

Healthfirst Coordinated Benefits Plan (HMO)

2022 Summary of Benefits



This Medicare Advantage Plan may be right for you if you already have drug coverage from another source (unless it is a standalone Medicare Prescription Drug Plan) and do not require Part D prescription drug benefits. It also offers additional benefits (like dental, vision, hearing, and routine transportation) on top of Original Medicare.

New York City and Nassau County
January 1, 2022–December 31, 2022

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Healthfirst Representative

Telephone

Email

Important plan benefits and features

The Healthfirst Coordinated Benefits Plan gives you access to a large network of top doctors and hospitals, convenient ways to get care 24/7, and many plan benefits that help you stay healthy, save money, and more.

\$0 monthly premium and annual medical deductible

\$0 copays for annual physicals, routine vision and hearing exams, 24/7 telemedicine, and more!

Your plan benefits include:



Access to the care you need, when you need it —even after hours

- Urgent care centers, 24/7 telemedicine, retail health clinics, 24/7 Nurse Help Line, and more



Dental coverage with no annual maximum

- Includes root canals, extractions, dentures, crowns, and more



Vision and hearing coverage

- Includes routine exams, a \$100 eyeglasses/contacts allowance, and a \$500 hearing aid allowance



SilverSneakers® Fitness Program with access to gyms and online video workouts

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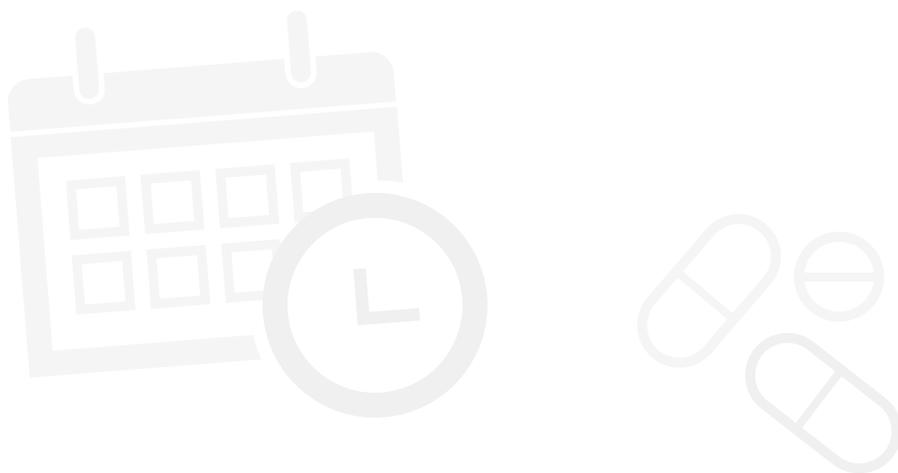
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Healthfirst Coordinated Benefits Plan Overview

The Healthfirst Coordinated Benefits Plan offers members a wide range of benefits on top of those included in **Original Medicare**, including routine and comprehensive dental, hearing coverage and hearing aids, vision coverage, eyeglasses or contact lenses, routine/non-emergent transportation, meals (post-discharge), SilverSneakers® fitness program, and 24/7 access to care with Teladoc and the Nurse Help Line. This plan may be a good choice for you if you are not looking to add prescription drug coverage because you already have dependable coverage through an employer, union, or other source.**

What makes you eligible to be a plan member?

- You have both Medicare Part A and Medicare Part B
- You live in either New York City or Nassau County
- You already have dependable coverage through an employer, union, or other source (not including standalone Medicare Prescription Drug Plans)
- You are a United States citizen or are lawfully present in the United States



**This does not include a standalone Prescription Drug Plan. Please note that if you are a member of another Medicare health plan or standalone Prescription Drug Plan and you join this plan, you will lose the other plan.

Useful Contacts

Plan Effective Date

Name of Healthfirst Sales Representative

Phone Number

Name of Primary Care Provider (PCP)

Address

Phone Number

| | |
|---|--|
| <p>Healthfirst Website healthfirst.org/medicare</p> | <p>Healthfirst Member Services 1-888-260-1010 TTY 1-888-542-3821 7 days a week, 8am–8pm</p> |
| <p>Healthfirst Medicare Plans (for non-members) 1-877-237-1303 TTY 1-888-542-3821 7 days a week, 8am–8pm</p> | <p>Dental Benefits 1-800-508-2047 TTY 1-800-466-7566 Monday to Friday, 9am–6pm</p> |
| <p>Vision Benefits 1-800-753-3311 Monday to Friday, 8am–11pm; Saturday, 9am–4pm; Sunday, 12pm–4pm</p> | <p>Hearing Benefits 1-877-438-7251 TTY 711 Monday to Friday, 8am–8pm</p> |
| <p>Fitness Benefits through SilverSneakers 1-888-423-4632 TTY 711 Monday to Friday, 8am–8pm</p> | <p>Transportation 1-888-260-1010 (TTY 1-888-542-3821) 7 days a week</p> |
| <p>Telehealth through Teladoc 1-800-TELADOC (1-800-835-2362) TTY 1-800-877-8973 7 days a week, 24 hours a day</p> | <p>Nurse Help Line 1-855-NURSE33 (1-855-687-7333) 7 days a week, 24 hours a day TTY 711</p> |
| <p>Medicare 1-800-MEDICARE (1-800-633-4227) TTY 1-877-486-2048 7 days a week, 24 hours a day medicare.gov</p> | <p>Social Security 1-800-772-1213 TTY 1-800-325-0778 Monday to Friday, 7am–7pm</p> |

