

**2023 METROPLUS**

**ULTRACARE PLAN (HMO-DSNP)**

**SUMMARY OF BENEFITS**



**This is a summary of drug and health services covered by MetroPlus  
UltraCare Plan (HMO-DSNP) January 1, 2023 – December 31, 2023**

**✓ MetroPlusHealth**

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

## Introduction

This document is a brief summary of the benefits and services covered by MetroPlus UltraCare (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of MetroPlus UltraCare (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

## Table of Contents

A. Disclaimers .....	2
B. Frequently asked questions .....	3
C. Overview of services .....	7
D. Additional services MetroPlus UltraCare (HMO D-SNP) covers .....	20
E. Benefits covered outside of MetroPlus UltraCare (HMO D-SNP) .....	20
F. Services not covered by MetroPlus UltraCare (HMO D-SNP) (exclusions).....	21
G. Your rights and responsibilities as a member of the plan .....	21
H. How to file a complaint or appeal a denied service.....	25
I. What to do if you suspect fraud.....	25



**If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

---

## A. Disclaimers



This is a summary of health services covered by MetroPlus UltraCare (HMO D-SNP) for January 1, 2023 - December 31, 2023. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. A copy of the *Evidence of Coverage* is located on our website at [metroplusmedicare.org](https://metroplusmedicare.org). You may also call Member Services at one of the numbers listed below to ask us to mail you an *Evidence of Coverage*.

- MetroPlus UltraCare (HMO-DSNP) is an HMO Plan with a Medicare contract. Enrollment in MetroPlus UltraCare depends on contract renewal.
- MetroPlus UltraCare (HMO-DSNP) is a Medicaid Advantage Plus (MAP) Plan for people who qualify for both Medicare and Full Medicaid benefits and who need coordinated long-term community-based services in a home setting. This plan will cover most of your Medicare and Medicaid benefits.
- Benefits may change on January 1 of each year.
- The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the *Evidence of Coverage* by contacting Member Services (phone numbers are printed throughout this booklet and the *Member Handbook*).
- Your monthly premium will depend on your level of low-income subsidy (“Extra Help”).
- MetroPlus UltraCare (HMO-DSNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services. You can see the plan’s *Provider/Pharmacy Directory* and *Evidence of Coverage* at [metroplusmedicare.org](https://metroplusmedicare.org) or call us and we will send you a copy of the directory.
- We cover Part D drugs.
- When you fill out an application for MetroPlus UltraCare (HMO-DSNP), you can let us know if you prefer to receive Plan materials in a language other than in English, or in an alternate format like large print, braille, or audio.
- We will keep on file the language and/or format you prefer for future mailings. If you want to change how you receive materials, you can request the change at any time by calling Member Services at 866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free.
- If you want to change or update your contact information, you can request the change at any time by calling Member Services at 866.986.0356 (TTY: 711), 24 hours a day, 7 days a week. The call is free.
- **You can get this document for free in other formats, such as large print, braille, or audio. Call 866.9860356 (TTY: 711), 24 hours a day, 7 days a week. The call is free.**



**If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

You can read the *Medicare & You* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website ([medicare.gov](https://www.medicare.gov)) or request a copy by calling 1-800-MEDICARE (800.633.4227), 24 hours a day, 7 days a week. TTY users should call 877.486.2048.

## B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<b>What is a Medicaid Advantage Plus (MAP/HMO) + Dual Eligible Special Needs Plan (D-SNP) plan?</b>	<p>Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Eligible (Medicaid and Medicare) Special Needs Plan (D-SNP). Our plan combines your Medicaid home care and long-term care services and your Medicare services. It combines your doctors, hospital, pharmacies, home care, nursing home care, behavioral health care (mental health and substance use services), and other health care providers into one coordinated health care system. It also has care managers to help you manage all of your providers and services. They all work together to provide the care you need.</p> <p>Our MAP plan is called MetroPlus UltraCare (HMO-DSNP).</p>
<b>Will I get the same Medicare and Medicaid benefits in MetroPlus UltraCare (HMO D-SNP) that I get now?</b>	<p>If you are coming to MetroPlus UltraCare (HMO D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and Medicaid benefits directly from MetroPlus UltraCare (HMO D-SNP).</p> <p>When you enroll in MetroPlus UltraCare (HMO D-SNP), you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that MetroPlus UltraCare (HMO D-SNP) does not normally cover, you can get a temporary supply, and we will help you to transition to another drug or get an exception for MetroPlus UltraCare (HMO D-SNP) to cover your drug if medically necessary.</p>



