healthfirst®
Health Insurance for New Yorkers

Healthfirst 65 Plus Plan (HMO)

2023 Summary of Benefits

This Medicare Advantage plan offers additional benefits on top of Original Medicare, such as dental, vision, hearing, and acupuncture. It is designed for people who don't qualify for programs that help pay Medicare costs, like Extra Help or Medicaid.

New York City and Nassau County

January 1, 2023–December 31, 2023

H3359 001
H3359_MKT23_35 001 0714-22_M

Healthfirst Representative

Telephone

Email

Important plan benefits and features

The Healthfirst 65 Plus Plan gives you access to a large network of top doctors and hospitals, convenient ways to get care 24/7, and many plan benefits that help you stay healthy, save money, and more.

$0 monthly premium and annual medical deductible

$0 copays for annual physical, dental services, routine vision and hearing exams, 24/7 telemedicine, and more!

Plan benefits include:

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

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

Vision and hearing coverage

- Includes routine exams, a $150 eyeglasses/contacts allowance every year, and affordable hearing aids

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

Prescription drug coverage with convenient delivery options

Table of Contents

Healthfirst 65 Plus Plan Overview

The Healthfirst 65 Plus Plan offers members a wide range of benefits on top of those included in Original Medicare, including dental (with dentures and root canals), vision, hearing, acupuncture, meals (post-discharge), SilverSneakers®, and 24/7 access to care with Teladoc and the Nurse Help Line. You can choose from a large network of doctors, hospitals, and other providers. All for no monthly premium! Plus, you don't need a referral to see in-network specialists.

This plan may be right for people who do **not** qualify for programs that help pay Medicare costs like **Extra Help** (also known as Low Income Subsidy), **Medicare Savings Program** (MSP), or **Medicaid**. If you think you may qualify for any of these programs, please call us and we'll help you find a Healthfirst plan that's right for you. Call **1-877-237-1303**, 7 days a week, 8am–8pm (TTY English and other languages 1-888-542-3821) (TTY Español 1-888-867-4132).

This is a summary document and does not include every covered service, nor does it list every limitation or exclusion. For a full list of services, look through the Evidence of Coverage (EOC), which can be found online at **HFMedicareMaterials.org**.

What makes you eligible to be a plan member?

- You have both Medicare Part A and Medicare Part B.
- You live in either New York City or Nassau County.
- You are a United States citizen or are lawfully present in the United States.

Helpful Definitions

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. Some HMOs require you to get a referral from your primary care doctor before seeing a specialist—however, with the Healthfirst 65 Plus Plan, you will never need a referral to see an in-network specialist.

Premium

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

Important Tips

Use in-network providers and pharmacies.

Healthfirst 65 Plus Plan (HMO) 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.

See our provider/pharmacy directory.

The best way to find a doctor or specialist and pharmacy in the Healthfirst network is to visit **HFDocFinder.org**. You may also stop by one of our convenient community offices (visit **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 the health plan. To download a copy of this Healthfirst's plan's formulary, visit **HFMedicareMaterials.org**. You can also pick one up at a Healthfirst Community Office. Find out more about your costs for covered drugs later in this document.

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** 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**.

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

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

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

Premiums, Deductibles, and Out-of-Pocket Costs

The following are the healthcare costs associated with the Healthfirst 65 Plus Plan:

Monthly Premium	Deductible	Maximum Out of Pocket (MOOP)
$0	$0 deductible for most medical and hospital benefits	$8,300 for services received from in-network providers
Important information:		
You must continue to pay your Medicare Part B premium, which starts at $170.10/month (in 2022) and increases based on income	There is a $250 deductible for your Tier 4 and Tier 5 prescription drugs	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. With Original Medicare, there's no cap on what you spend on healthcare! Note, the MOOP does not apply to prescription drug costs

Words to know on this page: **Original Medicare** **Part D** **Part B**

Copayment (or copay)

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

Coinsurance

The percentage of costs of a covered healthcare service you pay (for example, 20%) after you've paid your deductible. Your insurance company pays the rest (80%).