Useful Information

Use in-network providers

Healthfirst Coordinated Benefits Plan has a network of doctors, hospitals, and other providers. If you use providers that are not in our network, the plan may not pay for those services, or you may pay more than you pay with a provider in the Healthfirst network.

Provider Directory

The best way to find a doctor or specialist in the Healthfirst network is to use the Healthfirst NY Mobile App or **HFDocFinder.org**. You may also stop by one of our convenient community offices (visit **healthfirst.org** to find one near you). Or call our Member Services at **1-888-260-1010** (TTY 1-888-542-3821) for assistance.

Medicare & You Handbook

This guide from the Centers for Medicare & Medicaid Services (CMS) helps you understand your Medicare choices. Visit **medicare.gov/medicare-and-you** to view this handbook online, or order a copy by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week. You can also download a copy of the handbook by visiting **medicare.gov/medicare-and-you/medicare-and-you.html**.

Healthfirst NY Mobile App



The Healthfirst NY Mobile App keeps access to healthcare close at hand. Use it to find essential services nearby in your community, contact a local rep from a Healthfirst Community

Office, view your membership information, and more. We're working around the clock to connect you to the care you need, and we look forward to getting new features into your hands.

Healthfirst members can:

- Access their digital Member ID and save, email, or text it.
- Find essential services nearby—food, housing, education, employment, family planning, financial and legal assistance, and more.
- Find retail health clinics, urgent care centers, and other providers.
- Use our Healthfirst Virtual Community Office to search for a local sales rep by borough, office location, language, and gender.
- Access Teladoc to speak with U.S. board-certified doctors 24/7 by phone and video.
- Contact Healthfirst Member Services to get answers to benefit questions.
- Get instant notifications on your device to stay in the know, learn about new features, and more.



Visit the Healthfirst Member Portal (**MyHFNY.org**) to access benefits, view claims, and manage all your Healthfirst plan info in one place.

Helpful Definitions

Premium

The amount of money some people must pay monthly, quarterly, or twice a year to be covered by a health insurance plan or program.

Deductible

The amount of money some people must pay in covered expenses each year before their plan or program pays anything for certain covered services.

Maximum Out-of-Pocket

The most you have to pay each year for expenses covered by your plan (i.e., the sum of the deductible, copay, and coinsurance amounts). This does not include your monthly premium costs, any charges from out-of-network healthcare providers, services that are not covered by the plan, or prescription drug costs. However, note that this plan does not cover Part D prescription drugs.

Premiums, Deductibles, and Out-of-Pocket Costs

The following are the healthcare costs associated with the Healthfirst Coordinated Benefits Plan:

| Monthly Premium | Deductible | Maximum Out-of-Pocket (MOOP) |
|---|------------|--|
| \$0 | \$0 | \$7,550 for services received from in-network providers |
| Important information: | | |
| You must continue to pay your Medicare Part B premium (\$148.50 /month in 2021). The Medicare Part B premium amount may change for the following year and we will provide updated rates as soon as Medicare releases them. | | With Original Medicare, there's no cap on what you spend on healthcare! The MOOP does not include prescription drugs. However, note that this plan does not include Part D prescription drug coverage. |

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services, and **Healthfirst will pay the full cost for the rest of the year**. Please refer to the "Medicare & You" handbook for Medicare-covered services.

Healthfirst Coordinated Benefits Plan Covered Medical and Hospital Benefits (in-network costs)

This is a summary document and does not include every covered service, nor does it list every limitation or exclusion. For a full list of services, look through your Evidence of Coverage (EOC), which can be found online at [HFMedicareMaterials.org](https://www.HFMedicareMaterials.org) or by calling **1-888-260-1010** (TTY 1-888-542-3821) to request a mailed copy.