**If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<b>Can I use the same health care providers I use now?</b>	<p>That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with MetroPlus UltraCare (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"><li>• Providers with an agreement with us are “in-network.” You must use the providers in MetroPlus UltraCare (HMO D-SNP)’s network.</li><li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of MetroPlus UltraCare (HMO D-SNP)’s network. Other exceptions may apply.</li></ul> <p>To find out if your providers are in the plan’s network, call Member Services at 866.986.0356, TTY: 711, or read MetroPlus UltraCare (HMO D-SNP)’s <i>Provider/Pharmacy Directory</i>. You can also visit our website at <a href="https://metroplusmedicare.org">metroplusmedicare.org</a> for the most current listing.</p> <p>If MetroPlus UltraCare (HMO D-SNP) is new for you, we will work with you to develop an individualized Plan of Care to address your needs. <b>You can keep using the providers you use now for 90 days or until your individualized Plan of Care is completed.</b></p>
<b>What is a Care Manager?</b>	<p>A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p> <p>Members may have a Care Manager who works for the Plan as well as a specialized Health Home/Health Home Plus Care Manager (refer to section E, <i>Benefits covered outside of MetroPlus UltraCare (HMO D-SNP)</i>, on page 21.</p>
<b>What are Managed Long Term Services and Supports (MLTSS)?</b>	<p>Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.</p>



If you have questions, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. For more information, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<p><b>What happens if I need a service but no one in MetroPlus UltraCare (HMO D-SNP)'s network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, such as due to shortage of staff with necessary expertise and/or availability to provide services, MetroPlus UltraCare (HMO D-SNP) will cover services provided by an out-of-network provider.</p>
<p><b>Where is MetroPlus UltraCare (HMO D-SNP) available?</b></p>	<p>The service area for this plan includes the following counties: New York (Manhattan), Kings (Brooklyn), Bronx, Richmond (Staten Island), and Queens. You must live in this area to join the plan.</p>
<p><b>What is prior authorization?</b></p>	<p>Prior authorization means that you must get approval from MetroPlus UltraCare (HMO D-SNP) before MetroPlus UltraCare (HMO D-SNP) will cover a specific service, item, or drug or out-of-network provider. MetroPlus UltraCare (HMO D-SNP) may not cover the service, item, or drug if you don't get prior approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. MetroPlus UltraCare (HMO D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from MetroPlus UltraCare (HMO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3 of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p>
<p><b>What is a referral?</b></p>	<p>A referral means that your primary care provider (PCP) must give you approval before you can use specialists or other providers in the plan's network. If you don't get approval, MetroPlus UltraCare (HMO D-SNP) may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists.</p> <p>MetroPlus UltraCare (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. For more information on when a referral is needed, call Member Services at 866.986.0356, TTY: 711, or refer to Chapter 3 of the <i>Evidence of Coverage</i>.</p>



If you have questions, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. For more information, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<b>Do I pay a monthly amount (also called a premium) under MetroPlus UltraCare (HMO D-SNP)?</b>	No. You will not pay any monthly premiums to MetroPlus UltraCare (HMO D-SNP) for your health coverage.  Additionally, Medicaid will pay your Medicare Part B premium for you.
<b>Do I pay a deductible as a member of MetroPlus UltraCare (HMO D-SNP)?</b>	No. You do not pay deductibles in MetroPlus UltraCare (HMO D-SNP).
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of MetroPlus UltraCare (HMO D-SNP)?</b>	There is no cost sharing for medical services in MetroPlus UltraCare (HMO D-SNP), so your annual out-of-pocket costs will be \$0.



