

MEMBER GUIDE



Welcome to MetroPlusHealth

 **MetroPlusHealth**



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Welcome

Welcome



Thank you for choosing MetroPlusHealth.

As President and CEO of MetroPlusHealth, I would like to personally welcome you to our Plan.

This guide will help you get started, outlining the basics of how your plan and MetroPlusHealth membership works and, hopefully, answering many of the questions you may have.

Of course, if there's something it doesn't cover — or there are any other concerns you have — we're always here to help. You can reach us in several ways:

Online: metroplus.org

By Phone: 1.800.303.9626 (TTY: 711)

In Person: Visit one of our Community Offices
(go to metroplus.org to find one in your neighborhood)

Enclosed is your new **MetroPlusHealth identification (ID) card**. It also includes important information about your coverage. Please look it over, then put it in your wallet. It's a good idea to always carry your ID card with you.

Thank you again for joining MetroPlusHealth. We're proud to have you as a member, and we look forward to serving you.

Sincerely,

A handwritten signature in blue ink that reads "Talya" followed by a horizontal line.

Talya Schwartz, MD
President & Chief Executive Officer
MetroPlusHealth

Getting started is easy as...

THE HRA FORM

When you join MetroPlusHealth, you need to fill out a Health Risk Assessment (HRA) form. This form asks questions about your health and history.

The HRA helps us help you — you may be eligible for special programs to help you get and stay healthy.

You can fill out your HRA online now at **members.metroplus.org**.

You can also call Member Services to complete the form over the phone or have a copy mailed to you.

1

CARRY YOUR ID CARD

Review your **new** ID card. If you have any questions or need to make changes, please call Member Services. **Keep the card with you at all times.**

2

SIGN UP AT METROPLUS.ORG

Our secure member portal allows you to manage your plan and access important information online.

3

FIND A DOCTOR

View our full list of participating doctors, and search for one that meets your needs, using the “Find a Doctor” tool on **metroplus.org**.

Tip: If you visit your Primary Care Physician (PCP) within the first 90 days of joining MetroPlusHealth, you may be eligible to earn points through our Member Rewards Program.

Visit **metroplusrewards.org** for all the details.

Choosing an in-network doctor

It's important to have a Primary Care Provider (PCP). Receiving regular care from your PCP is important to your overall physical and mental health. And your PCP may recommend and coordinate other doctors or specialists you might need.

When choosing your PCP, it's important to make sure that they are in our provider network. If you see a doctor who is not in our network, **your care will not be covered.** You should also call the provider to double check that they are still in network—and, of course, are accepting new patients.

You can change your PCP by contacting Member Services or by requesting the change on our website.



Visiting your doctor

If you're seeing your PCP (or any doctor) for the first time, prepare for your visit by:

- Gathering any medical records from past doctors, and a list of any medications you're taking
- Bringing the names and phone numbers of your other doctors, and the phone number of the pharmacy you use
- Making sure you have your MetroPlusHealth ID card with you
- Writing down any questions or concerns you have in advance

Along with your MetroPlusHealth card, be sure to bring the ID for any other health coverage you may have. Make sure to let your doctor know about any changes in your health or medications.

If you have questions about your dental benefits, please contact us at **1.888.468.2189**.

If you have questions about your prescription drug benefit, please contact us at **1.855.656.0361 (TTY: 711)**.

Managing your plan at MetroPlus.org



Don't forget to set up your online account at **metroplus.org**. All your personal information is secure.

On our site, you'll be able to:

- Get information about your plan
- Find in-network doctors and facilities
- Check the status of your claims
- Receive digital member ID cards or request replacement cards*
- Access forms and view important plan documents
- Connect with tools and resources to help you live in a healthy way
- Pay your monthly premium (if you have one) online
- Sign up for the Member Rewards program
- Connect with doctors from your phone, tablet or computer

*Once you register for your online account, check your contact information (address, e-mail, telephone number, and mobile number) to be sure it is correct. You can arrange to receive plan materials through the portal, instead of paper, if you share your e-mail or mobile number with MetroPlusHealth.

And, while you're on our website, take advantage of our online "Introduction to MetroPlus" that can be found on our Member Rewards Program page. Learn how to navigate your health insurance plan, its many benefits and services, and how, as a MetroPlusHealth member, you can earn points for activities like going to your doctor or completing health challenges and then shop from a large selection of gifts that will be delivered free right to your door! Earn \$5 towards your first rewards points just by completing the online introduction to MetroPlusHealth!

