

**M E T R O P L U S   A D V A N T A G E   P L A N   ( H M O )**

**SECTION 1 INTRODUCTION TO SUMMARY OF BENEFITS****January 1, 2010 to December 31, 2010**

Thank you for your interest in MetroPlus Advantage Plan (HMO). Our plan is offered by METROPLUS HEALTH PLAN, INC./MetroPlus Health Plan, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call MetroPlus Health Plan to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call MetroPlus Health Plan and ask for the "Evidence of Coverage."

**YOU HAVE CHOICES IN YOUR HEALTH CARE**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like MetroPlus Advantage Plan (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call MetroPlus Health Plan at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

**HOW CAN I COMPARE MY OPTIONS?**

You can compare MetroPlus Advantage Plan (HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

**WHERE IS METROPLUS ADVANTAGE PLAN (HMO) AVAILABLE?**

The service area for this plan includes: the Bronx, Kings, New York, and Queens Counties, NY. You must live in one of these areas to join the plan.

**WHO IS ELIGIBLE TO JOIN METROPLUS ADVANTAGE PLAN (HMO)?**

You can join MetroPlus Advantage Plan (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with end-stage renal disease generally are not eligible to enroll in MetroPlus Advantage Plan (HMO) unless they are members of our organization and have been since their dialysis began. You must also receive assistance from the State to join this plan.

Please call plan to see if you are eligible to join.

**CAN I CHOOSE MY DOCTORS?**

MetroPlus Advantage Plan (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current provider directory or for an up-to-date list visit us at [www.metroplus.org](http://www.metroplus.org). Our customer service number is listed at the end of this introduction.

**WHAT HAPPENS IF I GO TO A DOCTOR WHO IS NOT IN YOUR NETWORK?**

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither MetroPlus Advantage Plan (HMO) nor the Original Medicare Plan will pay for these services.

**DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

MetroPlus Advantage Plan (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

**WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?**

MetroPlus Advantage Plan (HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [www.metroplus.org](http://www.metroplus.org). Our customer service number is listed at the end of this introduction.

**SECTION 1 INTRODUCTION TO SUMMARY OF BENEFITS****WHAT IS A PRESCRIPTION DRUG FORMULARY?**

MetroPlus Advantage Plan (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our web site at [www.metroplus.org](http://www.metroplus.org).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

**HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?**

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day / 7 days a week.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your State Medicaid Office.

**WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of MetroPlus Advantage Plan (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Island Peer Review Organization (IPRO), 1-800-331-7767, TTY 1-866-446-3509.

As a member of MetroPlus Advantage Plan (HMO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Island Peer Review Organization (IPRO), 1-800-331-7767, TTY 1-866-446-3509.

**SECTION 1 INTRODUCTION TO SUMMARY OF BENEFITS**
**WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact MetroPlus Health Plan for more details.

**WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact MetroPlus Advantage Plan (HMO) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through durable medical equipment.

**PLAN RATINGS**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-866-986-0356 to obtain a copy of the plan ratings for this plan. TTY users call 1-800-881-2812.

**Please call MetroPlus Health Plan, for more information about MetroPlus Advantage Plan (HMO). Visit us at [www.metroplus.org](http://www.metroplus.org) or, call us:**

**Customer Service Hours:**

Monday-Saturday, 8:00 a.m. - 8:00 p.m.  
 (November 15-March 1 only: Monday-Sunday 8:00 a.m.-8:00 p.m.)

Current and Prospective members should call toll-free (866)-986-0356 for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug Program. (TTY/TDD (800)-881-2812).

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.

**If you have any questions about this plan's benefits or costs, please contact MetroPlus Health Plan for details.**

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Benefit	Original Medicare	MetroPlus Advantage Plan (HMO)	
<b>IMPORTANT INFORMATION</b>			
<p><b>Premium and Other Important Information</b></p>	<p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2010 the monthly Part B Premium is \$0 or \$110.50 and the yearly Part B deductible amount is \$0 or \$155.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p><b>General</b></p> <p>You pay \$26.50 in addition to you monthly Medicare Part B premium.</p>	
<p><b>Doctor and Hospital Choice</b></p> <p>(For more information, see Emergency and Urgently Needed Care Sections.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b></p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p>	