**If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

## C. Overview of services

The following chart is a quick overview of what services you may need and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care</b>	Inpatient hospital care	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.  Medicaid-covered up to 365 days per year ( <i>366 days for leap year</i> ) as medically necessary.  Prior authorization required.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0	These are medically-necessary services in the outpatient department of a hospital facility for diagnosis or treatment of an illness or injury.
	Ambulatory surgical center (ASC) services	\$0	Referral required.  Prior authorization rules may apply.
<b>You want to use a health care provider (This service is continued on the next page.)</b>	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	Referral required for Specialist visits.
	Visits to treat an injury or illness	\$0	Referral required for Specialist visits.
	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0	No referral required.  No prior authorization required.



**If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [metroplusmedicare.org](https://metroplusmedicare.org).



# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to use a health care provider (continued)	Wellness visits, such as a physical	\$0	No referral required.
	“Welcome to Medicare” preventive visit (one time only)	\$0	
You need emergency care	Emergency room services, including mental health emergencies at Comprehensive Psychiatric Emergency Programs (CPEPs)	\$0	You may use any emergency room or CPEP if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are NOT covered outside of the U.S. and its territories except under limited circumstances. Contact the plan for details.
	Urgently needed services	\$0	Urgently needed services are not emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed services are NOT covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.
You need medical tests	Lab tests, such as blood work	\$0	Referral required.  Prior authorization required for certain genetic tests.
	X-rays or other pictures, such as CAT scans	\$0	Referral required.  Authorization required for CT/MRI/MRA and PET Scans.



If you have questions, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. For more information, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests (continued)	Screenings, such as tests to check for cancer	\$0	Referral required.  Authorization required for CT/MRI/MRA and PET Scans.
You need hearing/auditory services	Hearing screenings (including routine hearing exams)	\$0	Referral required.  Medically necessary services to alleviate disability caused by loss or impairment of hearing including audiology examinations and testing.  Prior authorization required for Medicaid-covered hearing services.
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	Medically necessary services and products to alleviate disability caused by 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 or recommendations as medically indicated; and hearing aid products including hearing aids, earmolds, special fittings, and replacement parts.  Prior authorization required for Medicaid-covered hearing services.



If you have questions, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. For more information, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need dental care</b>	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	<p>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.</p> <p>Prior authorization required.</p> <p>Prior authorization required for Medicaid-covered ambulatory or inpatient surgical dental services.</p>
<b>You need eye care (This service is continued on the next page.)</b>	Vision services (including annual eye exams)	\$0	Referral required.
	Glasses or contact lenses	\$0	<p>Referral required.</p> <p>Medicaid-covered services include services provided by 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.</p> <p>Medicaid-approved glass frames are covered. Changing of eyeglasses is limited to every two (2) years unless medically necessary or unless the glasses are lost, damaged, or destroyed.</p> <p>Prior authorization may be required for certain Medicaid-covered vision services.</p>



If you have questions, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. For more information, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need eye care (continued)</b>	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	Referral required.  Medicaid-covered services include examinations for refraction limited to every two (2) years unless otherwise justified as medically necessary.
<b>You have a mental health condition</b>	Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), or critical access hospital)	\$0	All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment.  Except in an emergency, your health care provider must tell the plan of your hospital admission.  Notice of Admission (NOA) required.
	Outpatient mental health care (including, but not limited to, clinical counseling and therapy, peer support, psychosocial rehabilitation, medication management, family psychoeducation, and intensive outpatient models of care)  <b>(Note:</b> This is not a complete list of the plan's expanded outpatient mental health services. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)	\$0	Services may be provided by any OMH-licensed, designated, or approved provider agency, or a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist, or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws.



