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

New York City and Nassau County
January 1, 2021–December 31, 2021

H3359 001
Snapshot of Benefits

- **Premium and Medical Deductible**
  - Monthly Premium: $0
  - Medical Deductible: $0

- **Doctor Visits (Primary Care)**
  - Copay: $10

- **Specialist Care**
  - Copay: $45

- **Preventive Dental**
  - Routine Vision
  - Routine Hearing
  - 24/7 Access to Care with Teladoc and the Nurse Help Line
  - Preferred Generic Drugs
  - Meals (Post-Discharge)
  - SilverSneakers® Fitness Program
# Table of Contents

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Healthfirst 65 Plus Plan Overview

The Healthfirst 65 Plus Plan offers members a wide range of benefits on top of those included in Original Medicare, including routine and comprehensive dental, hearing coverage and hearing aids, vision coverage, eyeglasses or contact lenses, acupuncture, meals (post-discharge), SilverSneakers®, and 24/7 access to care with Teladoc and the Nurse Help Line. Plus, you don’t need a referral to see specialists.
This plan may be right for people who do not qualify for programs that help pay Medicare costs like Extra Help (also known as Low Income Subsidy), Medicare Savings Program (MSP), or Medicaid. If you think you may qualify for any of these programs, please call us and we’ll help you find a Healthfirst plan that’s right for you.

Call 1-877-237-1303, 7 days a week, 8am–8pm (TTY English and other languages 1-888-542-3821) (TTY Español 1-888-867-4132).

Healthfirst wants to make sure you have all the resources you need to stay healthy. This is why we offer Healthfirst 65 Plus Plan members the added assistance of a service that helps connect them with local community programs. It can support their needs and may even help them save on healthcare costs.

This is a summary document and does not include every service that we cover or list every limitation or exclusion. For a full list of services, look through your Evidence of Coverage (EOC), which can be found online at HFMedicareMaterials.org or by calling 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy.

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. You may also need to get a referral from your primary care doctor before seeing a specialist — however, with the Healthfirst 65 Plus Plan, you will never need a referral to see a 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.

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 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.

What makes you eligible to be a plan member?

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

Plan Effective Date

Name of Healthfirst Sales Representative

Phone Number

Name of Primary Care Provider

Address

Phone Number

Healthfirst Website
healthfirst.org/medicare

Healthfirst Medicare Advantage 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

Elderly Pharmaceutical Insurance
Coverage (EPIC) Program
1-800-332-3742
TTY 1-800-290-9138
Monday to Friday, 8:30am–5pm

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

Social Security
1-800-772-1213
TTY 1-888-325-0778
Monday to Friday, 7am–7pm

Transportation
1-888-260-1010
TTY 1-888-542-3821
7 days a week
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 to find one near you). Or call Member Services at 1-888-260-1010 (TTY 1-888-542-3821) for assistance.

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

Medicare & You
Visit medicare.gov to view the handbook online or order a copy by calling 1-800-MEDICARE (1-800-633-4227, TTY 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.

Word to know on this page:
Formulary
To learn what this word means, see the Glossary on page 29
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.
Preciums, Deductibles and Out-of-Pocket Costs

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

<table>
<thead>
<tr>
<th>Monthly Premium</th>
<th>Deductible</th>
<th>Maximum Out of Pocket (MOOP) (does not apply to prescription drugs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0 deductible for most medical and hospital benefits</td>
<td>$7,550 for services received from in-network providers</td>
</tr>
</tbody>
</table>

Important information:

You must continue to pay your Medicare Part B premium ($144.60/month in 2020).

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

There is a $100 deductible for comprehensive dental services.

There is a $350 deductible for your Tier 2, Tier 3, Tier 4, and Tier 5 prescription drugs.

This does not apply to prescription drug costs. You will still need to pay your share of the costs for prescription drugs.

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

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and Healthfirst will pay the full cost for the rest of the year. Please refer to the “Medicare & You” handbook for Medicare-covered services.

