This Medicare Advantage plan may be right for you if you’re eligible for Medicare and cost-sharing assistance from Medicaid.

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

H3359 021
Snapshot of Benefits

Premium and Deductible

- Monthly Premium: As low as $0
- Annual Deductible

Doctor Visits (Primary Care)
- Specialist Care
- Dental
- Vision
- Routine Hearing
- Transportation (Routine/Non-Emergent)
- Acupuncture
- 24/7 Access to Care with Teladoc and the Nurse Help Line
- SilverSneakers® Fitness Program
- Meals (Post-Discharge)

$0 Copay

Allowance for Over-the-Counter (OTC) Items, Healthy Foods and Produce

$145 per month

for over-the-counter (non-prescription) drugs, health-related items, and healthy foods and produce
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Healthfirst Life Improvement Plan Overview

The Healthfirst Life Improvement Plan is a Dual-Eligible Special Needs Plan offering Medicare coverage with added-on benefits. This coverage is in addition to services you may be entitled to receive under New York State’s Medicaid program.
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 Life Improvement Plan offers Medicare coverage and some supplemental benefits.
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). A copy of the Healthfirst Life Improvement Plan’s EOC can be found online at HFMedicareMaterials.org.

Helpful Definitions

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

Coinsurance
The fee some members 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.

What makes you eligible to be a plan member?
• You have both Medicare Part A and Medicare Part B
• You are eligible for full Medicaid or eligible for Medicare cost-sharing assistance under Medicaid
• You live in either New York City, Nassau County, Westchester County, Orange County, Rockland County, or Sullivan County
• You are a United States citizen or are lawfully present in the United States

If you don’t qualify for Medicaid, 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.

In addition to your Healthfirst Life Improvement Plan coverage, you may also have coverage through Medicaid. The chart on page 13 lists the services covered by the Healthfirst Life Improvement Plan and whether Medicaid also covers those services. If you have full Medicaid or cost-sharing assistance under Medicaid, any copays and coinsurances will be taken care of by your Medicaid benefit.
With Medicaid, you will pay $0 for your Medicare healthcare services. Plus, it may cover healthcare services that are not usually covered under Medicare. You will receive “Extra Help” to pay for the costs of your Medicare prescription drugs. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive.

Healthfirst Life Improvement Plan can help you save more on your healthcare costs. Depending on your income, you could qualify for the Medicare Savings Program to pay your monthly Part B premium (see chart on the page 8).

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. Depending on your current status, you may not be qualified for all Medicaid benefits. However, while a member of our plan, you can access plan benefits.

You must be eligible for some level of Medicaid to be enrolled in Healthfirst Life Improvement Plan. For more information, please see page 28.
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)), we’ll reach out to you and help you through the process so you don’t have to do it alone. Healthfirst has 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.

Healthfirst Life Improvement Plan can help you save more on your Medicare costs. Depending on your income, you could qualify for the Medicare Savings Program to pay your monthly Part B premium. If you are still paying your monthly Medicare Part B premium, Healthfirst can help you enroll in the Medicare Savings Program to save those costs. Please call My Advocate at 1-800-804-9705 (TTY 1-855-368-9643), Monday to Friday, 9am–6pm.
Need Help Paying for Your Healthcare Costs?

You are likely already enrolled in the following financial assistance programs. However, if you are unsure of your enrollment status or have questions about qualifying, please call the numbers provided in the chart.

<table>
<thead>
<tr>
<th>Extra Help or Low-Income Subsidy (LIS) Administered by the Social Security Administration</th>
<th>Medicare Savings Programs (four levels) Administered by New York State</th>
<th>Medicaid Administered by New York State</th>
</tr>
</thead>
<tbody>
<tr>
<td>How this program helps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Pays Medicare Part D (prescription drug) monthly premiums up to $42.30 in 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Keeps Medicare Part D copays very low</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ All levels pay Part B premium ($144.60/month in 2020). Some pay Part A premium (if needed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Some pay Medicare copays and coinsurances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ None will pay costs of services Medicare does not cover</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Pays Medicare copays and coinsurances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Pays for some services that Medicare may not cover</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Does not pay Part B premium ($144.60/month in 2020)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you eligible for other programs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you have Extra Help, you may also have Medicaid and/or a Medicare Savings Program—but this is not necessarily the case, since the Extra Help income eligibility levels are higher.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Everyone with a Medicare Savings Program will also have Extra Help. Some people with Medicare Savings Programs will also have incomes that qualify them for Medicaid.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Everyone with Medicare and Medicaid will also have Extra Help. Some people with Medicare and Medicaid will also have incomes that qualify them for Medicare Savings Programs.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

