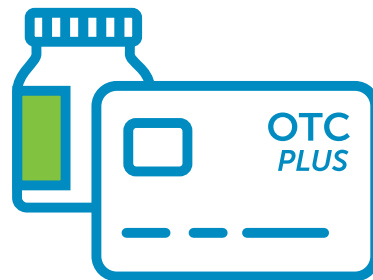


Healthfirst Increased Benefits Plan (HMO)

2023 Summary of Benefits



This Medicare Advantage plan offers additional benefits (like dental, vision, hearing, and acupuncture) on top of Original Medicare. It is designed for people who qualify for full Extra Help (also known as Low Income Subsidy), which helps people with Medicare pay fewer drug costs.

New York City, Nassau, Rockland,
Westchester, Orange, and Sullivan counties

January 1, 2023–December 31, 2023

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Healthfirst Representative

Telephone

Email

Important plan benefits and features

The Healthfirst Increased 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 or low monthly premium and annual medical deductible*

\$0 copays for primary care visits, 24/7 telemedicine, and more

Plan benefits include:



A \$100/quarter (\$400/year) Healthfirst OTC Plus card that features more uses, more places to shop, and more ways to save

- Use it the way you want to: pay for over-the-counter (OTC), non-prescription drugs, health-related items, healthy foods,* or even home utilities such as gas, electric, water, and internet service**



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

- Retail health clinics, urgent care centers, 24/7 telemedicine, 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 \$200/year eyewear allowance, and affordable hearing aids



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



Prescription drug coverage and convenient delivery options

- Prescription-strength vitamins covered

*If you lose full Extra Help, your monthly premium may be \$29.60 and your annual deductible may be \$505. However, all members with full Extra Help will have \$0 monthly premiums and a \$0 annual deductible.

**For members with full Extra Help; members without Extra Help have \$100/quarter (\$400/year) for OTC and health-related items only.

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Healthfirst Increased Benefits Plan Overview

The Healthfirst Increased Benefits Plan offers members a wide range of benefits on top of those included in **Original Medicare**, including preventive and comprehensive dental, hearing coverage and hearing aids, vision coverage, eyeglasses or contact lenses, acupuncture, routine transportation, an OTC Plus card, post-discharge meals, the SilverSneakers® fitness program, and 24/7 access to care with Teladoc and the Nurse Help Line.

This plan may be right for you if you qualify for full Extra Help (also known as Low Income Subsidy) and/or a Medicare Savings Program (MSP). If you qualify for full Extra Help, you will be eligible for a \$0 monthly plan premium, no drug deductible, and lower copays for prescription drugs.

If you don't qualify for full Extra Help, other Healthfirst plans are available to you. Call **1-877-237-1303** (TTY 1-888-542-3821), 7 days a week, 8am–8pm, or visit us online at healthfirst.org/medicare.

When it's time to renew your Medicaid, Medicare Savings Program, or Extra Help (also known as Low Income Subsidy (LIS)), we'll reach out to you and help you through the process so you don't have to do it alone. Healthfirst has also teamed up with the My Advocate program to help educate and enroll members in other financial assistance programs that may help them save even more on their healthcare costs (see chart on page 5). For more information on **My Advocate** services, please call **1-866-480-0168** (TTY 1-855-368-9643), Monday to Friday, 8am–11pm.

This is a summary document and does not include every covered service, nor does it list every limitation or exclusion. For a complete list of services, cost shares, and exclusions, please refer to this plan's Evidence of Coverage document, which can be found online at HFMedicareMaterials.org.

What makes you eligible for this plan?

- You have both Medicare Part A and Medicare Part B
- You live in New York City, or in Nassau, Rockland, Westchester, Orange, or Sullivan County
- You are a United States citizen or are lawfully present in the United States

Need Help Paying for Your Healthcare Costs?

