This Medicaid Advantage Plus plan may be right for you if you’re eligible for Medicare and full Medicaid coverage with added long-term care services, and would benefit from coordinated care.

New York City, Nassau, Westchester, Orange, Rockland, and Sullivan Counties
January 1, 2021–December 31, 2021
Snapshot of Benefits

Premium and Deductible

$0 Monthly Premium
$0 Annual Deductible

Doctor Visits (Primary Care)
Specialist Care
Dental
Vision
Routine Hearing
Routine Transportation
Acupuncture

24/7 Access to Care with Teladoc and the Nurse Help Line
SilverSneakers® Fitness Program

Over-the-Counter (OTC) Benefits

$155/month for over-the-counter (non-prescription) drugs, health-related items, and healthy foods and produce
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Healthfirst CompleteCare (HMO SNP) Overview

Healthfirst CompleteCare is designed for people who are eligible for both Medicare and full Medicaid with added long-term care services, and would benefit from coordinated care.

Each member is assigned a Primary Care Manager who manages members’ day-to-day needs, identifies problems early, and adjusts the care plan to help members meet their care goals and stay independent.

Members receive periodic health assessments and regular phone calls from their Primary Care Manager.
Healthfirst CompleteCare plan is a Medicaid Advantage Plus plan for people who qualify for Medicare and full Medicaid benefits and who need medical and long-term care services to stay in their homes and communities for as long as possible. Members who have both Medicare and Medicaid are known as dual eligibles. As a dual-eligible member, you are eligible for benefits under both the federal Medicare program and the New York State Medicaid program. Healthfirst CompleteCare offers both Medicare and Medicaid coverage with supplemental benefits and added long-term care services.

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

This is a summary document and does not include every service that we cover or list every limitation or exclusion. The complete list of services covered by this plan can be found in the Evidence of Coverage (EOC) and the Member Handbook, which can be found at HFMedicareMaterials.org.

Who is eligible to join Healthfirst CompleteCare?

To join Healthfirst CompleteCare, you must be age 18 or older and:

• Qualify as a Full Benefit Dual-Eligible entitled to both Medicare Parts A and B and have full benefits from New York State Medicaid
• Reside in the service area
• Be eligible for nursing home level of care at the time of enrollment
• You must be capable, at the time of enrollment, of returning to or remaining in your home and community without jeopardy to your health and safety
• You are expected to need at least one of the following community-based long-term services covered by Medicaid Advantage Plus Product for more than 120 days from the effective date of enrollment:
  ◦ nursing services in the home
  ◦ therapies in the home
  ◦ home health aide services
  ◦ personal care services in the home
  ◦ private duty nursing
  ◦ adult day healthcare
  ◦ Consumer Directed Personal Assistance Services
• Are a United States citizen or are lawfully present in the United States
The chart on page 14 lists the Medicare-covered services that you will receive if you are a member of Healthfirst CompleteCare. Since you have full Medicaid, any copays and coinsurances for Medicare-covered services will be taken care of by your Medicaid benefit.

Plus, Medicaid covers healthcare services that are not usually covered under Medicare. The chart starting on page 29 describes these Medicaid-covered services. Because you have Medicare and full Medicaid, you have Extra Help (also called Low Income Subsidy, or LIS) to pay for the costs of your Medicare prescription drugs.

Healthfirst CompleteCare combines Medicare and Medicaid with added long-term services, and also provides you with coordinated care at home.

It is important to understand that Medicaid benefits can vary based on your income level and other standards. Also, your Medicaid benefits can change throughout the year. Please remember that you need to be eligible for full Medicaid in order to be a member of this plan.
IMPORTANT: You must recertify for Medicaid each year by mail. You will receive a letter from the New York City Human Resources Administration (or your local Department of Social Services) asking you to recertify. If you cannot find or have not received your letter, contact My Advocate at 1-800-804-9705 (TTY 1-855-368-9643), Monday to Friday, 9am–6pm.

When it’s time to renew your Medicaid or Extra Help (also known as Low Income Subsidy (LIS)) status, we’ll reach out to you and help you through the process so you don’t have to do it alone. Healthfirst has also teamed up with the My Advocate program to help educate and enroll members in other financial assistance programs that may help them save even more on their healthcare costs (see chart on page 8). For more information on My Advocate services, please call 1-800-804-9705 (TTY 1-855-368-9643), Monday to Friday, 9am–6pm.

Words/phrases to know on these page

Extra Help
Medicaid

To learn what these mean, see the Glossary on page 36
# Need Help Paying for Your Healthcare Costs?

If you qualify for full Medicaid benefits, it covers Medicare copays and coinsurances and some services that Medicare may not cover.

In addition to Medicaid, you may qualify for the following financial assistance programs:

<table>
<thead>
<tr>
<th>Extra Help or Low Income Subsidy (LIS)</th>
<th>Medicare Savings Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administered by the Social Security Administration</td>
<td>Administered by New York State</td>
</tr>
</tbody>
</table>

| Are you eligible for this program? | Yes. Everyone with Medicare and full Medicaid will automatically qualify for Extra Help. | Maybe. Some people with Medicare and Medicaid will also have incomes that qualify them for Medicare Savings Programs. |

| How this program helps | • Pays Medicare Part D (prescription drug) monthly premiums up to $42.30 in 2021 | • All levels pay Part B premium ($144.60/month in 2020). Some pay Part A premium (if needed) |
| | • Keeps Medicare Part D copays very low | • Some pay Medicare copays and coinsurances |
| | | • None will pay costs of services Medicare does not cover |

| Are you eligible for other programs? | If you have Extra Help with full Medicaid, you may also have a Medicare Savings Program; however, it’s possible to have full Medicaid and Extra Help without having a Medicare Savings Program. | Everyone with a Medicare Savings Program will also have Extra Help. |

| For more information, contact Member Services at 1-888-260-1010 (TTY 1-888-542-3821) | OR | OR |
| | My Advocate 1-800-804-9705 (TTY 1-855-368-9643) Monday to Friday, 9am–6pm | My Advocate 1-800-804-9705 (TTY 1-855-368-9643) Monday to Friday, 9am–6pm |

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

When you enroll in CompleteCare, you will receive Care Management Services with a Care Team (CT), which includes a primary care manager and other support staff that will help you:

- Develop your own personal care plan centered around your care goals, and
- Coordinate the services you need in order to achieve your care goals.