Services with an asterisk () may require prior authorization.*

| What You Pay With Healthfirst Coordinated Benefits Plan | What You Should Know |
|--|--|
| <p>Inpatient Hospital Coverage*</p> <p>(Per Admission) \$403 copay per day for days 1–5 \$0 copay per day for days 6+</p> | <p>Plan covers an unlimited number of days for an inpatient hospital stay, based on medical necessity.</p> |
| <p>Outpatient Hospital Services*</p> <p>20% of the cost for each outpatient hospital service \$90 copay for observation services</p> | <p>If you are having surgery in a hospital facility, you should check with your provider about whether you will be admitted as an inpatient or outpatient. Unless the provider specifically admits you as an inpatient, you are considered an "outpatient" and will be required to pay the cost-sharing amounts for outpatient surgery. Even if you stay in the hospital overnight, you might still be considered an "outpatient."</p> <p>Observation services are hospital outpatient services used to determine if you need to be admitted as an inpatient or can be discharged.</p> |
| <p>Ambulatory Surgery Center*</p> <p>20% of the cost for each ambulatory surgery center visit</p> | |
| <p>Doctor Visits (Primary Care Provider (PCP) and Specialists)*</p> <p>\$10 copay for primary care physician visits \$35 copay for specialist visits</p> | <p>It is very important that you visit your primary care provider and any specialists you need.</p> <p>For help setting up an appointment with your primary care doctor, call 1-888-260-1010 (TTY 1-888-542-3821).</p> <p>The PCP you selected during your enrollment will be the PCP you must see for primary care. However, you may switch PCPs at any time by calling Member Services at 1-888-260-1010.</p> |

| What You Pay With Healthfirst Coordinated Benefits Plan | What You Should Know |
|--|---|
| Preventive Care | |
| <p>\$0 copay for Medicare-covered preventive care</p> <p>Examples of preventive care include:</p> <ul style="list-style-type: none"> ■ colonoscopies ■ mammograms ■ bone mass measurements ■ cardiovascular screening ■ diabetes screening ■ and other cancer screenings | <p>Preventive care includes a \$0 annual wellness visit that provides height, weight, blood pressure, and other routine exams. During your annual checkup, ask your doctor to recommend preventive care that's right for you.</p> <p>Be sure to take advantage of all the preventive care you are eligible for each year.</p> <p>For a full list of covered preventive care services, look through your Evidence of Coverage (EOC), which can be found online at HFMedicareMaterials.org, or call 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy.</p> |
| Emergency Care | |
| <p>\$90 copay for emergency care both in the U.S. and worldwide</p> | <p>Emergency Services</p> <p>You should seek emergency care if you believe that your health condition requires immediate medical care.</p> <p>If you are admitted to a hospital in the U.S. within 24 hours, your copay is waived.</p> <p>If you do not think your health condition is severe enough to need emergency care, but still need medical attention, consider Urgent Care (see next page).</p> <p>Worldwide Emergency Coverage</p> <p>Emergency care is covered both in the U.S. and worldwide. The plan will not cover any Part D prescription drugs that you receive as part of your emergency care visit in another country. The combined maximum coverage limit for emergency and urgent care outside of the U.S. is \$200,000.</p> |



| What You Pay With Healthfirst Coordinated Benefits Plan | What You Should Know |
|--|--|
| Urgently Needed Services | |
| <p>\$35 copay for urgently needed services both in the U.S. and worldwide</p> | <p>Urgently Needed Services</p> <p>Urgent care centers are good options when your primary care provider is on vacation or unable to offer a timely appointment, or when you are sick or suffer a minor injury outside of regular doctor office hours.</p> <p>Worldwide Urgent Coverage</p> <p>Like emergency care, urgent care is covered worldwide, and any Part D prescription drugs that you receive as a part of your urgent care in another country will not be covered. The combined maximum coverage limit for emergency and urgent care outside of the U.S. is \$200,000.</p> <p>Benefits of urgent care centers:</p> <ul style="list-style-type: none"> ■ No advance appointment needed ■ Many have extended hours and are open seven days a week ■ May cost less than visiting the emergency room |
| Diagnostic Services/Labs/Imaging* | |
| <p>\$0 copay for laboratory tests</p> <p>\$50 copay for diagnostic radiology services</p> <p>\$15 copay for X-rays</p> <p>20% coinsurance for therapeutic radiology services</p> <p>\$50 copay for diagnostic tests and procedures</p> | <p>Diagnostic radiology services include MRIs and CT scans.</p> |
| Hearing Services* | |
| <p>\$35 copay for diagnostic hearing and balance evaluations</p> <p>\$0 copay for routine hearing exam (one every year)</p> <p>\$500 maximum benefit allowance for hearing aids (total for both ears) per year</p> | <p>You must obtain your hearing aids from a NationsHearing provider. Please contact NationsHearing by phone at 1-877-438-7251 (TTY 711) or on the web at NationsHearing.com/Healthfirst to schedule an appointment.</p> |

