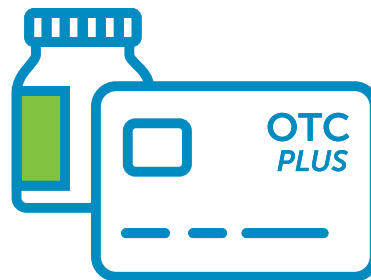


Healthfirst Life Improvement Plan (HMO D-SNP)

2023 Summary of Benefits



This Medicare Advantage plan may be right for you if you're eligible for Medicare and cost-sharing assistance from Medicaid.

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

January 1, 2023–December 31, 2023

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Healthfirst Representative

Telephone

Email

Important plan benefits and features

The Healthfirst Life Improvement 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 deductible

\$0

copays for primary care visits, dental, vision, hearing, 24/7 telemedicine, prescription drugs, and more!

Plan benefits include:



A \$475/quarter (\$1,900/year) Healthfirst OTC Plus card that features more uses, more places to shop, and more ways to save

- Use it the way you want: pay for health-related items, healthy foods, fitness equipment, fitness trackers, hearing aid copays, personal emergency response systems (PERS), or 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 \$350/year eyeglasses/contacts allowance, and affordable hearing aids



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



\$0 prescription drug coverage (includes prescription-strength vitamins) with convenient delivery options

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Healthfirst Life Improvement Plan Overview

The Healthfirst Life Improvement Plan is a Dual-Eligible Special Needs Plan offering Medicare coverage with added-on benefits. This coverage is in addition to services you may be entitled to receive under New York State's Medicaid program.

Members who have both Medicare and Medicaid are known as dual eligibles. As a dual-eligible member, you are eligible for benefits under both the federal Medicare program and the New York State Medicaid program. Healthfirst Life Improvement Plan offers Medicare coverage and some supplemental benefits.

What makes you eligible to be a plan member?

- You have both Medicare Part A and Medicare Part B
- You are eligible for full Medicaid or eligible for Medicare cost-sharing assistance under Medicaid
- You live in New York City, Nassau County, Westchester County, Orange County, Rockland County, or Sullivan County
- You are a United States citizen or are lawfully present in the United States

You must be eligible for some level of Medicaid to be enrolled in Healthfirst Life Improvement Plan. The categories of Medicaid eligibility for enrollment are:

- **Qualified Medicare Beneficiary (QMB)**—Members with QMB status are covered by the New York Medicaid program for their Medicare cost sharing. Some QMB members are also eligible for full Medicaid benefits (QMB+).

- **Full Benefit Dual Eligible (FBDE)**—Members with FBDE status are enrolled in the New York Medicaid program that pays for their Medicare cost sharing. These members are also eligible to receive additional Medicaid benefits.

You must recertify for Medicaid each year by mail or phone, in person. You will receive a letter from the New York City Human Resources Administration (or your local Department of Social Services) asking you to recertify.

If you cannot find or have not received your letter, contact **My Advocate** at **1-866-480-0168** (TTY 1-855-368-9643), Monday to Friday, 8am–11pm.

When it's time to renew your Medicaid 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 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 6). For more information on **My Advocate** services, please call **1-866-480-0168** (TTY 1-855-368-9643), Monday to Friday, 8am–11pm.

Depending on your income, you could qualify for the Medicare Savings Program to pay your monthly Part B premium.

If you are still paying your monthly Medicare Part B premium, Healthfirst can help you enroll in the Medicare Savings Program to save those costs. Please call **My Advocate** at **1-866-480-0168** (TTY 1-855-368-9643), Monday to Friday, 8am–11pm.

If you don't qualify for Medicaid, we have other plans that may be right for you. To find out more, call 1-877-237-1303 (TTY 1-888-542-3821), 7 days a week, 8am–8pm, or visit us online at healthfirst.org/medicare.

This is a summary document and does not include every covered service, nor does it list every limitation or exclusion. The complete list of services covered by this plan can be found in the Evidence of Coverage (EOC). A copy of the Healthfirst Life Improvement Plan's EOC can be found online at **HFMedicareMaterials.org**.

In addition to Healthfirst Life Improvement Plan coverage, you may also have coverage through Medicaid. The chart on page 10 lists the services covered by the Healthfirst Life Improvement Plan and whether Medicaid also covers those services. If you have full Medicaid or cost-sharing assistance under Medicaid, your Medicaid benefit will take care of any copays, coinsurance, and deductibles.