Upon enrollment, you will be contacted by a Care Team member to complete an assessment (evaluation). Typically, you will be assessed every year, or as needed when there is a change in your condition. This is an important part of your care.

Please note, you do not have to ask for Care Management Services. Your Care Team will contact you once you are enrolled. You will also receive a phone number for your Care Team, which you can use to reach them directly with any questions or requests for assistance. Plus, a member of your team will call you to check on your well-being and ask health-related questions in order to make any necessary updates to your care plan. With Healthfirst, you are involved in developing your own care plan and get to decide how you want to stay healthy and safe in your home.
Useful Contacts

Plan Effective Date

Name of Healthfirst Sales Representative

Phone Number

Name of Primary Care Provider (PCP)

Address

Phone Number

Name of Care Manager

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

Healthfirst Member Services
1-888-260-1010
TTY 1-888-542-3821
7 days a week, 8am–8pm

Teladoc
1-800-TELADOC (1-800-835-2362)
TTY 1-800-877-8973
7 days a week, 24 hours a day

Nurse Help Line
1-855-NURSE33 (1-855-687-7333)
7 days a week, 24 hours a day
TTY 711

DentaQuest
1-800-508-2047
TTY 1-800-466-7566
Monday to Friday, 9am–6pm

Davis Vision
1-800-753-3311
Monday to Friday, 8am–11pm;
Saturday, 9am–4pm; Sunday, 12pm–4pm

SilverSneakers
1-888-423-4632
TTY 711
Monday to Friday, 8am–8pm

NationsHearing
1-877-438-7251
TTY 711
Monday to Friday, 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

Pharmacy Benefits
1-888-260-1010
TTY 711
7 days a week, 24 hours a day

CompleteCare Care Management
1-866-237-0997
TTY 1-888-542-3821
Monday to Friday, 8am–8pm

Social Security
1-800-772-1213
TTY 1-800-325-0778
Monday to Friday, 7am–7pm

Transportation
1-888-260-1010
TTY 1-888-542-3821
7 days a week

NationsOTC
1-877-236-7027
Monday to Friday, 8am–8pm
Useful Information

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 our Member Services at 1-888-260-1010 (TTY 1-888-542-3821) for assistance.

Healthfirst Formulary
The formulary is a list of prescription drugs (both generic and brand name) covered by your health plan. To download a copy of your Healthfirst Medicare Plan Formulary, visit healthfirst.org/formulary. You can also pick one up at a Healthfirst Community Office.

To request printed copies of our Provider/Pharmacy Directory and/or Formulary, call Member Services and we will mail them to you.

Medicare & You
Visit medicare.gov to view the 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 or visit medicare.gov on the web. You can also download a copy of the handbook by visiting medicare.gov/medicare-and-you/medicare-and-you.html.

Words/phrases to know on this page

<table>
<thead>
<tr>
<th>Formulary</th>
<th>Long-Term Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>To learn what these mean, see the Glossary on page 36</td>
<td></td>
</tr>
</tbody>
</table>
**Healthfirst NY Mobile App**

The Healthfirst NY Mobile App keeps access to healthcare close at hand. Use it to find essential services nearby in your community, contact a local rep from a Healthfirst Community Office, view your membership information, and more. We’re working around the clock to connect you to the care you need, and we look forward to getting new features in your hands.

Healthfirst members can:

- Access their digital member ID and save, email, or text it.
- Find essential services nearby—food, housing, education, employment, family planning, financial and legal assistance, and more.
- Find pharmacies, retail health clinics, urgent care centers, and other providers.
- Use our Healthfirst Virtual Community Office to search for a local sales rep by borough, office location, language, and gender.
- Access Teladoc to speak with U.S. board-certified doctors 24/7 by phone and video.
- Contact Healthfirst Member Services to get answers to benefit questions.
- Get instant notifications on their device to stay in the know, learn about new features, and more.
**Premiums, Deductibles, and Out-of-Pocket Costs**
As a dual-eligible member, you are covered under Medicare and Medicaid and have no cost share.

<table>
<thead>
<tr>
<th>Monthly Premium</th>
<th>Deductible</th>
<th>Maximum Out-of-Pocket (MOOP) (does not apply to prescription drug costs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
<td>$3,450 for services received from in-network providers. However, with this plan, you pay nothing for Medicare-covered services.</td>
</tr>
</tbody>
</table>

**Important Information**

Because you are a dual-eligible Special Needs Plan member with Full Medicaid Benefits, your Medicare Part B premium ($144.60 in 2020) is covered on your behalf by New York State Medicaid.

The Medicare Part B Premium amount may change for the following year; we will provide updated rates as soon as Medicare releases them.

This does not apply to prescription drug costs. However, because of the Extra Help Program, you pay nothing for your prescription drug costs.

With Original Medicare, there’s no cap on what you spend on healthcare.

---

**Words/phantom phrases to know on this page**

- Premium
- Deductible
- Maximum Out-of-Pocket
- Original Medicare
- Medicaid
- Low Income Subsidy

To learn what these mean, see the Glossary on page 36
Healthfirst CompleteCare Covered Medical and Hospital Benefits + Medicaid Assistance (in-network costs)

As a dual-eligible member, you are covered under Medicare and Medicaid and have no cost share.

The following section summarizes your covered benefits. The next section, which begins on page 28, includes the additional Medicaid benefits and services available for Healthfirst CompleteCare members.

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

<table>
<thead>
<tr>
<th>Healthfirst CompleteCare Covered Benefits</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Hospital Coverage</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td>Plan covers unlimited number of days for an inpatient hospital stay, based on medical necessity.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Hospital Services</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td>If you are having surgery in a hospital facility, you should check with your provider about whether you will be admitted as an inpatient or outpatient. Unless the provider specifically admits you as an inpatient, you are considered an outpatient. Even if you stay in the hospital overnight, you might still be considered an “outpatient.” Observation services are hospital outpatient services used to determine if you need to be admitted as an inpatient or can be discharged.</td>
</tr>
<tr>
<td>$0 copay for outpatient hospital services.</td>
<td></td>
</tr>
<tr>
<td>$0 copay for observation services.</td>
<td></td>
</tr>
<tr>
<td><strong>Ambulatory Surgery Center</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>$0 copay for each ambulatory surgery center visit.</td>
<td></td>
</tr>
</tbody>
</table>

