

Healthfirst Signature (HMO)

Summary of Benefits

This Medicare Advantage plan offers additional benefits on top of Original Medicare, such as dental, vision, hearing, and fitness. In addition, plan members have their pick of a Healthfirst Signature Choice Extras benefit and a specially trained Member Services team dedicated to making healthcare easy for them. This plan is for people who don't qualify for programs that help pay Medicare costs, like Extra Help or Medicaid.

New York, Kings, Queens, Bronx, Richmond,
Rockland, Nassau, Westchester, Orange,
and Sullivan counties

January 1, 2023–December 31, 2023

2023

Healthfirst Representative

Telephone

Email



Important plan benefits and features

Healthfirst Signature (HMO) gives you access to a large network of top doctors and hospitals, convenient ways to get care 24/7, a dedicated Member Services team, and many plan benefits that help you stay healthy, save money, and more.

\$0 monthly premium and annual medical deductible

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

Your plan benefits and features include:



Your pick of one of the following Healthfirst Signature Choice Extras benefits:

- \$70/quarter over-the-counter (OTC) allowance or
- \$0 copay for 25 one-way trips to your doctors for covered services



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 \$250 eyeglasses/contacts allowance every two years, and affordable hearing aids



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



Prescription drug coverage with convenient delivery options

- Many generic and brand drugs are available without paying a deductible (and when the deductible applies, it is only \$250), some 90-day prescriptions available for the price of a 30-day, and erectile dysfunction drugs are covered!



\$6,700 Maximum Out-of-Pocket (MOOP) limit

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Healthfirst Signature (HMO)

Overview

Healthfirst Signature (HMO) is a Medicare Advantage plan that offers the benefits of Original Medicare plus prescription drug coverage; dental, vision and hearing coverage; hearing aids; eyeglasses; SilverSneakers®; and access to 24/7 telemedicine. In addition, members can tailor their coverage by selecting their own Healthfirst Signature Choice Extras benefit:

- **\$70/quarter over-the-counter (OTC) allowance, or**
- **no-cost transportation to the doctor (25 one-way trips/year)**

Members are supported by a specially trained Member Services team dedicated to making healthcare easy for you—from helping you maximize your benefits and supporting your health needs, to answering your questions and connecting you to the right resources, with no referrals needed to see specialists.

If you think you may qualify for Medicaid, Extra Help (also known as Low Income Subsidy) or Medicare Savings Program, we may have a plan that is a better fit 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 this plan's Evidence of Coverage (EOC), which can be found online at **HFMedicareMaterials.org**. Healthfirst members can call **1-855-771-1081** (TTY 1-888-542-3821) to request a mailed copy.

What makes you eligible to be a plan member?

- You have both Medicare Part A and Medicare Part B
- You live in one of these counties: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Sullivan, or Westchester
- 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 Healthfirst Signature (HMO), 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. However, your Signature plan has no monthly plan premium.

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%).

See our Glossary on page 30 for more helpful definitions.



Useful Contacts

Name of Healthfirst Sales Representative

Phone Number

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
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

Important Tips

Use in-network providers and pharmacies.

Healthfirst Signature (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.

Browse 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** for locations) or call us 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 your Healthfirst Medicare Plan Formulary, visit **HFMedicareMaterials.org**. You can also pick one up at a Healthfirst Community Office. A formulary is a list of prescription drugs (both generic and brand name) covered by your health plan.

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**.

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

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 your 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 your dedicated Member Services team to get answers to benefit questions.
- Get instant notifications on your device to stay in the know, learn about new features, and more.

Healthfirst Member Portal



Access your health benefits 24/7 from your computer, tablet, or smartphone.

Create your Healthfirst account at **MyHFNY.org** to start getting the most out of your benefits today! Whenever you need to find a nearby doctor, specialist, pharmacy, dentist, eye care specialist, hospital, retail health clinic, or urgent care center that's covered under your plan, you can easily find the care you need online.