With Medicaid, you will pay \$0 for your Medicare healthcare services. Plus, it may cover healthcare services that are not

usually covered under Medicare. You will receive "Extra Help" to pay for the costs of your Medicare prescription drugs. So you will pay \$0 for all covered prescription drugs with the Healthfirst Life Improvement Plan.

It is important to understand that Medicaid benefits can vary based on your income level and other standards. Also, your Medicaid benefits can change throughout the year. Depending on your current status, you may not be qualified for all Medicaid benefits. However, while a member of our plan, you can access plan benefits.

Helpful Definitions

Copayment (or copay)

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

Coinsurance

The percentage of costs of a covered healthcare service some people pay (for example, 20%) after they've paid their deductible. Their insurance company pays the rest (80%).

Need Help Paying for Your Healthcare Costs?

You are likely already enrolled in the following financial assistance programs. However, if you are unsure of your enrollment status or have questions about qualifying, please call the numbers provided in the chart.

	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 \$42.40 in 2022 ■ Keeps Medicare Part D copays very low 	<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 parts A and B copays and coinsurances ■ Pays for some services that Medicare may not cover ■ Does not pay Part B premium (\$170.10/month in 2022)
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 and Medicaid will also have Extra Help. Some people with Medicare and 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 (TTY 1-855-368-9643), Monday to Friday, 8am–11pm.		

If you qualify for Medicare and Medicaid, you may also qualify for Supplemental Security Income (SSI). It pays benefits to disabled adults and children who have limited income and resources. SSI benefits also are payable to people 65 and older without disabilities who meet the financial limits. For more information, contact your local Social Security office at **1-800-772-1213** (TTY 1-800-325-0778).

How To Reach Us

Healthfirst Website healthfirst.org/medicare	Healthfirst Medicare Plans (for non-members) 1-877-237-1303 (TTY 1-888-542-3821) 7 days a week, 8am–8pm	
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

Conveniently Access Plan Benefits

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 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 the 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 Life Improvement 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 our provider/pharmacy directory.

The best way to find a doctor or specialist and pharmacy in the Healthfirst network is to use the Healthfirst NY Mobile App or visit [HFDocFinder.org](https://www.hfdocfinder.org). You may also stop by one of our convenient community locations (visit [healthfirst.org](https://www.healthfirst.org) for locations) or call us at **1-877-237-1303** (TTY 1-888-542-3821) for assistance. If you use providers that are not in our network, we may not pay for these services.

Check the Healthfirst formulary.

The formulary is a list of prescription drugs (both generic and brand name) covered by the health plan. To download a copy of the Healthfirst plan's formulary, visit [HFMedicareMaterials.org](https://www.hfmedicarematerials.org). You can also pick one up at a Healthfirst Community Office.

Healthfirst members can request printed copies of our Provider/Pharmacy Directory and/or Formulary by calling Member Services and we will mail them.

*The number of provider locations is current as of May 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).

Look into long-term care services.

If you need long-term care services, like a home health aide to help you bathe, dress, and complete other daily activities, contact a Healthfirst Intake representative at **1-212-360-0067** (TTY 1-800-662-1220), Monday to Friday, 8am–8pm; Saturday, 10am–6pm.



Life Improvement Plan members receive a Healthfirst OTC Plus card with up to \$1,900 per year allowance that can be used at GrowNYC farmers' markets and food stands, among many other places!

Premiums, Deductibles, and Out-of-Pocket Costs

The following are the healthcare costs associated with the Healthfirst Life Improvement Plan. Remember, if you have full Medicaid benefits or Medicare cost-sharing assistance under Medicaid, it may help pay any healthcare copays, coinsurance, or deductibles that you may have:

Monthly Premium	Medical and Pharmacy Deductibles	Maximum Out-of-Pocket (MOOP)
\$0	\$0	\$8,300 for services received from in-network providers.
Important information:		
<p>New York State Medicaid covers the Medicare Part B premium (\$170.10 in 2022) of dual-eligible Special Needs Plan members with Full Medicaid Benefits or cost-sharing assistance under Medicaid.</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>After you reach the above out-of-pocket cost max, you can keep getting covered hospital and medical services and Healthfirst will pay the full cost for the rest of the year.</p> <p>With Original Medicare, there's no cap on what you spend on healthcare!</p> <p>Note: The MOOP does not apply to prescription drug costs</p>

Words/phrases to know on this page

Premium
Deductible
Maximum

Out-of-Pocket
Original Medicare

To learn what these mean, see the Glossary on page 28

Medicaid Assistance for Healthfirst Life Improvement Plan Members — Covered Medical and Hospital Benefits

If you qualify for full Medicaid benefits or cost-sharing assistance under Medicaid, Medicaid will cover the Medicare deductibles, copays, and coinsurances, except for any Part D costs.