**Helpful Definition**

**Inpatient**

An inpatient hospital stay is when a doctor admits you into the hospital for treatment.
# Healthfirst CompleteCare Covered Benefits

## Doctor Visits (Primary Care Provider and Specialists)*

<table>
<thead>
<tr>
<th>Healthfirst CompleteCare Covered Benefits</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 copay for primary care and specialist visits.</td>
<td>It is very important that you visit your primary care physician and any specialists you need. Members have no-cost doctor visits. To set up a visit with your primary care doctor, call <strong>1-888-260-1010</strong> (TTY 1-888-542-3821). Many doctors in the Healthfirst network offer telemedicine service now, so if you can’t go for an in-person visit, call and ask if you can make a virtual appointment and speak to your doctor over the phone, or video chat. The primary care doctor you identify during your enrollment will be the primary care doctor you must see for primary care. However, you may switch primary care doctors at any time by calling Member Services at <strong>1-888-260-1010</strong> (TTY 1-888-542-3821).</td>
</tr>
</tbody>
</table>

## Preventive Care

<table>
<thead>
<tr>
<th>Preventive Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care includes a “Welcome to Medicare” preventive visit, an Annual Wellness Visit, and an Annual Physical Exam. This examination includes an examination of your bodily systems such as your heart and lungs, measurement and recording of vital signs, and a complete review of your medications. Speak to your doctor at your annual visit to ask what preventive care he or she recommends. Be sure to take advantage of all the no-cost preventive care you are eligible for each year. For a full list of what you could be eligible for, look through your Evidence of Coverage (EOC), which can be found online at <a href="http://www.HFMedicareMaterials.org">HFMedicareMaterials.org</a> or by calling <strong>1-888-260-1010</strong> (TTY 1-888-542-3821) to request a mailed copy.</td>
<td></td>
</tr>
</tbody>
</table>

## Words/Phrases to Know on This Page

<table>
<thead>
<tr>
<th>Words/Phrases to know on this page</th>
<th>Preventive care</th>
<th>Colonoscopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of Coverage</td>
<td>Mammogram</td>
<td></td>
</tr>
</tbody>
</table>

To learn what these mean, see the Glossary on page 36
<table>
<thead>
<tr>
<th>Healthfirst CompleteCare Covered Benefits</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Care</strong></td>
<td></td>
</tr>
<tr>
<td>$0 copay for domestic and worldwide emergency room visits.</td>
<td></td>
</tr>
<tr>
<td>You should seek emergency care if you believe that your health condition requires immediate medical care.</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td></td>
</tr>
<tr>
<td>You should seek emergency care if you believe that your health condition requires immediate medical care.</td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
</tr>
<tr>
<td><strong>Worldwide Emergency Coverage</strong></td>
<td></td>
</tr>
<tr>
<td>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 $100,000.</td>
<td></td>
</tr>
<tr>
<td><strong>Urgently Needed Services</strong></td>
<td></td>
</tr>
<tr>
<td>$0 copay for urgently needed care services both in the U.S. and worldwide</td>
<td></td>
</tr>
<tr>
<td><strong>Urgently Needed Services</strong></td>
<td></td>
</tr>
<tr>
<td>Urgently Needed Services</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td><strong>Worldwide Urgent Coverage</strong></td>
<td></td>
</tr>
<tr>
<td>Like emergency care, urgent care is covered worldwide, and any Part D prescription drugs that you receive as a part of your urgent care in another country will not be covered. The combined maximum coverage limit for emergency and urgent care outside of the U.S. is $100,000.</td>
<td></td>
</tr>
<tr>
<td>Benefits of urgent care centers:</td>
<td></td>
</tr>
<tr>
<td>- No advance appointment needed</td>
<td></td>
</tr>
<tr>
<td>- Many have extended hours and are open seven days a week</td>
<td></td>
</tr>
<tr>
<td>- May cost less than visiting the emergency room</td>
<td></td>
</tr>
</tbody>
</table>
## Healthfirst CompleteCare Covered Benefits

### Diagnostic Services/Labs/Imaging

$0 copay for each of the following:
- X-rays
- Therapeutic radiological services
- Laboratory tests
- Diagnostic tests and procedures
- Diagnostic radiology services

Diagnostic radiology services include MRIs and CT scans.

### Hearing Services

$0 copay for diagnostic hearing and balance evaluations

While Medicare-covered benefits do not include routine hearing exams or hearing aids, as a dual-eligible member you are covered for the following under your Medicaid benefit when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services and products include:

- Hearing aid selecting, fitting, and dispensing
- Hearing aid checks following dispensing, conformity evaluations, and hearing aid repairs
- Audiology services, including examinations and testing, hearing aid evaluations, and hearing aid prescriptions
- Entry-level hearing aid products, including earmolds, special fittings, and replacement parts

Please contact NationsHearing by phone at **1-877-438-7251** (TTY 711) or on the web at [NationsHearing.com/Healthfirst](http://NationsHearing.com/Healthfirst) to schedule an appointment.

### Words/abbreviations to know

- Outpatient
- MRI
- CT

To learn what these mean, see the Glossary on page 36
**Dental Services**

<table>
<thead>
<tr>
<th>Healthfirst CompleteCare Covered Benefits</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 copay for covered dental visits</td>
<td>Healthfirst CompleteCare members receive coverage for preventive and comprehensive dental services.</td>
</tr>
</tbody>
</table>

As a dual-eligible member covered under Medicaid, dental services include, but aren’t limited to: preventive, prophylactic, and other dental care, services, supplies, routine exams, oral surgery (when not covered by Medicare), and dental prosthetic and orthotic appliances required to alleviate a serious health condition, including one which affects employability.

Preventive dental services, such as:
- Cleanings (one every six months)
- Dental X-rays (one every six months)
- Oral exams (one every six months)
- Flouride treatment (one every six months)

Comprehensive dental services, such as:
- Diagnostic and non-routine services
- Restorative services (e.g., permanent silver amalgams and composite fillings)
- Oral surgery
- Root canal surgery
- Periodontics (prosthetics/crowns)
- Dentures, including adjustments and repairs

Please note: you must get dental treatment from providers through DentaQuest. If you need to find a dentist or change your dentist, call DentaQuest (1-800-508-2047; TTY 1-800-466-7566) for information.