With your Healthfirst account, you can enjoy 24/7 online access to:

- Search for a doctor, pharmacy, urgent care center, or clinic in our network
- Access and print many of the forms you need
- View or print out a temporary Member ID card
- View recent medical claims and authorizations
- Review your plan and pharmacy benefits
- Change your primary care provider (PCP)
- Estimate your treatment costs
- Keep track of your deductible expenses
- Take an online Annual Health Assessment survey
- See a complete list of prescription drugs covered under your plan

Premiums, Deductibles, and Out-of-Pocket Costs

The following are the healthcare costs associated with the Healthfirst Signature (HMO):

		Important information
Monthly Premium	\$0	You must continue to pay your Medicare Part B premium (\$170.10/month in 2022). The Medicare Part B premium amount may change for the following year and we will provide updated rates as soon as Medicare releases them.
Medical Deductible	\$0 deductible for most medical and hospital benefits	
Drug Deductible	\$250	This deductible applies only to Tier 4 (non-preferred brand) and Tier 5 (specialty) drugs.
Maximum Out of Pocket (MOOP)	\$6,700 for services received from in-network providers	If you reach the limit on out-of-pocket costs, you keep getting Medicare-covered hospital and medical services, and Healthfirst will pay the full cost for the rest of the year. If you have Original Medicare instead of a Healthfirst Medicare Advantage plan, there is no cap on what you spend on healthcare! This does not apply to prescription drug costs. You will still need to pay your share of the costs for prescription drugs.

Words/phrases to know on this page

Premium
Deductible
Maximum Out-of-Pocket

Original Medicare
Low Income Subsidy

To learn what these words mean, see the Glossary on page 30, 31

Original Medicare vs. Healthfirst Signature (HMO) 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).

Healthfirst Signature (HMO) is a Medicare Advantage plan that offers the same benefits as Original Medicare, plus other benefits like dental, vision, acupuncture, post-hospitalization meals, SilverSneakers®, 24/7 access to care with telemedicine, a selection of Healthfirst Signature Choice Extras supplemental benefits, and more. Here's how they compare:

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

Original Medicare Benefits (based on 2022 costs and \$233 Part B deductible unless otherwise noted)	vs.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2023)
Inpatient Hospital Coverage*		
<p>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)</p> <p>\$778 per "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)</p>	vs.	<p>Plan covers an unlimited number of days for an inpatient hospital stay based on medical necessity.</p> <p>(Per Admission)</p> <p>\$560 copay per day for days 1–4</p> <p>\$0 per day for days 5+</p>
Outpatient Hospital Services*		
<p>20% coinsurance for each outpatient hospital service</p> <p>Applies to the Part B deductible</p>	vs.	<p>20% coinsurance for each outpatient hospital service</p> <p>\$95 copay for observation services</p>
Ambulatory Surgery Center*		
<p>20% coinsurance for each ambulatory surgery center service</p> <p>Applies to the Part B deductible</p>	vs.	<p>\$240 copay for each ambulatory surgery center visit</p>

Original Medicare Benefits (based on 2022 costs and \$233 Part B deductible unless otherwise noted)	vs.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2023)
Doctor Visits (Primary Care Provider (PCP) and Specialists)*		
20% coinsurance for each service Applies to the Part B deductible	vs.	\$0 copay for primary care provider visits \$40 copay for specialist visits
Preventive Care		
\$0 copay for Medicare-covered preventive care Examples of preventive care include: <ul style="list-style-type: none"> ■ colonoscopies ■ mammograms ■ bone mass measurements ■ cardiovascular screening ■ diabetes screening ■ and other cancer screenings 	vs.	\$0 copay for Medicare-covered preventive care For a full list of covered preventive care services, look through this plan's Evidence of Coverage (EOC), which can be found online at HFMedicareMaterials.org .