A checkmark ("✓") in the "Medicaid Assistance" column in the chart below means New York State Medicaid will help pay costs associated with the plan benefit. In most cases, you will pay nothing.

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

Covered Benefit and What You Pay With Healthfirst Life Improvement Plan	Medicaid Assistance	What You Should Know
Inpatient Hospital Coverage*		
Per admission: \$0 copay	✓	Plan covers unlimited number of days for an inpatient hospital stay, based on medical necessity.
Outpatient Hospital Services*		
\$0 copay for an outpatient hospital service \$0 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". 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*		
\$0 copay for each ambulatory surgery center visit	✓	

Helpful Definitions

Inpatient

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

Covered Benefit and What You Pay With Healthfirst Life Improvement Plan	Medicaid Assistance	What You Should Know
Doctor Visits (Primary Care Provider (PCP) and Specialists)*		
\$0 copay for primary care and specialist visits	✓	The PCP you select during your enrollment will be the PCP you must see for primary care. However, Healthfirst members may switch PCPs at any time by calling Member Services.
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, which 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 no-cost preventive services you are eligible for each year.</p> <p>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. Healthfirst members can call 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy.</p>

Words/phrases to know on this page

**Preventive Care
Evidence of Coverage**

**Colonoscopy
Mammogram**

To learn what these mean, see the Glossary on page 28

What You Pay With Healthfirst Life Improvement Plan	Medicaid Assistance	What You Should Know
Emergency Care		
<p>\$0 copay for emergency care both in the U.S. and worldwide</p>	<p>✓</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 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.</p>
Urgently Needed Services		
<p>\$0 copay for urgently needed services both in the U.S. and worldwide</p>	<p>✓</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.</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 Life Improvement Plan	Medicaid Assistance	What You Should Know
Diagnostic Services/Labs/Imaging*		
\$0 copay for each of the following: <ul style="list-style-type: none"> ■ Laboratory tests ■ Diagnostic radiology services ■ X-rays ■ Therapeutic radiological services ■ Diagnostic tests and procedures 	✓	Diagnostic radiology services include MRIs and CT scans
Hearing Services*		
\$0 copay for diagnostic hearing and balance evaluations \$0 copay for routine hearing exam (one every year) \$0 copay for evaluations for fitting hearing aids Copayment* per hearing aid by technology level: Entry = \$0 Basic = \$50 Prime = \$75 Preferred = \$500 Advanced = \$1,075 Premium = \$1,475 *You may use your available balance on your OTC Plus card to pay for hearing aid copays, enabling you to get Entry, Basic, or Prime hearing aids with no out-of-pocket cost.	✓	You must get your hearing aids from a NationsHearing provider.

Words/acronyms to know on this page:

CT
MRI

To learn what these mean, see the Glossary on page 28

What You Pay With Healthfirst Life Improvement Plan	Medicaid Assistance	What You Should Know
Dental Services*		
\$0 copay for covered dental visits	✓	<p>Healthfirst Life Improvement Plan members receive coverage for preventive and comprehensive dental services with no maximum benefit coverage.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> ■ Cleanings ■ Dental X-rays ■ Oral exams ■ Fluoride treatments <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> ■ Diagnostic and non-routine services ■ Restorative services (e.g., 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 benefit limits and exclusions, please refer to this plan's Evidence of Coverage document. You can access Healthfirst Life Improvement Plan's Evidence of Coverage online at HFMedicareMaterials.org. Healthfirst members can call 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy.</p>



