

## METROPLUS GOLD



MetroPlus Gold is available to all NYC employees, non-Medicare eligible retirees, their spouses or qualified domestic partners, and eligible dependents. With \$0 premiums, \$0 copays, and \$0 deductibles, MetroPlus Gold's basic plan is offered at no cost to the employee. There are no copays for most in-network services, including PCPs, specialists, lab, and x-rays. No pre-authorizations are required for any outpatient services, and there are no written referrals to an in-network specialist. A low-cost optional prescription drug rider is also available. MetroPlus has an extensive network of participating physicians and hospitals, with providers in over 31,000 sites in all five boroughs.

At a Glance	
<b>Plan Type:</b>	HMO
<b>Geographic Service Area</b>	Metro Plus service area includes Manhattan, Brooklyn, Queens, the Bronx and Staten Island.
<b>Does this plan use a network of providers?</b>	Yes. Visit the Web site at <a href="http://www.metroplus.org">www.metroplus.org</a> for the most current list of participating providers.
<b>Do I need a referral to see a specialist?</b>	While a written referral is not required, all referrals should still be directed by the member's PCP.
<b>Contact Information</b>	1-877-475-3795 Representatives are available Monday through Saturday, 8:00 a.m. to 8:00 p.m.
<b>Web Site</b>	<a href="http://www.metroplus.org">www.metroplus.org</a>

Plan Features	Cost
<b>What is the overall deductible for this plan?</b>	<ul style="list-style-type: none"> <li>• <b>\$0</b></li> </ul>
<b>What are the costs when you visit a health care provider's office or clinic?</b>	<ul style="list-style-type: none"> <li>• Primary care visit to treat an injury or illness: No charge Not covered for non-participating provider</li> <li>• Specialist visit: No charge Not covered for non-participating provider</li> <li>• Other practitioner office visit Chiropractor: No charge Not covered for non-participating provider</li> <li>• Preventive care/screening/immunization: No charge Not covered for non-participating provider Mammography (limits based on age), cervical cytology , gynecological exams, bone density, prostate cancer screening, etc. per New York State mandates and the ACA Prostate cancer screening :Annual for men age 50 and over; age 10 and over if family history or risk factors; any age if prior history. Includes exam and antigen test, per mandate.</li> </ul>
<b>What are the costs if you have a test?</b>	Diagnostic test (x-ray, blood work): No charge Not covered for non-participating provider Imaging (CT/PET scans, MRIs): No charge Not covered for non-participating provider
<b>What are the costs if you have outpatient surgery?</b>	Facility fee (e.g., ambulatory surgery center): No charge Not covered for non-participating provider Physician/surgeon fees: No charge Not covered for non-participating provider
<b>What are the costs if you need immediate medical attention?</b>	Emergency room services: \$150 co-pay \$150 co-pay for non-participating provider Emergency medical transportation: No charge No charge for non-participating provider Urgent Care: No charge Not covered for non-participating provider
<b>What are the costs if you have a hospital stay?</b>	Facility fee (e.g., hospital room): No charge Not covered for non-participating provider Physician/surgeon fee: No charge Not covered for non-participating provider
<b>What are the costs if you are pregnant?</b>	Prenatal and postnatal care: No charge

Not covered for non-participating provider

Delivery and all inpatient services: No charge

Not covered for non-participating provider

Limited to 48 hours for natural delivery and 96 hours for caesarean delivery.

#### WHAT ARE THE COSTS IF YOU HAVE MENTAL HEALTH, BEHAVIORAL HEALTH, OR SUBSTANCE ABUSE NEEDS?

Service	Cost
<b>Mental/Behavioral health Outpatient services</b>	<ul style="list-style-type: none"><li>• No charge</li><li>• Not covered for non-participating provider</li></ul>
<b>Mental/Behavioral health Inpatient services</b>	<ul style="list-style-type: none"><li>• No charge</li><li>• Not covered for non-participating provider</li><li>• Unlimited days per calendar year</li></ul>
<b>Substance abuse Outpatient services</b>	<ul style="list-style-type: none"><li>• No charge</li><li>• Not covered for non-participating provider</li></ul>
<b>Substance abuse Inpatient services</b>	<ul style="list-style-type: none"><li>• No charge</li><li>• Not covered for non-participating provider</li><li>• Unlimited days per calendar year</li></ul>

#### What are the costs if you need help recovering or have other special health needs?

Service	Cost
<b>Home health care</b>	<ul style="list-style-type: none"><li>• No charge</li><li>• Not covered for non-participating provider</li><li>• Coverage limited to 40 visits per year</li></ul>
<b>Rehabilitation services</b>	<ul style="list-style-type: none"><li>• No charge</li><li>• Not covered for non-participating provider</li><li>• 20 visits per condition, per year combined therapies</li></ul>
<b>Habilitation services</b>	<ul style="list-style-type: none"><li>• No charge</li><li>• Not covered for non-participating provider</li><li>• 20 visits per condition, per year combined therapies</li></ul>
<b>Skilled nursing care</b>	<ul style="list-style-type: none"><li>• No charge</li><li>• Not covered for non-participating provider</li><li>• 200 visits per Plan Year</li></ul>
<b>Durable medical equipment (DME)</b>	<ul style="list-style-type: none"><li>• 0% coinsurance</li><li>• Not covered for non-participating provider</li></ul>
<b>Hospice service</b>	<ul style="list-style-type: none"><li>• No charge</li><li>• Not covered for non-participating provider</li><li>• 210 days per Plan year</li></ul>

#### OPTIONAL RIDER

##### What is the cost if you need drugs to treat your illness or condition?

	Retail	Mail Order
<b>Generic drugs (Tier 1)</b>	\$0 co-pay/30 day supply	\$0 co-pay/90 day supply
<b>Brand drugs (Tier 2)</b>	\$35 co-pay/30 day supply	\$70 co-pay/90 day supply
<b>Non-formulary (Tier 3)</b>	\$70 co-pay/30 day supply	\$140 co-pay/90 day supply

Please refer to the Summary of Benefits and Coverage (SBC) for additional information and to see what this plan covers and any cost-sharing responsibilities.