If you have questions, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. For more information, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You are having a mental health or substance use crisis</b></p>	<p>Mobile Crisis services (assessment by telephone or mobile crisis team response); short-term residential crisis stabilization (for mental health crises)</p>	<p>\$0</p>	<p>Any approved mobile crisis or licensed crisis residence provider in New York State.</p> <p>Authorization required for short-term residential crisis stabilization.</p>
<p><b>You have a mental health condition or a substance use disorder</b></p>	<p>Community Oriented Recovery and Empowerment (CORE) Services (which are person-centered, recovery-oriented mobile behavioral health supports. CORE Services build skills and self-efficacy that promote and facilitate community participation and independence).</p> <p><b>(Note:</b> For more information about CORE Services and to determine whether you are eligible for them, call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i>.)</p>	<p>\$0</p>	<p>CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services.</p> <p>Referral required.</p>



If you have questions, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. For more information, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a substance use disorder</b></p>	<p>Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment)</p> <p>(<b>Note:</b> This is not a complete list of the plan’s expanded substance use disorder services. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)</p>	<p>\$0</p>	<p>Notice of Admission (NOA) required for inpatient substance use disorder treatment services.</p> <p>Outpatient substance use disorder treatment services include Medicaid-covered individual and group visits. Member can self-refer for one assessment from a network provider in a twelve (12) -month period.</p> <p>No prior authorization required for outpatient substance use disorder treatment services.</p>
<p><b>You need a place to live with people available to help you</b></p>	<p>Skilled nursing care</p>	<p>\$0</p>	<p>Prior authorization required.</p>
	<p>Nursing home</p>	<p>\$0</p>	<p>Prior authorization required.</p>
	<p>Custodial care (long-term care in a Nursing Facility)</p>	<p>\$0</p>	<p>Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.</p>
<p><b>You need therapy after a stroke or accident</b></p>	<p>Occupational, physical, or speech therapy (outpatient or in-home)</p>	<p>\$0</p>	<p>Referral required for Occupational Therapy.</p> <p>Authorization required for more than 10 visits in a year.</p>



If you have questions, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. For more information, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help getting to health services</b>	Emergency transportation	\$0	Medicaid-covered emergency transportation for the purpose of obtaining hospital services for an individual who suffers from severe, life-threatening or potentially disabling conditions which require the provision of emergency services while the patient is being transported. Includes transportation to a hospital emergency department generated by telephoning "911."
	Ambulance services	\$0	Prior authorization required for no-emergency services.
<b>You need drugs to treat your illness or condition (This service is continued on the next page.)</b>	Medicare Part B prescription drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	\$0	Read the <i>Evidence of Coverage</i> for more information on these drugs.  Authorization required.

Effective 4/1/2023, coinsurance for certain Part B rebatable drugs will be reduced, if the drug's price has increased at a rate faster than the rate of inflation.

Effective 7/1/2023, insulin covered under Part B (for example, insulin administered via a pump that qualifies as an item of durable medical equipment (DME)) will not exceed \$35 total for a one month's supply and the Medicare Part B deductible will not apply.



**If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>	<p>Medicare Part D prescription drugs*</p> <p>Tier 1: Generic and brand name drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Refer to MetroPlus UltraCare (HMO D-SNP)'s <i>List of Covered Drugs</i> at <a href="http://metroplusmedicare.org">metroplusmedicare.org</a> for more information.</p> <p>MetroPlus UltraCare (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from MetroPlus UltraCare (HMO D-SNP) for certain drugs.</p> <p>You must use 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 in the List of Covered Drugs on the plan's website, in printed materials, and on the Medicare Prescription Drug Plan Finder on <a href="http://medicare.gov/plan-compare">medicare.gov/plan-compare</a>.</p>

**\*Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information. **Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible



If you have questions, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. For more information, visit [metroplusmedicare.org](http://metroplusmedicare.org).



# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered.
	Diabetes medications	\$0	
<b>You need foot care</b>	Podiatry services (including routine exams)	\$0	Referral required.  Medicaid-covered podiatry services including care for medical conditions affecting lower limbs, as medically necessary.  For routine foot care up to four (4) visits per year.
	Orthotic services	\$0	
<b>You need durable medical equipment (DME) or supplies</b>	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example  <b>(Note:</b> This is not a complete list of covered DME or supplies. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)	\$0	Authorization required.  Must be ordered by a qualified practitioner.



