




















BENEFITS		Original Medicare ¹	Healthfirst Signature (HMO) ²
	Monthly Plan Premium 	\$144.60; may vary depending on your income and the amount of financial assistance you receive	\$0
	Primary Care Doctor 	\$198 deductible and 20% coinsurance	\$10 copay
	Specialist 	\$198 deductible and 20% coinsurance	\$45 copay
VISION	Routine Annual Exam	No coverage	\$0 copay
	Routine Eyewear  OR	No coverage	\$0 copay; 1 pair every 2 years
	Retail Allowance	Not available	Get \$100 every 2 years
HEARING	Routine Annual Exam	No coverage	\$0 copay
	Hearing Aids 	No coverage	\$0 copay; 2 hearing aids every 3 years [‡]
DENTAL	Cleanings, Exams, X-rays 	No coverage	\$0 copay*
	Other Dental Services	No coverage	\$0 copay for extractions, dentures, crowns, and more*
	Generic Drugs (one-month supply) 	No coverage	Tier 1 (Preferred Generic): \$0 copay Tier 2 (Generic): \$10 copay [†]
	Over-the-Counter (OTC) Items 	No coverage	Get \$35/quarter (\$140 per year) [‡]
	Routine Transportation 	No coverage	Get 12 one-way trips per year [‡]
	Inpatient Hospital Care 	\$1,408 deductible for each benefit period Days 1–60: \$0 copay per day; Days 61–90: \$352 copay per day; Days 91–150: \$704 copay per day	Days 1–5: \$403/day Days 6+: \$0/day Unlimited additional days ^{††}
	Emergency Care 	\$198 deductible and 20% coinsurance; worldwide care is generally not available, but there are exceptions	\$90 copay
	Urgent Care Coverage 	\$198 deductible and 20% coinsurance	\$65 copay
	Retail Health Clinic 	No coverage	\$15 copay
	Outpatient Diagnostic Procedures, Tests, and Lab Services 	\$198 deductible and 20% coinsurance for doctor services; a copay may be required for other services; 100% coverage of lab services	\$0 copay for lab services; \$50 copay for diagnostic procedures and tests
	Annual Wellness Visit and Health Screenings 	\$0 copay	\$0 copay
	Supplemental Acupuncture 	No coverage	\$0 copay; 12 visits per year
	Teladoc 	No coverage	\$0 copay
	SilverSneakers® 	No coverage	\$0 copay
	Long-Term Care Services and Supports 	No coverage	No coverage

¹2020 Original Medicare benefits.

²Healthfirst Signature (HMO) service areas are New York, Kings, Queens, Bronx, and Nassau counties (H5989), and Westchester County (H1722).

³Healthfirst Signature Choice Extras optional benefit. Upon plan enrollment, only one optional benefit can be chosen.

*\$100 deductible applies for comprehensive dental services. The \$100 deductible is waived for Healthfirst Signature enrollees who choose this as their Healthfirst Signature Choice Extras optional benefit. Maximum plan benefit is \$1,500 per year for combined preventive and comprehensive services.

†After \$350 deductible has been met.

††Based on medical necessity.

‡\$0 copay for entry-level hearing aids.

If you have questions or comments, please call Healthfirst Member Services at 1-877-237-1303 (TTY 1-888-542-3821), 7 days a week, 8am–8pm, Oct.–Mar.; Monday to Friday, Apr.–Sept. 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. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2020 Tivity Health, Inc. All rights reserved. Telemedicine (Teladoc) isn't a replacement for your Primary Care Provider (PCP). Your PCP should always be your first choice for care (both in-person and virtual visits). Healthfirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.