

SECTION 1 INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in MetroPlus Advantage Plan (HMO SNP), MetroPlus Medicare Partnership In Care Plan (HMO SNP) and MetroPlus Select Plan (HMO SNP). Our plans are offered by METROPLUS HEALTH PLAN, INC. / MetroPlus Health Plan, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). These plans are designed for people who meet specific enrollment criteria.

You may be eligible to join MetroPlus Advantage Plan (HMO SNP) and MetroPlus Select Plan (HMO SNP) if you receive assistance from the state and Medicare. If you have been diagnosed with HIV/AIDS, you may be eligible to join MetroPlus Medicare Partnership In Care Plan (HMO SNP).

For MetroPlus Advantage Plan (HMO SNP) and MetroPlus Select Plan (HMO SNP) members, all cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call MetroPlus Advantage Plan (HMO SNP), MetroPlus Medicare Partnership In Care Plan (HMO SNP) and MetroPlus Select Plan (HMO SNP) 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 Advantage Plan (HMO SNP), MetroPlus Medicare Partnership In Care Plan (HMO SNP) and MetroPlus Select Plan (HMO SNP) 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 SNP), MetroPlus Medicare Partnership In Care Plan (HMO SNP), and MetroPlus Select Plan (HMO SNP). 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. If you have one or more of the listed diseases, you may enroll in the plan at any time but you may only leave the plan at certain times.

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 SNP), MetroPlus Medicare Partnership In Care Plan (HMO SNP), MetroPlus Select Plan (HMO SNP) 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 SNP), METROPLUS MEDICARE PARTNERSHIP IN CARE PLAN (HMO SNP), AND METROPLUS SELECT PLAN (HMO SNP) AVAILABLE?

The service area for these plans includes: Bronx, Kings, New York, Queens Counties, NY. You must live in one of these areas to join the plan. There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

WHO IS ELIGIBLE TO JOIN METROPLUS ADVANTAGE PLAN (HMO SNP), METROPLUS MEDICARE PARTNERSHIP IN CARE PLAN (HMO SNP), AND METROPLUS SELECT PLAN (HMO SNP)?

You can join MetroPlus Advantage Plan (HMO SNP), MetroPlus Medicare Partnership In Care Plan (HMO SNP), and MetroPlus Select Plan (HMO

SNP) 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 SNP), MetroPlus Medicare Partnership In Care Plan (HMO SNP), or MetroPlus Select Plan (HMO SNP) unless they are members of our organization and have been since their dialysis began.

You must also receive assistance from the state to join MetroPlus Advantage Plan (HMO SNP) and MetroPlus Select Plan (HMO SNP).

You must have been diagnosed by your doctor with HIV/AIDS to join MetroPlus Medicare Partnership In Care Plan (HMO SNP). Please call the plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

MetroPlus Advantage Plan (HMO SNP), MetroPlus Medicare Partnership In Care Plan (HMO SNP), and MetroPlus Select Plan (HMO SNP) have 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. For an updated list, visit us at www.metroplusmedicare.org.

Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

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

MetroPlus Advantage Plan (HMO SNP), MetroPlus Medicare Partnership In Care Plan (HMO SNP), and MetroPlus Select Plan (HMO SNP) have 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 online at www.metroplusmedicare.org. Our customer service number is listed at the end of this introduction.

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

MetroPlus Advantage Plan (HMO SNP), MetroPlus Medicare Partnership In Care Plan (HMO SNP) and MetroPlus Select Plan (HMO SNP) do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

MetroPlus Advantage Plan (HMO SNP), MetroPlus Medicare Partnership In Care Plan (HMO SNP) and MetroPlus Select Plan (HMO SNP) use 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.metroplusmedicare.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 MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare 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 and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.

* 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 call your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 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 SNP), MetroPlus Medicare Partnership In Care Plan (HMO SNP) or MetroPlus Select Plan (HMO SNP), 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. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of MetroPlus Advantage Plan (HMO SNP), MetroPlus Medicare Partnership In Care Plan (HMO SNP) or MetroPlus Select Plan (HMO SNP), 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. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we 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 Advantage Plan (HMO SNP), MetroPlus Medicare Partnership In Care Plan (HMO SNP) or MetroPlus Select Plan (HMO SNP) 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 SNP), MetroPlus Medicare Partnership In Care Plan (HMO SNP) or MetroPlus Select Plan (HMO SNP) 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 DME.

WHERE CAN I FIND INFORMATION ON 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 and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call MetroPlus Health Plan for more information about MetroPlus Advantage Plan (HMO SNP), MetroPlus Medicare Partnership In Care Plan (HMO SNP) and MetroPlus Select Plan (HMO SNP). Visit us at www.metroplusmedicare.org or, call us:

Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Eastern.

Current and Prospective members should call toll-free (866)-986-0356 for questions related to the Medicare Advantage Program.

(TTY/TDD (800)-881-2812).

Current and Prospective members should call locally (866)-986-0356 for questions related to the Medicare Advantage Program. (TTY/TDD (800)-881-2812).

Current and Prospective members should call toll-free (866)-986-0356 for questions related to the Medicare Part D Prescription Drug

program. (TTY/TDD (800)-881-2812)

Current and Prospective members should call locally (866)-986-0356 for questions related to 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 on the web.

This document may be available in other formats such as Braille, large print or other alternate formats. This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento podría estar disponible en otros formatos, tal como Braille, letra grande u otros formatos distintos. Este documento podría estar disponible en otros idiomas, aparte de inglés. Para obtener más información llame a nuestro Departamento de Atención al Cliente al número que aparece arriba.