For additional information, including cost shares and exclusions, please refer to your Evidence of Coverage document. You can access Healthfirst CompleteCare’s Evidence of Coverage online at [HFMedicareMaterials.org](http://HFMedicareMaterials.org) or by calling 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy.
## Healthfirst CompleteCare Covered Benefits

### Vision Services

$0 copay for the following:

- Medicare-covered benefits, including diagnosis and treatment for diseases and conditions of the eye (including diabetic retinopathy)
- One (1) routine eye exam every year
- One (1) pair of eyeglasses (standard lenses and frames) from the “Fashion” frame collection every year through our Healthfirst’s vision vendor, or $175 allowance for eyewear frames from the non-plan collection (this does not include “Fashion”, “Designer”, or “Premier” frame collection) through Healthfirst’s vision vendor
- One (1) glaucoma screening each year if you are at high risk for glaucoma
- One (1) screening for diabetic retinopathy
- One (1) pair of eyeglasses or contact lenses after each cataract surgery

### Mental Health Services

- **Inpatient:** $0 copay for inpatient psychiatric facility stays
- **Outpatient:** $0 copay for the following:
  - outpatient group therapy visits
  - outpatient individual therapy visits
  - outpatient substance abuse services
  - opioid treatment services

### Skilled Nursing Facility (SNF)

$0 copay for Medicare-covered SNF stays.

---

## What You Should Know

### Vision Services

This plan covers outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration.

As a dual-eligible member, you are covered under your Medicaid benefit for the following:

- Covered contact lenses, as medically necessary
- Low-vision aids

Please note that you must get all vision care through Davis Vision (1-800-753-3311).

### Mental Health Services

You are only covered for up to 190 days in a freestanding psychiatric hospital in a lifetime (this lifetime limit does not apply to mental health services provided in a psychiatric unit of a general hospital).

However, as a dual-eligible member, you are covered in full for unlimited inpatient mental health days, as medically necessary, beyond the 190-day lifetime Medicare limit.

### Skilled Nursing Facility (SNF)

A SNF stay is for when you need additional rehabilitative or skilled nursing care after being discharged from hospital stay.

Plan covers up to 100 days in a SNF per admission. However, as a dual-eligible member covered under Medicaid, you are covered for additional days beyond the Medicare-defined 100-day limit.

No prior hospital stay is required.
<table>
<thead>
<tr>
<th>Healthfirst CompleteCare Covered Benefits</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>$0 copay for Medicare-covered physical therapy visits.</td>
<td>As a dual-eligible member, you are entitled to additional Medicaid-covered services of 40 visits per year for physical therapy, and 20 visits per year for occupational therapy and speech language therapy (except when under age 21, determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury).</td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td></td>
</tr>
<tr>
<td>$0 copay for emergency ambulance services.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Routine/Non-Emergent Transportation</strong></td>
<td></td>
</tr>
<tr>
<td>$0 copay</td>
<td>As a dual-eligible member covered under Medicaid, you are covered for transportation benefits essential to obtain necessary medical care and can get to and from provider locations. Transportation services include transportation by ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to your medical condition. If you have a transportation attendant, they can accompany you if necessary.</td>
</tr>
<tr>
<td>Not covered as a Medicare benefit, but covered as a Medicaid benefit.</td>
<td>We will arrange for car service to approved provider locations. Please call Healthfirst CompleteCare Member Services at <strong>1-888-260-1010</strong> (TTY 1-888-542-3821) for authorization at least two (2) days before your office visit. Note: If you prefer to take public transportation, you must submit a completed Medicare reimbursement form to Healthfirst CompleteCare in order to receive reimbursement for the cost of the round trip. A copy of the Member Reimbursement form is available online at <strong>HFMedicareMaterials.org</strong>, or call Member Services and request a copy of the form.</td>
</tr>
<tr>
<td><strong>Medicare Part B Drugs</strong></td>
<td></td>
</tr>
<tr>
<td>$0 copay for Part B drugs such as chemotherapy drugs and other drugs.</td>
<td>Step therapy may be required.</td>
</tr>
<tr>
<td>Healthfirst CompleteCare Covered Benefits</td>
<td>What You Should Know</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Other Covered Services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Acupuncture</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>$0 copay for each acupuncture visit</td>
<td>Plan covers acupuncture treatments for chronic low back pain up to 20 visits per year under certain circumstances through your Medicare-covered benefits. The plan also covers an additional 35 visits per year for other conditions, including chronic low back pain.</td>
</tr>
<tr>
<td><strong>Rehabilitation Services</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>$0 copay for the following:</td>
<td>As a dual-eligible member, you are entitled to additional Medicaid-covered services of 40 visits per year for physical therapy, and 20 visits per year for occupational therapy and speech language therapy (except when under age 21, determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury).</td>
</tr>
<tr>
<td>■ Renal dialysis</td>
<td></td>
</tr>
<tr>
<td>■ Cardiac and intensive cardiac rehabilitation services</td>
<td></td>
</tr>
<tr>
<td>■ Pulmonary (lung) rehabilitation services</td>
<td></td>
</tr>
<tr>
<td>■ Medicare-covered occupational therapy visits, and/or speech and language pathology visits</td>
<td></td>
</tr>
<tr>
<td>■ Supervised Exercise Therapy (SET) for members that have symptomatic peripheral artery disease (PAD).</td>
<td></td>
</tr>
<tr>
<td><strong>Podiatry (Foot Care)</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td>As a dual-eligible member covered under Medicaid, you also receive Medicaid coverage of medically necessary foot care, including care for medical conditions affecting lower limbs. This includes up to four (4) visits per year for routine foot care.</td>
</tr>
<tr>
<td>Covered services include:</td>
<td></td>
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<tr>
<td>$0 copay for diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs). $0 copay for routine foot care.</td>
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</tr>
<tr>
<td>Healthfirst CompleteCare Covered Benefits</td>
<td>What You Should Know</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td><strong>Over-the-Counter Medications, including Healthy Foods and Produce</strong></td>
<td>Through the Special Supplemental Benefits for the Chronically Ill (SSBCI), the benefit is provided as an OTC/Healthy Foods and Produce card at select pharmacies and/or retailers; it is not a debit or credit 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.</td>
</tr>
<tr>
<td>Up to $155 per month toward approved over-the-counter (non-prescription) medications, health-related items, and/or healthy foods and produce at participating providers (retail locations and mail order) for your personal use.</td>
<td>Unused balances cannot be rolled over from month to month and expire at the end of each month or upon disenrollment from Healthfirst CompleteCare plan.</td>
</tr>
<tr>
<td>Please visit the Healthfirst CompleteCare Plan section of our <a href="http://healthfirst.org/otc">healthfirst.org/otc</a> website to see our list of covered over-the-counter and healthy foods and produce items, as well as a list of participating locations.</td>
<td></td>
</tr>
<tr>
<td>You can order OTC items online and have them shipped to your home, at no additional cost:</td>
<td></td>
</tr>
<tr>
<td>Visit <a href="http://NationsOTC.com/Healthfirst">NationsOTC.com/Healthfirst</a> and place an online order or call 1-877-236-7027 (TTY 711), Monday to Friday, 8am–8pm, to request a catalog and place your order over the phone.</td>
<td></td>
</tr>
<tr>
<td>If you need help placing an OTC order, please contact NationsOTC at 1-877-236-7027 and have your 19-digit OTC card number available.</td>
<td></td>
</tr>
<tr>
<td>Healthfirst CompleteCare Covered Benefits</td>
<td>What You Should Know</td>
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<td>------------------------------------------</td>
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</tr>
<tr>
<td><strong>Medical Equipment/Supplies</strong></td>
<td></td>
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<tr>
<td>*</td>
<td></td>
</tr>
<tr>
<td>$0 copay for the following:</td>
<td></td>
</tr>
<tr>
<td>■ Medicare-covered durable medical</td>
<td>Examples of durable medical equipment and supplies are walkers, wheelchairs, oxygen tanks, and more. Plus, as a dual-eligible member covered under Medicaid, you are entitled to additional DME, such as tub stools, grab bars, medical/surgical supplies, enteral formula, and nutritional supplements. Please note that incontinence supplies are limited to Attends, Comfees, Cuties, Comfortwear, Inspire, Covidien, SureCare, K2 Health, or other brands as medically necessary.</td>
</tr>
<tr>
<td>equipment (DME)</td>
<td></td>
</tr>
<tr>
<td>■ Prosthetic devices</td>
<td>Examples of prosthetic devices include braces, artificial limbs, and more. Plus, as a dual-eligible member covered under Medicaid, you are entitled to additional prosthetics, orthotics, and orthopedic footwear.</td>
</tr>
<tr>
<td>■ Diabetes supplies and services</td>
<td>Examples of diabetes supplies and services include:</td>
</tr>
<tr>
<td></td>
<td>■ diabetes monitoring supplies</td>
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<tr>
<td></td>
<td>■ diabetes self-management training</td>
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<tr>
<td></td>
<td>■ therapeutic shoes or inserts</td>
</tr>
<tr>
<td></td>
<td>Diabetic testing supplies are limited to Ascensia/Bayer, Healthfirst’s exclusive preferred manufacturer.</td>
</tr>
</tbody>
</table>