What You Pay With Healthfirst Life Improvement Plan	Medicaid Assistance	What You Should Know
Vision Services*		
<p>\$0 copay for the following:</p> <p>Medicare-covered vision services, including diagnosis and treatment for diseases and conditions of the eye (including diabetic retinopathy)</p> <p>Routine eye exams for eyeglasses/ contacts and for glaucoma screening and contact lens fitting</p> <p>\$350 allowance per year toward one pair of glasses frames with covered lenses or contact lenses</p>	✓	<p>For additional information, including cost shares and exclusions, please refer to this plan's Evidence of Coverage document. You can access Healthfirst Life Improvement Plan's Evidence of Coverage online at HFMedicareMaterials.org. Healthfirst members can call 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy.</p>
Mental Health Services*		
<p>Inpatient (per admission): \$0 copay per day</p> <p>Outpatient: \$0 copay for the following:</p> <ul style="list-style-type: none"> ■ Group therapy visits ■ Individual therapy visits ■ Substance abuse services ■ Opioid treatment services 	✓	<p>An inpatient hospital stay is when you visit the hospital for an illness or injury and the hospital doctor signs an order to admit you.</p> <p>Plan covers up to 190 days in a lifetime for inpatient mental health care in a freestanding psychiatric hospital. However, depending on your level of Medicaid eligibility and level of medical necessity, you may be entitled to unlimited inpatient days. If you have used part of the 190-day Medicare lifetime benefit prior to enrolling in Healthfirst Life Improvement Plan, you are only entitled to receive the difference between the number of days already used and the plan-authorized benefit.</p> <p>The inpatient hospital care limit does not apply to inpatient mental services provided in a psychiatric unit of a general hospital.</p>

What You Pay With Healthfirst Life Improvement Plan	Medicaid Assistance	What You Should Know
Skilled Nursing Facility (SNF)*		
<p>For Medicare-covered SNF stays: \$0 copay for days 1–100</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. Depending on your level of Medicaid eligibility, you may be entitled to unlimited days. There is no limit to the number of benefit periods you can have.</p> <p>No prior hospital stay is required.</p>
Physical Therapy*		
<p>\$0 copay per visit for physical therapy</p>	✓	
Ambulance*		
<p>\$0 copay for emergency ambulance services</p>	✓	<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 Life Improvement Plan	Medicaid Assistance	What You Should Know
Transportation (Routine/Non-Emergent)		
\$0 copay for up to 28 one-way trips per year	✓	<p>We will arrange for transportation to an approved provider location.</p> <p>You must call Healthfirst at least two (2) days in advance.</p> <p>Plan covers up to 28 one-way trips, and Medicaid covers the cost of any additional trips afterwards (if you qualify). Call Member Services at 1-888-260-1010 (TTY 1-888-542-3821) to arrange for transportation.</p>
Medicare Part B Drugs*		
\$0 copay for Part B drugs such as chemotherapy drugs and others	✓	<p>Step Therapy may be required. This means 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.</p>



What You Pay With Healthfirst Life Improvement Plan	Medicaid Assistance	What You Should Know
OTC Plus card		
<p>There is no copayment for the OTC Plus card benefit.</p> <p>The plan offers a \$475/quarter (\$1,900/ year) allowance that can be used to purchase the following covered items for your personal use:</p> <ul style="list-style-type: none"> ■ Over-the-counter (non-prescription) medications and health-related items at participating providers (retail locations and mail order) ■ Healthy foods ■ Home utilities such as gas, water, electric, and internet service ■ Exercise equipment ■ Fitness trackers/wearables ■ Personal Emergency Response System (PERS), limited to one device and monthly service ■ Copays for hearing aids through your plan's hearing vendor 	✓	<p>Unused balances expire at the end of each quarter or upon disenrollment from Healthfirst Life Improvement Plan.</p> <p>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 plan participating network of retail and online providers.</p> <p>Please visit the Healthfirst Life Improvement Plan section of our healthfirst.org/otc website to see our list of covered over-the-counter items.</p> <p>You can order OTC items online and have them shipped to your home, at no additional cost.</p>



What You Pay With Healthfirst Life Improvement Plan	Medicaid Assistance	What You Should Know
Other Covered Services		
Acupuncture		
\$0 copay for each acupuncture visit	✓	<p>Plan covers acupuncture treatments for chronic low back pain up to 20 visits per year under certain circumstances.</p> <p>The plan also covers an additional 20 visits per year for other conditions, including chronic low back pain.</p>
Rehabilitation Services*		
<p>\$0 copay for the following:</p> <ul style="list-style-type: none"> ■ Renal dialysis ■ Cardiac and intensive cardiac rehabilitation services ■ Pulmonary (lung) rehabilitation services ■ Medicare-covered occupational therapy visits, and/or speech and language pathology visits ■ Supervised Exercise Therapy (SET) for members that have symptomatic peripheral artery disease (PAD). 	✓	
Retail Health Clinic		
\$0 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 Life Improvement Plan	Medicaid Assistance	What You Should Know
Podiatry (Foot Care)*		
<p>Covered services include:</p> <p>\$0 copay for diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs)</p> <p>\$0 copay for routine foot care</p>	✓	<p>This plan covers 12 routine visits per year.</p>
Medical Equipment/Supplies*		
<p>\$0 copay for the following:</p> <ul style="list-style-type: none"> ■ Durable medical equipment ■ Prosthetic devices ■ Diabetes supplies and services 	✓	<p>Examples of durable medical equipment and supplies are walkers, wheelchairs, oxygen tanks, and more.</p> <p>Examples of prosthetic devices include braces, artificial limbs, and more. As a dual-eligible member, you are entitled to additional Medicaid-covered prosthetics, orthotics, and orthopedic footwear.</p> <p>Examples of diabetes supplies and services include:</p> <ul style="list-style-type: none"> ■ diabetes-monitoring supplies ■ diabetes self-management training ■ therapeutic shoes or inserts