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

SECTION 2 SUMMARY OF BENEFITS

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
IMPORTANT INFORMATION				
1 - Premium and Other Important Information	For MetroPlus Advantage Plan (HMO SNP) and MetroPlus Select Plan (HMO SNP) members, the Medicare cost sharing may vary based on your level of Medicaid eligibility.	General \$23.70 monthly plan premium in addition to your monthly Medicare Part B premium.	General \$34.20 monthly plan premium in addition to your monthly Medicare Part B premium.*	General \$0 monthly plan premium*
	In 2011 the monthly Part B Premium was \$0 or \$96.40 and may change for 2012 and the annual Part B deductible amount was \$0 or \$162 and may change for 2012.*	Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800- MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.		
	If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.			In-Network \$0 annual deductible.*

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
	<p>Most people will pay the standard monthly Part B premium. However, 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 Medicare at 1-800- MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>In-Network</p> <p>In 2011, the annual Part B deductible amount was \$162. This amount may change for 2012. Contact the plan for services that apply.</p> <p>\$6700 out-of-pocket limit for Medicare-covered services.</p>	<p>In-Network</p> <p>In 2011 the annual Part B deductible amount was \$0 or \$162.* This amount may change for 2012. Contact the plan for services that apply.</p> <p>\$6700 out-of-pocket limit for Medicare-covered services.*</p>	<p>In-Network</p> <p>\$6700 out-of-pocket limit for Medicare-covered services.</p> <p>However, in this plan you will have no cost sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.</p>
<p>2 - Doctor and Hospital Choice</p> <p>(For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network</p> <p>You must go to network doctors, specialists, and hospitals.</p>	<p>In-Network</p> <p>You must go to network doctors, specialists, and hospitals.</p>	<p>In-Network</p> <p>You must go to network doctors, specialists, and hospitals.</p>
		<p>No referral required for network doctors, specialists, and hospitals.</p>	<p>No referral required for network doctors, specialists, and hospitals.</p>	<p>No referral required for network doctors, specialists and hospitals.</p>
<p>INPATIENT CARE</p>				
<p>3 - Inpatient Hospital Care</p> <p>(includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1,132 deductible;* Days 61 - 90: \$283 per day;* Days 91 - 150: \$566 per lifetime reserve day. * These amounts may change for 2012.</p>	<p>In-Network</p> <p>Plan covers 90 days each benefit period.</p>	<p>In-Network</p> <p>Plan covers 90 days each benefit period.</p>	<p>In-Network</p> <p>No limit to the number of days covered by the plan each hospital stay.</p>
	<p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p>	<p>In 2011, the amounts for each benefit period were: Days 1 - 60: \$1,132 deductible; Days 61 - 90: \$283 per day; Days 91 - 150: \$566 per lifetime reserve day. These amounts may change for 2012.</p>	<p>In 2011, the amounts for each benefit period were: \$0 or: Days 1 - 60: \$1,132 deductible;* Days 61 - 90: \$283 per day;* Days 91 - 150: \$566 per lifetime reserve day*. These amounts may change for 2012.</p>	<p>\$0 annual deductible*</p>

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
	Lifetime reserve days can only be used once.	You will not be charged additional cost sharing for professional services.	You will not be charged additional cost sharing for professional services.	\$0 copay.* \$0 out-of-pocket limit every stay.
	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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
4 - Inpatient Mental Health Care	In 2011, the amounts for each benefit period were \$0 or: Days 1 - 60: \$1,132 deductible;* Days 61 - 90: \$283 per day;* Days 91 - 150: \$566 per lifetime reserve day.* These amounts may change for 2012.	In-Network In 2011, the amounts for each benefit period were: Days 1 - 60: \$1,132 deductible; Days 61 - 90: \$283 per day; Days 91 - 150: \$566 per lifetime reserve day. These amounts may change for 2012.	In-Network In 2011 the amounts for each benefit period were, \$0 or: Days 1 - 60: \$1,132 deductible*; Days 61 - 90: \$283 per day*; Days 91 - 150: \$566 per lifetime reserve day.* These amounts may change for 2012. You get up to 190 days inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.	In-Network \$0 copay.* You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.
	You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.	You get up to 190 days if inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.	Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care”)	\$0 annual deductible* \$0 out-of-pocket limit every stay.

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
		Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
5 - Skilled Nursing Facility (SNF)	In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day;* Days 21 - 100: \$0 or \$141.50 per day.* These amounts may change for 2012.	General Authorization rules may apply.	General Authorization rules may apply.	General Authorization rules may apply.
(in a Medicare-certified skilled nursing facility)	100 days for each benefit period.	In-Network Plan covers up to 100 days each benefit period	In-Network Plan covers up to 100 days each benefit period	In-Network Plan covers up to 100 days 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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	3-day prior hospital stay is required.	3-day prior hospital stay is required.	No prior hospital stay is required.
		For Medicare-covered SNF stays: Days 1 - 30: \$50 copay per day; Days 31 - 100: \$0 copay per day.	In 2011, the amounts for each benefit period after at least a 3-day covered hospital stay were \$0 or: Days 1 - 20: \$0 per day;* Days 21 - 100: \$141.50 per day.* These amounts may change for 2012.	\$0 annual deductible*
			You will not be charged additional cost sharing for professional services.	\$0 copay for SNF services.* \$0 out-of-pocket limit every stay.