| What You Pay With Healthfirst Coordinated Benefits Plan | What You Should Know |
|--|---|
| Dental Services* | |
| <p>\$5 copay for preventive dental services</p> <p>\$5–\$150 copay for comprehensive dental services</p> | <p>Preventive dental services \$5 copay for each covered service</p> <ul style="list-style-type: none"> ■ Cleanings ■ Routine X-rays ■ Oral exams ■ Fluoride treatments <p>Comprehensive dental services: \$5–\$150 copay for each covered service</p> <ul style="list-style-type: none"> ■ Diagnostic and non-routine services ■ Restorative services (such as crowns, permanent silver amalgams, and composite fillings) ■ Oral surgery ■ Root canal surgery ■ Periodontics (prosthetics/crowns) ■ Dentures, including adjustments and repairs <p>For additional information, including cost shares and exclusions, please refer to your Evidence of Coverage document. You can access Healthfirst Coordinated Benefits Plan’s Evidence of Coverage online at HFMedicareMaterials.org or by calling 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy.</p> |



| What You Pay With Healthfirst Coordinated Benefits Plan | What You Should Know |
|--|--|
| Vision Services* | |
| <p>\$35 copay for Medicare-covered vision services, including diagnosis and treatment for diseases and conditions of the eye (including diabetic retinopathy)</p> <p>\$0 copay for routine eye exams for eyeglasses/contacts and for glaucoma screening</p> <p>\$0 copay for covered contact lenses (medically necessary); OR</p> <p>\$0 copay for covered eyewear lenses and frames (i.e., standard lenses and frames in the "Fashion" tier collection); OR</p> <p>\$20–\$45 copay for upgraded frames within the "Designer" or "Premier" tier collection; OR</p> <p>\$100 benefit allowance for upgraded frames not included in the plan's tiered collections, but offered by a participating network provider; OR</p> <p>\$100 benefit allowance for elective contact lenses (i.e., those that are not medically necessary)</p> | <p>For additional information, including cost shares and exclusions, please refer to your Evidence of Coverage document. You can access Healthfirst Coordinated Benefits Plan's Evidence of Coverage online at HFMedicareMaterials.org or by calling 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy.</p> |
| Mental Health Services (including inpatient)* | |
| <p>Inpatient (Per Admission)</p> <p>\$311 copay per day for days 1–6</p> <p>\$0 copay per day for days 7 and beyond</p> <p>Outpatient</p> <p>\$40 copays for outpatient group therapy and outpatient individual therapy visits</p> <p>\$40 copay for outpatient substance abuse group therapy and individual therapy visits</p> <p>\$0 copay for opioid treatment services</p> | <p>Plan covers up to 190 days in a lifetime for inpatient mental health care in a freestanding psychiatric hospital, based on medical necessity. If you have used part of the 190-day Medicare lifetime benefit prior to enrolling in Healthfirst Coordinated Benefits Plan, you are only entitled to receive the difference between the number of days already used and the plan-authorized benefit. The inpatient hospital care limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.</p> <p>Psychiatric admissions to general acute care hospitals apply inpatient hospital cost sharing. The inpatient mental health cost sharing applies only to stays at a freestanding psychiatric hospital.</p> |

| What You Pay With Healthfirst Coordinated Benefits Plan | What You Should Know |
|---|--|
| Skilled Nursing Facility (SNF)* | |
| (Per Admission) \$0 copay per day for days 1–20 \$188 copay per day for days 21–100 | A SNF stay is for when you need skilled nursing care and rehabilitation services in a skilled nursing facility. Plan covers up to 100 days in a SNF per admission. No prior hospital stay is required. |
| Physical Therapy* | |
| \$40 copay per visit | |
| Ambulance* | |
| \$275 copay | Emergency ambulance transportation is covered when you need to be transported to a hospital or skilled nursing facility for medically necessary services, and transportation in any other vehicle could endanger your health. |
| Transportation (Routine/Non-Emergent) | |
| \$0 copay for up to eight one-way trips per year | Transportation must be to an approved provider location. You must call Healthfirst for authorization at least two (2) days in advance. After you schedule your doctor's visit, call Member Services at 1-888-260-1010 (TTY 1-888-542-3821) to arrange for transportation. |
| Medicare Part B Drugs* | |
| 20% coinsurance for Part B drugs such as chemotherapy drugs and others | Step Therapy may be required. You may be required to try a less expensive drug that has been proven effective for most people with your condition before you can move up a "step" to a more expensive drug on the formulary (also called a drug list). |