Words to know on this page:

Preventive
Colonoscopies

Mammograms
Cardiovascular

To learn what these words mean, see the Glossary on page 30

Original Medicare Benefits (based on 2022 costs and \$233 Part B deductible unless otherwise noted)	vs.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2023)
Emergency Care		
<p>20% coinsurance for each service</p> <p>Applies to the Part B deductible</p> <p>Original Medicare does not cover worldwide emergency and urgent care coverage</p>	vs.	<p>\$95 copay for emergency care both in the U.S. and worldwide.</p> <p>Emergency Services</p> <p>You should seek emergency care if you believe that your health condition requires immediate medical care.</p> <p>If you are admitted to a hospital in the U.S. within 24 hours, your copay is waived.</p> <p>If you do not think your health condition is severe enough to need emergency care, but still need medical attention, consider Urgent Care (see 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>20% coinsurance for each service</p> <p>Applies to the Part B deductible</p> <p>Original Medicare does not cover worldwide emergency and urgent care coverage</p>	vs.	<p>\$60 copay for urgently needed services both in the U.S. and worldwide.</p> <p>Urgently Needed Services</p> <p>Urgent care centers are good options when your primary care provider is on vacation or unable to offer a timely appointment, or when you are sick or suffer a minor injury outside of regular doctor office hours.</p> <p>Worldwide Urgent Coverage</p> <p>Like emergency care, urgent care is covered worldwide, but 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

Original Medicare Benefits (based on 2022 costs and \$233 Part B deductible unless otherwise noted)	vs.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2023)
Diagnostic Services/Labs/Imaging*		
<p>Original Medicare pays the full costs of covered diagnostic lab tests</p> <p>For diagnostic radiology services, outpatient X-rays, and therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance for each service</p> <p>Applies to the Part B deductible</p>	vs.	<p>\$0 copay for laboratory tests</p> <p>\$125 copay for diagnostic radiology services</p> <p>\$25 copay for X-rays</p> <p>20% coinsurance for therapeutic radiology services</p> <p>\$50 copay for diagnostic procedures and tests</p> <p>Diagnostic radiology services include MRIs and CT scans.</p>
Hearing Services*		
<p>Original Medicare does not cover any routine hearing services or hearing aids</p>	vs.	<p>\$40 copay for exam to diagnose hearing and balance issues</p> <p>\$0 copay for routine hearing exam (one every year)</p> <p>\$0 copay for fitting/evaluation for hearing aid(s) (one every year)</p> <p>Copayments per hearing aid vary by technology level you select with your healthcare provider:</p> <p>Entry = \$0</p> <p>Basic = \$175</p> <p>Prime = \$475</p> <p>Preferred = \$775</p> <p>Advanced = \$1,075</p> <p>Premium = \$1,475</p> <p>Limit of two hearing aids per year</p> <p>You must get your hearing aids from a NationsHearing provider.</p>

For additional information, including cost sharing, please refer to this plan's Evidence of Coverage document. You can access Healthfirst Signature (HMO) Evidence of Coverage online at [HFMedicareMaterials.org](https://www.HFMedicareMaterials.org).

Original Medicare Benefits (based on 2022 costs and \$233 Part B deductible unless otherwise noted)	vs.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2023)
Dental Services*		
<p>Original Medicare does not cover any routine dentistry, preventive dental care, or dentures.</p> <p>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.</p>	vs.	<p>Preventive dental services: \$0 copay</p> <ul style="list-style-type: none"> ■ Cleanings ■ Dental X-rays ■ Oral exams ■ Fluoride treatment <p>Comprehensive dental services: \$0 copay</p> <ul style="list-style-type: none"> ■ Diagnostic and non-routine services ■ Restorative services (including crowns, permanent silver amalgams, and composite fillings) ■ Oral surgery ■ Root canal surgery ■ Periodontics (prosthetics/crowns) ■ Dentures, including adjustments and repairs <p>Plan pays up to \$2,500 per year for both preventive and comprehensive dental combined.</p> <p>For additional information, including cost shares and exclusions, please refer to this plan's Evidence of Coverage document. You can access Healthfirst Signature (HMO) Evidence of Coverage online at HFMedicareMaterials.org.</p>