<p>| <strong>Wellness Programs</strong>                     |                      |
|                                          | The plan covers the following supplemental education/wellness programs: |
|                                          | ■ Health Education |
|                                          | ■ Nutritional Counseling - six preventive counseling and/or risk factor reduction visits annually |
| $0 copay for the following:              | ■ And other education/wellness programs |
| ■ All preventive services                |                      |
| ■ Chiropractic Care* - Manipulation of   |                      |
|   the spine to correct a subluxation (   |                      |
|   when one or more of the bones of your |                      |
|   spine move out of position)            |                      |</p>
<table>
<thead>
<tr>
<th>Healthfirst CompleteCare Covered Benefits</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nurse Help Line</strong></td>
<td>Nurse Help Line (1-855-NURSE33 (1-855-687-7333), TTY 711) is a free phone service that's available 24 hours a day to get wellness advice and help finding a doctor.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Home Health Agency Care</strong></td>
<td>For you to receive home health services, your doctor must certify that you require those services and will request them from a home health agency. You must be homebound, which means leaving home is very difficult for you. As a dual-eligible member covered under Medicaid, you are covered for additional services such as a physical therapist to supervise maintenance program if you reached your maximum restorative potential or a nurse to prefill syringes for disabled individuals with diabetes and or home health aide services as required by an approved plan of care developed by a certified home health agency.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td><strong>SilverSneakers®</strong></td>
<td>SilverSneakers (1-888-423-4632; TTY 711) gives you access to a network of fitness facilities, group exercise classes, and classes held at parks and community locations. At-home kits are also available for members who want to start working out at home or for those who can’t get to a fitness location due to injury or illness, or to their being homebound.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Teladoc</strong></td>
<td>Teladoc (1-800-TELADOC (1-800-835-2362), TTY 1-800-877-8973) 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.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
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</tbody>
</table>
What You Pay | What You Should Know
---|---
**Medicare Part D Prescription Drug Benefits**

There are four phases of the Part D benefit: the deductible, the initial coverage phase, the coverage gap, and catastrophic coverage. Because of your level of Extra Help, also known as Low-Income Subsidy (LIS), you pay $0 for your prescription drug costs through the deductible, initial coverage, coverage gap, and catastrophic coverage phases (shown in the chart below).

To learn more about Extra Help, see the chart on page 8.

As a Healthfirst CompleteCare member, you should have Extra Help. If you are unsure of your Extra Help status, contact 1-888-260-1010 (TTY 1-888-542-3821).

OR

Social Security at 1-800-772-1213.

Because you are a dual-eligible member and have full Extra Help, you pay $0 for your prescription drug costs.

<table>
<thead>
<tr>
<th>Retail Costs (one-month supply)</th>
<th>Retail Costs (three-month supply)</th>
<th>Mail Order Costs (three-month supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Drugs, Brand Name, and Specialty Drugs</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>

Enrollees may receive prescription drugs shipped to their homes through our mail-order pharmacy service. The shipment should arrive approximately 10 days from the date the order is mailed. If the shipment has not arrived during this time period, please contact Member Services at 1-888-260-1010 (TTY 711).

You can also ask your pharmacy if they offer home delivery. If they do not, contact the pharmacies listed below. They can deliver your prescriptions to your home at no additional cost. For your convenience, they can also contact your doctor or pharmacy on your behalf to transfer your prescriptions:

- Call your local CVS (ask about their mail-order program as well) or Walgreens
- Visit Capsule at capsulecares.com or call 1-212-675-3900
- Visit Medly at healthfirst.medlypharmacy.com or call 1-800-620-2561
Enjoy the convenience of prescription home delivery with our mail-order pharmacy service.