| What You Pay With Healthfirst Coordinated Benefits Plan | What You Should Know |
|--|---|
| Other Covered Services | |
| Acupuncture | |
| \$0 copay for each acupuncture visit | Plan covers acupuncture treatments for chronic low back pain up to 20 visits per year under certain circumstances. |
| Rehabilitation Services* | |
| <p>\$0 copay for cardiac (heart) and intensive cardiac rehab services</p> <p>\$30 copay for pulmonary (lung) rehab services</p> <p>\$40 copay for occupational therapy, and speech and language therapy visits</p> <p>20% of the cost for renal dialysis</p> <p>\$30 copay for Supervised Exercise Therapy (SET) for members that have symptomatic peripheral artery disease (PAD)</p> | |
| Retail Health Clinics | |
| \$15 copay | <p>Retail health clinics are inside retail pharmacy stores (such as Minute Clinic at CVS), providing a way for members to access walk-in care (without an appointment), even during evenings and weekends. Retail health clinics do not include urgent care centers.</p> <p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> ■ Diagnosis and treatment of minor acute illnesses ■ Medicare-covered vaccinations |
| Podiatry (Foot Care)* | |
| <p>\$25 copay for</p> <ul style="list-style-type: none"> ■ Diagnosis and the medical or surgical treatment of injuries and diseases of the foot (such as hammer toe or heel spurs) ■ Routine foot care | The plan covers 12 routine foot care visits per year. |

| What You Pay With Healthfirst Coordinated Benefits Plan | What You Should Know |
|--|--|
| Medical Equipment/Supplies* | |
| <p>\$0 copay for diabetes monitoring supplies, diabetes self-management training, and therapeutic shoes or inserts</p> <p>20% coinsurance for durable medical equipment</p> <p>20% coinsurance for prosthetic devices and related medical supplies</p> | <p>Examples of durable medical equipment and supplies include walkers, wheelchairs, oxygen tanks, and more.</p> <p>Examples of prosthetic devices include braces, artificial limbs, etc.</p> |
| Wellness Programs | |
| <p>Chiropractic Care* – \$20 copay for manipulation of the spine to correct a subluxation (when one or more of the bones of your spine moves out of position)</p> <p>Nutrition Counseling – \$0 copay for up to 6 preventive counseling and/or risk factor reduction visits annually, which must be provided by state-licensed or certified clinical professionals (i.e., physician, nurse, registered dietitian, or nutritionist). Sessions may be individual or group.</p> | <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> |
| Nurse Help Line | |
| <p>\$0 copay</p> | <p>Nurse Help Line 1-855-NURSE33 (1-855-687-7333), (TTY 711) is a free phone service that’s available 24 hours a day to get wellness advice and help finding a doctor.</p> |
| Home Health Agency Care* | |
| <p>\$0 copay for home health visits</p> | <p>To receive home health services, your doctor must certify that you require those services and will request them from a home health agency. You must be homebound, which means leaving home is very difficult for you.</p> |

| What You Pay With Healthfirst Coordinated Benefits Plan | What You Should Know |
|---|---|
| Diabetes Prevention Program | |
| \$0 copay | Program includes health behavior change sessions promoting weight loss through healthy eating and physical activity. |
| Teladoc | |
| \$0 copay | Teladoc connects you with board-certified doctors 24 hours a day, 7 days a week for video or phone chat using your smartphone, tablet, or computer. These doctors can help diagnose, treat, and even write prescriptions for a variety of non-emergency conditions. However, this program is not a substitute for your primary care doctor. You must follow up with your primary care doctor for any treatment provided by Teladoc. |
| Meals (Post-Discharge)* | |
| \$0 copay | Up to 84 meals delivered to your home for duration of up to 28 days after a discharge from hospital to home or skilled nursing facility to home with a stay greater than two days. |
| SilverSneakers® | |
| \$0 copay | SilverSneakers (1-888-423-4632 ; TTY 711) is more than a fitness program. It gives you access to live classes and workshops taught by instructors trained in senior fitness, 200+ workout videos in the SilverSneakers On-Demand™ online library, online fitness and nutrition tips, and their mobile app with digital workout programs. You can also get home fitness supplies shipped directly to your home and more—all at no additional cost. |

Plans may offer supplemental benefits in addition to Part C benefits.

Remember, if you are not satisfied with your existing plan and want to switch to Healthfirst, you have until March 31 to do so.

Frequently Asked Questions (FAQs)

About Healthfirst Coordinated Benefits Plan:

Who can join the Healthfirst Coordinated Benefits Plan?

To join Healthfirst Coordinated Benefits Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Queens, and Richmond. This plan may be a good choice for you if you are not looking to add prescription drug coverage because you already have dependable coverage through an employer, union, or other source (not including standalone Medicare Prescription Drug Plans). Please note that if you are a member of another Medicare health plan or standalone Prescription Drug Plan and you join this plan, you will lose the other plan.

What doctors and hospitals can I use?

Healthfirst Coordinated Benefits Plan has a network of doctors, hospitals, and other providers. If you use providers that are not in our network, the plan may not pay for these services. You can see our plan's provider directory at our website (HFDocFinder.org). Or call us and we will send you a copy of the provider directory.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and more. Here are some medical costs that Healthfirst Coordinated Benefits Plan covers and Original Medicare does not:

- Annual deductible
- Routine eye exams and eyeglasses
- Hearing checkups and hearing aids
- Comprehensive dental care

Plan costs:

Will I have to pay a monthly premium or deductible?

