responsible to pay for those services upfront and request appropriate reimbursement from us for covered, medically necessary emergency services.	To request the reimbursement form, call **866.986.0356** (TTY: 711).

*Note: For food, utilities, pet supplies, and rent assistance, additional conditions apply. For further details, please see the statement on page 31.

Outpatient Prescription Drugs		
Stage 1	**Yearly Deductible Stage**	The deductible is $700. Depending on your level of Extra Help, you may pay $0 during this phase.
Stage 2: Initial Coverage	Depending on the level of Extra Help you receive, you pay the following cost-sharing amounts:	
	Tier 1 and 2	**$0 copay**
	Tier 3	$0, $1.65, $5.80 or 25% coinsurance (if no Extra Help) for generics and brand drugs treated as generics OR $0, $5.00, $14.40 or 25% coinsurance (if no Extra Help) for all other drugs
	Tier 4	$0, $1.65, $5.80 or 27% coinsurance (if no Extra Help) for generics and brand drugs treated as generics OR $0, $5.00, $14.40 or 27% coinsurance (if no Extra Help) for all other drugs
	Tier 5	$0, $1.65, $5.80 or 25% coinsurance (if no Extra Help) for generics and brand drugs treated as generics OR $0, $5.00, $14.40 or 25% coinsurance (if no Extra Help) for all other drugs
	Once your yearly out of pocket costs reach $2,400, you will move to the next stage (the Catastrophic Coverage Stage)	
Stage 3	**Catastrophic Coverage Stage**	
	• All Part D drugs • $0 copay Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the year.	

You will never pay more than $35 per month's supply for covered insulin products. In addition, you will pay nothing for adult vaccines as recommended by the Advisory Committee on Immunization Practices (ACIP).



Summary of Medicaid-Covered Benefits

MetroPlus Advantage Plan (HMO D-SNP) is a Dual-Eligible Special Needs Plan that coordinates your Medicare coverage with additional wrap-around benefits and services you may be entitled to receive under a MetroPlus Health Medicaid managed care plan or New York State's Medicaid program.

Members who qualify for Medicare and Medicaid are known as dual eligibles. As a dual eligible member, you are eligible for benefits under both the federal Medicare Program and the New York State Medicaid Program.

The additional Medicaid benefits you receive may vary based upon your income and resources. With the assistance of Medicaid, some dual eligibles do not have to pay for certain Medicare costs. The Medicaid benefit categories and types of assistance served by our plan are:

- **Qualified Disabled and Working Individual (QDWI):** Payment of your Medicare Part A premiums only.
- **Qualifying Individual (QI):** Payment of your Medicare Part B premiums only.
- **Specified Low Income Medicare Beneficiary (SLMB):** Payment of your Medicare Part B premiums.
- **Qualified Medicare Beneficiary (QMB Only):** Payment of your Medicare Part A and/or Part B premiums, deductibles, and cost-sharing (excluding Part D copayments).
- **QMB-Plus:** Payment of your Medicare Part A and Part B premiums, deductibles, cost-sharing (excluding Part D copayments) and full Medicaid benefits.

The following tables list services that are available under Medicaid for people who qualify for full Medicaid benefits. For members of MetroPlusHealth Medicaid Managed Care, many of those benefits will be covered by our plan; please see your MetroPlusHealth Medicaid Managed Care member handbook for more information. For others, these benefits will be covered by Medicaid Fee-For-Service. It is important to understand that Medicaid benefits can vary based on your income level and other standards. Also, your Medicaid benefits can change throughout the year. Depending on your current status, you may not be qualified for all Medicaid benefits. However, while a member of our plan, you can access plan benefits regardless of your Medicaid status.

For the most current and accurate information regarding your eligibility and benefits, contact the **New York City Human Resources Administration** at **718.557.1399**. For additional assistance, you may also contact **MetroPlusHealth Medicaid Managed Care Member Services** (phone numbers are listed on the back of this booklet).

COVERED UNDER MEDICAID

Benefit	Description of Medicaid-covered services	MetroPlus Advantage Plan (HMO D-SNP)
Inpatient Hospital Coverage	Medicaid covers Medicare deductibles, copays, and coinsurances. Up to 365 days per year (366 days for leap year).	$0 or: • $1,736* deductible • Days 1–60: $0 copayment per day • Days 61–90: $434* copayment per day • 60 Lifetime Reserve Days: $868* copayment per day
Outpatient Hospital Coverage		
• Outpatient Hospital Services	• Medicaid covers Medicare deductibles, copays, and coinsurances.	• You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
• Ambulatory Surgical Center	• Medicaid covers Medicare deductibles, copays, and coinsurances.	• You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
Doctor Visits		
• Primary	• Medicaid covers Medicare deductibles, copays, and coinsurances.	• You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
• Specialists	• Medicaid covers Medicare deductibles, copays, and coinsurances.	• You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
Preventive Care	Covered.	Preventive services include things like diabetes tests, cancer screenings, routine vaccinations, and counseling on mental and physical health. Refer to the Evidence of Coverage (EOC) guide for the full list of preventive care.
Emergency Care	Medicaid covers Medicare deductibles, copays, and coinsurances.	You pay zero or 20% of the cost (up to $115) depending on your level of Medicaid eligibility.