If you have Medicare and your income is under a certain amount, you may qualify for the following financial assistance programs:

	Extra Help or Low Income Subsidy (LIS) Administered by the Social Security Administration	Medicare Savings Programs (four levels) Administered by New York State	Medicaid Administered by New York State
How this program helps	<ul style="list-style-type: none"> ■ Pays Medicare Part D (prescription drug) monthly premiums up to \$29.60 for 2023 ■ Keeps Medicare Part D copays very low ■ If you qualify for full Extra Help, you will be eligible for a \$0 monthly plan premium, no drug deductible, and lower copays for prescription drugs 	<ul style="list-style-type: none"> ■ All levels pay Part B premium (\$170.10/month in 2022). Some pay Part A premium (if needed) ■ Some pay Medicare copays and coinsurances ■ None will pay costs of services Medicare does not cover 	<ul style="list-style-type: none"> ■ Pays Medicare copays and coinsurances, Part A (Hospital) and Part B (Medical) only ■ Pays for some services that Medicare may not cover ■ Does not pay Medicare Part B premium
Are you eligible for other programs?	If you have Extra Help, you may also have Medicaid and/or a Medicare Savings Program—but this is not necessarily the case, since the Extra Help income eligibility levels are higher.	Everyone with a Medicare Savings Program will also have Extra Help. Some people with Medicare Savings Programs will also have incomes that qualify them for Medicaid.	Everyone with Medicare & Medicaid will also have Extra Help. Some people with Medicare & Medicaid will also have incomes that qualify them for Medicare Savings Programs.
For more information	Contact Healthfirst Medicare plans at 1-877-237-1303 (TTY 1-888-542-3821), 7 days a week, 8am–8pm or My Advocate at 1-866-480-0168 , 8am–11pm		

You may qualify for one, two, or all three programs, depending on your income and your needs. Each program has different income eligibility levels. **Extra Help** has the highest income eligibility level and Medicaid has the lowest. Call Healthfirst Medicare plans at **1-877-237-1303** (TTY 1-888-542-3821) or My Advocate at **1-866-480-0168** (TTY 1-855-368-9643) to find out if you qualify for these programs.

If you have any of these programs, you may also qualify for the **Elderly Pharmaceutical Insurance Coverage (EPIC) Program, New York State's Pharmaceutical Assistance Program**. EPIC also helps with drug costs and premiums. You can have both EPIC and Extra Help together. You may also qualify for EPIC even if you don't qualify for the Extra Help, Medicare Savings Program, or Medicaid. Call **1-800-332-3742** (TTY 1-800-290-9138) for more information.

Words to know on these pages:

Coinsurance
Extra Help
Medicaid

To learn what these words mean, see the Glossary on page 26

How to Reach Us

Healthfirst Medicare Plans (for non-members) 1-877-237-1303 TTY 1-888-542-3821 7 days a week, 8am–8pm	Healthfirst Website healthfirst.org/medicare	Healthfirst Virtual Community Office HFVirtualCommunityOffice.org
Other important contacts		
Medicare 1-800-MEDICARE (1-800-633-4227) TTY 1-877-486-2048 7 days a week, 24 hours a day medicare.gov	Social Security 1-800-772-1213 TTY 1-800-325-0778 Monday to Friday, 7am–7pm	Elderly Pharmaceutical Insurance Coverage (EPIC) Program 1-800-332-3742 TTY 1-800-290-9138 Monday to Friday, 8:30am–5pm

Access Plan Benefits at Your Convenience

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 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 card and save, email, or text it.
- Find essential services nearby—food, housing, education, employment, family planning, financial and legal assistance, and more.

- Find pharmacies, 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 their device to stay in the know, learn about new features, and more.

Healthfirst Member Portal



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

Important Tips

Use in-network providers and pharmacies.

Healthfirst Increased Benefits Plan has a network of doctors, hospitals, pharmacies, and other providers at 100,000+ locations.* If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at a pharmacy in the Healthfirst network.

Browse the provider/pharmacy directory.

The best way to find a doctor or specialist and pharmacy in the Healthfirst network is to visit [HFDocFinder.org](https://www.hfdocfinder.org). You may also stop by one of our convenient community offices (visit [healthfirst.org](https://www.healthfirst.org) to find one near you). Or call us at **1-877-237-1303** (TTY 1-888-542-3821) for assistance.

Check the Healthfirst formulary.

The formulary is a list of prescription drugs (both generic and brand name) covered by your health plan.

To download a copy of the Healthfirst Medicare Plan Formulary, visit [HFMedicareMaterials.org](https://www.hfmedicarematerials.org). You can also pick one up at a Healthfirst Community Office. Find out more about costs for covered drugs later in this document.

*The number of provider locations is current as of August 31, 2022, and subject to change due to periodic changes in our network.

Read the 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](https://www.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](https://www.medicare.gov/medicare-and-you/medicare-and-you.html).