Words to know on this page:

Original Medicare
Part B
Part D

To learn what these words mean, see the Glossary on page 29
Original Medicare vs. Healthfirst 65 Plus Plan Covered Medical and Hospital Benefits
(in-network costs)

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

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

<table>
<thead>
<tr>
<th>Original Medicare Benefits</th>
<th>vs.</th>
<th>What You Pay with Healthfirst 65 Plus Plan (costs listed are for 2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applies to the entire Part B Benefits Table: (Based on 2020 costs and $198 Part B Deductible unless otherwise noted)</td>
<td>vs.</td>
<td>Plan covers an unlimited number of days for an inpatient hospital stay based on medical necessity.</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Coverage</strong></td>
<td></td>
<td>$403 copay per day for days 1–5</td>
</tr>
<tr>
<td>After meeting the Original Medicare Part A deductible ($1,408) for each benefit period: $0 for inpatient days 1–60 (for each benefit period) and $352 per day for inpatient days 61–90 (for each benefit period)</td>
<td>vs.</td>
<td>$0 per day for days 6+</td>
</tr>
<tr>
<td>$704 per “lifetime reserve day” after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Hospital Services</strong></td>
<td>vs.</td>
<td>20% of the cost for each outpatient hospital service</td>
</tr>
<tr>
<td>20% coinsurance for each service after hospital service</td>
<td>vs.</td>
<td>$90 copay for observation services</td>
</tr>
<tr>
<td>Applies to the Part B deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ambulatory Surgery Center</strong></td>
<td>vs.</td>
<td>$200 copay for each ambulatory surgery center visit</td>
</tr>
<tr>
<td>20% coinsurance for each ambulatory surgery center service</td>
<td>vs.</td>
<td></td>
</tr>
<tr>
<td>Applies to the Part B deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original Medicare Benefits</td>
<td>vs.</td>
<td>What You Pay With Healthfirst 65 Plus Plan</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td><strong>Doctor Visits (Primary Care Physician (PCP) and Specialists)</strong>*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 20% coinsurance for each visit  
Applies to the Part B deductible | vs. | $10 copay for primary care physician visits;  
$45 copay for specialist visits.  
It is very important that you visit your primary care physician and any specialists you need. For help setting up an appointment with your primary care doctor, call 1-888-260-1010 (TTY 1-888-542-3821).  
The PCP you selected during your enrollment will be the PCP you must see for primary care. However, you may switch PCPs at any time by calling Member Services at 1-888-260-1010. |
| **Preventive Care** | | |
| $0 for preventive care  
Examples of preventive care include:  
■ colonoscopies  
■ mammograms  
■ bone mass measurements  
■ cardiovascular screening  
■ diabetes screening  
■ and other cancer screenings | vs. | $0 copay for Medicare-covered preventive care  
Preventive care also includes a $0 annual wellness visit, which provides height, weight, blood pressure, and other routine exams. 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 HFMedicareMaterials.org or by calling 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy. |