What You Pay With Healthfirst Life Improvement Plan	Medicaid Assistance	What You Should Know
Wellness Programs		
<p>\$0 copay for the following:</p> <ul style="list-style-type: none"> ■ All preventive services covered under Original Medicare ■ Chiropractic care* – Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position) ■ Nutritional Counseling – 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. ■ Advance care planning with your PCP or specialist to help you plan for the care you would like 	✓	<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 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</p>		<p>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.</p>

What You Pay With Healthfirst Life Improvement Plan	Medicaid Assistance	What You Should Know
Meals (Post-Discharge)*		
\$0 copay		Up to 84 home-delivered meals for up to 28 days after a discharge from the hospital to home or skilled nursing facility to home with a stay of more than two days.
Fitness		
\$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.
Telemedicine		
\$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.



Medicare Part D Prescription Drug Benefits

What You Pay	What You Should Know
<p>\$0 copays for all covered drugs</p> <p>For more information on stages of the benefit, please call us at 1-888-260-1010 (TTY 711) or access our Evidence of Coverage online at HFMedicareMaterials.org</p>	<p>To learn more about Extra Help, see the chart on page 6.</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>

With the Life Improvement Plan, you pay \$0 for all covered prescription drugs.

Tier	Retail Costs (30-day supply)	Retail Costs (90-day supply)	Mail-Order Costs (90-day supply)
For all covered drugs	\$0 copay	\$0 copay	\$0 copay

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)

Check with your current pharmacy, since many offer free delivery. If they do not, the online pharmacies listed below offer same-day hand delivery to your door at no additional cost:

Capsule Pharmacy—Visit **Capsule.com** or call **1-888-910-1808**

Medly Pharmacy—Visit **Medly.com** or call **1-800-620-2561**

2. Mail Delivery

These two pharmacies can deliver 90-day prescriptions to your mailbox at no additional cost:

- If you're taking more than six (6) different medications every day

ExactCare—Visit **Exactcarepharmacy.com** or call **1-877-355-7225**

- If you're taking fewer than six (6) medications every day

Caremark—Visit **Caremark.com** or call **1-800-378-5697**

Only a 90-day supply is available through this mail service—not a 30-day supply.

3. Neighborhood Pharmacy

Pick up your prescriptions from a local pharmacy in your neighborhood:

- You can go to any pharmacy in the Healthfirst network

- Visit **HFDocfinder.org** to find one near you

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

Call us at **1-866-463-6743** for help finding a pharmacy like this near you.

Additional Pharmacy Support

If you need help remembering to refill your prescriptions, ask your pharmacist if they could send you refill reminders. That way you'll know when it's time to pick up your next refill and always have enough medication available. It's important to take your medications as directed by your doctor.

Want more savings and convenience with your prescriptions? Ask your doctor to prescribe 90-day supplies of your medications whenever possible. You won't have to go to the pharmacy every month anymore, and a 90-day supply of some medications can even cost the same as a 30-day supply!

Healthfirst members who need help getting their prescriptions can call the Healthfirst pharmacy team at **1-844-347-2955**. We're ready to help you get the medications you need.

Frequently Asked Questions (FAQs)

About the Healthfirst Life Improvement Plan

Who can join the Healthfirst Life Improvement Plan?

To join the Healthfirst Life Improvement Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and New York State Medicaid, and live in our service area. Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Sullivan, and Westchester.

Which doctors, hospitals, and pharmacies can I use?

Healthfirst Life Improvement 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). Or call us and we will send you a copy of the provider and pharmacy directories.

How does Healthfirst Life Improvement Plan work with my Medicaid?

It works with your Medicaid benefits to lower your healthcare costs. If you're eligible for full Medicaid benefits or cost-sharing assistance under Medicaid, your deductible, copays, and coinsurances would be \$0.