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	General Authorization rules may apply.	General Authorization rules may apply.	General Authorization rules may apply.
		In-Network \$0 copay for Medicare-covered home health visits.	In-Network \$0 copay for Medicare-covered home health visits.*	In-Network \$0 copay for Medicare-covered home health visits.*
7 - Hospice	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.	General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.	General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.	General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.
OUTPATIENT CARE				
8 - Doctor Office Visits	0% or 20% coinsurance	In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits.	In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits.*	In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits.* \$0 copay for the cost of each in-area, network urgent care Medicare-covered visit.*
		5% of the cost for each specialist visit for Medicare-covered benefits.	\$0 or \$10 copay for each specialist visit for Medicare-covered benefits.*	\$0 copay for each specialist doctor visit for Medicare-covered benefits.*

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
9 - Chiropractic Services	Supplemental routine care not covered	In-Network \$10 copay for each Medicare-covered visit.	In-Network \$0 or \$10 copay for each Medicare-covered visit.*	In-Network \$0 copay for Medicare-covered chiropractic visits.*
	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.	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.	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.	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.
10 - Podiatry Services	Supplemental Routine care not covered.	In-Network \$10 copay for each Medicare-covered visit.	In-Network \$0 or \$10 copay for each Medicare-covered visit.*	In-Network \$0 copay for Medicare-covered podiatry benefits.*
	0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	\$10 copay for up to 1 supplemental routine visit(s) every three months	\$10 copay for 1 routine visit(s) every three months	\$0 copay for up to 1 supplemental routine visit(s) every three months
		Medicare-covered podiatry benefits are for medically-necessary foot care.	Medicare-covered podiatry benefits are for medically-necessary foot care.	Medicare-covered podiatry benefits are for medically-necessary foot care.
11 - Outpatient Mental Health Care	0% or 40% coinsurance for most outpatient mental health services.	In-Network \$10 copay for each Medicare-covered individual therapy visit.	General Authorization rules may apply.	In-Network \$0 copay for Medicare-covered Mental Health visits.*
			In-Network \$0 or \$10 copay for each Medicare-covered individual therapy visit.*	

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
	<p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>0% or 40% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program.</p>	\$10 copay for each Medicare-covered group therapy visit.	\$0 or \$10 copay for each Medicare-covered group therapy visit.*	\$0 copay for each Medicare-covered visit with a psychiatrist*
	<p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p>\$10 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$10 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$50 for Medicare-covered partial hospitalization program services.</p>	<p>\$0 or \$10 copay for each Medicare-covered individual therapy visit with a psychiatrist.*</p> <p>\$0 or \$10 copay for each Medicare-covered group therapy visit with a psychiatrist*</p> <p>\$0 copay for Medicare-covered partial hospitalization program services*</p>	\$0 copay for Medicare-covered partial hospitalization program services*
12 - Outpatient Substance Abuse Care	0% or 20% coinsurance	<p>In-Network</p> <p>\$20 copay for Medicare-covered individual or group visits.</p> <p>\$20 copay for Medicare-covered group visits.</p>	<p>In-Network</p> <p>\$0 or \$10 copay for Medicare-covered individual therapy visits.*</p> <p>\$0 or \$10 copay for Medicare-covered group visits*</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered visits.*</p>
13 - Outpatient Services / Surgery	0% or 20% coinsurance for the doctor’s services	<p>In-Network</p> <p>\$50 copay for each Medicare-covered ambulatory surgical center visit.</p>	<p>In-Network</p> <p>\$0 copay for each Medicare-covered ambulatory surgical center visit.*</p>	<p>In-Network</p> <p>\$0 copay for each Medicare-covered ambulatory surgical center visit.*</p>
	Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.			

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
	0% or 20% coinsurance for ambulatory surgical center facility charges	\$50 copay for each Medicare-covered outpatient hospital facility visit.	\$0 or \$10 copay for each Medicare-covered outpatient hospital facility visit.*	\$0 copay for each Medicare-covered outpatient hospital facility visit.*
14 - Ambulance Services (medically necessary ambulance services)	0% or 20% coinsurance	In-Network \$0 copay for Medicare-covered ambulance benefits.	In-Network \$0 copay for Medicare-covered ambulance benefits.*	In-Network \$0 copay for Medicare-covered ambulance benefits.*
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	0% or 20% coinsurance for the doctor's services	General \$50 copay for Medicare-covered emergency room visits	General \$0 or \$50 copay for Medicare-covered emergency room visits*	General \$0 copay for Medicare-covered emergency room visits.*
	\$0 or Specified copayment for outpatient hospital facility emergency services	Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.	Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.	Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.
	Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital. You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit. Not covered outside the U.S. except under limited circumstances.	If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit	If you are admitted to the hospital within 24-hour(s)for the same condition, you pay \$0 for the emergency room visit	If you are admitted to the hospital within 24-hour(s)for the same condition, you pay \$0 for the emergency room visit
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	0% or 20% coinsurance, or a set copay	General \$10 copay for Medicare-covered urgently-needed-care visits.	General \$0 copay for Medicare-covered urgently-needed-care visits.*	General \$0 copay for Medicare-covered urgently-needed-care visits.*

NOT covered outside the U.S. except under limited circumstances.