**Words to know on this page:**  
Preventive  
Colonoscopies  
Mammograms  
Cardiovascular  
To learn what these words mean, see the Glossary on page 29
<table>
<thead>
<tr>
<th>Original Medicare Benefits</th>
<th>vs.</th>
<th>What You Pay With Healthfirst 65 Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Care</strong></td>
<td></td>
<td>$90 copay for emergency care both in the U.S. and worldwide.</td>
</tr>
<tr>
<td>20% coinsurance for each service</td>
<td></td>
<td><strong>Emergency Services</strong></td>
</tr>
<tr>
<td>Applies to the Part B deductible</td>
<td>vs.</td>
<td>You should seek emergency care if you believe that your health condition requires immediate medical care.</td>
</tr>
<tr>
<td>Original Medicare does not cover worldwide emergency and urgent care</td>
<td></td>
<td>If you are admitted to a hospital in the U.S. within 24 hours, your copay is waived.</td>
</tr>
<tr>
<td>Worldwide Emergency Coverage</td>
<td></td>
<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>
</tr>
<tr>
<td>Urgently Needed Services</td>
<td></td>
<td><strong>Worldwide Urgent Coverage</strong></td>
</tr>
<tr>
<td>20% coinsurance for each service</td>
<td>vs.</td>
<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. If you use these services in other countries, you’ll need an itemized proof of payment and medical record of the care received to be reimbursed by Healthfirst.</td>
</tr>
<tr>
<td>Applies to the Part B deductible.</td>
<td></td>
<td><strong>Urgently Needed Services</strong></td>
</tr>
<tr>
<td>Original Medicare does not cover worldwide emergency and urgent care</td>
<td></td>
<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>
</tr>
<tr>
<td>Benefits of urgent care centers:</td>
<td></td>
<td><strong>Worldwide Urgent Coverage</strong></td>
</tr>
<tr>
<td>■ No advance appointment needed</td>
<td></td>
<td>Like emergency care, urgent care is covered worldwide, but any Part D prescription drugs that you receive as a part of your urgent care in another country will not be covered. The combined maximum coverage limit for emergency and urgent care outside of the U.S. is $100,000. If you use these services in other countries, you’ll need an itemized proof of payment and medical record of the care received to be reimbursed by Healthfirst.</td>
</tr>
<tr>
<td>■ Many have extended hours and are open seven days a week</td>
<td></td>
<td>Benefits of urgent care centers:</td>
</tr>
<tr>
<td>■ May cost less than visiting the emergency room</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Original Medicare Benefits vs. What You Pay With Healthfirst 65 Plus Plan

### Diagnostic Services/Labs/Imaging*

<table>
<thead>
<tr>
<th>Original Medicare pays the full costs of covered diagnostic lab tests</th>
<th>vs.</th>
<th>What You Pay With Healthfirst 65 Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>For diagnostic radiology services, outpatient x-rays, and therapeutic radiology services (such as radiation treatment for cancer); 20% coinsurance for each service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies to the Part B deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay for laboratory tests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$110 copay for outpatient diagnostic radiological services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$15 copay for X-rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20% coinsurance for therapeutic radiological services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$50 copay for diagnostic tests and procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic radiology services include MRIs and CT scans.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Hearing Services*

| Original Medicare does not cover any routine hearing services or hearing aids |
| vs. |
| $45 copay for diagnostic hearing and balance evaluations. |
| $0 copay for routine hearing exam (one every year). |
| $0 copay for evaluations for fitting hearing aids. |
| $0 copay for up to two entry-level hearing aids (maximum plan benefit coverage of $500 per ear every three years). Members may also use their $500 per ear allowance toward the cost of other hearing aids offered by a NationsHearing provider. You must obtain your hearing aids from a NationsHearing provider. Please contact NationsHearing by phone at 1-877-438-7251 (TTY 711) or on the web at NationsHearing.com/Healthfirst to schedule an appointment. |

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**Words to know on this page:**
- CT
- MRI
- Cost Sharing

To learn what these words mean, see the Glossary on page 29

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For additional information, including cost sharing, please refer to your Evidence of Coverage document. You can access Healthfirst 65 Plus Plan’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.
<table>
<thead>
<tr>
<th>Original Medicare Benefits</th>
<th>vs.</th>
<th>What You Pay With Healthfirst 65 Plus Plan</th>
</tr>
</thead>
</table>
| **Dental Services*** | Preventive dental services, $0 copay:  
- Cleanings (one every six months)  
- Dental X-rays (one every six months)  
- Oral exams (one every six months)  
- Fluoride treatments (one every six months)  
Comprehensive dental services, $100 deductible, $0 copay after $100 deductible has been met:  
- Diagnostic and non-routine services  
- Restorative services (including permanent silver amalgams and composite fillings)  
- Oral surgery  
- Root canal surgery  
- Periodontics (prosthetics/crowns)  
- Dentures, including adjustments and repairs  
Plan pays up to $1,500 per year for both preventive and comprehensive dental combined.  
For additional information, including cost shares and exclusions, please refer to your Evidence of Coverage document. You can access Healthfirst 65 Plus Plan’s Evidence of Coverage online at [HFMedicareMaterials.org](http://www.HFMedicareMaterials.org) or by calling 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy. |
| **Vision Services*** | $45 copay for Medicare-covered vision services, including diagnosis and treatment for diseases and conditions of the eye (including diabetic retinopathy)  
$0 copay for routine eye exams for eyeglasses/contacts and for glaucoma screening  
$0 copay for covered contact lenses (medically necessary)  
OR  
$0 copay for covered eyewear lenses and frames (i.e., standard lenses and frames in the “Fashion” tier collection)  
OR  
$20–$45 copay for upgrade frames within the “Designer” or “Premier” tier collection |