Will I lose my Medicaid once I join Healthfirst Life Improvement Plan?

No, as you must continue to be eligible to receive Medicaid in order to stay enrolled in Healthfirst Life Improvement Plan. Healthfirst Life Improvement Plan offers Medicare coverage with added-on benefits and also helps you access your Medicaid benefits through New York State. Please continue to recertify your Medicaid benefits each year.

Plan costs

Will I have to pay a monthly premium or deductible?

Because you are eligible for full Medicaid or cost-sharing assistance under Medicaid, your premium, deductible, copays, and coinsurances will be \$0. Your Medicare Part D prescription drug costs will also be \$0.

Will I have to pay for healthcare services?

Because you are eligible for full Medicaid or cost-sharing assistance under Medicaid, your healthcare services cost-sharing are covered by Medicaid. If you lose your Medicaid coverage, you may be responsible for additional cost-sharing.

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

Call **1-877-237-1303** (TTY 1-888-542-3821) if you have any questions about this plan's benefits or costs.

Comparing Healthfirst Life Improvement Plan with other insurance options

How is the Healthfirst Life Improvement Plan different from Original Medicare?

The Healthfirst Life Improvement Plan offers additional benefits (such as dental, vision, hearing, OTC Plus, and healthy foods) on top of Original Medicare and may be right for you if you have special healthcare needs and you're eligible for Medicare and some assistance from Medicaid.

How is the Healthfirst Life Improvement Plan different from other Medicare HMOs?

Healthfirst offers you a broad choice of healthcare providers and locations. Healthfirst Life Improvement Plan members receive OTC Plus cards with a yearly allowance of up to \$1,900 to use on OTC, healthy foods at places like Grow NYC farmers' markets and for home delivery, home utilities, fitness equipment and trackers, personal emergency response systems (PERS), and hearing aids. Healthfirst Life Improvement Plan members may also be eligible for a free smartphone with monthly voice and data service through Assurance Wireless.

Unlike other HMOs, you don't need a referral to see an in-network specialist with the Healthfirst Life Improvement 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)



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 hospital 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 percentage of costs of a covered healthcare service some people pay after they've paid their deductible. 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.

If you have full Medicaid or cost-sharing assistance under Medicaid, Medicaid will pay the remaining 20% coinsurance.

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 members 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). If you have full Medicaid or cost-sharing assistance under Medicaid, Medicaid will pay most or all of any copayments.

Cost Sharing

The general term for your health expenses, including deductibles, coinsurance, and copayments. If you have full Medicaid or cost-sharing assistance under Medicaid, Medicaid will pay most or all of your cost sharing.

Covered Service

A service that that you are entitled to and which your plan will cover under the terms of your plan. If you have full Medicaid or cost-sharing assistance under Medicaid, Medicaid pays all or most of your cost sharing. However, some cost sharing may apply.

CT

Computed tomography is a medical 3-D imaging technique.

Deductible

The amount of money some members 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. If you have full Medicaid or cost-sharing assistance under Medicaid, Medicaid will pay

your costs during the deductible.

Diabetes Screening

Test for high blood sugar levels.

Dual-Eligible Individual

A person who qualifies for both Medicare and Medicaid coverage.

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. Healthfirst Life Improvement Plan members 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 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 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, prescription drug costs, 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, copays, 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 some members 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 us at **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 Life Improvement Plan 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. Healthfirst Life Improvement Plan is a dual special needs plan for people who have Medicare and full Medicaid or cost-sharing assistance under Medicaid.



Coverage is provided by Healthfirst Health Plan, Inc.

Healthfirst Health Plan, Inc. is an HMO plan with a Medicare contract and a contract with the New York 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.

OTC items are subject to the plan's list of eligible items and the plan's participating network of retail, online, and utility providers.

No out-of-pocket costs for entry-level hearing aids.

Eyewear allowance can be used at participating retailers.

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 on January 1 of each year.

You must continue to pay your Medicare Part B premium.

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

The Healthfirst Medicare Plan service area includes the Bronx, Brooklyn, Manhattan, Queens, Staten Island, and Nassau, Westchester, Rockland, 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, from 8am to 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。

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)

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 panggagamot. 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 답해 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** 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.

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Questions about this plan?

For answers, visit

HFVirtualCommunityOffice.org or call us at

1-877-237-1303 (TTY 1-888-542-3821),

7 days a week, 8am–8pm