For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please contact Member Services at 1-888-260-1010 (TTY 711) or access our Evidence of Coverage online at HFMedicareMaterials.org.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.
Additional Medicaid-covered benefits for Healthfirst CompleteCare Members

Healthfirst CompleteCare is a Fully Integrated Dual-Eligible (FIDE) Medicaid Advantage Plus (MAP) Special Needs Plan (SNP) that combines Medicare and Medicaid benefits with added long-term care services, specifically designed for beneficiaries who require nursing home level of care.

What Additional Benefits am I Entitled to as a Full-Benefit Dual-Eligible Healthfirst CompleteCare Member?

The following section lists the additional Medicaid benefits and services covered under Healthfirst CompleteCare. You will use your Healthfirst CompleteCare member identification (ID) card to receive the additional benefits described in this section. There is no cost to you for the medically necessary services listed on the next two pages.

Please note that there are benefits covered only by New York State Fee-For-Service Medicaid, and not Healthfirst CompleteCare. You will need to use your New York State issued Medicaid Card when accessing the services that are covered only by New York State Fee-For-Service Medicaid.

There is no coinsurance, copayment, or deductible for the medically necessary services listed on the next two pages. Services with an asterisk (*) may require prior authorization.
<table>
<thead>
<tr>
<th>Additional Medicaid Benefits Covered under CompleteCare</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult Day Healthcare</strong></td>
<td>Covers medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure activities (which are a planned program of diverse, meaningful activities), dental, pharmaceutical, and other ancillary services furnished in an approved residential healthcare facility or extension site.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Consumer-Directed Personal Assistance Services</strong></td>
<td>In addition, this covers a specialized program called Consumer-Directed Personal Assistance Services (CDPAS), where you or a person acting on your behalf, known as a designated representative, self-directs and manages your personal care and other authorized services. This means you can receive personal care services provided by an aide chosen and directed by you or a designated representative.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Home-Delivered and Congregate Meals</strong></td>
<td>Covers home-delivered and congregate meals provided in home or in congregate settings (e.g., senior centers) to individuals unable to prepare meals or have them prepared.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Social Services</strong></td>
<td>Covers medically necessary assessment, arranging, and providing aid for social problems related to maintaining an individual at home.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td>Covers assessment of nutritional status/needs, development and evaluation of treatment plans, nutritional education, in-service education, and includes cultural considerations.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
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<tr>
<td><strong>Personal Care Services</strong></td>
<td>Covers medically necessary assistance with activities such as personal hygiene, dressing and feeding, and nutritional and environmental support function tasks. Such services must be essential to the maintenance of your health and safety in your own home. Personal care must be medically necessary, ordered by your physician, and provided by a qualified person in accordance with your plan of care.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Personal Emergency Response Services (PERS)</strong></td>
<td>Covers an electronic device which enables certain high-risk patients to secure help in the event of a physical, emotional, or environmental emergency.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
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<tr>
<td>Additional Medicaid Benefits Covered under CompleteCare</td>
<td>What You Should Know</td>
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<td>---------------------------------------------------------</td>
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<tr>
<td><strong>Private Duty Nursing</strong></td>
<td>Covers medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant, or certified nurse practitioner’s written treatment plan.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Social and Environmental Supports</strong></td>
<td>Covers services and items to support your medical needs, which may include home maintenance tasks, homemaker/chore services, housing improvements, and respite care.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Social Day Care</strong></td>
<td>Covers a structured, comprehensive program that provides functionally impaired individuals with socialization; supervision and monitoring; personal care, and nutrition in a protective setting during any part of the day, but for less than a 24-hour period. Additional services may include and are not limited to, maintenance and enhancement of daily living skills, transportation, caregiver assistance, and case coordination and assistance.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Routine/Non-Emergent Transportation</strong></td>
<td>As a dual-eligible member covered under Medicaid, you are covered for transportation benefits essential to obtain necessary medical care and can get to and from provider locations. Transportation services include transportation by ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to your medical condition. If you have a transportation attendant, they can accompany you if necessary. We will arrange for car service to approved provider locations. Please call Healthfirst CompleteCare Member Services at <strong>1-888-260-1010</strong> (TTY 1-888-542-3821) for authorization at least two (2) days before of your office visit. Note: If you prefer to take public transportation, you must submit a completed Medicare reimbursement form to Healthfirst CompleteCare in order to receive reimbursement for the cost of the round trip. A copy of the Member Reimbursement form is available online at <a href="http://www.HFMedicareMaterials.org">HFMedicareMaterials.org</a>, or call Member Services and request a copy of the form.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
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</tbody>
</table>
Additional Medicaid Benefits and Services Not Covered by Healthfirst CompleteCare

The following benefits and services are not covered by Healthfirst CompleteCare but are covered by Fee-for-Service Medicaid. Please present your New York State-issued Medicaid card to access these benefits.

1. Assisted Living Program
2. Certain Mental Health Services, including:
   - Intensive Psychiatric Rehabilitation Treatment Programs
   - Day Treatment
   - Continuing Day Treatment
   - Partial Hospitalizations not covered by Medicare
   - Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units)
   - Assertive Community Treatment (ACT)
   - Personalized Recovery-Oriented Services (PROS)
3. Comprehensive Medicaid Case Management
4. Directly Observed Therapy for Tuberculosis Disease
5. Home and Community Based Waiver Program Services
6. Hospice services provided to Medicare Advantage members
7. Medicaid Pharmacy Benefits as allowed by State Law (select drug categories excluded from Medicare Part D benefit)
8. Methadone Maintenance Treatment Programs
9. Office for People with Developmental Disabilities Services
10. Out-of-Network Family Planning services provided under the direct access provisions
11. Rehabilitation Services Provided to Residents of OMH-Licensed Community Residences (CRs) and Family Based Treatment Programs
Frequently Asked Questions (FAQs)

About the Healthfirst CompleteCare Plan:

Who can join the Healthfirst CompleteCare Plan?