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

Original Medicare vs. Healthfirst 65 Plus Plan Covered Medical and Hospital Benefits (in-network costs)

Original Medicare is health coverage managed by the federal government and includes just Part A (hospital insurance) and Part B (medical insurance). The Healthfirst 65 Plus Plan is a Medicare Advantage plan that offers the same benefits as Original Medicare, plus other benefits like dental, vision, acupuncture, meals (post-hospitalization), SilverSneakers®, 24/7 access to care with Teladoc and the Nurse Help Line, and more. Here's how they compare:

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

Original Medicare Benefits Applies to the Entire Part B Benefits Table: (based on 2022 costs and $233 Part B deductible unless otherwise noted)	vs.	What You Pay with Healthfirst 65 Plus Plan (costs listed are for 2023)
Inpatient Hospital Coverage*		
After meeting the Original Medicare Part A deductible ($1,556) for each benefit period: $0 for inpatient days 1–60 (for each benefit period) and $389 per day for inpatient days 61–90 (for each benefit period) $778 per "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)	vs.	Plan covers an unlimited number of days for an inpatient hospital stay based on medical necessity. $560 copay per day for days 1–4 $0 per day for days 5+
Outpatient Hospital Services*		
20% coinsurance for each service after hospital service Applies to the Part B deductible	vs.	20% of the cost for each outpatient hospital service $95 copay for observation services
Ambulatory Surgery Center*		
20% coinsurance for each ambulatory surgery center service Applies to the Part B deductible	vs.	$200 copay for each ambulatory surgery center visit
Doctor Visits (Primary Care Provider (PCP) and Specialists)*		
20% coinsurance for each visit Applies to the Part B deductible	vs.	$0 copay for primary care physician visits $30 copay for specialist visits
Preventive Care		
$0 for preventive care Examples of preventive care include: ■ colonoscopies ■ mammograms ■ bone mass measurements ■ cardiovascular screening ■ diabetes screening ■ and other cancer screenings	vs.	$0 copay for Medicare-covered preventive care Preventive care also 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. **Be sure to take advantage of all the no-cost 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 **Mammograms**
Colonoscopies **Cardiovascular**

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

Original Medicare Benefits	vs.	What You Pay With Healthfirst 65 Plus Plan
Emergency Care		
20% coinsurance for each service Applies to the Part B deductible Original Medicare **does not cover** worldwide emergency and urgent care	**vs.**	$95 copay for emergency care both in the U.S. and worldwide **Emergency Services** You should seek emergency care if you believe that your health condition requires immediate medical care. If you are admitted to a hospital in the U.S. within 24 hours, your copay is waived. If you do not think your health condition is severe enough to need emergency care, but still need medical attention, consider Urgent Care (see next page). **Worldwide Emergency Coverage** 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 or urgent care visit in another country. The combined maximum coverage limit for emergency and urgent care outside of the U.S. is $200,000.

Original Medicare Benefits	vs.	What You Pay With Healthfirst 65 Plus Plan
Urgently Needed Services		
20% coinsurance for each service Applies to the Part B deductible Original Medicare **does not cover** worldwide emergency and urgent care	**vs.**	$45 copay for urgently needed services both in the U.S. and worldwide **Urgently Needed Services** Urgent care centers are good options for when your primary care provider is on vacation or unable to offer a timely appointment, or for when you are sick or suffer a minor injury outside of regular doctor office hours. **Worldwide Urgent Coverage** Like emergency care, urgent care is covered worldwide, but 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. Benefits of urgent care centers: ■ No advance appointment needed ■ Many have extended hours and are open seven days a week ■ May cost less than visiting the emergency room

Original Medicare Benefits	vs.	What You Pay With Healthfirst 65 Plus Plan
Diagnostic Services/Labs/Imaging*		
Original Medicare pays the full costs of lab tests For diagnostic radiology services, outpatient X-rays, and therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance for each service Applies to the Part B deductible	**vs.**	■ $0 copay for laboratory tests ■ $100 copay for outpatient diagnostic radiological 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*		
Original Medicare **does not cover** any routine hearing services or hearing aids		$30 copay for diagnostic hearing and balance evaluations $0 copay for routine hearing exam (one every year) $0 copay for evaluations for fitting hearing aids $0–$1,475 copay per hearing aid (up to two aids per year)