Original Medicare Benefits (based on 2022 costs and \$233 Part B deductible unless otherwise noted)	vs.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2023)
Vision Services*		
<p>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</p>	<p>vs.</p>	<p>\$0 copay for Medicare-covered benefits, including diagnosis and treatment for diseases and conditions of the eye (including diabetic retinopathy)</p> <p>\$0 copay for routine eye exams for eyeglasses/contacts and for glaucoma screening and for contact lens fitting</p> <p>\$250 benefit allowance every two years toward eyewear (glasses or contacts)</p> <p>For additional information, including cost shares and exclusions, please refer to this plan's Evidence of Coverage document. You can access Healthfirst Signature (HMO) Evidence of Coverage online at HFMedicareMaterials.org.</p>



Original Medicare Benefits (based on 2022 costs and \$233 Part B deductible unless otherwise noted)	vs.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2023)
Mental Health Services (including inpatient)*		
<p>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</p> <p>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)</p> <p>\$778 per "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)</p> <p>For outpatient mental health care and substance abuse services: 20% coinsurance for each service</p> <p>Applies to the Part B deductible</p>	vs.	<p>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 Signature (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.</p> <p>Inpatient (per admission)</p> <ul style="list-style-type: none"> ■ \$468 copay per day for days 1–4 ■ \$0 copay per day for day 5–90 <p>Psychiatric admissions to general acute care hospitals apply inpatient hospital cost sharing. The inpatient mental health cost sharing applies only to stays at a freestanding psychiatric hospital.</p> <p>Outpatient</p> <p>\$40 copay for outpatient mental health (group or individual)</p> <p>\$40 copay for outpatient substance abuse therapy (group or individual)</p> <p>\$0 copay for opioid treatment services</p>
Skilled Nursing Facility (SNF)*		
<p>\$0 per day for days 1–20 each benefit period</p> <p>\$194.50 per day for days 21–100 each benefit period</p> <p>3-day hospital stay required</p>	vs.	<p>A SNF stay is for when you need skilled nursing care and rehabilitation services in a skilled nursing facility.</p> <p>Plan covers up to 100 days in a SNF per admission.</p> <p>No prior hospital stay is required.</p> <p>\$0 copay per day for days 1–20</p> <p>\$196 copay per day for days 21–100</p>

Original Medicare Benefits (based on 2022 costs and \$233 Part B deductible unless otherwise noted)	vs.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2023)
Physical Therapy*		
20% coinsurance Physical therapy is subject to caps under Original Medicare 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 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.	\$0 copay for up to 22 one-way trips every year to a plan-approved health-related location (if selected as a Healthfirst Signature Choice Extras benefit). You must call Healthfirst at least two (2) days in advance.
Medicare Part B Drugs*		
20% coinsurance for each service Applies to the Part B deductible	vs.	20% of the cost 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 (based on 2022 costs and \$233 Part B deductible unless otherwise noted)	vs.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2023)
Other Covered Services		
Over-the-Counter Allowance		
Original Medicare does not cover an over-the-counter (OTC) allowance	vs.	<p>\$70 OTC allowance every quarter toward approved over-the-counter (non-prescription) medications, and/or health-related items at participating providers (retail locations and mail order). The benefit must be selected as your Healthfirst Signature Choice Extras option.</p> <p>The benefit is provided as an OTC card and 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>Unused balances expire at the end of each quarter or upon disenrollment from Healthfirst Signature (HMO).</p> <p>Please visit the Healthfirst Signature (HMO) section of our healthfirst.org/otc website to see our list of covered over-the-counter items.</p>