To join the Healthfirst CompleteCare Plan, you must be entitled to Medicare Part A and be enrolled in Medicare Part B. In addition, you must be age 18 or older and:

- Qualify as a Full Benefit Dual-Eligible entitled to both Medicare Parts A and B and have full benefits from New York State Medicaid;
- Reside in the service area;
- Be eligible for nursing home level of care (as of the time of enrollment);
- Are a United States citizen or are lawfully present in the United States
- Be capable, at the time of enrollment, of returning to or remaining in your home and community without jeopardy to your health and safety, based upon criteria provided by the New York State Department of Health;
- Require care management and be expected to need at least one of the following community-based, long-term services covered by Medicaid Advantage Plus Product for more than 120 days from the effective date of enrollment:
  - nursing services in the home
  - therapies in the home
  - home health aide services
  - personal care services in the home
  - private duty nursing
  - adult day healthcare
  - Consumer Directed Personal Assistance Services

Which doctors, hospitals, and pharmacies can I use?

Healthfirst CompleteCare has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan’s provider and pharmacy directory at our website (HFDocFinder.org).

Or call us and we will send you a copy of the provider and pharmacy directories.
About the Healthfirst CompleteCare Plan (Cont.):

**How does Healthfirst CompleteCare work with my Medicaid?**
It works with your Medicaid benefits to lower your healthcare costs.
As a dual-eligible member, you are covered under Medicare and Medicaid and have no premium or deductible.

**Will I lose my Medicaid once I join Healthfirst CompleteCare?**
No, as you must continue to be eligible to receive full Medicaid in order to stay enrolled in Healthfirst CompleteCare. Healthfirst CompleteCare offers both Medicare and Medicaid coverage, with added-on benefits.

**Plan costs:**

**Will I have to pay a monthly premium or deductible?**
As a dual-eligible member, you are covered under Medicare and Medicaid and have no premium or deductible.

**Will I have to pay for healthcare services?**
As a dual-eligible member, you are covered under Medicare and Medicaid and have no cost share.

**How will I determine my drug costs?**
Because you have Medicare and Medicaid, you have Extra Help (also called Low Income Subsidy, or LIS). Extra Help covers your Part D premium and your Part D cost-sharing (out-of-pocket costs such as copays and coinsurance).

**Whom should I contact if I need more help with healthcare costs?**
Contact Healthfirst Member Services. The number can be found on page 10. If you have any questions about this plan’s benefits or costs, please contact Healthfirst Medicare Plan for details.
Comparing Healthfirst CompleteCare with other insurance options:

**How is the Healthfirst CompleteCare Plan different from Original Medicare?**
The Healthfirst CompleteCare Plan offers additional benefits (like acupuncture, over-the-counter medications, and fitness benefit) on top of Original Medicare and may be right for you if you need long-term care services and you’re eligible for Medicare and full Medicaid coverage.

**How is the Healthfirst CompleteCare Plan different from other Medicare HMOs?**
Unlike other HMOs, you don’t need a referral to see a specialist with the Healthfirst CompleteCare Plan. CompleteCare also offers long-term care services, as well as unique supplemental benefits.
# Contacting Healthfirst

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

**East Tremont**
- 774 E. Tremont Avenue  
  (between Prospect and Marmion Avenues)
- **Fordham**
  - 412 E. Fordham Road  
    (entrance on Webster Avenue)

### BROOKLYN

**Bensonhurst**
- 2236 86th Street  
  (between Bay 31st and Bay 32nd Streets)
- **Flatbush**
  - 2166 Nostrand Avenue  
    (between Avenue H and Hillel Place)
- **Sunset Park**
  - 5324 7th Avenue  
    (between 53rd and 54th Streets)

### MANHATTAN

**Chinatown**
- 128 Mott Street, Room 407  
  (between Grand and Hester Streets)
- **Harlem**
  - 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  
    (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)
- **Jamaica**
  - Jamaica Colosseum Mall  
    - 89-02 165th Street, Main Level  
      (between 89th and Jamaica Avenues)
- **Richmond Hill**
  - 122-01 Liberty Avenue  
    (between 122nd and 123rd Streets)

### LONG ISLAND (continued)

**SUFFOLK COUNTY**

**Bay Shore**
- Westfield South Shore Mall  
  - 1701 Sunrise Highway  
    (in the JCPenney Wing)
- **Lake Grove**
  - Smith Haven Mall  
    - 313 Smith Haven Mall  
      (in the Sears Wing)
- **Patchogue**
  - 99 West Main Street  
    (between West and Havens Avenues)
- **Shirley**
  - La Placita  
    - 58 D Surrey Circle  
      (between William Floyd Parkway and Floyd Road)

### WESTCHESTER COUNTY

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

### ORANGE COUNTY

**Middletown**
- Galleria at Crystal Run  
  - 1 Galleria Drive, Lower Level  
    (in the Macy’s Wing)

Follow us on social media

@HealthfirstNY

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

Ambulatory Surgical Center
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
Begins the day you’re admitted into a hospital or Residential Health Care Facility and ends when you have been discharged. If you go into a hospital or a Residential Health Care Facility after one benefit period has ended, a new benefit period begins.

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

Cardiovascular Screening
Test for heart disease.

Care Plan
A written description of your specific healthcare goals, the amount of time required, and the duration and scope of the covered services needed in order to achieve your goals. Your care plan is based on an assessment of your healthcare needs by your care management team and developed in consultation with you and any caregiver(s). Effectiveness of your care plan is monitored through reassessment and checked regularly to ensure your goals are being met.

Care Management
These services help you obtain needed medical, social, educational, psychosocial, financial, and other services in support of your care plan. Care management also provides referral and coordination of other services in support of your care plan.

Coinsurance
The fee some people owe the doctor for their care after they meet their annual deductible. The amount they owe is part of the cost of their care. Their insurance company pays the rest.

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

Since you have full Medicaid, Medicaid will pay the remaining 20% coinsurance and there is no cost to you.

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.

Community-Based Long-Term Care Services
CBLTCS are healthcare and supportive services provided to individuals with functional limitations or chronic illnesses who require assistance with routine daily activities such as bathing, dressing, preparing meals, and taking medications. CBLTCS include Home Health Services, Private Duty Nursing, Consumer Directed Personal Assistance Services, Adult Day Healthcare Program, and Personal Services.

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

Example: If your health plan has a $20 PCP copayment, you must pay $20 for a checkup with your Primary Care Provider (PCP). Since you have full Medicaid, Medicaid will pay most or all of any copayments and there is no cost to you.
Cost Sharing
The general term for your health expenses, including deductibles, coinsurance, and copayments. Since you have full Medicaid, Medicaid will pay for your cost sharing.