Original Medicare Benefits	vs.	What You Pay With Healthfirst 65 Plus Plan
Dental Services*		
Original Medicare **does not cover** any routine dentistry, preventive dental care, or dentures. However, Original Medicare will pay for certain dental services that you get when you're in a hospital, like if you need to have emergency or complicated dental procedures.	**vs.**	Preventive dental services, $0 copay: ■ Cleanings ■ Dental X-rays ■ Oral exams ■ Fluoride treatments Comprehensive dental services, $0 copay: ■ Diagnostic and non-routine services ■ Restorative services (including permanent silver amalgams and composite fillings) ■ Oral surgery ■ Root canal surgery ■ Periodontics (prosthetics/crowns) ■ Dentures, including adjustments and repairs Plan pays up to $2,000 per year for both preventive and comprehensive dental services combined.

Words to know on this page: CT, MRI, Cost Sharing

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

For additional information, including cost sharing, please refer to the plan's Evidence of Coverage document. You can access Healthfirst 65 Plus Plan's Evidence of Coverage online at **HFMedicareMaterials.org**.

Original Medicare Benefits	vs.	What You Pay With Healthfirst 65 Plus Plan
Vision Services*		
Original Medicare **does not cover** routine vision services. Original Medicare covers some vision services like those related to glaucoma prevention and services after cataract surgery	**vs.**	$0 copay for Medicare-covered vision services, including diagnosis and treatment for diseases and conditions of the eye (including diabetic retinopathy) $0 copay for routine eye exams for eyeglasses/ contacts and for glaucoma screening $150 allowance toward eyeglasses and/ or contact lenses per year For additional information, including cost shares and exclusions, please refer to the plan's Evidence of Coverage document. You can access Healthfirst 65 Plus Plan's Evidence of Coverage online at **HFMedicareMaterials.org**.

Original Medicare Benefits	vs.	What You Pay With Healthfirst 65 Plus Plan
Mental Health Services (including inpatient)*		
Original Medicare covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. For services provided in a general hospital: After meeting the Medicare Part A deductible ($1,556) for each benefit period: $0 for inpatient days 1–60 (for each benefit period) and $389 per day for inpatient days 61–90 (for each benefit period) $778 per "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime) For outpatient psychiatry, mental health care, and substance abuse services: 20% coinsurance for each service Applies to the Part B deductible	**vs.**	Plan covers up to 190 days in a lifetime (based on medical necessity) for inpatient mental health care in a freestanding psychiatric hospital. If you have used part of the 190-day Medicare lifetime benefit prior to enrolling in Healthfirst 65 Plus Plan (HMO), 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 acute care hospital. **Inpatient** (per admission) ■ $468 copay per day for days 1–4 ■ $0 per day for day 5–90 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. **Outpatient** $25 copay for outpatient psychiatry visit $25 copay for outpatient therapy (group or individual) $25 copay for outpatient substance abuse therapy (group or individual). $0 copay for opioid treatment services
Skilled Nursing Facility (SNF)*		
$0 per day for days 1–20 each benefit period $194.50 per day for days 21–100 each benefit period 3-day hospital stay required	**vs.**	$0 copay per day for days 1–20 $196 copay per day for days 21–100 Plan covers up to 100 days in a SNF per admission. No prior hospital stay is required.

Original Medicare Benefits	vs.	What You Pay With Healthfirst 65 Plus Plan
Physical Therapy*		
20% coinsurance Applies to the Part B deductible	**vs.**	$40 copay per visit
Ambulance*		
20% coinsurance for each service Applies to the Part B deductible	**vs.**	$275 copay per one-way trip for emergency ambulance service or either one-way or roundtrip for non-emergent ambulance services Emergency ambulance transportation is covered when you need to be transported to a hospital or skilled nursing facility for medically necessary services, and transportation in any other vehicle could endanger your health.
Transportation (Routine/Non-Emergent)		
Original Medicare **does not cover** routine transportation	**vs.**	Not Covered
Medicare Part B Drugs*		
20% coinsurance for each drug Applies to the Part B deductible	**vs.**	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.