Original Medicare **does not cover** any routine dentistry, preventive dental care, or dentures. However, Original Medicare will pay for certain dental services that you get when you’re in a hospital, like if you need to have emergency or complicated dental procedures.

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.
<table>
<thead>
<tr>
<th>Original Medicare Benefits</th>
<th>vs.</th>
<th>What You Pay With Healthfirst 65 Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td>$100 benefit allowance for upgrade frames not included in the plan’s tiered collections, but offered by a participating network provider</td>
<td>OR</td>
</tr>
<tr>
<td>OR</td>
<td>$100 benefit allowance for elective contact lenses (i.e., those that are not medically necessary)</td>
<td></td>
</tr>
</tbody>
</table>

For additional information, including cost shares and exclusions, please refer to your Evidence of Coverage document. You can access Healthfirst 65 Plus Plan’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.

**Mental Health Services (including inpatient)**

Original Medicare covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

For services provided in a general hospital: After meeting the Medicare Part A deductible ($1,408) for each benefit period: $0 for inpatient days 1–60 (for each benefit period) and $352 per day for inpatient days 61–90 (for each benefit period) $704 per "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)

For outpatient mental health care and substance abuse services: 20% coinsurance for each service Applies to the Part B deductible

**Skilled Nursing Facility (SNF)**

$0 per day for days 1–20 each benefit period

$176 per day for days 21–100 each benefit period

3-day hospital stay required

Plan covers up to 100 days in a SNF per admission. No prior hospital stay is required.