No. The Healthfirst Coordinated Benefits Plan does not have a premium or deductible.

Whom should I contact if I need help with healthcare costs?

Contact Member Services. The number can be found on page 5.

Comparing Healthfirst Coordinated Benefits Plan with other insurance options:

How is Healthfirst Coordinated Benefits Plan different from Original Medicare?

The Healthfirst Coordinated Benefits Plan offers additional benefits (like dental, vision, and hearing) on top of Original Medicare and may be right for you if you have drug coverage from another source (unless it is a standalone Prescription Drug Plan) and do not require Part D prescription drug benefits.

How is Healthfirst Coordinated Benefits Plan different from other Medicare HMOs?

Unlike other HMOs, you don't need a referral to see a specialist with the Healthfirst Coordinated Benefits Plan.



Healthfirst Locations

We make it easy for you to contact us—over the phone, online, and in person. Visit one of our convenient community offices, our virtual community office online, and on social media.

Community Offices Near You

BRONX

Fordham

412 E. Fordham Road
(entrance on Webster Avenue)

BROOKLYN

Bensonhurst

2236 86th Street
(between Bay 31st
and Bay 32nd Streets)

Brighton Beach

314 Brighton Beach Avenue
(between Brighton 3rd Street
and Brighton 4th Street)

Flatbush

2166 Nostrand Avenue
(between Avenue H
and Hillel Place)

Sunset Park

5324 7th Avenue
(between 53rd and 54th Streets)

5202 5th Avenue
(corner of 52nd Street
and 5th Avenue)

MANHATTAN

Chinatown

128 Mott Street, Room 407
(between Grand
and Hester Streets)

28 E. Broadway
(between Catherine
and Market Streets)

MANHATTAN (continued)

Washington Heights

1467 St. Nicholas Avenue
(between W. 183rd
and W. 184th Streets)

QUEENS

Elmhurst

40-08 81st Street
(between Roosevelt
and 41st Avenues)

Flushing

**41-60 Main Street
Rooms 201 & 311**
(between Sanford
and Maple Avenues)

**Main Plaza Mall
37-02 Main Street**
(between 37th and
38th Avenues)

Jackson Heights

93-14 Roosevelt Avenue
(between Whitney Avenue
and 94th Street)

Richmond Hill

122-01 Liberty Avenue
(between 122nd
and 123rd Streets)

Ridgewood

56-29 Myrtle Avenue
(between Cornelia Street
and Myrtle Avenue)

LONG ISLAND

NASSAU COUNTY

Hempstead

242 Fulton Avenue
(between N. Franklin
and Main Streets)

SUFFOLK COUNTY

Bay Shore

**Westfield South Shore Mall
1701 Sunrise Highway**
(in the JCPenney Wing)

Lake Grove

**Smith Haven Mall
313 Smith Haven Mall**
(in the Sears Wing)

Patchogue

99 West Main Street
(between West
and Havens Avenues)

Shirley

**La Placita
58 D Surrey Circle**
(between William Floyd
Parkway and Floyd Road)

WESTCHESTER COUNTY

Yonkers

13 Main Street
(between Warburton Avenue
and N Broadway)



Go to healthfirst.org/locations for our hours of operation, and visit HFVirtualCommunityOffice.org to connect with a Healthfirst representative in your area.

Glossary

Ambulatory Surgery

Takes place in a center that exclusively provides outpatient surgical services to patients not requiring hospitalization and whose expected stay does not exceed 24 hours.

Benefit Period

The number of days of inpatient or skilled nursing facility (SNF) care your plan covers.

Bone Mass Measurement

Measures bone density to determine whether a patient has osteoporosis (bone disease).

Cardiovascular Screening

Test for heart disease.

Coinsurance

The fee you owe a doctor for your care after you meet your annual deductible. The amount you owe is part of the cost of your care. Your insurance company pays the rest.

Example: A common coinsurance is 20%. In this case, after you meet your deductible, Healthfirst will pay 80% of the remaining cost. You will pay 20% of the remaining cost.

With Original Medicare, you will pay a 20% coinsurance for most outpatient services. However, with the Healthfirst Coordinated Benefits Plan, you'll pay a lower copay for those same services.

Colonoscopy

Medical procedure where a long, flexible, tubular instrument is used to view the entire inner lining of the colon (large intestine) and the rectum.

Copayment (or copay)

A fee that you pay each time you go to the doctor, get a prescription drug filled, or get other services.

Example: If your health plan has a \$10 PCP copayment, you must pay \$10 for a checkup with your Primary Care Provider (PCP).

Cost Sharing

The general term for your health expenses, including deductibles, coinsurance, and copayments.