*These are 2026 cost-sharing amounts and can change for 2027.

Benefit	Description of Medicaid-covered services	MetroPlus Advantage Plan (HMO D-SNP)
Urgently Needed Services	Medicaid covers Medicare deductibles, copays, and coinsurances.	You pay zero or 20% of the cost (up to $40) depending on your level of Medicaid eligibility.
Diagnostic Services/Labs/ Imaging		
• Diagnostic tests and procedures	• Medicaid covers Medicare deductibles, copays, and coinsurances.	• You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
• Lab services	• Medicaid covers Medicare deductibles, copays, and coinsurances.	• You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
• Diagnostic radiology service (e.g., MRI)	• Medicaid covers Medicare deductibles, copays, and coinsurances.	• You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
• Outpatient x-rays	• Medicaid covers Medicare deductibles, copays, and coinsurances.	• You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
Hearing Services	Medicaid covers Medicare deductibles, copays, and coinsurances. Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing and selecting, fitting, and dispensing, hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings and replacement parts.	You pay zero or 20% of the cost depending on your level of Medicaid eligibility for Medicare-covered diagnostic hearing and balance evaluations. Additionally, we cover hearing aids at a $0 copay, for up to $2,000 maximum coverage for both ears each year, plus one routine hearing exam per year and routine hearing aid fitting per year.
Dental Services	Medicaid covers Medicare deductibles, copays, and coinsurances. Medicaid covered dental services including necessary preventive, prophylactic and other routine dental care, services, and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.	Additionally, we cover comprehensive dental services including Restorative and Prosthodontics, Endodontics, and Periodontics. You pay nothing for these comprehensive dental services.

Benefit	Description of Medicaid-covered services	MetroPlus Advantage Plan (HMO D-SNP)
Vision Services	Medicaid covers Medicare deductibles, copays, and coinsurances. Services of Optometrists, Ophthalmologists, and Ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged, or destroyed.	You pay zero or 20% of the cost depending on your level of Medicaid eligibility for Medicare-covered vision services. Additionally, we cover eyewear up to a total of $500 per year for: • Contact lenses • Eyeglasses (lenses and frames) • Eyeglass lenses • Eyeglass frames • Upgrades This benefit can be combined with your Medicaid benefits to provide coverage for additional eyewear, or to purchase eyewear beyond the Medicaid spending limit.
Mental Health Services (Inpatient)	Medicaid covers Medicare deductibles, copays and coinsurances.	$0 or: • $1,736* deductible • Days 1–60: $0 copayment per day • Days 61–90: $434* copayment per day • 60 Lifetime Reserve Days: $868* copayment per day
Skilled Nursing Facility	Medicaid covers Medicare deductibles, copays, and coinsurances. Medicaid covers additional days beyond Medicare 100 day limit.	$0 or: • You pay nothing for days 1–20 • $217* copay per day for days 21–100

*These are 2026 cost-sharing amounts and can change for 2027.

Benefit	Description of Medicaid-covered services	MetroPlus Advantage Plan (HMO D-SNP)
Rehabilitation Services • Occupational therapy • Physical therapy • Speech language therapy • Cardiac rehabilitation • Pulmonary rehabilitation	Medicaid covers Medicare deductibles, copays, and coinsurances.	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
Medical Equipment/ Supplies	Medicaid covers Medicare deductibles, copays, and coinsurances. Medicaid covered durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use. Must be ordered by a practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g., tub stool, grab bar).	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.

Benefit	Description of Medicaid-covered services	MetroPlus Advantage Plan (HMO D-SNP)
Medical Equipment/ Supplies (cont.)		
• Durable Medical Equipment (e.g., wheelchairs, oxygen)		• You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
• Prosthetics (e.g., braces, artificial limbs)	• Medicaid covers prosthetics, orthotics, and orthopedic footwear. These items are generally considered to be one-time only use, consumable items routinely paid for under the Durable Medical Equipment category of Fee-For-Service Medicaid. Coverage of enteral formula and nutritional supplements are limited to coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding. Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following three conditions: 1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3) children who require medical formulas due to mitigating factors in growth and development. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein or which contain modified protein.	• You pay zero or 20% of the cost depending on your level of Medicaid eligibility. May be covered. Limitations may apply.
• Diabetes supplies		• You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
Over-the-Counter Items	Certain over-the-counter medications are covered by NYRx, the Medicaid pharmacy program.	You pay a $0 copay. OTC is covered under Flex Card benefit. Member will receive $780 per quarter. Benefit amounts do not roll over quarter to quarter.