Original Medicare Benefits	vs.	What You Pay With Healthfirst 65 Plus Plan
Other Covered Services		
Acupuncture		
Original Medicare covers acupuncture for chronic low back pain up to 12 visits in 90 days under certain circumstances An additional eight sessions will be covered for where improvement is demonstrated. No more than 20 acupuncture treatments may be administered annually. Treatment must be discontinued if no improvement or regression is noted	**vs.**	$0 copay Plan covers acupuncture treatment 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*		
20% coinsurance for each service Applies to the Part B deductible Occupational and speech therapy are subject to caps under Original Medicare	**vs.**	$0 copay for cardiac (heart) and intensive cardiac rehab services $20 copay for pulmonary (lung) rehab services; $40 copay for each occupational therapy or speech and language therapy service. $20 copay for Supervised Exercise Therapy (SET) for members that have symptomatic peripheral artery disease (PAD)
Retail Health Clinic		
20% coinsurance for each service Applies to the Part B deductible	**vs.**	$15 copay 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. Covered services include, but are not limited to: ■ Diagnosis and treatment of minor acute illnesses

Original Medicare Benefits	vs.	What You Pay With Healthfirst 65 Plus Plan
Podiatry (Foot Care)*		
Original Medicare **does not cover** routine foot care 20% coinsurance for medically necessary treatment of foot injuries or diseases Applies to the Part B deductible	**vs.**	$25 copay for ■ Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs). ■ Routine foot care The plan covers 12 routine foot care visits per year.
Medical Equipment/Supplies*		
20% coinsurance for each service Applies to the Part B deductible	**vs.**	$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 are walkers, wheelchairs, oxygen tanks, crutches, and more. 20% coinsurance for prosthetic devices (braces, artificial limbs, etc.) and related medical supplies.
Wellness Programs		
20% coinsurance for manual manipulation of the spine if medically necessary to correct a subluxation when provided by a chiropractor or other qualified provider Applies to the Part B deductible Original Medicare **does not cover** Nutrition Counseling		Chiropractic Care* – $20 copay for manipulation of the spine to correct a subluxation (when one or more of the bones of your spine moves out of position). Nutrition 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 clinical professionals (i.e., physician, nurse, registered dietitian, or nutritionist). Sessions may be individual or group.

Original Medicare Benefits	vs.	What You Pay With Healthfirst 65 Plus Plan
Nurse Help Line		
Original Medicare **does not cover** nursing helpline		$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.
Home Health Agency Care*		
You pay nothing for covered home health services	**vs.**	$0 copay 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.
Medicare Diabetes Prevention Program		
You pay nothing for covered services	**vs.**	$0 copay Program includes health behavior change sessions promoting weight loss through healthy eating and physical activity.
Teladoc		
Original Medicare **does not cover** Teladoc services	**vs.**	$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.

Original Medicare Benefits	vs.	What You Pay With Healthfirst 65 Plus Plan
Meals (Post-Discharge)*		
Original Medicare **does not cover** a meal benefit.	**vs.**	$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.
SilverSneakers®		
Original Medicare **does not cover** a fitness benefit	**vs.**	$0 copay SilverSneakers is more than a fitness program. It gives you access to 15,000+ fitness locations, over 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 Coverage

Your drug costs depend on three factors:

1. **Your plan's drug deductible**
2. **Your drug's tier**
3. **The Part D Prescription Drug Coverage Stage that you're currently in**

There are six drug tiers and four stages of Part D prescription drug coverage (set by the Centers for Medicare and Medicaid Services). See the chart on the next page.

1. First, check to see if your plan has an annual Part D Prescription Drug Deductible. This is separate from your plan's annual medical deductible.

   The 65 Plus Plan has a $250 annual Part D prescription drug deductible (the amount you pay for prescription drugs before your plan starts to pay), so you need to pay the full cost of your drug until your deductible is met. Afterwards, your plan starts paying part of the drug's cost. For example, since your plan's drug deductible is $250, you need to pay $250 out of pocket before your plan helps pay for your drug costs.