If you have questions, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. For more information, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need interpreter services</b>	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	
<b>Other covered services</b> (These services are continued on the next page.)	Acupuncture	\$0	Referral required.  Authorization required.  Medicare-covered to treat chronic low back pain.  Medically necessary acupuncture is limited to up to 20 treatment sessions per year.
	Care coordination	\$0	
	Chiropractic services	\$0	Referral required.
	Medicaid-covered for manual manipulation of the spine to correct subluxation, when provided by chiropractors or other qualified providers.		
	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	\$0	EPSDT is for members under 21 years of age.



**If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (continued)</b>	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.  No referral required.
	Hospice care	\$0	Covered by Original Medicare
	Mammograms	\$0	Medicaid covers annual screening for individuals age 40 and older. No referral required.
	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications [such as the installation of ramps or grab bars]; vehicle modifications; social adult day care; and non-medical transportation)	\$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting.  MLTSS is available to all members; specific service authorization, including amount, is indicated in the member's individualized approved Plan of Care.
	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.



**If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (continued)</b>	Personal Care Assistance (PCA) (assistance with daily activities such as bathing, dressing, using the bathroom, shopping, cooking, including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)	\$0	Medicaid-covered medically necessary assistance with activities such as personal hygiene, dressing and feeding, and nutritional and environmental support function tasks. Includes medically necessary assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs) and health-related tasks through hands-on assistance, supervision, and/or cueing.  Referral required for Medicaid-covered Personal Care Assistance.  Prior authorization required for Medicaid-covered Personal Care Assistance.
	Prosthetic services	\$0	Prior authorization required.
	Services to help manage your disease	\$0	May require prior authorization for certain services.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read the MetroPlus UltraCare (D-SNP) *Evidence of Coverage*. If you have questions, you can also call MetroPlus UltraCare (D-SNP) Member Services at the numbers listed at the bottom of this page.



**If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

## D. Additional services MetroPlus UltraCare (D-SNP) covers

This is not a complete list. Call Member Services at 866.986.0356, TTY: 711, or read the *Evidence of Coverage* to find out about other covered services.

Additional services MetroPlus UltraCare (HMO D-SNP) covers	Your costs
Flex Card - Members will receive a \$400 flex card per year that can be used to purchase home and bathroom safety devices and modifications, phone equipment, services, and utility payments.	\$0
Healthy Food Vouchers - Qualifying members may get up to \$100 per quarter in food vouchers that can be used to purchase fresh healthy foods from participating vendors.	\$0
Fitness Benefit - Members will be reimbursed up to \$250 every six months for memberships to qualifying exercise facilities.	\$0

## E. Benefits covered outside of MetroPlus UltraCare (HMO D-SNP)

This is not a complete list. Call Member Services at 866.986.0356, TTY: 711, to find out about other services not covered by MetroPlus UltraCare Plan (HMO D-SNP) but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
Non-Emergency (Routine) Transportation (including mobile assistance vehicles (MAVs)); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage)	\$0
CSS (Community Support Services)	\$0



**If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

## F. Services not covered by MetroPlus UltraCare (HMO D-SNP) (exclusions)

The following services are not covered by our plan. This is not a complete list. Call Member Services at 866.986.0356, TTY: 711, to find out about other excluded services.

### Services not covered by MetroPlus UltraCare (HMO D-SNP) (exclusions)

Services considered not reasonable and necessary, according to the standards of Original Medicare.

Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.

Fees charged for care by your immediate relatives or members of your household.

Reversal of sterilization procedures and or non-prescription contraceptive supplies.

Naturopath services (using natural or alternative treatments).

## G. Your rights and responsibilities as a member of the plan

As a member of MetroPlus UltraCare (HMO D-SNP), you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused medically necessary treatment. You can use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, read the *Evidence of Coverage*.

### Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
  - Ask for and get information in other formats (for example, large print, braille, audio) free of charge.