Benefit	Description of Medicaid-covered services	MetroPlus Advantage Plan (HMO D-SNP)
Adult Day Health Care	Medicaid covers Adult Day Health Care services provided in a residential health care facility or approved extension site under the medical direction of a physician. **Adult day health care includes the following services:** medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure time activities which are a planned program of diverse meaningful activities, dental, pharmaceutical, and other ancillary services.	Covered under Medicaid.
Assisted Living Services	Medicaid covers personal care, housekeeping, supervision, home health aides, personal emergency response services, nursing, physical therapy, occupational therapy, speech therapy, medical supplies and equipment, adult day health care, a range of home health services and the case management services of a registered professional nurse. Services are provided in an adult home or enriched housing setting.	Covered under Medicaid. May be covered by MetroPlusHealth Medicare for SSI population. Limitations may apply.
Certain Mental Health Services	Medicaid covers the following mental health services: • Intensive Psychiatric Rehabilitation Treatment Programs • Day Treatment • Continuing Day Treatment • Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units) Partial Hospitalizations • Assertive Community Treatment (ACT) • Personalized Recovery Oriented Services (PROS)	Covered under Medicaid.
Comprehensive Medicaid Case Management	Medicaid covers Comprehensive Medicaid Case Management (CMCM), which provides “social work” case management referral services to a targeted population. A CMCM case manager will assist a client in accessing necessary services in accordance with goals outlined in a written case management plan.	Covered under Medicaid. Covered for targeted populations. Limitations may apply.

Benefit	Description of Medicaid-covered services	MetroPlus Advantage Plan (HMO D-SNP)
Directly Observed Therapy for Tuberculosis (TB) Disease	Medicaid covers Tuberculosis Directly Observed Therapy (TB/DOT), which is the direct observation of oral ingestion of TB medications to assure patient compliance with the physician's prescribed medication regimen.	Covered under Medicaid.
Home and Community Based Waiver Program Services	There are a number of Home and Community–Based Waiver Programs that provides services authorized pursuant to SSA Section 1915(c) waivers from DHHS. The programs include the Long Term Home Health Care Program, the Traumatic Brain Injury (TBI) Program, the ICF/MR Waiver, as well as Medicaid Care at Home HCBS Programs and OPWDD Care at Home Programs.	Covered under Medicaid. Limitations may apply.
Medical Social Services	Medical social services include assessing the need for, arranging for and providing aid for social problems related to the maintenance of a patient in the home where such services are performed by a qualified social worker and provided within a plan of care.	Covered under Medicaid.
Methadone Maintenance Treatment Programs (MMTP)	Medicaid covers MMTP, consisting of drug detoxification, drug dependence counseling, and rehabilitation services which include chemical management with methadone.	Covered under Medicaid.
Nutrition	Medicaid covers the assessment of nutritional needs and food patterns, or the planning for the provision of foods and drink appropriate for the individual's physical and medical needs and environmental conditions, or the provision of nutrition education and counseling to meet normal and therapeutic needs. In addition, these services may include the assessment of nutritional status and food preferences, planning for provision of appropriate dietary intake within the patient's home environment and cultural considerations, nutritional education regarding therapeutic diets as part of the treatment milieu, development of a nutritional treatment plan, regular evaluation and revision of nutritional plans, provision of in-service education to health agency staff as well as consultation on specific dietary problems of patients and nutrition teaching to patients and families. These services must be provided by a qualified nutritionist.	Unlimited dietician visits each year.

Benefit	Description of Medicaid-covered services	MetroPlus Advantage Plan (HMO D-SNP)
Personal Care Services	Medicaid covers personal care services (PCS), which involve the provision of some or total assistance with personal hygiene, dressing and feeding and nutritional and environmental support (meal preparation and housekeeping). Personal care services must be medically necessary, ordered by a physician, and provided by a qualified person in accordance with a plan of care.	Covered under Medicaid.
Personal Emergency Response Services (PERS)	Medicaid covers electronic devices which enable certain high-risk patients to secure help in the event of a physical, emotional, or environmental emergency. A variety of electronic alert systems now exist which employ different signaling devices. Such systems are usually connected to a patient's phone and signal a response center once a "help" button is activated. In the event of an emergency, the signal is received and appropriately acted upon by a response center.	Covered under Flex Card benefit.
Private Duty Nursing	Medicaid covers medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.	Covered under Medicaid.
Out-of-Network Family Planning services provided under the direct access provisions of the waiver	Medicaid coverage provided.	Covered under Medicaid.