If 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).
## Useful Contacts

<table>
<thead>
<tr>
<th>Plan Effective Date</th>
<th>Name of Healthfirst Sales Representative</th>
<th>Phone Number</th>
<th>Name of Primary Care Provider (PCP)</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

**Healthfirst Website**  
[healthfirst.org/medicare](http://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)  
TTY 711  
7 days a week, 24 hours a day

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](http://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 1-800-325-0778  
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 locations (visit healthfirst.org for locations) or call our Member Services at 1-888-260-1010 (TTY 1-888-542-3821) for assistance. If you use providers that are not in our network, we may not pay for these services.

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 Advantage plan’s formulary, visit HFMedicareMaterials.org. 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. You can also download a copy of the handbook by visiting medicare.gov/medicare-and-you/medicare-and-you.html.

Long-Term Care
If you need long-term care services, like a home health aide to help you bathe, dress, and complete other daily activities, contact a Healthfirst Intake representative at 1-212-360-0067 (TTY 1-800-662-1220), Monday to Friday, 8am–8pm; Saturday, 10am–6pm.
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

The following are the healthcare costs associated with the Healthfirst Life Improvement Plan. Remember, if you have full Medicaid benefits or Medicare cost-sharing assistance under Medicaid, it may help pay any healthcare expenses you may have:

<table>
<thead>
<tr>
<th>Monthly Premium</th>
<th>Deductible</th>
<th>Maximum Out-of-Pocket (MOOP) (Does not include prescription drugs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
<td>$3,450 for services received from in-network providers.</td>
</tr>
</tbody>
</table>

Important information:

Because you are a dual eligible Special Needs Plan member with Full Medicaid Benefits or cost-sharing assistance under Medicaid, 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 and we will provide updated rates as soon as Medicare releases them.

Because you have Medicare and some type of Medicaid, you have Extra Help (also called Low-Income Subsidy, or LIS).

This does not apply to prescription drug costs. However, with the Extra Help program, you pay low to no prescription drug costs.

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

Words/phrases to know on this page

Premium
Deductible
Original Medicare
Low Income Subsidy

To learn what these mean, see the Glossary on page 33
Healthfirst Life Improvement Plan Covered Medical and Hospital Benefits + Medicaid Assistance (in-network costs)

If you qualify for full Medicaid benefits or cost-sharing assistance under Medicaid, Medicaid will cover the Medicare deductibles, copays, and coinsurances. A checkmark ("✓") in the "Medicaid Assistance" column in the chart below means New York State Medicaid will help pay costs associated with the plan benefit. In most cases, you will pay nothing.

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

<table>
<thead>
<tr>
<th>Covered Benefit and What You Pay With Healthfirst Life Improvement Plan</th>
<th>Medicaid Assistance</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital Coverage*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per admission:</td>
<td>✓</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>
<td></td>
</tr>
</tbody>
</table>

Outpatient Hospital Services*

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 copay for an outpatient hospital service</td>
<td>✓</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.”</td>
</tr>
<tr>
<td>$0 copay for observation services</td>
<td></td>
<td>Observation services are hospital outpatient services used to determine if you need to be admitted as an inpatient or can be discharged.</td>
</tr>
</tbody>
</table>

Ambulatory Surgery Center*

<table>
<thead>
<tr>
<th></th>
<th>✓</th>
</tr>
</thead>
<tbody>
<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.
<table>
<thead>
<tr>
<th>Covered Benefit and What You Pay With Healthfirst Life Improvement Plan</th>
<th>Medicaid Assistance</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctor Visits (Primary Care Provider (PCP) and Specialists)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay for primary care and specialist visits</td>
<td>✓</td>
<td>It is very important that you visit your primary care physician and any specialists you need. To set up a visit with your primary care doctor, call <strong>1-888-260-1010</strong> (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.</td>
</tr>
</tbody>
</table>