**If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

- Be free from any form of physical restraint or seclusion
- Not be billed by network providers
- Have your questions and concerns answered completely and courteously
- Apply your rights freely without any negative effect on the way MetroPlus UltraCare (HMO D-SNP) or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
  - MetroPlus UltraCare (HMO D-SNP)
  - The services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Care Managers
  - Your rights and responsibilities
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year. You can call 866.986.0356 (TTY: 711) if you want to change your PCP.
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment as far as the law allows, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. MetroPlus UltraCare (HMO D-SNP) will pay for the cost of your second opinion visit.
  - Make your health care wishes known in an advance directive



**If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call 866.986.0356 if you need help with this service.
  - Have your *Evidence of Coverage* and any printed materials from MetroPlus UltraCare (HMO D-SNP) translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
  - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - Access an easy process to voice your concerns, and to expect follow-up by MetroPlus UltraCare (HMO D-SNP)
  - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
  - Ask for a State Appeal (State Fair Hearing)
  - Get a detailed reason why services were denied



---

**If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [metroplusmedicare.org](https://metroplusmedicare.org).



# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

Your responsibilities include, but are not limited to, the following:

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
  - Treat your health care providers with dignity and respect
  - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
  - Tell your health care provider your health complaints clearly and provide as much information as possible
  - Tell your health care provider about yourself and your health history
  - Tell your health care provider that you are a MetroPlus UltraCare (HMO D-SNP) member
  - Talk to your PCP, Care Manager, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency)
  - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
  - Notify MetroPlus UltraCare (HMO D-SNP) Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
  - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
  - Partner with your Care Team and work out treatment plans and goals together
  - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from MetroPlus UltraCare (HMO D-SNP).** You should:
  - Get all your health care from MetroPlus UltraCare (HMO D-SNP), except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless MetroPlus UltraCare (HMO D-SNP) provides a prior authorization for out-of-network care
  - Not allow anyone else to use your MetroPlus UltraCare (HMO D-SNP) Member ID Card to obtain healthcare services
  - Notify MetroPlus UltraCare (HMO D-SNP) when you believe that someone has purposely misused MetroPlus UltraCare (HMO D-SNP) benefits or services



**If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO D-SNP) | 2023 Summary of Benefits

For more information about your rights, you can read MetroPlus UltraCare (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356 (TTY: 711).

---

## H. How to file a complaint or appeal a denied service

If you have a complaint or think MetroPlus UltraCare (HMO D-SNP) should cover something we denied, call MetroPlus UltraCare (HMO D-SNP) at 866.986.0356. You can file a complaint or appeal our decision. You can also send a written complaint to us at: MetroPlus Health Plan, Attn: Complaints Manager, 50 Water St., 7th Floor, New York, NY 10004.

For questions about complaints and appeals, you can read Chapter 8 of MetroPlus UltraCare (HMO D-SNP)'s *Evidence of Coverage*. You can also call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356 (TTY: 711), 24 hours a day, seven days a week.

---

## I. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at MetroPlus UltraCare (HMO-DSNP) Member Services. Phone numbers are listed at the bottom of this page.
- Or, call Medicare at 1-800-MEDICARE (800.633.4227). TTY users may call 877.486.2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the New York State Medicaid Fraud Hotline at 1-877-87 FRAUD.



**If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [metroplusmedicare.org](https://metroplusmedicare.org).

# MetroPlus UltraCare (HMO-DSNP) | 2023 Summary of Benefits

**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, call MetroPlus UltraCare (HMO-DSNP) Member Services:**

- Call 866.986.0356 (TTY: 711). Calls to this number are free. Call 24 hours a day, 7 days a week or visit our website at [metroplusmedicare.org](https://metroplusmedicare.org).

Member Services also has free language interpreter services available for non-English speakers (TTY: 711). This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. Call 24 hours a day, 7 days a week.

**If you have questions about your health:**

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

**If you need immediate behavioral health care, call the Mental Health, Substance Use and Crisis Line:**

- Call 866.728.1885. Calls to this number are free. Call 24 hours a day, 7 days a week. The Mental Health, Substance Use and Crisis Line is SMS-capable for the hearing impaired.

MetroPlus UltraCare (HMO-DSNP) also has free language interpreter services available for non-English speakers (TTY: 711). Calls to this number are free. Call 24 hours a day, 7 days a week.

H0423\_MEM23\_2794\_M Accepted 10112022



**If you have questions**, call MetroPlus UltraCare (HMO D-SNP) Member Services at 866.986.0356, TTY: 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [metroplusmedicare.org](https://metroplusmedicare.org).