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<b>INPATIENT CARE</b>		
<b>Inpatient Hospital Care</b> (Includes Substance Abuse and Rehabilitation Services.)	In 2010 the amounts for each benefit period are \$0 or: Days 1 - 60: \$1,100 deductible* Days 61 - 90: \$275 per day* Days 91 - 150: \$550 per lifetime reserve day*  Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once.  A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.	<b>In-Network</b> In 2010 the amounts for each benefit period are \$0 or: Days 1 - 60: \$1,100 deductible* Days 61 - 90: \$275 per day* Days 91 - 150: \$550 per lifetime reserve day*  You will not be charged additional cost sharing for professional services. The plan covers 90 days each benefit period.  Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
<b>Inpatient Mental Health Care</b>	Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).  190 day limit in a psychiatric hospital.	<b>In-Network</b> Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care").  You get up to 190 days in a psychiatric hospital in a lifetime.  Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
<b>Skilled Nursing Facility (SNF)</b> (In a Medicare-certified skilled nursing facility.)	In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 or \$ 0 per day* Days 21 - 100: \$0 or \$137.50 per day*  100 days for each benefit period.  A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 or \$ 0 per day* Days 21 - 100: \$0 or \$137.50 per day*  You will not be charged additional cost sharing for professional services. Plan covers up to 100 days each benefit period. Three day prior hospital stay is required.
<b>Home Health Care</b> (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered home health visits.*

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<b>Hospice</b>	You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care. You must get care from a Medicare-certified hospice.	<b>General</b> You must get care from a Medicare certified hospice.
<b>OUTPATIENT CARE</b>		
<b>Doctor Office Visits</b>	0% or 20% coinsurance.	<b>General</b> See "Physical Exams," for more information.  <b>In-Network</b> \$0 copay for each primary care doctor visit for Medicare-covered benefits.*  \$0 or \$10 copay for each specialist visit for Medicare-covered benefits.*
<b>Chiropractic Services</b>	Routine care is not covered.  0% or 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	<b>In-Network</b> \$0 or \$10 copay for Medicare-covered visits.*  Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.
<b>Podiatry Services</b>	Routine care is not covered.  0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<b>In-Network</b> \$0 or \$10 copay for each Medicare-covered visit.* \$10 copay for up to 4 routine visit(s) every year.  Medicare-covered podiatry benefits are for medically-necessary foot care.
<b>Outpatient Mental Health Care</b>	0% or 45% coinsurance for most outpatient mental health services.	<b>In-Network</b> \$0 or \$20 copay for each Medicare-covered individual therapy visit.* \$0 or \$10 copay for each Medicare-covered group therapy visit.* \$0 or \$25 copay for each Medicare-covered individual or group therapy visit with a psychiatrist.*
<b>Outpatient Substance Abuse Care</b>	0% or 20% coinsurance.	<b>In-Network</b> \$0 or \$20 copay for Medicare-covered individual or group visits.*
<b>Outpatient Services/Surgery</b>	0% or 20% coinsurance for the doctor.  0% or 20% of outpatient facility charges.	<b>In-Network</b> \$0 copay for each Medicare-covered ambulatory surgical center visit.* \$0 copay for each Medicare-covered outpatient hospital facility visit.*

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<b>Benefit</b>	<b>Original Medicare</b>	<b>MetroPlus Advantage Plan (HMO)</b>
<b>Ambulance Services</b> (Medically necessary ambulance services.)	0% or 20% coinsurance.	<b>In-Network</b> \$0 copay for Medicare-covered ambulance benefits.*
<b>Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	0% or 20% coinsurance for the doctor.  0% or 20% of facility charge.  You do not have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	<b>General</b> \$0 or \$50 for Medicare-covered emergency room visits.*  Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.  If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visits.
<b>Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)	0% or 20% coinsurance.  NOT covered outside the U.S. except under limited circumstances.	<b>General</b> \$0 for Medicare-covered urgent care visits.*
<b>Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy.)	0% or 20% coinsurance.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 or \$25 copay for Medicare-covered occupational therapy visits.* \$0 or \$25 copay for Medicare-covered physical and/or speech/language therapy visits.*
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
<b>Durable Medical Equipment</b> (Includes wheelchairs, oxygen, etc.)	0% or 20% coinsurance.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare-covered items.*
<b>Prosthetic Devices</b> (Includes braces, artificial limbs and eyes, etc.)	0% or 20% coinsurance.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$0 copay for Medicare covered items.*