**Preventive Care**

| $0 copay for Medicare-covered preventive care | Preventive Care 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 preventive care he or she recommends. Be sure to take advantage of all the no-cost preventive services 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](http://HFMedicareMaterials.org) or by calling **1-888-260-1010** (TTY 1-888-542-3821) to request a mailed copy. |
| Examples of preventive care include: | |
| ■ colonoscopies | |
| ■ mammograms | |
| ■ bone mass measurements | |
| ■ cardiovascular screening | |
| ■ diabetes screening | |
| ■ and other cancer screenings | |

**Words/Phrases to Know on This Page**

- Preventive Care
- Evidence of Coverage
- Colonoscopy
- Mammogram

To learn what these mean, see the Glossary on page 33.
<table>
<thead>
<tr>
<th>What You Pay With Healthfirst Life Improvement Plan</th>
<th>Medicaid Assistance</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Care</strong></td>
<td></td>
<td><strong>Emergency Services</strong></td>
</tr>
<tr>
<td>$0 copay for emergency care both in the U.S. and worldwide</td>
<td></td>
<td>You should seek emergency care if you believe that your health condition requires immediate medical care.</td>
</tr>
<tr>
<td></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></td>
<td></td>
<td><strong>Worldwide Emergency Coverage</strong></td>
</tr>
<tr>
<td></td>
<td></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.</td>
</tr>
<tr>
<td><strong>Urgently Needed Services</strong></td>
<td></td>
<td><strong>Urgently Needed Services</strong></td>
</tr>
<tr>
<td>$0 copay for urgently needed services both in the U.S. and worldwide</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></td>
<td></td>
<td><strong>Worldwide Urgent Coverage</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<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>
</tr>
<tr>
<td></td>
<td></td>
<td>Benefits of urgent care centers:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- No advance appointment needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Many have extended hours and are open seven days a week</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- May cost less than visiting the emergency room</td>
</tr>
<tr>
<td>What You Pay With Healthfirst Life Improvement Plan</td>
<td>Medicaid Assistance</td>
<td>What You Should Know</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>---------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td><strong>Diagnostic Services/Labs/Imaging</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay for each of the following:</td>
<td></td>
<td>Diagnostic radiology services include MRIs and CT scans</td>
</tr>
<tr>
<td>■ X-rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Therapeutic radiological services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Laboratory tests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Diagnostic tests and procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Diagnostic radiology services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Hearing Services** | | |
| $0 copay for diagnostic hearing and balance evaluations | | |
| $0 copay for routine hearing exam (one every year) | | You must obtain your hearing aids from a NationsHearing provider. |
| $0 copay for evaluations for fitting hearing aids | | Please contact NationsHearing by phone at 1-877-438-7521 (TTY 711) or on the web at nationshearing.com/healthfirst to schedule an appointment. |
| $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. | | |