$0 copay per day for days 1–20

$184 copay per day for days 21–100
<table>
<thead>
<tr>
<th>Original Medicare Benefits</th>
<th>vs.</th>
<th>What You Pay With Healthfirst 65 Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Therapy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20% coinsurance</td>
<td>vs.</td>
<td>$40 copay per visit</td>
</tr>
<tr>
<td>Applies to the Part B deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20% coinsurance for each service</td>
<td>vs.</td>
<td>$225 copay per one-way trip</td>
</tr>
<tr>
<td>Applies to the Part B deductible</td>
<td></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>Transportation (Routine/Non-Emergent)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original Medicare <strong>does not cover</strong> routine transportation</td>
<td>vs.</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>Medicare Part B Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20% coinsurance for each drug</td>
<td>vs.</td>
<td>20% coinsurance for Part B drugs such as chemotherapy drugs and others.</td>
</tr>
<tr>
<td>Applies to the Part B deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Original Medicare Benefits</strong></td>
<td>vs.</td>
<td><strong>What You Pay With Healthfirst 65 Plus Plan</strong></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td><strong>Other Covered Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Acupuncture</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original Medicare covers acupuncture for chronic low back pain up to 12 visits in 90 days under certain circumstances.</td>
<td>vs.</td>
<td>$0 copay</td>
</tr>
<tr>
<td>An additional eight sessions will be covered for where improvement is demonstrated. No more than 20 acupuncture treatments may be administered annually.</td>
<td>vs.</td>
<td>Plan covers acupuncture treatment for chronic low back pain up to 20 visits per year under certain circumstances. The plan also covers an additional 12 visits per year for other conditions, including chronic low back pain.</td>
</tr>
<tr>
<td>Treatment must be discontinued if no improvement or regression is noted.</td>
<td>vs.</td>
<td></td>
</tr>
<tr>
<td><strong>Rehabilitation Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20% coinsurance for each service</td>
<td>vs.</td>
<td>$0 copay for cardiac (heart) and intensive cardiac rehab services</td>
</tr>
<tr>
<td>Applies to the Part B deductible</td>
<td>vs.</td>
<td>$30 copay for pulmonary (lung) rehab services; $40 copay for occupational therapy, and speech and language therapy visits.</td>
</tr>
<tr>
<td>Occupational and speech therapy are subject to caps under Original Medicare</td>
<td>vs.</td>
<td>20% of the cost for renal dialysis.</td>
</tr>
<tr>
<td>$30 copay for Supervised Exercise Therapy (SET) for members that have symptomatic peripheral artery disease (PAD).</td>
<td>vs.</td>
<td></td>
</tr>
<tr>
<td><strong>Retail Health Clinic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20% coinsurance for each service</td>
<td>vs.</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Applies to the Part B deductible</td>
<td>vs.</td>
<td>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.</td>
</tr>
<tr>
<td>Covered services include, but are not limited to:</td>
<td>vs.</td>
<td>Diagnosis and treatment of minor acute illnesses</td>
</tr>
<tr>
<td>■ Diagnosis and treatment of minor acute illnesses</td>
<td>vs.</td>
<td>Medicare covered vaccinations</td>
</tr>
<tr>
<td>■ Routine foot care</td>
<td>vs.</td>
<td>The plan covers 12 routine foot care visits per year.</td>
</tr>
<tr>
<td><strong>Podiatry (Foot Care)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original Medicare <strong>does not cover</strong> routine foot care</td>
<td>vs.</td>
<td>$25 copay for</td>
</tr>
<tr>
<td>20% coinsurance for medically necessary treatment of foot injuries or diseases</td>
<td>vs.</td>
<td>■ Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs).</td>
</tr>
<tr>
<td>Applies to the Part B deductible</td>
<td>vs.</td>
<td>■ Routine foot care</td>
</tr>
<tr>
<td>The plan covers 12 routine foot care visits per year.</td>
<td>vs.</td>
<td></td>
</tr>
<tr>
<td>Other Covered Services</td>
<td>vs.</td>
<td>What You Pay With Healthfirst 65 Plus Plan</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td><strong>Medical Equipment/Supplies</strong></td>
<td>$0 copay for diabetes monitoring supplies, diabetes self-management training, and therapeutic shoes or inserts. 20% coinsurance for durable medical equipment. Examples of durable medical equipment are walkers, wheelchairs, oxygen tanks, crutches, and more. 20% coinsurance for prosthetic devices (braces, artificial limbs, etc.) and related medical supplies.</td>
<td></td>
</tr>
<tr>
<td>20% coinsurance for each service  Applies to the Part B deductible.</td>
<td>vs.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wellness Programs</th>
<th>Chiropractic Care* – $20 copay for manipulation of the spine to correct a subluxation (when one or more of the bones of your spine moves out of position). Nutrition Counseling – $0 copay for up to six preventive counseling and/or risk factor reduction visits annually, which must be provided by state-licensed or certified practitioners (i.e. physician, nurse, registered dietitian, or nutritionist). Sessions may be individual or group.</th>
</tr>
</thead>
<tbody>
<tr>
<td>20% coinsurance for manual manipulation of the spine if medically necessary to correct a subluxation when provided by a chiropractor or other qualified provider</td>
<td>vs.</td>
</tr>
<tr>
<td>Applies to the Part B deductible</td>
<td>Original Medicare <strong>does not cover</strong> Nutrition Counseling</td>
</tr>
<tr>
<td><strong>Nurse Help Line</strong></td>
<td>$0 copay</td>
</tr>
<tr>
<td>Original Medicare <strong>does not cover</strong> nursing helpline</td>
<td>vs.</td>
</tr>
<tr>
<td><strong>Home Health Agency Care</strong></td>
<td>$0 copay</td>
</tr>
<tr>
<td>You pay nothing for covered home health services</td>
<td>vs.</td>
</tr>
<tr>
<td><strong>Medicare Diabetes Prevention Program</strong></td>
<td>Program includes health behavior change sessions promoting weight loss through healthy eating and physical activity.</td>
</tr>
<tr>
<td>You pay nothing for covered services.</td>
<td>vs.</td>
</tr>
<tr>
<td>Original Medicare Benefits</td>
<td>vs.</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----</td>
</tr>
<tr>
<td><strong>Other Covered Services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Teladoc</strong></td>
<td></td>
</tr>
<tr>
<td>Original Medicare <strong>does not cover</strong> Teladoc services.</td>
<td>vs.</td>
</tr>
<tr>
<td><strong>Meals (Post-Discharge)</strong></td>
<td></td>
</tr>
<tr>
<td>Original Medicare <strong>does not cover</strong> a meal benefit.</td>
<td>vs.</td>
</tr>
<tr>
<td><strong>SilverSneakers®</strong></td>
<td></td>
</tr>
<tr>
<td>Original Medicare <strong>does not cover</strong> a fitness benefit.</td>
<td>vs.</td>
</tr>
</tbody>
</table>
Part D Prescription Drug Benefits