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<b>Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies</b> (Includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training.)	0% or 20% coinsurance.  Nutrition therapy is for people who have diabetes or kidney disease (but are not on dialysis or have not had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	<b>In-Network</b> \$0 copay for diabetes self-monitoring training.*  \$0 copay for nutrition therapy for Diabetes.*  \$0 copay for diabetes supplies.*	
<b>Diagnostic Tests, X-Rays, and Lab Services</b>	0% or 20% coinsurance for diagnostic tests and X-rays.  \$0 copay for Medicare-covered lab services.  Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	<b>In-Network</b> \$0 copay for Medicare-covered: - lab services* - diagnostic procedures and tests* - X-rays* - diagnostic radiology services (not including X-rays)* - therapeutic radiology services*	
<b>PREVENTIVE SERVICES</b>			
<b>Bone Mass Measurement</b> (For people with Medicare who are at risk.)	0% or 20% coinsurance.  Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	<b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.*	
<b>Colorectal Screening Exams</b> (For people with Medicare age 50 and older.)	0% or 20% coinsurance.  Covered when you are high risk or when you are age 50 and older.	<b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.*	
<b>Immunizations</b> (Flu vaccine, hepatitis B vaccine. For people with Medicare who are at risk-pneumonia vaccine.)	\$0 copay for flu and pneumonia vaccines.  0% or 20% coinsurance for hepatitis B vaccine.  You may only need the pneumonia vaccine once in your lifetime. Call your doctor for more information.	<b>In-Network</b> \$0 copay for flu and pneumonia vaccines.  \$0 copay for hepatitis B vaccine.*  No referral needed for flu and pneumonia vaccines.	

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<b>Benefit</b>	<b>Original Medicare</b>	<b>MetroPlus Advantage Plan (HMO)</b>
<b>Mammograms (Annual Screening)</b> (For Women with Medicare Age 40 and Older.)	0% or 20% coinsurance.  No referral needed.  Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	<b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.*
<b>Pap Smears and Pelvic Exams</b> (For Women with Medicare.)	\$0 copay for Pap smears.  Covered once every 2 years. Covered once a year for women with Medicare at high risk.  0% or 20% coinsurance for pelvic exams.	<b>In-Network</b> \$0 copay for Pap smears and pelvic exams.*  \$0 copay for Medicare-covered Pap smears and pelvic exams.  - 1 additional Pap smear and pelvic exam every year.
<b>Prostate Cancer Screening Exams</b> (For Men with Medicare Age 50 and Older.)	0% or 20% coinsurance for the digital rectal exam.  \$0 for the PSA test; 0% or 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	<b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.*
<b>End-Stage Renal Disease</b>	0% or 20% coinsurance for renal dialysis. 0% or 20% coinsurance for nutrition therapy for end-stage renal disease.  Nutrition therapy is for people who have diabetes or kidney disease (but are not on dialysis or have not had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	<b>In-Network</b> \$0 copay for renal dialysis.*  \$0 copay for nutrition therapy for end-stage renal disease.*

SECTION II SUMMARY OF BENEFITS <span style="float: right;">*All cost sharing in this Summary of Benefits is based on your level of Medicaid eligibility.</span>	
Benefit	Original Medicare <span style="float: right;">MetroPlus Advantage Plan (HMO)</span>
<p><b>Prescription Drugs</b></p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p> <p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> \$0 yearly deductible for Part B-covered drugs.* 0% or 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.*</p> <p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.metroplus.org">www.metroplus.org</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who: -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service).</p> <p>The plan offers national in-network prescription coverage (i.e., this would include the 50 states and Washington D.C.). This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p>The plan 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 Health Plan for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, in the formulary and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov">www.medicare.gov</a>. If the actual cost of a drug is less than the normal cost sharing amount for that drug, you will pay the actual cost, not the higher cost sharing amount.</p>

**SECTION II SUMMARY OF BENEFITS**

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Benefit	Original Medicare	MetroPlus Advantage Plan (HMO)
		<p><b>In-Network</b> You pay \$0 yearly deductible.</p> <p><b>Initial Coverage</b> Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: - A \$0 copay or - A \$1.10 copay or - A \$2.50 copay</p> <p>For all other drugs, either: - A \$0 copay or - A \$3.30 copay or - A \$6.30 copay</p> <p><b>Retail Pharmacy</b> You can get drugs the following way(s): - one-month (30-day) supply - three-month (90-day) supply Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p><b>Long Term Care Pharmacy</b> You can get drugs the following way(s): - one-month (31-day) supply</p> <p><b>Mail Order</b> You can get drugs the following way(s): - one-month (30-day) supply - three-month (90-day) supply Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p><b>Catastrophic Coverage</b> After your yearly out-of-pocket costs reach \$4,550, you pay \$0 copay.</p> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from MetroPlus Advantage Plan (HMO).  You can get drugs the following way: - one-month (30-day) supply</p>