Words/acronyms to know on this page:
CT
MRI

To learn what these mean, see the Glossary on page 33
### Dental Services*

<table>
<thead>
<tr>
<th>What You Pay With Healthfirst Life Improvement Plan</th>
<th>Medicaid Assistance</th>
<th>What You Should Know</th>
</tr>
</thead>
</table>
| $0 copay for covered dental visits                | ✓                   | Healthfirst Life Improvement Plan members receive coverage for preventive and comprehensive dental services. Preventive dental services:  
- 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:  
- 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  
For additional information, including cost shares and exclusions, please refer to your Evidence of Coverage document. You can access Healthfirst Life Improvement 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>What You Pay With Healthfirst Life Improvement Plan</th>
<th>Medicaid Assistance</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay for the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare-covered vision services, including diagnosis and treatment for diseases and conditions of the eye (including diabetic retinopathy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine eye exams for eyeglasses/contacts and for glaucoma screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covered contact lenses (medically necessary)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covered eyewear lenses and frames (i.e., standard lenses and frames in the “Fashion” or “Designer” tier collections)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20 copay for upgrade frames within the “Premier” tier collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$175 benefit allowance for upgrade frames not included in the plan’s tiered collections, but offered by a participating network provider</td>
<td></td>
<td>For additional information, including cost shares and exclusions, please refer to your Evidence of Coverage document. You can access Healthfirst Life Improvement Plan’s Evidence of Coverage online at <a href="http://HFMedicareMaterials.org">HFMedicareMaterials.org</a> or by calling <a href="">1-888-260-1010</a> (TTY 1-888-542-3821) to request a mailed copy.</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$175 benefit allowance for elective contact lenses (i.e., those that are not medically necessary)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>What You Pay With Healthfirst Life Improvement Plan</strong></td>
<td><strong>Medicaid Assistance</strong></td>
<td><strong>What You Should Know</strong></td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
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<td>------------------------</td>
</tr>
<tr>
<td><strong>Mental Health Services</strong>^*^</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient (per admission):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay for the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Group therapy visits</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>□ Individual therapy visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Substance abuse services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Opioid treatment services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>An inpatient hospital stay is when you visit the hospital for an illness or injury and the hospital doctor signs an order to admit you.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan covers up to 190 days in a lifetime for inpatient mental health care in a freestanding psychiatric hospital. However, depending on your level of Medicaid eligibility and level of medical necessity, you may be entitled to unlimited inpatient days. If you have used part of the 190-day Medicare lifetime benefit prior to enrolling in Healthfirst Life Improvement Plan, you are only entitled to receive the difference between the number of days already used and the Plan-authorized benefit.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The inpatient hospital care limit does not apply to inpatient mental services provided in a psychiatric unit of a general hospital.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility (SNF)</strong>^*^</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>For Medicare-covered SNF stays:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay for days 1–100</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>A SNF stay is for when you need skilled nursing care and rehabilitation services in a skilled nursing facility.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan covers up to 100 days in a SNF per admission. Depending on your level of Medicaid eligibility, you may be entitled to unlimited days. There is no limit to the number of benefit periods you can have. No prior hospital stay is required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical Therapy</strong>^*^</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>$0 copay per visit for physical therapy</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance</strong>^*^</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>$0 copay for emergency ambulance services</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<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>
<td></td>
<td></td>
</tr>
<tr>
<td>What You Pay With Healthfirst Life Improvement Plan</td>
<td>Medicaid Assistance</td>
<td>What You Should Know</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td><strong>Transportation (Routine/Non-Emergent)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay for up to 28 one-way trips per year</td>
<td>✓</td>
<td>We will arrange for transportation to an approved provider location. You must call Healthfirst at least two (2) days in advance. Plan covers up to 28 one-way trips, and Medicaid covers the cost of any additional trips afterwards (if you qualify). Call Member Services at <strong>1-888-260-1010</strong> (TTY 1-888-542-3821) to arrange for transportation.</td>
</tr>
<tr>
<td><strong>Medicare Part B Drugs</strong></td>
<td>✓</td>
<td>Step Therapy may be required.</td>
</tr>
<tr>
<td>$0 copay for Part B drugs such as chemotherapy drugs and others</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>Over-the-Counter/Healthy Foods and Produce Allowance</strong></td>
<td></td>
<td>The benefit is provided as an OTC/Healthy Foods and Produce card; 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. Unused balances expire at the end of each month or upon disenrollment from Healthfirst Life Improvement Plan. Please visit the Healthfirst Life Improvement Plan section of our <a href="http://healthfirst.org/otc">healthfirst.org/otc</a> website to see our list of covered over-the-counter items. You can order OTC items online and have them shipped to your home, at no additional cost. Visit <a href="https://NationsOTC.com/Healthfirst">NationsOTC.com/Healthfirst</a> and place an online order or call <strong>1-877-236-7027</strong> (TTY 711), Monday to Friday, 8am–8pm, to request a catalog and place your order over the phone. If you need help placing an OTC order, please contact NationsOTC at <strong>1-877-236-7027</strong> and have your 19-digit OTC card number available.</td>
</tr>
</tbody>
</table>

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.
### What You Pay With Healthfirst Life Improvement Plan

**Medicaid Assistance**

**What You Should Know**

### Other Covered Services

#### Acupuncture

- **$0 copay for each acupuncture visit**

  - Plan covers acupuncture treatments for chronic low back pain up to 20 visits per year under certain circumstances.

  - The plan also covers an additional 30 visits per year for other conditions, including chronic low back pain.

#### Rehabilitation Services

- **$0 copay for the following:**
  - Renal dialysis
  - Cardiac and intensive cardiac rehabilitation services
  - Pulmonary (lung) rehabilitation services
  - Medicare-covered occupational therapy visits, and/or speech and language pathology visits
  - Supervised Exercise Therapy (SET) for members that have symptomatic peripheral artery disease (PAD).