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	0% or 20% coinsurance		General Authorization rules may apply.	
		In-Network \$25 copay for Medicare-covered Occupational Therapy visits.	In-Network \$0 or \$25 copay for Medicare-covered Occupational Therapy visits.*	In-Network \$0 copay for Medicare-covered Occupational Therapy visits.*
		\$25 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.	\$0 or \$25 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.*	\$0 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.*
OUTPATIENT MEDICAL SERVICES AND SUPPLIES				
18 - Durable Medical Equipment (includes wheelchairs,oxygen, etc.)	0% or 20% coinsurance		General Authorization rules may apply.	General Authorization rules may apply.
		In-Network \$0 copay for Medicare-covered items.	In-Network \$0 copay for Medicare-covered items.*	In-Network \$0 copay for Medicare-covered items.*
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	0% or 20% coinsurance	General Authorization rules may apply.		General Authorization rules may apply.
		In-Network \$0 copay for Medicare-covered items.	In-Network \$0 copay for Medicare-covered items.*	In-Network \$0 copay for Medicare-covered items.*

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
20 - Diabetes Programs and Supplies	0% or 20% coinsurance for diabetes self-management training			General
	0% or 20% coinsurance for diabetes supplies			Authorization rules may apply.
	0% or 20% coinsurance for diabetic therapeutic shoes or inserts			
		In-Network \$0 copay for Diabetes self-monitoring training.	In-Network \$0 copay for Diabetes self-monitoring training.*	In-Network \$0 copay for Diabetes self-monitoring training.*
		\$0 copay for: - Diabetes monitoring supplies - Therapeutic shoes or inserts	\$0 copay for: - Diabetes monitoring supplies* - Therapeutic shoes or inserts*	\$0 copay for: - Diabetes monitoring supplies* - Therapeutic shoes or inserts*
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	0% or 20% coinsurance for diagnostic tests and x-rays	In-Network \$0 copay for Medicare-covered:	In-Network \$0 copay for Medicare-covered:	In-Network \$0 copay for Medicare-covered:
	\$0 copay for Medicare-covered lab services	- lab services	- lab services*	- 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.	- diagnostic procedures and tests	- diagnostic procedures and tests*	- diagnostic procedures and tests*
	0% or 20% coinsurance for digital rectal exam and other related services. Covered once a year for all men with Medicare over age 50.	- X-rays.	- X-rays.*	- X-rays.*

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
		- diagnostic radiology services (not including X-rays)	- diagnostic radiology services (not including X-rays)*	- diagnostic radiology services (not including X-rays)*
		- therapeutic radiology services	- therapeutic radiology services*	- therapeutic radiology services*
22 - Cardiac and Pulmonary Rehabilitation Services	0% or 20% coinsurance Cardiac Rehabilitation services 0% or 20% coinsurance for Pulmonary Rehabilitation services 0% or 20% coinsurance for Intensive Cardiac Rehabilitation services	In-Network \$25 copay for Medicare-covered Cardiac Rehabilitation Services \$25 copay for Medicare-covered Intensive Cardiac Rehabilitation Services \$25 copay for Medicare-covered Pulmonary Rehabilitation Services	General Authorization rules may apply. In-Network \$0 copay for: - Medicare-covered Cardiac Rehabilitation Services* - Medicare-covered Intensive Cardiac Rehabilitation Services* - Medicare-covered Pulmonary Rehabilitation Services*	In-Network \$0 copay for: - Medicare-covered Cardiac Rehabilitation Services* - Medicare-covered Intensive Cardiac Rehabilitation Services* - Medicare-covered Pulmonary Rehabilitation Services*
	This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.			

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
PREVENTIVE SERVICES				
23 - Preventive Services and Wellness / Education Programs	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk - HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. - Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. - 	<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) 	<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) 	<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) -

Benefit

Original Medicare

MetroPlus Medicare Partnership in Care Plan (HMO SNP)

MetroPlus Advantage Plan (HMO SNP)

MetroPlus Select Plan (HMO SNP)

Preventive Services and Wellness / Education Programs (Continued)

Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease

- Personalized Prevention Plan Services (Annual Wellness Visits)
- Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.
- Prostate Cancer Screening. Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.
- Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.
- Welcome to Medicare Physical Exam (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.

- Smoking Cessation (Counseling to stop smoking)
- Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)

- Smoking Cessation (Counseling to stop smoking)
- Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)

- Smoking Cessation (Counseling to stop smoking)
- Welcome to Medicare Physical Exam (Initial Preventive PhysicalExam)

HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.

HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.

HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
		In-Network \$0 copay for: The plan covers the following supplemental education / wellness programs: - Written health education materials, including Newsletters	In-Network \$0 copay for: The plan covers the following supplemental education / wellness programs: - Written health education materials, including Newsletters	In-Network \$0 copay for: The plan covers the following supplemental education / wellness programs: - Written health education materials, including Newsletters - Nutritional Benefit - Additional Smoking Cessation
24 - Kidney Disease and Conditiona	0% or 20% coinsurance for renal dialysis	In-Network \$0 copay for renal dialysis.	In-Network \$0 copay for renal dialysis.*	In-Network \$0 copay for renal dialysis.
	0% or 20% coinsurance for kidney disease education services	\$0 copay for kidney disease education services	\$0 copay for kidney disease education services*	\$0 copay for kidney disease education services*
25 - Outpatient Prescription Drugs	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.	Drugs covered under Medicare Part B General \$0 copay for Part B-covered drugs.	Drugs covered under Medicare Part B General \$0 copay for Part B-covered drugs. \$0 annual deductible for Part B-covered drugs.* \$0 copay for Part B covered chemotherapy drugs and other Part-B covered drugs.*	Drugs covered under Medicare Part B General \$0 annual deductible for Part B- covered drugs.* \$0 copay for Part B covered chemotherapy drugs and other Part B covered drugs.*