**Prescription Drug Tiers**

**Tier 1: Preferred Generic Drugs**
Tier 1 is your lowest-cost tier. Most generic drugs on the formulary are included in this tier. Most generic drugs contain the same active ingredients as brand drugs and are equally safe and effective. **The prescription drug deductible does not apply to this tier.**

**Tier 2: Generic Drugs**
This is your second lowest-cost tier. Additional generic drugs on the formulary are included in this tier.

**Tier 3: Preferred Brand and Generic Drugs**
This is your middle-cost tier. It includes some generic drugs that may be at a higher cost. Most drugs in this tier are preferred.

**Tier 4: Non-Preferred Drugs**
This is your second-highest-cost tier and includes non-preferred drugs.

**Tier 5: Specialty Tier Drugs**
The specialty tier is your highest-cost tier. A specialty tier drug is a very high cost or unique prescription drug which may require special handling and/or close monitoring. Specialty drugs may be brand or generic.

The amount you pay for drugs may change when you enter another phase of the Part D benefit. There are four phases of the Part D benefit: the deductible, the initial coverage phase, the coverage gap, and catastrophic coverage.

For Tier 1 drugs, there is no deductible. For Tier 2, Tier 3, Tier 4, and Tier 5 drugs, there is an annual deductible of $350. You must pay the full cost of these drugs until you reach this deductible amount. Once you reach the deductible amount, you pay the amounts shown in the chart on page 22 until your year-to-date payments plus any Healthfirst 65 Plus Plan drug payments total $4,130. After your payments reach $4,130, you will be responsible for most of the cost of your prescription drugs until you reach the catastrophic limit of $6,550. After you reach $6,550, your prescription drug costs will be reduced.

The other two drug coverage stages – the coverage gap and the catastrophic coverage stage – are for people with high drug costs. Most members do not reach these stages.

There is no deductible for Healthfirst 65 Plus Plan for select insulins. You pay a $35 copayment for a 30-day supply of select insulins.

For more information on phases of the benefit, please call us at **1-888-260-1010 (TTY 711)** or access our Evidence of Coverage online at [HFMedicareMaterials.org](http://HFMedicareMaterials.org).

You may get your drugs at network retail pharmacies and mail-order pharmacies.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.
<table>
<thead>
<tr>
<th>Tier</th>
<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>Tier 1 (Preferred Generic)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Tier 2 (Generic)</td>
<td>$10 copay</td>
<td>$30 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Tier 3 (Preferred Brand and Generic Drugs)</td>
<td>$47 copay</td>
<td>$141 copay</td>
<td>$47 copay</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Drug)</td>
<td>$100 copay</td>
<td>$300 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Tier 5 (Specialty Tier)</td>
<td>26% of the cost</td>
<td>26% of the cost</td>
<td>26% of the cost</td>
</tr>
</tbody>
</table>
Even though there is a deductible for Tiers 2–5, you can save money by filling 90-day supplies of these prescriptions through CVS/Caremark Mail Order Pharmacy.