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Benefit	Original Medicare	MetroPlus Advantage Plan (HMO)
		<p><b>Out-of-Network Initial Coverage</b> Depending on your income and institutional status, you will be reimbursed by MetroPlus Advantage Plan (HMO) up to the full cost of the drug minus the following: For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or</li> <li>- A \$1.10 copay or</li> <li>- A \$2.50 copay</li> </ul> <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> <li>- A \$0 copay or</li> <li>- A \$3.30 copay or</li> <li>- A \$6.30 copay</li> </ul> <p><b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed in full for drugs purchased out-of-network.</p>
<b>Dental Services</b>	Preventive dental services (such as cleaning) are not covered.	<p><b>In-Network</b> \$0 copay for Medicare-covered dental benefits.* \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>- 1 oral exam every year</li> <li>- 1 cleaning every year</li> <li>- 1 fluoride treatment every year</li> <li>- 1 dental X-ray every year</li> </ul>
<b>Hearing Services</b>	Routine hearing exams and hearing aids are not covered.  0% or 20% coinsurance for diagnostic hearing exams.	<p><b>General</b> \$0 copay for Medicare-covered diagnostic hearing exams* - 1 routine hearing test every year \$0 copay for 1 hearing aid every two years. \$500 limit for hearing tests and aids every two years.</p>
<b>Vision Services</b>	0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.  Routine eye exams and glasses not covered.  Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.  Annual glaucoma screenings covered for people at risk.	<p><b>In-Network</b> \$0 copay for diagnosis and treatment for diseases and conditions of the eye* and - 1 routine eye exam every year</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after cataract surgery*</li> <li>- 1 pair of glasses every two years</li> <li>- 1 pair of contacts every two years</li> </ul>

SECTION II SUMMARY OF BENEFITS		*All cost sharing in this Summary of Benefits is based on your level of Medicaid eligibility.
Benefit	Original Medicare	MetroPlus Advantage Plan (HMO)
<b>Physical Exams</b>	0% or 20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.  When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.	<b>In-Network</b> \$0 copay for routine exams. \$0 copay for Medicare-covered benefits.* No limit on the number of covered exams.
<b>Health/Wellness Education</b>	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	<b>General</b> Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.  <b>In-Network</b> This plan covers the following health/wellness education benefits: - Written health education materials, including newsletters - Additional smoking cessation \$0 copay for each Medicare-covered smoking cessation counseling session.*
<b>Transportation</b> (Routine)	Not Covered.	<b>In-Network</b> \$0 copay for up to 6 round trip(s) to plan-approved location every three months using New York City MTA Bus and Subway Service.
<b>Acupuncture</b>	Not Covered.	<b>In-Network</b> This plan does not cover acupuncture.
<b>Non-Prescription Drugs and Health-Related Items</b>	Not Covered.	In addition to outpatient prescription drugs covered by Original Medicare Plan and MetroPlus Partnership in Care Plan through Part D, you get a plan-issued MetroPlus Healthcare OTC Card to be used for non-prescription drugs and health-related items.  Please contact Customer Services for a list of approved items and locations.  \$0 copayment.  Up to \$100 every three months or \$33.33 per month.

SECTION III SPECIAL FEATURES OF METROPLUS ADVANTAGE PLAN (HMO)

When you join MetroPlus Advantage Plan, you get all your Medicare benefits, Plus great benefits like:

- **\$0** copay for Primary Care visits
- Medicare Prescription Drug Coverage (Part D)
- **Up to \$500** for hearing tests and aids every two years
- **\$0 copay** for up to 6 trips every three months to your doctor using New York City MTA Subway and Bus Service
- **Up to \$400** per year in non-prescription drugs and health-related items
- **\$0 copay** for preventive dental services

Call MetroPlus Health Plan and learn more about this and other Medicare Plans we offer.

1-866-986-0356 (TTY/TDD 1-800-881-2812)  
Monday-Saturday, 8:00 a.m. - 8:00 p.m.  
(November 15-March 1 only:  
Monday-Sunday 8:00 a.m. -8:00 p.m.)

**SECTION IV COMPREHENSIVE WRITTEN STATEMENT FOR PROSPECTIVE ENROLLEES**

The services listed below are available only to those SNP members eligible under Medicaid for medical services.