Premiums, Deductibles, and Out-of-Pocket Costs

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

Monthly Premium	Deductible	Maximum Out-of-Pocket (MOOP)
\$0 or up to \$29.60, depending on your level of Extra Help.	There is no deductible for medical and hospital benefits. Depending on your level of Extra Help, you will pay a \$0, \$104, or \$505 deductible for prescription drugs.	\$8,300 for services received from in-network providers
Important information:		
<p>You must continue to pay your Medicare Part B premium, which starts at \$170.10/month (in 2022) and increases based on income.</p> <p>The Medicare Part B premium amount may change for the following year and we will provide updated rates as soon as Medicare releases them.</p> <p>If you are having trouble affording your monthly Part B premium, contact 1-888-260-1010 (TTY 1-888-542-3821) to see if you may be eligible for a Medicare Savings Program.</p>		<p>If you reach the limit on out-of-pocket costs, you keep getting Medicare-covered hospital and medical services, and Healthfirst will pay the full cost for the rest of the year.</p> <p>This does not apply to prescription drug costs. However, with the Extra Help program, you pay reduced prescription drug costs.</p>

Helpful Definitions:

Premium
Deductible

Maximum
Out-of-Pocket

To learn what these words mean, see the Glossary on page 26

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

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

What You Pay With Healthfirst Increased Benefits Plan	What You Should Know
Inpatient Hospital Coverage*	
(Per Admission) \$560 copay per day for days 1–4 \$0 copay per day for days 5+	Plan covers unlimited number of days for an inpatient hospital stay, depending on medical necessity.
Outpatient Hospital Services*	
20% coinsurance for each outpatient hospital service \$95 copay for observation services	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." Observation services are hospital outpatient services used to determine if you need to be admitted as an inpatient or can be discharged.
Ambulatory Surgery Center*	
\$200 copay for each ambulatory surgery center visit	

What You Pay With Healthfirst Increased Benefits Plan	What You Should Know
Doctor Visits (Primary Care Providers and Specialists)*	
\$0 copay for primary care provider visits \$25 copay for specialist visits	It is very important that you visit your primary care provider and any specialists you need.
Preventive Care	
\$0 copay for Medicare-covered preventive care Examples of preventive care include: <ul style="list-style-type: none"> ■ colonoscopies ■ mammograms ■ bone mass measurements ■ cardiovascular screening ■ diabetes screening ■ other cancer screenings 	During your annual checkup, ask your doctor to recommend preventive care that's right for you. Be sure to take advantage of all the preventive care you are eligible for each year. For a full list of covered preventive care services, look through this plan's Evidence of Coverage (EOC), which can be found online at HFMedicareMaterials.org .

Words to know on this page:

Preventive

Colonoscopies

Mammograms

Cardiovascular

To learn what these words mean, see the Glossary on page 26

What You Pay With Healthfirst Increased Benefits Plan	What You Should Know
Emergency Care	
\$95 copay for emergency care both in the U.S. and worldwide	<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 below).</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>
Urgently Needed Services	
\$40 copay for urgently needed services both in the U.S. and worldwide	<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

What You Pay With Healthfirst Increased Benefits Plan	What You Should Know
Diagnostic Services/Labs/Imaging*	
\$0 copay for laboratory tests \$60 copay diagnostic radiology services \$25 copay for X-rays 20% coinsurance for therapeutic radiological services \$50 copay for diagnostic tests and procedures	Diagnostic radiology services include MRIs and CT scans.
Hearing Services*	
\$25 copay for exam to diagnose and treat hearing and balance issues \$0 copay for routine hearing exam (one every year) \$0 copay for fitting/evaluation for hearing aid(s) (one every year) Copayments per hearing aid vary by technology level you select with your healthcare provider: Entry = \$0 Basic = \$175 Prime = \$475 Preferred = \$775 Advanced = \$1,075 Premium = \$1,475 Limit of two hearing aids per year.	You must get your hearing aids from a participating provider.