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
		<p>Drugs covered under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.metroplusmedicare.org on the web.</p>	<p>Drugs covered under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.metroplusmedicare.org on the web.</p>	<p>Drugs covered under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.metroplusmedicare.org on the web.</p>
		<p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service) providers. 	<p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service) providers. 	<p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service) providers.
		<p>Your in-network prescription coverage may be limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.</p>	<p>Your in-network prescription coverage may be limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.</p>	<p>Your in-network prescription coverage may be limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.</p>
		<p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p>	<p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</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>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>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
		Some drugs have quantity limits.	Some drugs have quantity limits.	Some drugs have quantity limits.
		Your provider must get prior authorization from MetroPlus Medicare Partnership in Care Plan (HMO SNP) for certain drugs.	Your provider must get prior authorization from MetroPlus Advantage Plan (HMO SNP) for certain drugs.	Your provider must get prior authorization from MetroPlus Select Plan (HMO SNP) for certain drugs.
		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.	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.	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.
		You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.	You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.	You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.
		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.	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.	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.
		In-Network \$320 annual deductible.	In-Network You pay a \$0 annual deductible.	In-Network You pay a \$0 annual deductible.

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
		<p>Initial Coverage</p> <p>After you pay your yearly deductible, you pay 25% until total yearly drug costs reach \$2,930.</p>	<p>Initial Coverage</p> <p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$1.10 copay or - A \$2.60 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$3.30 copay or - A \$6.50 copay 	<p>Initial Coverage</p> <p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$1.10 copay or - A \$2.60 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$3.30 copay or - A \$6.50 copay
		<p>Retail Pharmacy</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply - three-month (90-day) supply 	<p>Retail Pharmacy</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply - three-month (90-day) supply 	<p>Retail Pharmacy</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply - three-month (90-day) supply
		<p>Long Term Care Pharmacy</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (34-day) supply 	<p>Long Term Care Pharmacy</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (34-day) supply 	<p>Long Term Care Pharmacy</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (34-day) supply

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
		<p>Mail Order</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply - three-month (90-day) supply 	<p>Mail Order</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply - three-month (90-day) supply 	<p>Mail Order</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply - three-month (90-day) supply
		<p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p>		
		<p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you pay a \$0 copay.</p>	<p>Catastrophic Coverage</p> <p>You pay a \$0 copay.</p>

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
		<p>Out-of-Network</p> <p>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 Medicare Partnership in Care Plan (HMO SNP).</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> - one-month (30-day) supply 	<p>Out-of-Network</p> <p>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 SNP).</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> - one-month (30-day) supply 	<p>Out-of-Network</p> <p>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 Select Plan (HMO SNP).</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> - one-month (30-day) supply

Benefit

Original Medicare

MetroPlus Medicare Partnership in Care Plan (HMO SNP)

MetroPlus Advantage Plan (HMO SNP)

MetroPlus Select Plan (HMO SNP)

Out-of-Network Initial Coverage

After you pay your yearly deductible, you will be reimbursed up to 75% of the actual cost for drugs purchased out-of-network until your total yearly drug costs reach \$2,930.

Out-of-Network Initial Coverage

Depending on your income and institutional status, you will be reimbursed by MetroPlus Advantage Plan (HMO SNP) up to the plan's cost of the drug minus the following:

For generic drugs purchased out-of-network (including brand drugs treated as generic), either:

- A \$0 copay or
- A \$1.10 copay or
- A \$2.60 copay

For all other drugs purchased out-of-network, either:

- A \$0 copay or
- A \$3.30 copay or
- A \$6.50 copay.

Out-of-Network Initial Coverage

Depending on your income and institutional status, you will be reimbursed by MetroPlus Select Plan (HMO SNP) up to the plan's cost of the drug minus the following:

For generic drugs purchased out-of-network (including brand drugs treated as generic), either:

- A \$0 copay or
- A \$1.10 copay or
- A \$2.60 copay

For all other drugs purchased out-of-network, either:

- A \$0 copay or
- A \$3.30 copay or
- A \$6.50 copay.

Additional Out-of-Network Coverage Gap

You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700. You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700.

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
		<p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed in full for drugs purchased out-of-network.</p>	<p>Out-of-Network Catastrophic Coverage</p> <p>You will be reimbursed in full for drugs purchased out-of-network.</p>
26 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network</p> <p>\$0 copay for Medicare-covered dental benefits</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered dental benefits*</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered dental benefits*</p>
		<p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - up to 1 oral exam(s) every six months - up to 1 cleaning(s) every six months - up to 1 fluoride treatment(s) every six months - up to 1 dental x-ray(s) every year 	<p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - up to 1 oral exam(s) every six months - up to 1 cleaning(s) every six months - up to 1 fluoride treatment(s) every six months - up to 1 dental x-ray(s) every year 	<p>In general, preventive dental benefits (such as cleaning) not covered.</p>

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
27 - Hearing Services	Supplemental routine hearing exams and hearing aids not covered.	In-Network - \$0 copay for up to 1 hearing aid(s) every three years - \$10 copay for Medicare-covered diagnostic hearing exams - \$10 copay for up to 1 supplemental routine hearing exam(s) every year - \$0 copay for up to 1 hearing aid fitting evaluation(s) every year - \$500 plan coverage limit for hearing aids every three years	In-Network - \$0 copay for up to 1 hearing aid(s) every three years - \$0 or \$10 copay for Medicare-covered diagnostic hearing exams* - \$10 copay for up to 1 supplemental routine hearing exam(s) every year - \$0 copay for up to 1 hearing aid fitting evaluation(s) every year - \$500 plan coverage limit for hearing aids every three years.	In-Network - \$0 copay for Medicare-covered diagnostic hearing exams* - \$0 copay for up to 1 hearing aid(s) every three years - \$10 copay for up to 1 supplemental routine hearing exam(s) every year - \$0 copay for up to 1 hearing aid fitting evaluation(s) every year - \$500 plan coverage limit for hearing aids every three years.
	0% or 20% coinsurance for diagnostic hearing exams.			

