# 2022-2023 HEALTH PLAN OPEN ENROLLMENT GOLDCARE I



LOW MONTHLY PREMIUMS WITH THE OPTION OF NO MONTHLY COST TO YOU!

✓ MetroPlusHealth

OFFERED THROUGH THE DAY CARE COUNCIL OF NY LOCAL 205, DC 37 WELFARE FUND

2022-2023 HEALTH PLAN FOR DAY CARE WORKERS

# **MONTHLY RATES**

Employee	Employee & Child(ren)	Employee & Spouse	Family
Employee only	Employee and his/her child(ren)	Employee and his/her legal spouse	Employee, his/her legal spouse and their child(ren)
\$0.00	\$10.57	\$19.12	\$28.02

# 2022-2023 SUMMARY OF BENEFITS

MAJOR CO-PAYMENT	GOLDCARE I
Deductible	\$0
Out of Pocket Maximum	\$6,850 single / \$13,700 family
PCP office visits	\$10 copay per visit
Specialist office visits	\$20 copay per visit
Hospital admission	\$150 copay per hospital admission
Emergency room copay	\$100 copay per visit (not charged if hospitalized)
Prescription drugs	\$5 Generic / \$20 Brand / \$50 Non-Formulary / Mail Order – Discounted

OUTPATIENT MEDICAL CARE	GOLDCARE I
PCP office visits	\$10 copay per visit
Specialist office visits	\$20 copay per visit
Preventive care (physical exams, health education and counseling, pap smear, mammography and immunizations)	\$0 copay
Well-child care (physical exams, immunizations)	\$0 copay
Diagnostic services including X-rays, lab tests and EKGs	\$20 in OP Facility, \$100 in hospital

MAJOR CO-PAYMENT	GOLDCARE I
Prenatal and postnatal care in physician's office	\$0 copay
Ambulatory surgery	\$100 copay (same in OP facility or physician office)
Second medical and surgical opinion	\$0 copay
Routine foot care	Not covered
Chiropractic services	\$20 copay per visit

MENTAL HEALTH AND SUBSTANCE USE DISORDER	GOLDCARE I	
Mental health care: inpatient		
Treatment of mental illness	\$150 copay per hospital admission; unlimited days per calendar year	
Mental health care: outpatient		
Treatment of mental illness	\$10 copay; unlimited visits per calendar year	
Substance use disorder		
Inpatient detoxification		
Inpatient rehabilitation treatment	\$150 copay per hospital admission; unlimited days per calendar year	
Outpatient rehabilitation treatment		

SPECIAL KINDS OF CARE	GOLDCARE I
Emergency and urgent care	
In hospital emergency room	\$100 copay (not charged if hospitalized)
In urgent care facility	\$25 copay
In physician's office	\$10 copay
Ambulance service to the hospital	\$0 copay
Home health care	\$10 copay; 200 visits per calendar year

MAJOR CO-PAYMENT	GOLDCARE I
Hospice care	\$0 copay; 210 days
Skilled nursing facility care	\$150 copay; unlimited days per calendar year
Dialysis treatment	\$10 copay per visit
Diabetes equipment, supplies and education	Insulin – \$2 copay / Insulin Pump – \$5 copay All other diabetic supplies and education – \$0 copay
Outpatient physical, speech, occupational and respiratory therapy	\$20 copay; 90 visits per calendar year
Family planning services	Covered
Durable medical equipment	20% coinsurance
Private duty nursing	Covered in full

Unless it is an emergency, you must visit a provider who is in the MetroPlus GoldCare I network. If you visit a provider who is not in our network, you will not be covered for those services.

## 2022-2023 GOLDCARE I PROVIDER NETWORK

Primary, OB/GYN, behavioral health and specialty care at thousands of sites across New York City — and at these great hospitals:

### **Manhattan**

Bellevue Hospital Center Harlem Hospital Center Metropolitan Hospital Center

### Queens

Elmhurst Hospital Center Queens Hospital Center

### **Brooklyn**

Coney Island Hospital Kings County Hospital Center Woodhull Medical Center

### The Bronx

Jacobi Medical Center Lincoln Medical Center North Central Bronx Hospital

### Staten Island

Richmond University Medical Center Staten Island University Hospital

# Additional Facilities for Care: NYC Health + Hospitals Diagnostic & Treatment Centers

Cumberland D&TC
East New York D&TC
Gouverneur Health
Morrisania D&TC
Renaissance Health Care Network
Segundo Ruiz Belvis D&TC

...and at more than 40 Urgent Care Centers



As a member of MetroPlusHealth GoldCare, you will be getting your prescription medication through CVS Caremark. CVS Caremark includes CVS pharmacies and thousands of other pharmacies throughout New York City. You can find out which medications are covered by your plan by checking our website: metroplus.org. You may obtain your prescription either through a pharmacy store or through mail order.

In order to be covered for your prescription, you must have it filled at a participating pharmacy or mail order pharmacy. You can find a pharmacy close to you by checking your Provider/Pharmacy Directory (available at metroplus.org, or by calling us at 877.475.3795).

Your costs per prescription (up to 30 day supply of medication) at a pharmacy:

	Generic	Brand Name	Non-Formulary
GoldCare I	only \$5	only <b>\$20</b>	only <b>\$50</b>

Your costs per prescription (up to 90 day supply of medication) through mail order:

	Generic	Brand Name	Non-Formulary
GoldCare I	only <b>\$12.50</b>	only <b>\$50</b>	only \$125

Order forms and more information about our mail order program can be found online at metroplus.org or you can call CVS Caremark at 855.656.0361 to set up mail order prescriptions or if you have any questions regarding your pharmacy coverage.

Upon enrollment, you will receive a Welcome Kit which includes the formulary (lowest cost medications) and mail order form.













# JOIN THE PLAN OF CHOICE FOR OVER 650,000 NEW YORKERS!

**MetroPlus**Health has a large network of physicians and hospitals for **GoldCare I** members:

18,000 sites

- Dedicated nurse for high risk pregnancy
- Over 4,900 Primary Care Providers (PCPs)
- Clinicians to assist with complex medical conditions
- 600 obstetricians and gynecologists
- Dedicated staff to help with social services

9,000 specialists

- Pharmacists to walk you through your medications
- 3,800 mental health specialists



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This brochure provides only a brief summary of the benefits available under The Day Care Council of NY Local 205, DC 37 Welfare Fund. In the event of a discrepancy between this summary and the Plan Document, the Plan Document will prevail. The Day Care Council – Local 205, D.C. 37 Welfare Fund retains the right to modify or eliminate these or any other benefits at any time and for any reason.