What You Pay With Healthfirst Increased Benefits Plan	What You Should Know
Dental Services*	
\$0 copay for preventive and comprehensive dental services	<p>Preventive dental services:</p> <ul style="list-style-type: none"> ■ Cleanings (twice per 12 months) ■ Routine X-rays (one set per 12 months) ■ Oral exams (twice per 12 months) ■ Fluoride treatment (twice per 12 months) <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> ■ Diagnostic and non-routine services ■ Restorative services (like permanent silver amalgams and composite fillings) ■ Oral surgery ■ Root canal surgery ■ Periodontics (prosthetics/crowns) ■ Dentures, including adjustments and repairs
Vision Services*	
<p>\$0 copay for Medicare-covered eye exams, 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 and contact lens fitting</p> <p>\$200 benefit allowance every year toward eyewear (glasses and/or contacts)</p>	<p>For additional information, including cost shares and exclusions, please refer to this plan's Evidence of Coverage document. You can access the Evidence of Coverage online at HFMedicareMaterials.org.</p>



What You Pay With Healthfirst Increased Benefits Plan	What You Should Know
Mental Health Services (including inpatient)*	
<p>Inpatient (per admission)</p> <p>\$468 copay per day for days 1–4</p> <p>\$0 copay per day for days 5–90</p> <p>Outpatient</p> <p>\$25 copay for outpatient individual and group therapy visit</p> <p>\$25 copay for outpatient substance abuse therapy (group or individual)</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 Increased 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>
Skilled Nursing Facility (SNF)*	
<p>(Per Admission)</p> <p>\$0 copay per day for days 1–20</p> <p>\$196 copay per day for days 21–100</p>	<p>A SNF stay is for when you need skilled nursing care and rehabilitation services in a skilled nursing facility.</p> <p>Plan covers up to 100 days in a SNF per admission.</p> <p>No prior hospital stay is required.</p>
Physical Therapy*	
\$40 copay per visit	
Ambulance*	
\$250 copay per one-way trip	<p>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.</p>



What You Pay With Healthfirst Increased Benefits Plan	What You Should Know
Supplemental Transportation	
\$0 copay for up to 40 one-way trips per year	We will arrange for transportation to an approved provider location. You must call Healthfirst at least two (2) days in advance.
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.
OTC Plus Card	
<p>The plan offers a \$100/quarter (\$400/year) allowance that can be used to purchase the following approved covered items for your personal use:</p> <ul style="list-style-type: none"> ■ Over-the-counter (nonprescription) medications and health-related items at participating providers (retail locations and mail order) ■ Healthy foods* ■ Home utilities such as gas, electric, water, and internet service* 	<p>Unused balances expire at the end of each quarter or upon disenrollment from Healthfirst Increased Benefits Plan. The OTC Plus card cannot be converted to cash. This benefit may not be used to purchase Part B or Part D prescription drugs. You are encouraged to speak with your healthcare provider about which OTC items may be most helpful for you.</p> <p>Items are limited to the plan's list of eligible items and the plan's participating network of retail, online, and utility providers.</p> <p>Please visit the Healthfirst Increased Benefits Plan section of our healthfirst.org/otc website to see our list of covered over-the-counter items. You can order OTC items online and have them shipped to your home, at no additional cost.</p>

*For members with full Extra Help; members without Extra Help have \$100/quarter (\$400/year) for OTC and health-related items only.

What You Pay With Healthfirst Increased 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. The plan also covers an additional 12 visits per year for other conditions, including chronic low back pain.
Rehabilitation Services*	
<p>\$0 copay for cardiac (heart) and intensive cardiac rehab services</p> <p>\$20 copay for pulmonary (lung) rehab</p> <p>\$40 copay for each occupational therapy or speech and language therapy service</p> <p>\$20 copay for Supervised Exercise Therapy (SET) for members that have symptomatic peripheral artery disease (PAD).</p>	
Retail Health Clinic	
\$10 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

What You Pay With Healthfirst Increased Benefits Plan	What You Should Know
Podiatry (Foot Care)*	
\$25 copay for <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.
Medical Equipment/Supplies*	
\$0 copay for diabetes monitoring supplies, diabetes self-management training, and therapeutic shoes or inserts	
20% coinsurance for durable medical equipment	Examples of durable medical equipment and supplies are walkers, wheelchairs, oxygen tanks, crutches, continuous glucose monitors, and more.
20% coinsurance for prosthetic devices and related medical supplies	Examples of prosthetic devices include braces, artificial limbs, and more.
Wellness Programs	
Chiropractic Care* – \$20 copay for manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position) Nutritional Counseling – \$0 copay for up to six preventive counseling and/or risk factor reduction visits annually, which must be provided by state-licensed or certified practitioners (i.e., physician, nurse, registered dietitian, or nutritionist). Sessions may be individual or group.	Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.
Nurse Help Line	
\$0 copay	Nurse Help Line is a free phone service that's available 24 hours a day to get wellness advice and help finding a doctor.