2. Check the Healthfirst plan's formulary (list of approved drugs) at **healthfirst.org/formularies/** to see if your prescription drug is covered and find out which drug tier it's in. All drugs in Tier 1 (generic drugs) are not subject to the drug deductible and have a $0 copay.

3. Next, look at your Part D Prescription Drug Coverage Stage. You start at the Deductible Stage and move forward as the total dollars spent on your drugs increases. Depending on which stage you're in, your 30-day supply cost will change.
   - **Deductible Stage** - You pay full cost until deductible is met (Tier 1 drugs are always $0).
   - **Initial Coverage Stage** - Plan starts paying some of the cost.
   - **Coverage Gap** - You pay only 25% of the drug cost.
   - **Catastrophic Stage** - Plan pays most of the cost.

Medicare Part D Prescription Drug Coverage

	Deductible Stage	Initial Coverage Stage	Coverage Gap	Catastrophic Stage
Total dollars spent on drugs (what you paid, plus what your plan paid year to date)	$250	$250.01–$4,660	$4,660.01–$7,400	$7,400.01+
Your 30-day supply cost, depending on drug tier and Part D Prescription Drug Stage				
Tier 1 Preferred Generics	$0 copay	$0 copay	25% of drug cost (coinsurance)	Larger of either 5% of drug cost or $4.15
Tier 2 Generics	$10 copay	$10 copay	25% of drug cost (coinsurance)	Larger of either 5% of drug cost or $4.15
Tier 3 Preferred Brand and Generic Drugs	$47 copay	$47 copay	25% of drug cost (coinsurance)	Larger of either 5% of drug cost or $4.15 (if generic) /$10.35 (if brand)
	($35 copay for Select Insulins)			
Tier 4 Non-Preferred Drugs	Full cost of drugs	$100 copay	25% of drug cost (coinsurance)	Larger of either 5% of drug cost or $4.15 (if generic) /$10.35 (if brand)
Tier 5 Specialty Drugs	Full cost of drugs	26% of drug cost (coinsurance)	25% of drug cost (coinsurance)	Larger of either 5% of drug cost or $4.15 (if generic) /$10.35 (if brand)
Tier 6 Supplemental Drugs	$10 copay	$10 copay	$10 copay	$10 copay

Important Message About What You Pay for Insulin

You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

With Healthfirst, you can save even more on your insulin! You can fill a 90-day supply of Select Insulins for the same price as a 30-day supply. Check your Healthfirst Plan Formulary at **healthfirst.org/formularies** to see which insulins are eligible for these savings.

Medicare Part D Prescription Drug Benefits

You can save money by getting a 90-day supply of prescriptions in Tiers 1–3 for the same cost as a 30-day supply, at your local participating pharmacy or through mail-order from CVS/Caremark.

Visit **Caremark.com** or call **1-800-552-8159.**

Initial Coverage Stage	30-day supply	90-day supply
Tier 1 Preferred Generic	$0	$0
Tier 2 Generic	$10 copay	$10 copay
Tier 3 Preferred Brand and Generic Drugs	$47 copay	$47 copay
	($35 copay for Select Insulins)	
Tier 4 Non-Preferred Drug	$100 copay	$300 copay
Tier 5 Specialty Tier	26% of the cost	26% of the cost
Tier 6 Supplemental Drugs	$10	$10

Your costs may change depending on 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, please call **1-877-237-1303** (TTY 1-888-542-3821) to request a mailed copy, or access our Evidence of Coverage online at **HFMedicareMaterials.org**.

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 money saving 90-day supply of select prescriptions to your mailbox at no additional cost.
3. Neighborhood Pharmacy

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

   Visit **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 65 Plus Plan:

Who can join the Healthfirst 65 Plus Plan?