MetroPlusHealth is in your neighborhood. You can always visit one of our Community Offices to speak face-to-face with MetroPlusHealth staff and get the help you need. Or you can attend one of the many special events our plan hosts, such as health fairs, back-to-school carnivals, turkey and toy distributions, and various holiday celebrations.

MetroPlus.org has a list of all our Community Offices and event locations, so it's always easy to find MetroPlusHealth near you.

Glossary

Claim: A request for payment to you or your doctor for covered services or items provided to you.

Benefit Package: The combination of covered benefits and services that you are entitled to receive from your Plan.

Effective Date of Enrollment: The first day that you, as a member of MetroPlusHealth, can begin to receive services. This is usually the first day of the month. We will tell you your effective date of enrollment when you join our plan.

Guaranteed Period: The period of time when MetroPlusHealth will be responsible for the benefits and services that you receive, even if you are no longer eligible for your plan. This begins on your effective date of enrollment and ends six months after.

Lock-in Period: This is the period of time when you cannot change to a different plan. You can change to another plan during your first 90 days as a member of MetroPlusHealth. However, after the 90 days have passed you can not switch plans for the following 9 months (in most cases) unless you have a special reason to leave the Plan.

Family Planning and Reproductive Services

are benefits to which you are entitled that provide accessible, confidential reproductive health care services to women, men and adolescents. This includes contraceptive services, preconception services, counseling and testing for HIV, testing and treatment for sexually transmitted infections, routine screening for breast and cervical cancer and health education.

Network: The network consists of all the doctors, hospitals, and other health care providers (for example, physical therapists) who have agreed to work with MetroPlusHealth to provide care. You must use the network for all non-emergency care.

Disenrollment is when you terminate your membership with a Plan. Disenrollment occurs at the end of the month.

Primary Care Provider (PCP): A doctor or other practitioner who provides, coordinates, or helps you access a range of health care services.

Costs and coverage

As a MetroPlusHealth member, you need to follow certain rules in order for your health care to be covered.

First of all, you should always see doctors in the MetroPlusHealth network (for non-emergency situations).*

You can find an in-network provider by using the “Find a Doctor” tool on our website.

Providers in the MetroPlusHealth network are not allowed to charge you for covered services. For example, if a participating provider sends MetroPlusHealth a bill for \$300, but we pay \$200, they can not send you a bill for the remaining amount. If you go to an out-of-network provider and the Plan has not authorized this visit, you may get billed from the provider. If the provider does not accept our payment or accepts the payment we offered which does not cover the entire visit, you may get balance billed by the provider for the remaining portion. Please contact Member Services if this happens to you.

*If we do not have a specialist in our network who can provide the care you need, we will get you that care from a specialist outside our network.

Your coverage

As a member of our plan, you have access to great medical benefits, including:

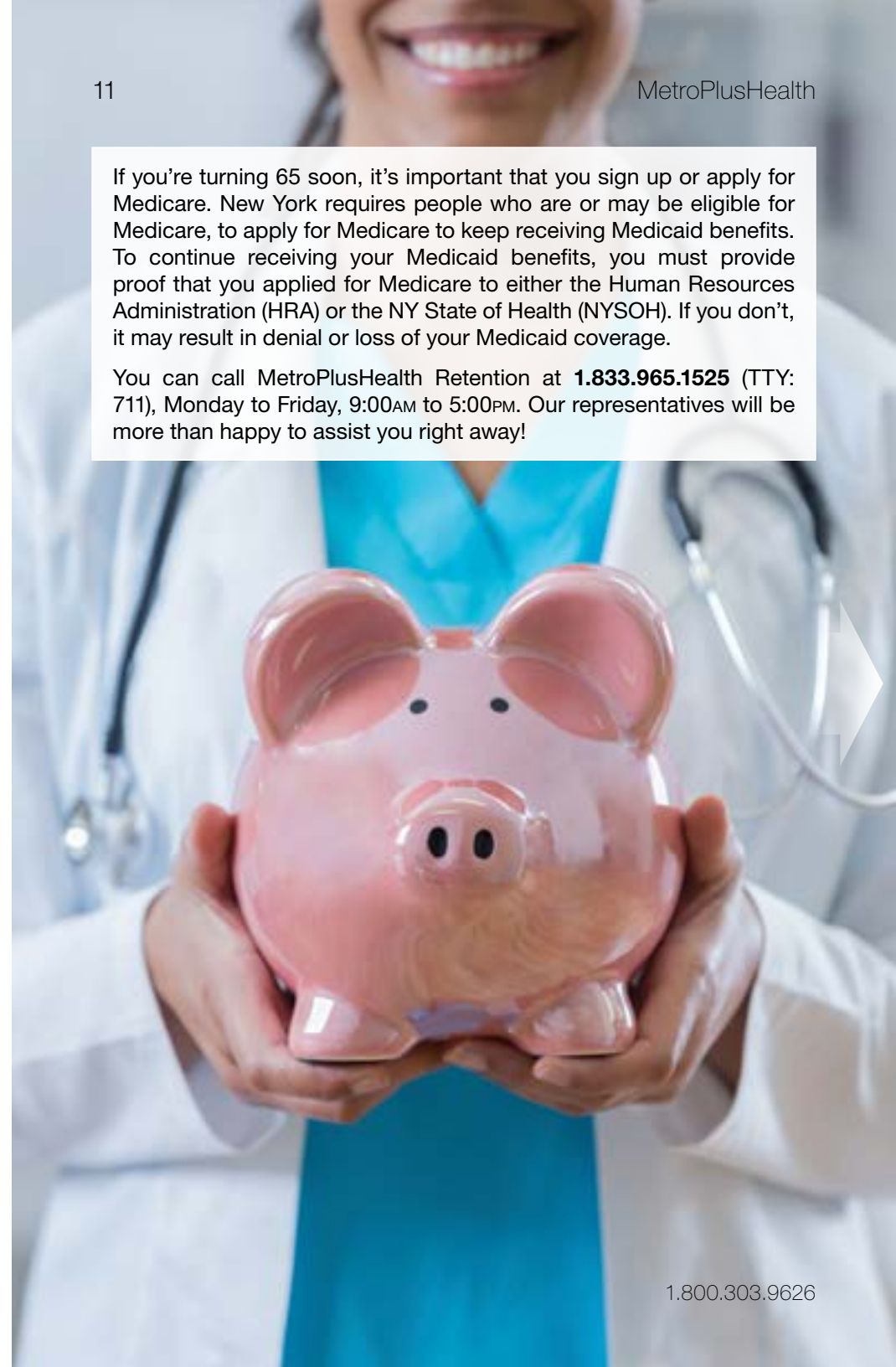
- Regular check-ups and office visits with your own Primary Care Provider (PCP)
- Referrals to specialists in our network
- Well-baby and well-child care visits
- Hospital care
- Lab tests and x-rays
- Vision and hearing examinations
- 24-hour emergency hotline
- Dental care
- Home care
- Physical, speech, and occupational therapy

For more information about your benefits, see your *Member Handbook*.

THERE ARE NO COPAYS FOR COVERED BENEFITS!

If you're turning 65 soon, it's important that you sign up or apply for Medicare. New York requires people who are or may be eligible for Medicare, to apply for Medicare to keep receiving Medicaid benefits. To continue receiving your Medicaid benefits, you must provide proof that you applied for Medicare to either the Human Resources Administration (HRA) or the NY State of Health (NYSOH). If you don't, it may result in denial or loss of your Medicaid coverage.

You can call MetroPlusHealth Retention at **1.833.965.1525** (TTY: 711), Monday to Friday, 9:00AM to 5:00PM. Our representatives will be more than happy to assist you right away!



Know where to go for medical care

Telehealth \$0

If you don't feel well, you don't have to leave the house. You can get care 24 hours a day, 7 days a week from a doctor through your smart phone, tablet, or computer for common conditions like:

- Colds, coughs, and the flu
- Allergies
- Rashes
- Behavioral health (mental health and substance abuse care)

Office visit \$

Your PCP does just about all the things that telehealth or an urgent care center does — so if you can see him or her promptly for a pressing problem, you should. Even if you do get treatment elsewhere, you might want to schedule an appointment for a follow-up or a general examination. Your primary care physician is the best, most appropriate option for many types of care, such as:

- Medication refills
- Regular checkups and physical exams
- Management of long-term health conditions
- Quitting smoking
- Developing a healthier lifestyle plan
- Back-to-work clearance
- Immunizations (flu shots, etc.)