What You Pay With Healthfirst Increased Benefits Plan	What You Should Know
Home Health Agency Care*	
\$0 copay for covered home health visits	For you 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.
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 of more than two days.

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

What You Pay With Healthfirst Increased Benefits Plan	What You Should Know
SilverSneakers®	
\$0 copay	SilverSneakers is more than a fitness program. It gives you access to 15,000+ fitness locations, more than 80 different types of SilverSneakers FLEX Community classes like outdoor walking groups and nutrition 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.
Medicare Part D Prescription Drug Benefits	
<p>Because you have Extra Help, also known as Low-Income Subsidy (LIS), you pay little to no drug copays. However, the amount you pay for drugs may change when you enter another stage of the Part D benefit. There are four (4) stages of the Part D benefit: the deductible, the initial coverage stage, the coverage gap, and catastrophic coverage. With Extra Help, your deductible amount will either be \$0, \$104, or \$505, and you pay the same copays (shown in the chart on page 21) through the initial coverage, and coverage gap stages. If and when you reach catastrophic coverage, you may notice that your drug copays decrease.</p> <p>Supplemental Drug Coverage Our plan offers supplemental coverage for extra-strength prescription vitamins.</p> <p>For more information on stages of the benefit, access our Evidence of Coverage online at HFMedicareMaterials.org.</p>	<p>To learn more about Extra Help, see the chart on page 5.</p> <p>If you are unsure of your Extra Help status, contact My Advocate at 1-866-480-0168 (TTY 1-855-368-9643), Monday to Friday, 8am–11pm,</p> <p>OR</p> <p>Social Security at 1-800-772-1213.</p>

Depending on your level of Extra Help, you only have to pay the following for your prescription drugs (up to a 90-day supply):

Prescription Drugs				
Tier		Retail Costs (30-day supply)	Retail Costs (90-day supply)	Mail Order Costs (90-day supply)
Tier 1 Preferred Generic Drugs		\$0 copay	\$0 copay	\$0 copay
Tiers 2-5	Generic Drugs (including brand drugs treated as generic)	\$0 copay or \$1.45 copay or \$4.15 copay or 15% coinsurance	\$0 copay or \$1.45 copay or \$4.15 copay or 15% coinsurance	\$0 copay or \$1.45 copay or \$4.15 copay or 15% coinsurance
	All Other Drugs	\$0 copay or \$4.30 copay or \$10.35 copay or 15% coinsurance	\$0 copay or \$4.30 copay or \$10.35 copay or 15% coinsurance	\$0 copay or \$4.30 copay or \$10.35 copay or 15% coinsurance
Tier 6 Supplemental Drugs		\$2 copay	\$6 copay	\$6 copay

Your costs may change depending on the status of your Extra Help, the pharmacy you choose, and when you enter another stage of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the stages of the benefit, access our Evidence of Coverage online at [HFMedicareMaterials.org](https://www.hfmedicarematerials.org).

Depending on the level of assistance you receive from Extra Help, your costs may differ depending on the supply you receive (30 days, 60 days, or 90 days). Your costs may also differ if you get your drugs from a network pharmacy, an out-of-network pharmacy, a mail-order pharmacy, or a Long-Term Care (LTC) facility, or if you need home infusion. Please contact us at **1-877-237-1303** (TTY 1-888-542-3821) for specific information about your drug costs.



Getting your prescriptions is easy with Healthfirst

Whether it's your first time filling a prescription or you're getting a third refill, Healthfirst can help make sure you get the medications you need.

You have three (3) convenient ways to get your prescriptions:

1. Home Delivery (to your door)

- Many pharmacies offer free delivery as well as online pharmacies such as Capsule and Medly

2. Mail Delivery

ExactCare and Caremark can deliver a money-saving 90-day supply of select prescriptions to your mailbox at no additional cost.

3. Neighborhood Pharmacy

Pick up your prescriptions from a pharmacy in your neighborhood.

Visit [HFDocFinder.org](https://www.hfdocfinder.org) to see if your favorite pharmacy is in the Healthfirst network.

Plus, there may be some pharmacies near you that can provide extra services at no additional cost to you. Such as:

- Coordinating your different refills so you can pick them all up on the same day, at the same time
- Grouping your daily prescriptions in packets so they're easier to take each day
- Offering health coaching

Frequently Asked Questions (FAQs)

About Healthfirst Increased Benefits Plan:

Who can join the Healthfirst Increased Benefits Plan?