Benefit	Original Medicare	MetroPlus Medicare Partnership in Care Plan (HMO SNP)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
28 - Vision Services	<p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery - up to 1 pair(s) of contacts every year - up to 1 pair(s) of lenses every year - up to 1 frame(s) every year - \$0 to \$5 copay for exams to diagnose and treat diseases and conditions of the eye. - \$10 copay for up to 1 supplemental routine eye exam(s) every year - \$125 plan coverage limit for eye glass frames. 	<p>In-Network</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery * - up to 1 pair(s) of contacts every year - up to 1 pair(s) of lenses every year - up to 1 frame(s) every year - \$0 or \$0 to \$5 copay for exams to diagnose and treat diseases and conditions of the eye.* - \$10 copay for up to 1 supplemental routine eye exam(s) every year - \$125 plan coverage limit for eye glass frames. 	<p>In-Network</p> <p>\$0 copay for diagnosis and treatment for diseases and conditions of the eye*</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery * - up to 1 pair(s) of contacts every year - up to 1 pair(s) of lenses every year - up to 1 frame(s) every year - \$10 copay for up to 1 supplemental routine eye exam(s) every year - \$125 plan coverage limit for eye glass frames.
Over-the-Counter Items	Not covered.	<p>General</p> <p>The Plan does not cover Over-the-Counter items.</p>	<p>General</p> <p>The Plan does not cover Over-the-Counter items.</p>	<p>General</p> <p>The Plan does not cover Over-the-Counter items.</p>
Transportation	Not covered.			
(Routine)		<p>In-Network</p> <p>\$0 copay for up to 3 round trip(s) to any location every three months</p>	<p>In-Network</p> <p>\$0 copay for up to 3 round trip(s) to any location every three months</p>	<p>In-Network</p> <p>\$0 copay for each round trip to any location.</p>
Acupuncture	Not covered.	<p>In-Network</p> <p>This plan does not cover Acupuncture.</p>	<p>In-Network</p> <p>This plan does not cover Acupuncture.</p>	<p>In-Network</p> <p>This plan does not cover Acupuncture.</p>

SECTION 3 Special Features of MetroPlus Health Plan for Advantage (HMO SNP) & Select (HMO SNP)

* All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.
 ** Please consult with your plan about cost sharing when receiving services from out-of-network providers.

SECTION 4 Additional Information for People with Medicare and Medicaid

METROPLUS ADVANTAGE PLAN (HMO SNP) is specifically designed for people who qualify for Medicare and who receive assistance from New York State’s Medicaid program. The kind of Medicaid benefits you receive are 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 type of assistance served by MetroPlus Advantage Plan (HMO SNP) are listed below:

- **Full Benefit Dual Eligible (FBDE):** Payment of your Medicare Part B premiums, in some cases Medicare Part A premiums and full Medicaid benefits.
- **Qualifying Individual (QI):** Payment of your Medicare Part B premiums.
- **Specified Low Income Medicare Beneficiary (SLMB):** Payment of your Medicare Part B premiums.
- **SLMB-Plus:** Payment of your Medicare Part B premiums and full Medicaid benefits.

- **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.

If you are a MetroPlus Advantage Plan (HMO SNP) member and QMB or QMB-Plus, you pay \$0 for Medicare-covered services as shown in Section II, except any copayments for Part D prescription drugs.

If you are a MetroPlus Advantage Plan (HMO SNP) member and not a QMB or QMB-Plus but qualify for full Medicaid benefits, you may have to pay some copayments, coinsurance, and deductibles, depending on your Medicaid benefits.

The following chart lists services that are available under Medicaid for people who qualify for some form of Medicaid benefits as indicated above. The chart also explains if a similar benefit is available under our plan.

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.

Residents of the New York City boroughs should contact New York City Human Resources Administration at 1-877-472-8411 for the most current and accurate information regarding your eligibility and benefits.

For MetroPlus Advantage Plan (HMO SNP) members, the services listed below are available under Medicaid for people who qualify for some form of Medicaid benefits by using your New York State issued Medicaid Identification Card as indicated above.

METROPLUS SELECT PLAN (HMO SNP) is specifically designed for people who qualify for Medicare and Medicaid. By contracting with the Federal government as a Medicare Advantage Organization and New York State under its Medicaid Advantage program, MetroPlus is able to offer you benefits that integrate both programs to meet your unique needs.

However, to enroll in MetroPlus Select Plan, you must be a Full Benefit Dual Eligible; entitled to Medicare and receive full benefits from New York State Medicaid.

Section II compared benefits offered through MetroPlus Select Plan (HMO SNP) with those covered under Original Medicare. The following section compares the benefits offered through MetroPlus Select Plan (HMO SNP) with those covered under New York State Medicaid.