Going to the right place for care means receiving the right tests and care that you need when you need it. Use your benefits wisely by choosing the right place for your non-emergency care. Here's how to know where to go:

Urgent care \$\$

When it's not a life-or-death situation but still requires quick attention, urgent care centers provide a quick and convenient option. MetroPlusHealth members can access urgent care throughout New York City to help with a sudden illness, an injury, or a condition that needs care right away — but is not so serious as to require an emergency room visit. Urgent care doesn't replace your relationship with your primary care doctor, who needs to know everything that's going on with your health. Urgent Care treats problems like:

- Cuts, wounds
- Nausea/vomiting, diarrhea
- Migraines/headaches
- New urinary problems
- Sprains and muscle strains
- Minor bone fractures/dislocations
- Minor burns
- Allergic reactions and allergy attacks
- Colds, fevers, the flu
- Sore throat, strep throat
- Bronchitis
- Asthma attack
- Possible exposure to HIV

Most urgent care centers can also perform routine tests and procedures, like blood tests and x-rays

Emergency room \$\$\$

You should head for the closest hospital emergency room (ER), or call 911 to take you to one, in the most extreme situations — when it is life-threatening, you can't function or are in unbearable pain. Typical conditions that require an ER include:

- Coughing or vomiting blood
- Uncontrolled bleeding from a wound
- Fractured or broken bones sticking out of the skin
- Major burns
- Poisoning
- Severe shortness of breath/difficulty breathing that does not stop
- Severe chest pain or heart palpitations
- Severe stomach pain
- Fuzzy vision/sudden changes in sight
- Slurred speech
- Fainting, dizziness
- Loss of balance
- Sudden confusion

You may want to go to the hospital where you see your PCP or where your PCP is affiliated.

CALL 911 IN A MEDICAL EMERGENCY. DO NOT TRY TO DRIVE.

CALL 911 IN A MEDICAL EMERGENCY. DO NOT TRY TO DRIVE.



Save on prescriptions

You have drug coverage as a benefit of your MetroPlusHealth plan. But you can save even more by working with your doctor. Whenever possible, ask for prescriptions for generic drugs, and always make sure you get drugs listed on your plan's drug list (known as a "formulary"). You should only fill prescriptions at pharmacies in the MetroPlusHealth network, in order to get the lowest cost.

You can check out your formulary and participating network pharmacies on **metroplus.org**.



generic



brand



specialty



MetroPlusHealth: More than just a health plan

We do much more than cover medical expenses. From day one, members like you have access to these services.

1

MEMBER PORTAL

You can do all sorts of things on our website: Pay premiums online and view your payment history, request forms or other materials, update your personal information, view and print your member ID card, find providers and pharmacies, change doctors... the list is almost endless.

2

TELEHEALTH

Access needed medical care using your phone, tablet or computer without leaving home. Telehealth is available for urgently needed care, specialists, mental health services, and more!

3

CARE MANAGEMENT

Our Care Management Program is designed to help you stay healthy and give you additional support when you need it the most. The goal of our program is to work with you and your doctor so that you can remain independent and in control of your life. We help with struggles you may have and can refer you to the right resources.

- peer programs for some chronic conditions
- social services
- community events

4

MEMBER NEWSLETTERS

Our quarterly newsletters offer the latest thoughts and tips on how to live a healthy life and take care of yourself. Available at metroplus.org/newsletters.

5

GOOD4YOU HEALTH LIBRARY

Covering thousands of health and wellness topics, healthlibrary.metroplus.org is a one-stop shopping center for everything from in-depth medical information to healthy recipes, videos, and even a symptoms tracker.

6

MEMBER REWARDS PROGRAM

A program designed to motivate members to participate in specific activities to boost their health, quality of life, and wellbeing. As you complete an activity, you earn reward points. Accumulate enough points, and you can order items from our Rewards Catalog.

How to Use Your Plan Resources

Provider Directory

Our **Provider Directory** lists all of providers in our network, including their name, location, what languages they speak, and their specialty. We want you to find the right doctor when you need one.

Online

Visit **metroplus.org** and click “Find a Doctor.” You can use the interactive tool to search for the type of doctor you need.

View and Download: Visit **metroplus.org** and click on “Members,” then “Provider Directory.” You can download or view a list of our providers.

Phone:

Member Services: Call us at **1.800.303.9626** (TTY: 711). Our **Member Services** staff can help you find a provider, or mail you a paper copy of the provider directory free of charge.

Member Handbook

Your **Member Handbook** contains important information about your covered services and how your plan works.

Online

Visit **metroplus.org** and click on “Plans,” then select your plan. All of your materials are available on the plan page. You can download or view your member materials.

Phone:

Member Services: Call us at **1.800.303.9626** (TTY: 711). Our **Member Services** staff can answer any questions you may have, or mail you a paper copy of your plan information free of charge.

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