

## METROPLUSHEALTH GOLD



The MetroPlusHealth Gold Plan is available to all employees of the City of New York, non-Medicare eligible retirees, their spouses or qualified domestic partners, and eligible dependents. \$0\*copays for doctor visits, unlimited telehealth, mental health care, Up to \$1,400\* to work out. Our network includes 34,000+ of the City's top doctors, 40+ hospitals including NYU Langone, Mount Sinai, and NY Health + Hospitals, and 110+ urgent care centers, including CityMD locations.

At a Glance	
<b>Plan Type:</b>	HMO
<b>Geographic Service Area</b>	MetroPlusHealth 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>	877.475.3795 Representatives are available Monday through Friday 8AM to 6PM and Saturday 9am to 5pm.
<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>• \$0</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 providers.</li> <li>• Specialist visit: No charge. Not covered for non-participating providers.</li> <li>• Other practitioner office visit Chiropractor: No charge. Not covered for non-participating providers.</li> <li>• Preventive care/screening/immunization: No charge. Not covered for non-participating providers.</li> <li>• Adult physical examinations, Mammograms (limits based on age), Cervical cytology, Routine gynecological services, Bone density exams, Screening for Prostate &amp; Colon cancer (limits based on age).</li> </ul>
<b>What are the costs if you have a test?</b>	<ul style="list-style-type: none"> <li>• Diagnostic test (x-ray, blood work): No charge.</li> <li>• Not covered for non-participating providers.</li> <li>• Imaging (CT/PET scans, MRIs): No charge.</li> <li>• Not covered for non-participating providers</li> </ul>
<b>What are the costs if you have outpatient surgery?</b>	<ul style="list-style-type: none"> <li>• Facility fee (e.g., ambulatory surgery center): No charge.</li> <li>• Not covered for non-participating providers.</li> <li>• Physician/surgeon fees: No charge.</li> <li>• Not covered for non-participating providers.</li> </ul>
<b>What are the costs if you need immediate medical attention?</b>	<ul style="list-style-type: none"> <li>• *Emergency room services: \$100 Copay, waived if admitted.</li> <li>• Emergency medical transportation: No charge.</li> <li>• No charge for non-participating providers.</li> <li>• *Urgent Care: \$25 Copay.</li> <li>• Not covered for non-participating providers.</li> </ul>
<b>What are the costs if you have a hospital stay?</b>	<ul style="list-style-type: none"> <li>• Facility fee (e.g., hospital room): No charge.</li> <li>• Not covered for non-participating providers.</li> <li>• Physician/surgeon fee: No charge. Not covered for non-participating providers.</li> </ul>
<b>What are the costs if you are pregnant?</b>	<ul style="list-style-type: none"> <li>• Prenatal and postnatal care: No charge. Not covered for non-participating providers.</li> <li>• Delivery and all inpatient services: No charge. Not covered for non-participating providers. Limited to 48 hours for natural delivery and 96 hours for caesarean delivery.</li> </ul>

**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>• 90 visits per year, combined therapies PT,OT,ST</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>• 60 visits per plan 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 days 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/ Five (5) visits for family bereavement counseling</li> </ul>

**OPTIONAL RIDER**

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

New Member RX1 Rider	Retail – 30 Day Supply	Mail Order – 90 Day Supply
<b>Generic drugs (Tier 1)</b>	\$0 copayment	\$0 copayment
<b>Brand drugs (Tier 2)</b>	\$35 copayment	\$70 copayment
<b>Non-formulary (Tier 3)</b>	\$70 copayment	\$140 copayment

New Member RX2 Rider	Retail – 30 Day Supply	Mail Order – 90 Day Supply
<b>Generic drugs (Tier 1)</b>	20% copayment	20% copayment
<b>Brand drugs (Tier 2)</b>	40% copayment	40% copayment
<b>Non-formulary (Tier 3)</b>	50% copayment	50% copayment

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.