Covered Service
A service that you are entitled to and which your plan will cover under the terms of your plan. Since you have full Medicaid, Medicaid pays for your cost sharing and there is no cost to you.

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

Custodial Care
Personal care (such as help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving around, and using the bathroom) that is provided in a nursing home, hospice, or other facility setting when you do not need skilled medical care or skilled nursing care. It may also include care that most people do themselves, like using eye drops. Custodial care can be provided by people who don’t have professional skills or training. Medicare doesn’t cover this type of care, but it is covered under Medicaid.

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

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. Since you have full Medicaid, Medicaid will pay your costs during the deductible and there is no cost to you.

Diabetes Screening
Test for high blood sugar levels.

Dual-Eligible Individual
A person who qualifies for both Medicare and Medicaid coverage.

Effective Date
The date on which your plan coverage begins.

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

Evidence of Coverage (EOC)
The EOC gives you details about what the plan covers, how much you pay, and more.
**Extra Help**
Also known as the “Low-Income Subsidy.” People who qualify for this program get help paying their plan’s monthly premiums, as well as the yearly deductible and copayments for their prescription drugs. As a member of Healthfirst CompleteCare, you should have Extra Help. If you are unsure of your Extra Help status, contact 1-888-260-1010 (TTY 1-888-542-3821) or Social Security at 1-800-772-1213.

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

**Health Maintenance Organization (HMO)**
A type of health insurance plan. In most HMOs, you can only go to the hospitals, doctors, and other healthcare providers that have agreements with the plan, except in an emergency or urgent care situation or for out-of-network renal dialysis or other services. You may also need to get a referral from your primary care doctor before seeing a specialist.

**Home Health Aide**
A person who provides services that don’t require the skills of a licensed nurse or therapist, such as help with personal care (e.g., bathing, using the toilet, dressing, or carrying out the prescribed exercises). Home health aides do not have a nursing license or provide therapy.

**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.

**Long-Term Services and Supports**
LTSS are healthcare and supportive services provided to individuals with functional limitations or chronic illnesses who require assistance with routine daily activities such as bathing, dressing, preparing meals, and administering medications. These include community-based services such as Home Health Services, Private Duty Nursing, Consumer Directed Personal Assistance Services, Adult Day Healthcare Program, Personal Care Services, and institutional services, including Long-Term Placement in Residential Health Care Facilities.

**Mammogram**
A diagnostic X-ray of the breast.

**Maximum Out-of-Pocket (MOOP)**
The most you have to pay each year for expenses covered by your plan (i.e., the sum of the deductible, copay, and coinsurance amounts). Once you reach this amount, you do not pay anything for most services. This does not include your monthly premium costs, prescription drug costs, any charges from out-of-network healthcare providers, or services that are not covered by the plan.
Medicaid
A joint Federal and state program that helps with medical costs for some people with limited income and resources. Medicaid programs vary from state to state, but most healthcare costs are covered if you qualify for both Medicare and Medicaid.

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

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

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

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

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

Outpatient Services
Medical services that do not require an overnight hospital stay.

Part A
Hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

Part B
Medicare coverage that covers preventive and medically necessary services.

Part C
A Medicare program that gives you more choices among health plans. Everyone who has Medicare Parts A and B is eligible for a Medicare Advantage plan, except those who have End-Stage Renal Disease (unless certain exceptions apply).

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.
Glossary (Cont.)

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

Premium
The amount of money some people must pay monthly, quarterly, or twice a year to be covered by a health insurance plan or program. Since you have full Medicaid, there is no premium cost to you.

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

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

Referral
A written order from your primary care doctor for you to see a specialist or get certain services. In many HMOs, you need to get a referral before you can get care from anyone except your primary care doctor. If you don’t get a referral first, the plan may not pay for your care. Healthfirst CompleteCare will never ask you to get a referral to see a specialist.

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

Special Needs Plan (SNP)
Medicare Special Needs Plans are a type of Medicare Advantage Plan designed for certain types of people with Medicare. Some Special Needs Plans are for people with certain chronic diseases and conditions, some are for people who have both Medicare and Medicaid, and some are for people who live in an institution such as a nursing home. Healthfirst CompleteCare is a special needs plan for people who have Medicare and get full assistance from Medicaid.
Coverage is provided by Healthfirst Health Plan, Inc.

Healthfirst Health Plan, Inc. is an HMO plan with a Medicare contract and a contract with the New York Medicaid program. Enrollment in Healthfirst Medicare Plan depends on contract renewal. Plans contain exclusions and limitations.

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

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

Telemedicine (Teladoc) isn’t a replacement for your Primary Care Provider (PCP). Your PCP should always be your first choice for care and for regular visits.

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

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

Medicare Part B premium is covered for dual-eligible members with full Medicaid coverage.

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

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

This plan is available to anyone who has full Medicaid benefits from the State and Medicare.

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

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on medicare.gov.

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

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

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

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

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

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

Healthfirst provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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

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

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

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

- Web: Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Mail: U.S. Department of Health and Human Services
  200 Independence Avenue SW., Room 509F, HHH Building
  Washington, DC 20201
  Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html
- Phone: 1-800-368-1019 (TTY 800-537-7697)
<table>
<thead>
<tr>
<th>Language</th>
<th>Text</th>
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<tbody>
<tr>
<td>English</td>
<td>ATTENTION: Language assistance services, free of charge, are available to you. Call 1-866-305-0408 (TTY: 1-888-542-3821).</td>
</tr>
<tr>
<td>Arabic</td>
<td>ملاحظة: إذا كنت تتحدث العربية، فسوف تتوفّر خدمات المساعدة اللغوية لك بالمجاني. اتصل برقم 0408-305-866-1 (TTY: 1-888-542-3821)</td>
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<tr>
<td>Yiddish</td>
<td>אײַפשערקן: איב אַיר אַרעד אַדיש. צעָן פראָראָט פּער אַיר שפערן הילַץ צָעָדוֹיסְען פּרײ.</td>
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<td>Bengali</td>
<td>লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃশরতভাবে ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-866-305-0408 (TTY: 1-888-542-3821).</td>
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<tr>
<td>Urdu</td>
<td>خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد میں دستیاب بھی ہو سکتے ہیں اور آپ کو کہا جاتا ہے کہ تاہم برقراری .. (TTY: 1-888-542-3821) (1-866-305-0408)</td>
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