Your costs may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us at 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy, or access our Evidence of Coverage online at HFMedicareMaterials.org.

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 1-888-542-3821).

Your costs may differ depending on the supply you receive (30 days, 60 days, or 90 days). Your costs may also differ if you get your drugs from a network pharmacy, an out-of-network pharmacy, a mail-order pharmacy, or a Long Term Care (LTC) facility, or if you need home infusion. Please contact Member Services at 1-888-260-1010 (TTY 1-888-542-3821) for specific information about your drug costs.

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

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

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.
Frequently Asked Questions (FAQs)

About Healthfirst 65 Plus Plan:

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

**Which doctors, hospitals, and pharmacies can I use?**
Healthfirst 65 Plus Plan has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan’s provider and pharmacy directory at our website (**HFDocFinder.org**). Or call us and we will send you a copy of the provider and pharmacy directories.

**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 65 Plus Plan with other insurance options:

**How is Healthfirst 65 Plus Plan different from Original Medicare?**
This offers additional benefits on top of Original Medicare (like dental, vision, hearing and acupuncture) and may be right for you if you do not qualify for extra financial help.

**How is Healthfirst 65 Plus Plan different from other Medicare HMOs?**
Unlike other HMOs, you don’t need a referral to see a specialist with the Healthfirst 65 Plus Plan.

**Plan costs:**

**How will I determine my drug costs?**
Our plan groups each medication into one of five “tiers.” See chart on page 22 for a general overview of your drug costs. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Earlier in this document, we discussed the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

**Will I have to pay a monthly premium or deductible?**
The Healthfirst 65 Plus Plan has a $0 premium and a $0 deductible for most medical and hospital services. There is an annual deductible of $100 for comprehensive dental services and an annual deductible of $350 for prescription drug tiers 2–5. For tier 1 drugs, there is no deductible.

**Whom should I contact if I need help with healthcare costs?**
Contact your Member Services. The number can be found on page 7.
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**
  - 34 E. 125th Street
  - (corner of 125th Street and Madison Avenue)

- **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)

- **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

#### NASSAU COUNTY

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

- **Green Acres Mall**
  - 2034 Green Acres Mall
  - Sunrise Highway, Level 1
  - (in the Kohl’s Wing)

### 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

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 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**
Begins the day you’re admitted into a hospital or Skilled Nursing Facility (SNF) and ends when you have been discharged. If you go into a hospital or a SNF 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.

**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 remaining cost. You will pay 20% of the remaining cost.

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

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

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

*Example:* If your health plan has a $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.

**CT**
Computed tomography is a medical 3-D imaging technique.
Deductible
The amount of money some people must pay in covered expenses each year before their plan or program pays anything for certain covered services. The deductible may not apply to all services.

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

Diabetes Screening
Test for high blood sugar levels.

Effective Date
The date on which your plan coverage begins.

Explanation of Benefits (EOB)
A form that you will receive that explains the treatments you 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.

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. You may also need to get a referral from your primary care doctor before seeing a specialist.

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 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.

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

Subsidy
Monetary assistance to help pay health insurance expenses, provided in the form of a refundable tax credit.
Coverage is provided by Healthfirst Health Plan, Inc.

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

Plans contain exclusions and limitations.

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

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

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

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

You must continue to pay your Medicare Part B premium.

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

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

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

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

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

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

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

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

本文件可以其他形式提供，例如盲文及大字印本。本文件可能有英語之外的其他語言文本。如需更多資訊，請給我們來電，電話號碼是1-888-260-1010。
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>Translation</th>
</tr>
</thead>
<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>Bengali</td>
<td>লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে বিশেষচর্চা ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-866-305-0408 (TTY: 1-888-542-3821).</td>
</tr>
<tr>
<td>Urdu</td>
<td>خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب بہیں کا ہیر .. (TTY: 1-888-542-3821) 1-866-305-0408</td>
</tr>
</tbody>
</table>