To join the Healthfirst Increased 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 State: Bronx, Kings, Nassau, Rockland, Westchester, New York, Orange, Queens, Richmond, and Sullivan. Healthfirst Increased Benefits Plan is for people who qualify for Full Extra Help. If you think you may qualify for Medicaid or other programs that help pay Medicare costs, please call us and we'll help you find a Healthfirst plan that's right for you. Call **1-877-237-1303** (TTY 1-888-542-3821), 7 days a week, 8am–8pm.

Which doctors, hospitals, and pharmacies can I use?

Healthfirst Increased Benefits Plan 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 must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider and pharmacy directory at our website ([HFDocFinder.org](https://www.hfdocfinder.org)). Or call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and more.

Here are just a few of the medical costs that Healthfirst covers and Original Medicare does not:

- Prescription drugs
- Dental care (preventive and comprehensive, including dentures, root canals, and extractions)
- Routine eye exams and eyeglasses or contact lenses
- Hearing checkups and hearing aids
- 12 supplemental acupuncture visits

Plan costs:

Will I have to pay a monthly premium or deductible?

If you have full Extra Help (also known as Low Income Subsidy), you will pay a \$0 monthly premium. If you do not have or you lose full Extra Help, you will pay up to \$29.60 for your monthly premium. There is no deductible for medical services with the Increased 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)

Morris Heights
25 East Fordham Road
(between Morris and Jerome Avenues)

BROOKLYN

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

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

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 5th Avenue and 52nd Street)

MANHATTAN

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

28 E. Broadway
(between Catherine and Market Streets)

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)

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)

WESTCHESTER COUNTY

Yonkers
13 Main Street
(between Warburton Avenue and N Broadway)

Will I have to pay for healthcare services?

Yes, you may pay Healthfirst Increased Benefits Plan copays and coinsurances for medical services.

How will I determine my drug costs?

Because you have Extra Help (also called Low Income Subsidy, or LIS), you may not have to pay any drug premiums or deductibles, and your prescription copays are very low. For more information on what copays you will pay, if any, see the chart on page 22.

Why is there a monthly premium for Healthfirst Increased Benefits Plan?

The full monthly premium for the Healthfirst Increased Benefits Plan only applies to people without Extra Help, but if you have Extra Help, your monthly premium will be less and may even be \$0.

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

Contact Healthfirst Medicare plans at **1-877-237-1303** (TTY 1-888-542-3821).

Comparing Healthfirst Increased Benefits Plan with other insurance options:

How is Healthfirst Increased Benefits Plan different from Original Medicare?

The Healthfirst Increased Benefits Plan offers additional benefits (such as dental, vision, hearing, OTC Plus card, and transportation) on top of Original Medicare.

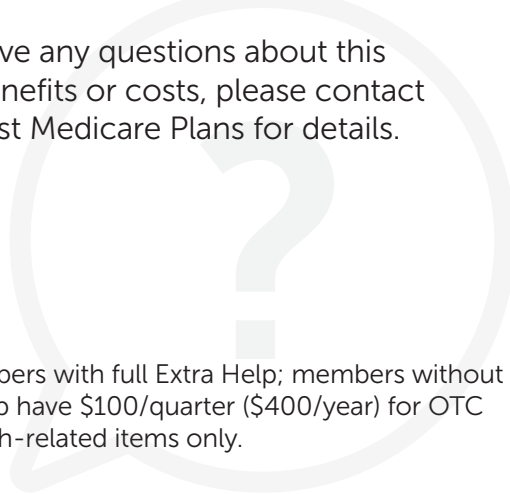
How is Healthfirst Increased Benefits Plan different from other Medicare HMOs?

Healthfirst offers you a broad choice of healthcare providers and locations. Healthfirst Increased Benefits Plan members receive an OTC Plus card with an allowance of up to \$400 per year to use on OTC and health-related items, healthy foods, and home utilities.*

Unlike other HMOs, you don't need a referral to see an in-network specialist with the Healthfirst Increased Benefits Plan.

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

*For members with full Extra Help; members without Extra Help have \$100/quarter (\$400/year) for OTC and health-related items only.



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

Glossary

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 some people owe for their healthcare services after they meet their annual deductible. The amount they owe is part of the cost of their care. Their 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 cost. You will pay 20% of the cost.

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 some people pay each time they go to the doctor, get a prescription drug filled, or get other services.