To join Healthfirst 65 Plus Plan, you must be entitled to Medicare Part A, be enrolled in and continue to pay for Medicare Part B, and live in the Healthfirst 65 Plus Plan service area. Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Queens, and Richmond. While anyone can join Healthfirst 65 Plus Plan, the plan is designed for people who don't qualify for programs that help pay Medicare costs like Extra Help or Medicaid. If you think you may qualify for any of these programs, please call us and we'll help you find a Healthfirst plan that's right for you. Call **1-877-237-1303**, 7 days a week, 8am–8pm (TTY 1-888-542-3821).

Which doctors, hospitals, and pharmacies can I use?

Healthfirst 65 Plus Plan has a large network of doctors, hospitals, pharmacies, and other providers to choose from. The plan may not pay for care and services received through providers not in our network. You can see our plan's provider and pharmacy directory on the Healthfirst NY Mobile App or on our website (**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 some 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

Comparing Healthfirst 65 Plus Plan with other insurance options:

How is Healthfirst 65 Plus Plan different from Original Medicare?

This plan offers additional benefits on top of Original Medicare (like dental, vision, hearing and acupuncture) and may be right for you if you do not qualify for extra financial help.

How is Healthfirst 65 Plus Plan different from other Medicare HMOs?

Unlike other HMOs, you don't need a referral to see an in-network specialist with the Healthfirst 65 Plus Plan.

Plan costs:

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." See chart on page 23 for a general overview of your drug costs. To find out which tier your drug is on and determine how much it will cost you, check your plan's approved drug list at **healthfirst.org/formularies**. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. In the Medicare Part D Prescription Drug Coverage section (page 21), we discussed the benefit stages that occur: Deductible, Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Will I have to pay a monthly premium or deductible?

The Healthfirst 65 Plus Plan has a $0 premium and a $0 deductible for most medical and hospital services. There is an annual deductible of $250 for prescription drug tiers 4–5. For tier 1, 2, 3, and 6 drugs, there is no deductible tiers.

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

Contact us at **1-877-237-1303** (TTY 1-888-542-3821).

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)

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

Ridgewood
56-29 Myrtle Avenue
(entrance on Catalpa Avenue)

LONG ISLAND

NASSAU COUNTY

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

SUFFOLK COUNTY

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

Lake Grove
Smith Haven Mall
313 Smith Haven Mall
(in the Sears Wing)

Patchogue
99 West Main Street
(between West and Havens Avenues)

WESTCHESTER COUNTY

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

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

Glossary

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

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

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

Cardiovascular Screening
Test for heart disease.

Coinsurance
The percentage of costs of a covered healthcare service you pay after you've paid your deductible. Your insurance company pays the rest.

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

With Original Medicare, you will pay a 20% coinsurance for most outpatient services. However, with the Healthfirst 65 Plus Plan, you'll pay a lower copay for many of those same services.

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

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

Example: If your health plan has a $10 PCP copayment, you must pay $10 for a checkup with your primary care provider (PCP).

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

Covered Service
A service that you are entitled to and which your plan will cover under the terms of your plan. Some cost sharing may apply.

CT
Computed tomography is a medical 3-D imaging technique.

Deductible
The amount of money you must pay (if applicable) in covered expenses each year before your plan or program pays anything for certain covered services. The deductible may not apply to all services.

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

Diabetes Screening
Test for high blood sugar levels.

Effective Date
The date on which your plan coverage begins.

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

Evidence of Coverage (EOC)
The EOC gives you details about what the plan covers, how much you pay, and more.

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.

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. 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.)

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 drugs, or services that are not covered by the plan.

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

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
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 (also known as 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.

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.

With Healthfirst 65 Plus Plan, you can see an in-network specialist without getting a referral from your doctor.

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

Coverage is provided by Healthfirst Health Plan, Inc. or Healthfirst Insurance Company, Inc.

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

Plans contain exclusions and limitations.

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

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

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

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

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

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, Westchester, Rockland, Orange, and Sullivan counties. Plans may vary by county.

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.

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 or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

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

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

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

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

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

healthfirst
Health Insurance for New Yorkers

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 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 quí vị cần thông dịch viên xin gọi 1-866-305-0408 sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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ございます。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.

Y0147_MSD23_05 0760-22_C

Notes

Notes

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

0714-22_EN H3359_MKT23_35 001 0714-22_M