Covered Service

A service that that you are entitled to and which your plan will cover under the terms of your plan.

CT

Computed tomography is a medical 3-D imaging technique.

Creditable Prescription Drug Coverage

Prescription drug coverage (for example, from an employer or union) that is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. People who have this kind of coverage when they become eligible for Medicare can generally keep that coverage without paying a penalty if they decide to enroll in Medicare prescription drug coverage later.

Deductible

The amount of money some people must pay in covered expenses each year before their plan or program pays anything for certain covered services. The deductible may not apply to all services.

Example: If your deductible is \$500, you need to spend \$500 for covered healthcare services within one year before your plan or program will start paying for your health services. Your deductible resets once every year.

Diabetes Screening

Test for high blood sugar levels.

Effective Date

The date on which your plan coverage begins.

Explanation of Benefits (EOB)

A form that you will receive that explains the treatments you and/or a dependent received, the portion of the cost that is covered under your plan, and the amount left that you may have to pay or may have already paid directly to your provider.

Evidence of Coverage (EOC)

The EOC gives you details about what the plan covers, how much you pay, and more.

Health Maintenance Organization (HMO)

A type of health insurance plan. Some HMOs require that you go only to the hospitals, doctors, and other healthcare providers that have agreements with the plan, except in an emergency. Some HMOs require you to get a referral from your primary care doctor before seeing a specialist. (Healthfirst does not require any HMO members to get referrals for specialist care.)

Hospital Affiliation

Shows the hospital(s) where a doctor/provider can treat patients.

In-Network Provider

The doctors and hospitals that are part of the Healthfirst network who provide healthcare to our members.

Inpatient

An inpatient hospital stay is when a doctor admits you into the hospital for treatment.

Mammogram

A diagnostic X-ray of the breast.

Maximum Out-of-Pocket (MOOP)

The most you have to pay each year for expenses covered by your plan (i.e., the sum of the deductible, copay, and coinsurance amounts). Once you reach this amount, you do not pay anything for most services. This does not include your monthly premium costs, any charges from out-of-network healthcare providers, or services that are not covered by the plan. This also does not include prescription drugs. However, note that this plan does not include Part D prescription drug coverage.

Remember, Original Medicare does not have a MOOP or any cap on spending, so your healthcare expenses can be very high over the course of a year.

MRI

Magnetic resonance imaging uses a strong magnetic field to create detailed images of your organs and tissues.

Network

A group of doctors and hospitals contracted to provide healthcare services to members of a health plan.

Original Medicare

Fee-for-service coverage under which the government pays your healthcare providers directly for your Part A (Hospital) and/or Part B (Medical) benefits.

Out-of-Network Provider

A healthcare provider (doctor or hospital) that is not a part of a plan's network. You will typically pay more if you use a provider that is not in your plan network.

Outpatient

Medical services that do not require an overnight hospital stay.

Part B

Medicare coverage that covers preventive and medically necessary services.

Preauthorization/Precertification (Prior Authorization)

Some healthcare plans, including Healthfirst, require you to check with them before you get certain services. This is to make sure that these healthcare services are necessary and are covered before you get them, so that you will not be responsible for the entire cost. Preauthorization is required for many services, but it is not required in an emergency.

Premium

The amount of money some people must pay monthly, quarterly, or twice a year to be covered by a health insurance plan or program.

Preventive Care Services

Services you receive from your doctor that help prevent disease or to identify disease while it is more easily treatable. Under Healthcare Reform, most of these services are 100% covered by your insurance plan, which means that you will not have to pay for them.

Primary Care Provider (PCP)

Your primary doctor (also known as a Primary Care Provider, or PCP) is the doctor who provides you with basic healthcare and preventive services to help make sure you stay healthy. Your PCP coordinates most of your care, authorizes treatment, and may refer you to specialists. Your primary care is covered only when you see your PCP, but you may change your PCP at any time by calling Member Services.

Referral

A written order from your primary care doctor for you to see a specialist or get certain services. In many HMOs, you need to get a referral before you can get care from anyone except your primary care doctor. If you don't get a referral first, the plan may not pay for your care.

With Healthfirst Coordinated Benefits Plan, you can see a specialist without getting a referral from your doctor.

Coverage is provided by Healthfirst Health Plan, Inc.

Healthfirst Health Plan, Inc. offers HMO plans that contract with the Federal Government. Enrollment in Healthfirst Medicare Plan depends on contract renewal.

Plans contain exclusions and limitations.

Healthfirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Dental services must be medically necessary to be covered; limitations apply.

Telemedicine (Teladoc) isn't a replacement for your Primary Care Provider (PCP). Your PCP should always be your first choice for care (both in-person and virtual visits).

The provider network may change at any time. You will receive notice when necessary.

Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The Healthfirst Medicare Plan service area includes the Bronx, Brooklyn, Manhattan, Queens, Staten Island, and Nassau and Westchester counties. Plans may vary by county.

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If you have any questions about this plan's benefits or costs, please contact Healthfirst Medicare Plans for details.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on [medicare.gov](https://www.medicare.gov).

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This information is available for free in other languages. Please call our Member Services number at 1-888-260-1010, TTY number 1-888-542-3821, 7 days a week, from 8am to 8pm.

Esta información está disponible de forma gratuita en otros idiomas. Por favor, llame a nuestro número de Servicios a los Miembros al 1-888-260-1010, o al 1-888-867-4132 para los usuarios de TTY, los 7 días de la semana, de 8:00 a.m. a 8:00 p.m.

本資訊有其他語言版本供免費索取。請致電我們的會員服務部，服務時間每週七天，每天上午8時至晚上8時，電話號碼是1-888-260-1010，聽力語言殘障服務專線TTY 1-888-542-3821。

This document is available in other formats, such as braille and large print. This document may be available in a non-English language. For additional information, call us at 1-888-260-1010.

Este documento puede estar disponible en otros formatos como Braille y en letra grande. Este documento puede estar disponible en otros idiomas además del inglés. Para más información, llámenos al 1-888-260-1010.

本文件可以其他形式提供，例如盲文及大字印本。本文件可能有英語之外的其他語言文本。如需更多資訊，請給我們來電，電話號碼是1-888-260-1010。

Notice of Non-Discrimination

Healthfirst complies with Federal civil rights laws. Healthfirst does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Healthfirst provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **Healthfirst** at **1-866-305-0408**.
For TTY services, call **1-888-542-3821**.

If you believe that Healthfirst has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Healthfirst by:

- **Mail:** Healthfirst Member Services, P.O. Box 5165, New York, NY, 10274-5165
- **Phone:** **1-866-305-0408** (for TTY services, call 1-888-542-3821)
- **Fax:** 1-212-801-3250
- **In person:** 100 Church Street, New York, NY 10007
- **Email:** <http://healthfirst.org/members/contact/>

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- **Web:** Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **Mail:** U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- **Phone:** **1-800-368-1019** (TTY 800-537-7697)

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|---|---------------|
| ATTENTION: Language assistance services, free of charge, are available to you. Call 1-866-305-0408 (TTY 1-888-542-3821). | English |
| ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-305-0408 (TTY: 1-888-867-4132). | Spanish |
| 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-305-0408 (TTY: 1-888-542-3821)。 | Chinese |
| ملحوظة: إذا كنت تتحدث العربية، فسوف تتوفر خدمات المساعدة اللغوية لك بالمجان. اتصل برقم 1-866-305-0408 (TTY: 1-888-542-3821). | Arabic |
| 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-866-305-0408 (TTY: 1-888-542-3821).번으로 전화해 주십시오. | Korean |
| ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-305-0408 (TTY: 1-888-542-3821). | Russian |
| ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-305-0408 (TTY: 1-888-542-3821). | Italian |
| ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-305-0408 (TTY: 1-888-542-3821). | French |
| ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-305-0408 (TTY: 1-888-542-3821). | French Creole |
| אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-866-305-0408 (TTY: 1-888-542-3821). | Yiddish |
| UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-305-0408 (TTY: 1-888-542-3821). | Polish |
| PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-305-0408 (TTY: 1-888-542-3821). | Tagalog |
| লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৬৬-৩০৫-০৪০৮ (TTY: 1-888-542-3821)। | Bengali |
| KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-305-0408 (TTY: 1-888-542-3821). | Albanian |
| ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-305-0408 (TTY: 1-888-542-3821). | Greek |
| خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-305-0408 (TTY: 1-888-542-3821)۔ | Urdu |

Healthfirst Medicare Advantage Plan Pre-Enrollment Checklist



Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-877-237-1303** (TTY 1-888-542-3821), **7 days a week, 8am–8pm**.

UNDERSTANDING THE BENEFITS

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **HFMedicareMaterials.org** or call **1-877-237-1303** (TTY 1-888-542-3821) to view a copy of the EOC.
- Review our provider directory (or ask your doctor) to make sure the doctors you see now are in the Healthfirst network. If they are not listed, it means you will likely have to select a new doctor.

UNDERSTANDING THE IMPORTANT RULES

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/coinsurance may change on **January 1, 2023**.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in our provider directory).
- If this plan is a dual eligible special needs plan (D-SNP), your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.



Questions about your plan?

Get answers by visiting **HFVirtualCommunityOffice.org**,
logging in to your Healthfirst account at **MyHFNY.org**,
or by calling Member Services at
1-888-260-1010 (TTY 1-888-542-3821),
7 days a week, 8am–8pm (October through March) and
Monday to Friday, 8am–8pm (April through September)