The services listed below are available to MetroPlus Select Plan (HMO SNP) members using your MetroPlus Select Plan (HMO SNP) ID card.

When to Use Your MetroPlus Select Plan (HMO SNP) Identification Card

The services listed below are available to MetroPlus Select Plan (HMO SNP) members by using your MetroPlus Select Plan (HMO SNP) identification card.

<u>Benefit Category / Services</u>	<u>Medicaid Fee-For-Service (FFS)</u>	<u>MetroPlus Advantage Plan (HMO SNP)</u>	<u>MetroPlus Select Plan (HMO SNP)</u>
Inpatient Hospital Care Including Substance Abuse and Rehabilitation Services	Medicaid covers Medicare deductibles, copays, and coinsurances up to 365 days per year (366 days for leap year)	In Network Plan covers 90 days each benefit period.	In Network Plan covers deductibles, copays, and coinsurances. No limit to the number of days covered by the plan.
Inpatient Mental Health Care	Medicaid covered Medicare deductibles, copays, and coinsurances. All inpatient mental health services including voluntary or involuntary admissions for mental health services over the Medicare 190-Day Lifetime Limit.	You get up to 190 days inpatient psychiatric hospital care in a lifetime.	Plan covers deductibles, copays, and coinsurances. Covers all inpatient mental health services including voluntary or involuntary admissions for mental health services over the Medicare 190-Day Lifetime Limit.

Benefit Category / Services	Medicaid Fee-For-Service (FFS)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
Skilled Nursing Facility (SNF)	Medicaid covers Medicare deductibles, copays, and coinsurances. Medicaid covers additional days beyond Medicare's 100-day limit.	Plan covers Medicare deductibles, copays, and coinsurances up to 100 day limit.	Plan covers deductibles, copays, and coinsurances. Plan provides additional days beyond Medicare 100-day limit. No prior hospital stay required.
Home Health Care	Medicaid covers Medicare deductibles, copays, and coinsurances. Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g. home health aid services with nursing supervision to medically unstable individuals).	Medicaid Benefit covered using your Medicaid Benefit ID card.	Plan covers deductibles, copays, and coinsurances. Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g. home health aid services with nursing supervision to medically unstable individuals)
Hospice	Medicaid covers Medicare deductibles, copays, and coinsurances.	Not covered.	Not covered.
Doctor Office Visits	Medicaid covers Medicare deductibles, copays, and coinsurances.	Copays covered by Medicaid FFS using your Medicaid Benefit ID card.	In Network Plan covers deductibles, copays, and coinsurances.
Chiropractic Services	Medicaid covers Medicare deductibles, copays and coinsurances (QMB and QMB-Plus Only)	In Network \$0 to \$10 copay for each Medicare-covered visit.	Not covered.
Podiatry Services	Medicaid covers Medicare deductibles, copays and coinsurances (QMB and QMB-Plus Only)	In Network \$0 to \$10 copay for each Medicare-covered visit.	Not covered.
Outpatient Mental Health Care	Medicaid covers Medicare deductibles, copays, and coinsurances for individual and group therapy visits.	Copays covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers deductibles, copays, and coinsurances. Enrollee must be able to self refer for one assessment from a network provider in a twelve (12) month period.
Outpatient Substance Abuse Care	Medicaid covers Medicare deductibles, copays, and coinsurances for individual and group therapy visits.	Copays covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers deductibles, copays, and coinsurances. Enrollee must be able to self refer for one assessment from a network provider in a twelve (12) month period.

Benefit Category / Services	Medicaid Fee-For-Service (FFS)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
Outpatient Services / Surgery	Medicaid covers Medicare deductibles, copays, and coinsurances.	Copays covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers deductibles, copays, and coinsurances.
Ambulance Services	Medicaid covers Medicare deductibles, copays, and coinsurances.	Copays covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers deductibles, copays, and coinsurances.
Emergency Care	Medicaid covers Medicare deductibles, copays, and coinsurances.	Copays covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers deductibles, copays, and coinsurances.
Urgently Needed Care	Medicaid covers Medicare deductibles, copays, and coinsurances.	Copays covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers deductibles, copays, and coinsurances.
Outpatient Rehabilitation Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Occupational, Physical and Speech Therapies are limited to twenty (20) Medicaid visits per therapy per year, except for children under age 21, or you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.</p>	Copays and Medicaid benefits covered by Medicaid FFS using your Medicaid Benefit ID card.	<p>Plan covers deductibles, copays and coinsurances.</p> <p>Occupational, Physical and Speech Therapies are limited to twenty (20) Medicaid visits per therapy per year, except for children under age 21, or you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.</p>
Durable Medical Equipment	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>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).</p>	Copays and Medicaid benefits covered by Medicaid FFS using your Medicaid Benefit ID card.	<p>Plan covers deductibles, copays and coinsurances.</p> <p>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).</p>
Prosthetic Devices	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Medicaid covered prosthetics, orthotics, and orthopedic footwear. Prescription footwear coverage is limited to treatment of diabetics or when a shoe is part of a leg brace (orthotic) or if there are foot complications in children under age 21.</p>	Copays and Medicaid benefits covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers Medicare deductibles, copays and coinsurances. Covers prosthetics, orthotics, and orthopedic footwear. Prescription footwear is limited to treatment of diabetics or when a shoe is part of a leg brace (orthotic) or if there are foot complications in children under age 21.