  - Retail health clinics are inside retail pharmacy stores (such as Minute Clinic at CVS), providing a way for members to access walk-in care (without an appointment), even during evenings and weekends. Retail health clinics do not include urgent care centers.

  - Covered services include, but are not limited to:
    - Diagnosis and treatment of minor acute illnesses
    - Medicare-covered vaccinations

### Retail Health Clinic

- **$0 copay**

  - Retail health clinics are inside retail pharmacy stores (such as Minute Clinic at CVS), providing a way for members to access walk-in care (without an appointment), even during evenings and weekends. Retail health clinics do not include urgent care centers.

  - Covered services include, but are not limited to:
    - Diagnosis and treatment of minor acute illnesses
    - Medicare-covered vaccinations
<table>
<thead>
<tr>
<th>Other Covered Services</th>
<th>Medicaid Assistance</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Podiatry (Foot Care)</strong></td>
<td></td>
<td>This plan covers 12 routine visits per year.</td>
</tr>
<tr>
<td>Covered services include:</td>
<td></td>
<td></td>
</tr>
<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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay for routine foot care</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Equipment/Supplies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay for the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Durable medical equipment</td>
<td>$0</td>
<td>Examples of durable medical equipment and supplies are walkers, wheelchairs, oxygen tanks, and more.</td>
</tr>
<tr>
<td>■ Prosthetic devices</td>
<td>$0</td>
<td>Examples of prosthetic devices include braces, artificial limbs, and more. As a dual-eligible member, you are entitled to additional Medicaid-covered prosthetics, orthotics, and orthopedic footwear.</td>
</tr>
<tr>
<td>■ Diabetes supplies and services</td>
<td>$0</td>
<td>Examples of diabetes supplies and services include:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>■ diabetes-monitoring supplies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>■ diabetes self-management training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>■ therapeutic shoes or inserts</td>
</tr>
<tr>
<td><strong>Wellness Programs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay for the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ All preventive services covered under Original Medicare</td>
<td></td>
<td>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare. The plan covers the following supplemental education/wellness programs:</td>
</tr>
<tr>
<td>■ Chiropractic care*—Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)</td>
<td></td>
<td>■ Health Education</td>
</tr>
<tr>
<td>■ Nutritional Counseling*—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.</td>
<td></td>
<td>■ Nutritional Education</td>
</tr>
<tr>
<td>Other Covered Services</td>
<td>Medicaid Assistance</td>
<td>What You Should Know</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td><strong>Nurse Help Line</strong></td>
<td></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>
<td></td>
</tr>
<tr>
<td><strong>Home Health Agency Care</strong></td>
<td></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.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meals (Post-Discharge)</strong></td>
<td></td>
<td>Up to 84 home-delivered meals for up to 28 days after a discharge from the hospital to home or skilled nursing facility to home with a stay greater than 2 days.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SilverSneakers®</strong></td>
<td></td>
<td>SilverSneakers 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>
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</tr>
<tr>
<td><strong>Teladoc</strong></td>
<td></td>
<td>Teladoc connects you with board-certified doctors 24 hours a day, 7 days a week for video or phone chat using your smartphone, tablet, or computer. These doctors can help diagnose, treat, and even write prescriptions for a variety of non-emergency conditions. However, this program is not a substitute for your primary care doctor. You must follow up with your primary care doctor for any treatment provided by Teladoc.</td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
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</tbody>
</table>
Medicare Part D Prescription Drug Benefits

<table>
<thead>
<tr>
<th>What You Pay</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because you have Extra Help, also known as Low-Income Subsidy (LIS), you pay little to no drug copays. However, 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. With Extra Help, your deductible amount will be either $0 or $92 and you pay the same low copays (shown in the chart below) through the initial coverage, and coverage gap phases. If and when you reach catastrophic coverage, you may notice that your drug copays decrease. 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</td>
<td>To learn more about Extra Help, see the chart on page 8. If you are unsure of your Extra Help status, contact My Advocate at 1-800-804-9705 (TTY 1-855-368-9643), Monday to Friday, 9am–6pm. OR Social Security at 1-800-772-1213.</td>
</tr>
</tbody>
</table>

Depending on your level of Extra Help, you only have to pay the following for your prescription drugs (up to a 90-day supply):

<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>For generic drugs (including brand drugs treated as generic)</td>
<td>$0 copay or $1.30 copay or $3.70 copay or 15% of the cost</td>
<td>$0 copay or $1.30 copay or $3.70 copay or 15% of the cost</td>
<td>$0 copay or $1.30 copay or $3.70 copay or 15% of the cost</td>
</tr>
<tr>
<td>For all other drugs</td>
<td>$0 copay or $4.00 copay or $9.20 copay or 15% of the cost</td>
<td>$0 copay or $4.00 copay or $9.20 copay or 15% of the cost</td>
<td>$0 copay or $4.00 copay or $9.20 copay or 15% of the cost</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).