Example: If your health plan has a \$20 PCP copayment, you must pay \$20 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. You may still be responsible for some cost sharing.

CT

Computed tomography is a medical 3-D imaging technique.

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 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.

Extra Help

Also known as the "Low-Income Subsidy." People who qualify for this program get help paying their plan's monthly premiums, as well as the yearly deductible and copayments for their prescription drugs. As a member of Healthfirst Increased Benefits Plan, you should have Extra Help. If you are unsure of your Extra Help status, contact **1-877-237-1303** (TTY 1-888-542-3821) or Social Security at 1-800-772-1213.

Formulary

A list of prescription drugs (both generic and brand name) covered by your health plan. This may also be called a list of Part D prescription drugs or a drug list.

Health Maintenance Organization (HMO)

A type of health insurance plan. In most HMOs you can only go to the hospitals, doctors, and other healthcare providers that have agreements with the plan except in an emergency or urgent care situation or for out-of-network renal dialysis or other services. 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 in-network 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, prescription drug costs, any charges from out-of-network healthcare providers, or services that are not covered by the plan.

Medicaid

A joint Federal and state program that helps with medical costs for some people with limited income and resources. Medicaid programs vary from state to state, but most healthcare costs are covered if you qualify for both Medicare and Medicaid.

Medicare Savings Program (MSP)

A Medicaid program that helps people with limited income and resources pay some or all of their Medicare premiums, deductibles, and coinsurance.

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 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.

Part D

Adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans. These plans are offered by insurance companies and other private companies approved by Medicare. Medicare Advantage Plans may also offer prescription drug coverage that follows the same rules as Medicare Prescription Drug Plans.

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 you must pay monthly, quarterly, or twice a year to be covered by a health insurance plan or program. If you are having trouble affording your monthly Part B premium, contact **1-877-237-1303** (TTY 1-888-542-3821) to see if you may be eligible for a Medicare Savings 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 Healthfirst members may change their 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. Healthfirst Increased Benefits Plan (HMO) will never ask you to get a referral to see an in-network specialist.

Subsidy

Monetary assistance to help pay health insurance expenses, provided in the form of a refundable tax credit.

Special Needs Plan (SNP)

Medicare Special Needs Plans are a type of Medicare Advantage Plan designed for certain types of people with Medicare. Some Special Needs Plans are for people with certain chronic diseases and conditions, some are for people who have both Medicare and Medicaid, and some are for people who live in an institution such as a nursing home.



Notice of Non-Discrimination

Coverage is provided by Healthfirst Health Plan, Inc. or Healthfirst Insurance Company, Inc. ("Healthfirst"). Healthfirst Medicare Plan has HMO and PPO plans with a Medicare contract. Our SNPs also have contracts with the NY State Medicaid program. 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 and exclusions apply.

No out-of-pocket costs for entry-level hearing aids. Eyewear allowance can be used at participating retailers.

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 formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Benefits, premiums, and/or copayments/coinsurance may change 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, Rockland, Westchester, Orange, and Sullivan counties. Plans may vary by county.

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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 1-888-542-3821), 7 days a week, 8am–8pm.

Esta información está disponible en 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，電話號碼是1-888-260-1010，聽力語言殘障服務專線TTY 1-888-542-3821，服務時間每週七天，每天上午8時至晚上8時。

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。

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)

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-305-0408. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-305-0408. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-305-0408。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-305-0408。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-305-0408. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-305-0408. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-305-0408 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-305-0408. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-305-0408 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-305-0408. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-305-0408. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-305-0408 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-305-0408. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-305-0408. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-305-0408. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-305-0408. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-305-0408 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Healthfirst Representative, please indicate the type of Medicare Advantage plan being discussed:

- Preferred Provider Organization (PPO) Dual-Eligible Special Needs Plan (HMO D-SNP)
 Health Maintenance Organization (HMO)

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](https://www.healthfirst.com/medicarematerials.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 new doctors.
- Review our pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the Healthfirst network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

UNDERSTANDING THE IMPORTANT RULES

- In addition to your monthly plan premium, 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, 2024.**
- For an HMO plan, 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).
- For a preferred provider organization plan (PPO), you are allowed to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services you receive from non-contracted providers.
- For 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.

Notes



Questions about this plan?

Get answers by visiting
HFVirtualCommunityOffice.org or by calling us at
1-877-237-1303 (TTY 1-888-542-3821),
7 days a week, 8am–8pm