Benefit Category / Services	Medicaid Fee-For-Service (FFS)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies	Medicaid covers Medicare deductibles, copays, and coinsurances.	Copays covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers Medicare deductibles, copays, and coinsurances.
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	Medicaid covers Medicare deductibles, copays, and coinsurances.	Copays covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers Medicare deductibles, copays, and coinsurances.
End-Stage Renal Disease	Medicaid covers Medicare deductibles, copays, and coinsurances.	Copays covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers Medicare deductibles, copays, and coinsurances.
Bone Mass Measurement	Medicaid covers Medicare deductibles, copays, and coinsurances.	Copays covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers Medicare deductibles, copays, and coinsurances.
Colorectal Screening Exams	Medicaid covers Medicare deductibles, copays, and coinsurances.	Copays covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers Medicare deductibles, copays, and coinsurances.
Immunizations	Medicaid covers Medicare deductibles, copays, and coinsurances.	Copays covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers Medicare deductibles, copays, and coinsurances.
Mammograms	Medicaid covers Medicare deductibles, copays, and coinsurances.	Copays covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers Medicare deductibles, copays, and coinsurances.
Pap Smears and Pelvic Exams	Medicaid covers Medicare deductibles, copays, and coinsurances.	Copays covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers Medicare deductibles, copays, and coinsurances.
Prostate Cancer Screening Exams	Medicaid covers Medicare deductibles, copays, and coinsurances.	Copays covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers Medicare deductibles, copays, and coinsurances.
Prescription Drugs	Medicaid does not cover Part D covered drugs or copays. Medicaid Pharmacy Benefits allowed by State Law (select drug categories excluded from the Medicare Part D benefit). Certain Medical Supplies and Enteral Formula when not covered by Medicare.	Not covered.	Not covered.
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.	Copays and Medicaid benefits covered by Medicaid FFS using your Medicaid Benefit ID card.	Plan covers deductibles, copays and coinsurances. Covers Medicaid 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.

Benefit Category / Services	Medicaid Fee-For-Service (FFS)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
Hearing Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid 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.</p>	<p>Copays and Medicaid benefits covered by Medicaid FFS using your Medicaid Benefit ID card.</p>	<p>Plan covers Medicare deductibles, copays, and coinsurances.</p> <p>Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid 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.</p>
Vision Services	<p>Medicaid covers Medicare deductibles, copays, and coinsurances.</p> <p>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.</p>	<p>Copays and Medicaid benefits covered by Medicaid FFS using your Medicaid Benefit ID card.</p>	<p>Plan covers Medicare deductibles, copays, and coinsurances.</p> <p>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.</p>
Health / Wellness Education	Not Covered.	Not Covered.	Not Covered.
Transportation (Routine)	<p>Coverage includes ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to the enrollee's medical condition.</p>	Not Covered.	<p>\$0 copay per trip for routine transportation.</p> <p>Plan provided Medicaid Fee-For-Service covered non-emergency transportation (routine) services.</p> <p>Contact the plan to arrange for transportation.</p>

Benefit Category / Services	Medicaid Fee-For-Service (FFS)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
Private Duty Nursing Services	Private duty nursing services are covered when determined by the physician to be medically necessary. Nursing services can be provided through an approved certified home health agency, a licensed home care agency, or a private practitioner. Nursing services may be intermittent, part time or continuous and must be provided in an Enrollee's home in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.	Not Covered.	Plan covers Medicare deductibles, copays, and coinsurances. Private duty nursing services are covered when determined by the physician to be medically necessary. Nursing services can be provided through an approved certified home health agency, a licensed home care agency, or a private practitioner. Nursing services may be intermittent, part time or continuous and must be provided in an Enrollee's home in accordance with the ordering physician, registered physician assistant or certified nurse practitioner's written treatment plan.
Out-of-network Family Planning services provided under the direct access provisions of the waiver	Medicaid coverage provided.	Not Covered.	Not Covered.
Comprehensive Medicaid Case Management	Medicaid coverage provided.	Not Covered.	Not Covered.
Personal Care Services	Medicaid coverage provided.	Not Covered.	Not Covered.
Certain Mental Health Services <ul style="list-style-type: none"> • 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) 	Medicaid coverage provided.	Not Covered.	Not Covered.
Methadone Maintenance Treatment Programs (MMTP)	Medicaid coverage provided.	Not Covered.	Not Covered.

Benefit Category / Services	Medicaid Fee-For-Service (FFS)	MetroPlus Advantage Plan (HMO SNP)	MetroPlus Select Plan (HMO SNP)
Rehabilitation Services Provided to Residents of OMH Licensed Community Residence (CRs) and Family Based Treatment Programs	Medicaid coverage provided.	Not Covered.	Not Covered.
Office for People with Developmental Disabilities (OPWDD) Services	Medicaid coverage provided.	Not Covered.	Not Covered.
Comprehensive Medicaid Case Management	Medicaid coverage provided.	Not Covered.	Not Covered.
Directly Observed Therapy for Tuberculosis (TB) Disease	Medicaid coverage provided.	Not Covered.	Not Covered.
AIDS Adult Day Health Care	Medicaid coverage provided.	Not Covered.	Not Covered.
HIV COBRA Case Management	Medicaid coverage provided.	Not covered.	Not Covered.
Adult Day Health Care	Medicaid coverage provided.	Not Covered.	Not Covered.
Personal Emergency Response Services (PERS)	Medicaid coverage provided.	Not Covered.	Not Covered.