\*Cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Benefit Category	Medicaid	MetroPlus Advantage Plan (HMO)
<b>Inpatient Mental Health Days in excess of the Medicare 190-day lifetime maximum</b>	\$0 copay for Medicaid-covered services.	Not covered.
<b>Home Health Non-Medicare covered home health services (e.g. home health aide services with nursing supervision to medically unstable patients)</b>	\$0 copay for Medicaid-covered services.	Not covered.
<b>Specialist Office Visit</b>	\$0 copay for Medicaid-covered services.	<b>In-Network</b> \$0 or \$10 copay for each specialist visit for Medicare-covered benefits.*
<b>Podiatry</b>	\$0 copay for Medicaid-covered services.	<b>In-Network</b> \$0 or \$20 copay for each Medicare-covered individual therapy visit.* \$0 or \$10 copay for each Medicare-covered group therapy visit.* \$0 or \$25 copay for each Medicare-covered individual or group therapy visit with a psychiatrist.*
<b>Outpatient Substance Abuse</b>	\$0 copay for Medicaid-covered services.	<b>In-Network</b> \$0 or \$20 copay for Medicare-covered individual or group visits.*
<b>Emergency Room</b>	\$0 copay for Medicaid-covered services.	<b>In-Network</b> \$0 or \$50 copay for Medicare-covered emergency room visits.*
<b>Urgent Care</b>	\$0 copay for Medicaid-covered services.	<b>In-Network</b> \$0 copay for Medicare-covered urgent-care visits.*
<b>Outpatient Rehabilitation (OT, PT, Speech)</b>	\$0 copay for Medicaid-covered services.	<b>In-Network</b> \$0 or \$25 copay for Medicare-covered occupational therapy visits.* \$0 or \$25 copay for Medicare-covered physical and/or speech/language therapy visits.*
<b>Dental</b> 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.	\$0 copay for Medicaid-covered services.	<b>In-Network</b> \$0 copay for Medicare-covered dental benefits.* \$0 copay for the following preventive dental benefits: - 1 oral exam every year - 1 cleaning every year - 1 fluoride treatment every year - 1 dental X-ray every year

**SECTION IV COMPREHENSIVE WRITTEN STATEMENT FOR PROSPECTIVE ENROLLEES**

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\*Cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Benefit Category	Medicaid	MetroPlus Advantage Plan (HMO)
<b>Transportation - Routine</b> Transportation necessary to obtain necessary medical care and services under plan's benefits or Medicaid fee-for-service. Includes ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to the enrollee's medical condition and a transportation attendant to accompany the enrollee, if necessary.	\$0 copay for Medicaid-covered services.	Every quarter MetroPlus Advantage (HMO) will pay for six (6) round trips to plan-approved locations using New York City MTA Bus and Subway Service.  \$0 copayment.
<b>Private Duty Nursing</b> Medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.	\$0 copay for Medicaid-covered services.	Not covered.
<b>Out of Network Family Planning Services provided under direct access provisions of waiver</b>	\$0 copay for Medicaid-covered services.	Not covered.
<b>SNF Days not covered by Medicare</b>	\$0 copay for Medicaid-covered services.	Not covered.
<b>Personal Care Services</b>	\$0 copay for Medicaid-covered services.	Not covered.
<b>Medicaid Pharmacy Benefits</b>	\$0 copay for Medicaid-covered services.	Not covered.
<b>Methadone Maintenance Programs</b>	\$0 copay for Medicaid-covered services.	Not covered.
<b>Certain Mental Health Services</b>	\$0 copay for Medicaid-covered services.	Not covered.
<b>Rehabilitation Services Provided to Residents of OMH Licensed Community Residences and Family Based Treatment Programs</b>	\$0 copay for Medicaid-covered services.	Not covered.
<b>Office of Mental Retardations and Developmental Disabilities Services (OMRRD)</b>	\$0 copay for Medicaid-covered services.	Not covered.
<b>Comprehensive Medicaid Case Management</b>	\$0 copay for Medicaid-covered services.	Not covered.

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\*Cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Benefit Category	Medicaid	MetroPlus Advantage Plan (HMO)
<b>Directly Observed Therapy for Tuberculosis</b>	\$0 copay for Medicaid-covered services.	Not covered.
<b>AIDS Adult Day Health Care</b>	\$0 copay for Medicaid-covered services.	Not covered.
<b>HIV COBRA Case Management</b>	\$0 copay for Medicaid-covered services.	Not covered.
<b>Adult Day Health Care</b>	\$0 copay for Medicaid-covered services.	Not covered.
<b>Personal Emergency Response Services (PERS)</b>	\$0 copay for Medicaid-covered services.	Not covered.



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