Original Medicare Benefits (based on 2022 costs and \$233 Part B deductible unless otherwise noted)	vs.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2023)
Acupuncture		
<p>Original Medicare covers acupuncture for chronic low back pain up to 12 visits in 90 days under certain circumstances.</p> <p>An additional eight sessions will be covered for where improvement is demonstrated. No more than 20 acupuncture treatments may be administered annually.</p> <p>Treatment must be discontinued if no improvement or regression is noted.</p>	vs.	<p>\$0 copay</p> <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 12 visits per year for other conditions, including chronic low back pain.</p>
Rehabilitation Services*		
<p>20% coinsurance for each service</p> <p>Occupational and speech therapy are subject to caps under Original Medicare</p> <p>Applies to the Part B deductible</p>	vs.	<p>\$0 copay for cardiac (heart) and intensive cardiac rehab services</p> <p>\$20 copay for pulmonary (lung) rehab services</p> <p>\$40 copay for occupational therapy, and speech and language therapy visits</p> <p>\$20 copay for Supervised Exercise Therapy (SET) for members that have symptomatic peripheral artery disease (PAD)</p>

Original Medicare Benefits (based on 2022 costs and \$233 Part B deductible unless otherwise noted)	vs.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2023)
Retail Health Clinic		
20% coinsurance for each service	vs.	<p>\$15 copay</p> <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
Podiatry (Foot Care)*		
<p>Original Medicare does not cover routine foot care</p> <p>20% coinsurance for medically necessary treatment of foot injuries or diseases</p> <p>Applies to the Part B deductible</p>	vs.	<p>\$40 copay for</p> <ul style="list-style-type: none"> ■ Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) ■ Routine foot care <p>The plan covers 12 routine foot care visits per year.</p>
Medical Equipment/Supplies*		
<p>20% coinsurance for each service</p> <p>Applies to the Part B deductible</p>	vs.	<p>\$0 for diabetes monitoring supplies, diabetes self-management training, and therapeutic shoes or inserts.</p> <p>20% coinsurance for durable medical equipment.</p> <p>Examples of durable medical equipment are walkers, wheelchairs, oxygen tanks, crutches, continuous glucose monitors (CGMs) and more.</p> <p>20% coinsurance for prosthetic devices (braces, artificial limbs, etc.) and related medical supplies.</p>

Original Medicare Benefits (based on 2022 costs and \$233 Part B deductible unless otherwise noted)	vs.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2023)
Nurse Help Line		
Original Medicare does not cover a nursing helpline	vs.	\$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.
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 Original Medicare does not cover Nutritional Counseling Applies to the Part B deductible	vs.	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). Nutritional Counseling – \$0 copay for up to six preventive counseling and/or risk factor reduction visits annually, which must be provided by state-licensed or certified clinical professionals (i.e., physician, nurse, registered dietitian, or nutritionist). Sessions may be individual or group.
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.

Original Medicare Benefits (based on 2022 costs and \$233 Part B deductible unless otherwise noted)	vs.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2023)
Teladoc		
Original Medicare does not cover Teladoc services.	vs.	<p>\$0 copay for Primary Care</p> <p>\$0 copay for Specialist</p> <p>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 (PCP). You must follow up with your PCP for any treatment provided by Teladoc.</p>
Meals (post-discharge)*		
Original Medicare does not cover a meal benefit.	vs.	<p>\$0 copay</p> <p>Coverage for up to 84 home-delivered meals 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.</p>
SilverSneakers®		
Original Medicare does not cover a fitness benefit.	vs.	<p>\$0 copay</p> <p>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.</p>

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

1. Check the Healthfirst plan's formulary (list of approved drugs) at [healthfirst.org/formularies/](https://www.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.
2. Starting at the beginning of the year, you pay only the copay for Tiers 2, 3, and 6 drugs, without having to pay a deductible first. For Tiers 4 and 5 drugs, you must pay the annual \$250 deductible out of pocket before the plan helps pay for the costs of these drugs. Once you meet the deductible, you will pay the copay or coinsurance for these drugs until you reach the initial coverage limit.