Some of the services listed may be covered by Medicaid, however services that include long term care will not be applicable to IB duals members.

COVERED BY FEE FOR SERVICE MEDICAID

Benefit	Description of Medicaid Covered services	MetroPlus Advantage Plan (HMO D-SNP)
Ambulance	Medicaid covers Medicare deductibles, copays, and coinsurances.	You pay zero or 20% of the cost depending on your level of Medicaid eligibility.
Office of People with Developmental Disabilities (OPWDD)	Medicaid covers the following OPWDD services: • Long-term therapy services provided by Article 16 or 28 facilities • Day Treatment • Medicaid Service Coordination (MSC) • OPWDD's Comprehensive HCBS Waivers	Covered under Medicaid.
Prescription Drugs	Medicaid covers Medicare coinsurance for the Medicare Part B prescription drugs. Medicaid does not cover Part D covered drugs or copays. Medicaid covers Medicaid Pharmacy Benefits as allowed by State Law (select drug categories excluded from the Medicare Part D benefit). You will never pay more than $35 per month's supply for covered insulin products. In addition, you will pay nothing for adult vaccines as recommended by the Advisory Committee on Immunization Practices (ACIP).	0% or 20% of the cost for Medicare Part B drugs, depending on your level of Medicaid eligibility. Standard Retail Cost-Sharing Depending on your level of Extra Help, you may pay the following cost-sharing amounts: Tier 1–2: $0 copay Tier 3: $0, $1.65, $5.80 or 25% coinsurance (if no Extra Help) for generics and brand drugs treated as generics OR $0, $5.00, $14.40 or 25% coinsurance (if no Extra Help) for all other drugs Tier 4: $0, $1.65, $5.80 or 27% coinsurance (if no Extra Help) for generics and brand drugs treated as generics OR $0, $5.00, $14.40 or 27% coinsurance (if no Extra Help) for all other drugs Tier 5: $0, $1.65, $5.80 or 25% coinsurance (if no Extra Help) for generics and brand drugs treated as generics OR $0, $5.00, $14.40 or 25% coinsurance (if no Extra Help) for all other drugs

Benefit	Description of Medicaid Covered services	MetroPlus Advantage Plan (HMO D-SNP)
Rehabilitation Services Provided to Residents of OMH Licensed Community Residence (CRs) and Family Based Treatment Programs	Medicaid covers rehabilitation services provided to residents of the Office of Mental Health (OMH)-licensed community residences (CRs) and family-based treatment programs.	Covered under Medicaid.
Non-Emergency Transportation	Includes ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to the enrollee's medical condition.	You pay nothing. Our plan covers 50 one-way trips per year to an approved provider location. No referral or prior authorization needed.

You will never pay more than $35 per month's supply for covered insulin products. In addition, you will pay nothing for adult vaccines as recommended by the Advisory Committee on Immunization Practices (ACIP).

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 Help Line at **866.986.0356** (TTY: 711) and a representative will assist you.

If you don't qualify for Medicaid, we have other plans that may be right for you. To find out more, please contact our Member Services number at **866.986.0356** (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560. This call is free. Or visit us online at **metroplusmedicare.org.**

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 sign up online at **caremark.com** or call **CVS Caremark's** Customer Care Department at **866.693.4615** (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. After hour vendor is available 24 hours a day, 7 days a week.

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

Please contact our Member Services number at **866.986.0356** (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm, and a representative will assist you. After-hours answering service: 800.442.2560 and a representative will assist you. This call is free.

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.**

MetroPlus Health Plan, Inc. offers HMO and HMO D-SNP plans with contracts with Medicare and the New York State Medicaid program. Enrollment in MetroPlus Health Plan, Inc. depends on contract renewal. **MetroPlusHealth is not affiliated with, endorsed by, or otherwise related to the federal government, CMS, HHS, and/or Medicare.** 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.

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-800-303-9626 (TTY: 711). ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 1-800-303-9626 (TTY: 711). 请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 1-800-303-9626 (TTY: 711)。

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).

All members receive a Flex Card; however, only members who qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use their Flex Card funds for food, utilities, pet supplies, and rent assistance. All members, even those that do not qualify, can use their Flex Card for OTC items, home and bathroom safety devices, chiropractic visits, and Personal Emergency Response System (PERS) services. To use your Flex Card for food, utilities, pet supplies, and rent assistance: 1) You must have a chronic condition, which includes but is not limited to: cardiovascular disorders, diabetes mellitus, kidney disease, cancer, or disabling mental health conditions, among other conditions not listed; 2) the plan must determine that you are “chronically ill;” and 3) these extra benefits must reasonably improve your health or function. Please note that additional conditions, limitations, and requirements may apply.



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