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 drug 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 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 (\$35 copay for Select Insulins)	\$47 copay (\$35 copay for Select Insulins)	25% of drug cost (coinsurance) (\$35 copay for Select Insulins)	Larger of either 5% of drug cost Or \$4.15 (if generic) /\$10.35 (if brand)
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](https://www.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 during the initial coverage stage, at your local participating pharmacy or through mail-order.

Initial Coverage Stage

Tier	30-Day Supply	90-Day Supply
Tier 1 Preferred Generics	\$0	\$0
Tier 2 Generics	\$10 copay	\$10 copay
Tier 3 Preferred Brand and Generic Drugs	\$47 copay (\$35 copay for Select Insulins)	\$47 copay (\$35 copay for Select Insulins)
Tier 4 Non-Preferred Drugs	\$100 copay	\$300 copay
Tier 5 Specialty Drugs	26% of the cost	26% of the cost
Tier 6 Supplemental Drugs	\$10	\$30

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, you can access our Evidence of Coverage (EOC) online at [HFMedicareMaterials.org](https://www.HFMedicareMaterials.org).

Healthfirst members can call **1-855-771-1081** (TTY 1-888-542-3821) to request a mailed copy.

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

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 Signature (HMO):

Who can join the Healthfirst Signature (HMO)?

To join Healthfirst Signature (HMO), you must be entitled to Medicare Part A, be enrolled in and continue to pay for Medicare Part B, and live in the Healthfirst Signature (HMO) service area. Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Sullivan, and Westchester. While anyone can join Healthfirst Signature (HMO), 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 Signature (HMO) 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 on our website at **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:

- Annual deductible
- Routine eye exams and eyeglasses
- Charges for prescription drugs
- Hearing checkups and hearing aids
- Dental care



Comparing Healthfirst Signature (HMO) with other insurance options:

How is Healthfirst Signature (HMO) 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 Signature (HMO) different from other Medicare HMOs?

Unlike other HMOs, you don't need a referral to see a specialist with the Healthfirst Signature (HMO). You also have a pick of a Healthfirst Signature Choice Extras supplemental benefit upon enrollment, and a specially trained member services team is available to you to help you navigate your health benefits.

Plan costs:

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." See chart on page 24 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, 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?

Healthfirst Signature (HMO) 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 tiers 1, 2, 3, and 6 drugs, there is no deductible.

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
(between 52nd and
53rd Streets)

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
(between Cornelia Street
and Myrtle Avenue)

LONG ISLAND

NASSAU COUNTY

Hempstead

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

SUFFOLK COUNTY

Bay Shore

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

Lake Grove

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

Patchogue

99 West Main Street
(between West and
Havens Avenues)

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

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

With Original Medicare, you will pay a 20% coinsurance for most outpatient services. However, with the Healthfirst Signature (HMO), 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 \$20 PCP copayment, you must pay \$20 for a checkup with your Primary Care Provider (PCP).

Cost Sharing

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

Covered Service

A service that 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 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 the 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.)

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 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 Signature (HMO), 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.

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.



Coverage is provided by Healthfirst Health Plan, Inc. or Healthfirst Insurance Company, Inc. (“Healthfirst”).

Healthfirst Medicare Plan has HMO, PPO plans with a Medicare contract. Our SNPs also have contracts with the NY State Medicaid program. Enrollment in Healthfirst Medicare Plan depends on contract renewal.

Plans contain exclusions and limitations.

Healthfirst Signature (HMO) service areas are New York, Kings, Queens, Bronx, Richmond, and Nassau counties (H5989), and Orange, Rockland, Sullivan, and Westchester counties (H1722).

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

Dental services must be medically necessary to be covered; limitations and exclusions apply. No out-of-pocket costs for entry-level hearing aids. Eyewear allowance can be used at participating retailers.

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

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

Benefits, premiums, and/or copayments/coinsurance may change each year.

You must continue to pay your Medicare Part B premium.

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

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 1-855-771-1081, 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 1-855-771-1081, 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1-855-771-1081，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 1-855-771-1081.

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 1-855-771-1081.

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1-855-771-1081。

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 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.



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