Enjoy the convenience of prescription home delivery with our mail-order pharmacy service.

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
Healthfirst Life Improvement Plan Eligibility

The Healthfirst Life Improvement Plan is available to anyone with both Medicare Parts A and B who has full Medicaid or receives cost-sharing assistance from the state Medicaid program to cover Medicare cost sharing, also known as a Medicare Savings Program (MSP). You must be enrolled in the following MSP or Medicaid categories to be eligible for the Healthfirst Life Improvement Plan:

- **Qualified Medicare Beneficiary (QMB)**—Members with QMB status are covered by the New York Medicaid program for their Medicare cost sharing. Some QMB members are also eligible for full Medicaid benefits (QMB+)

- **Full Benefit Dual Eligible (FBDE)**—Members with FBDE status are enrolled in the New York Medicaid program that pays for their Medicare cost sharing. These members are also eligible to receive additional Medicaid benefits.

- **Specified Low-Income Medicare Beneficiary Plus (SLMB+)**—Members with SLMB+ status are covered by the New York Medicaid program for their Medicare cost sharing. Members are also eligible for full Medicaid benefits.
Frequently Asked Questions (FAQs)

About the Healthfirst Life Improvement Plan

Who can join the Healthfirst Life Improvement Plan?
To join the Healthfirst Life Improvement Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and New York State Medicaid, and live in our service area. Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Sullivan, and Westchester.

Which doctors, hospitals, and pharmacies can I use?
Healthfirst Life Improvement 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.

How does Healthfirst Life Improvement Plan work with my Medicaid?
It works with your Medicaid benefits to lower your healthcare costs. If you’re eligible for full Medicaid benefits or cost-sharing assistance under Medicaid, your deductible, copays, and coinsurances would be $0.

Will I lose my Medicaid once I join Healthfirst Life Improvement Plan?
No, as you must continue to be eligible to receive Medicaid in order to stay enrolled in Healthfirst Life Improvement Plan. Healthfirst Life Improvement Plan offers Medicare coverage with added-on benefits and also helps you access your Medicaid benefits through New York State. Please continue to recertify your Medicaid benefits each year.
Plan costs:

**Will I have to pay a monthly premium or deductible?**
Because you are eligible for full Medicaid or cost-sharing assistance under Medicaid, your premium, deductible, copays, and coinsurances will be $0.

**Will I have to pay for healthcare services?**
Because you are eligible for full Medicaid or cost-sharing assistance under Medicaid, your healthcare services cost-sharing are covered by Medicaid.

**How will I determine my drug costs?**
Because you have Medicare and Medicaid, you have Extra Help (also called Low-Income Subsidy, or LIS). That means your prescription copay will depend on your level of Medicaid eligibility. For more information on what copays you will pay, if any, see the chart on page 25.

**Whom should I contact if I need more help with healthcare costs?**
Contact 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 for details.
Comparing Healthfirst Life Improvement Plan with other insurance options:

How is the Healthfirst Life Improvement Plan different from Original Medicare?
The Healthfirst Life Improvement Plan offers additional benefits (such as dental, vision, hearing, OTC, and healthy foods) on top of Original Medicare and may be right for you if you have special healthcare needs and you’re eligible for Medicare and some assistance from Medicaid.

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

28 E. Broadway
(between Catherine and Market 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 (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](http://healthfirst.org/locations) for our hours of operation, and visit [HFVirtualCommunityOffice.org](http://HFVirtualCommunityOffice.org) to connect with a local Healthfirst representative in your area.
Glossary

**Benefit Period**
Begins the day you’re admitted into a hospital or skilled nursing facility 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 some members owe a 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.

If you have full Medicaid or cost-sharing assistance under Medicaid, Medicaid will pay the remaining 20% coinsurance.

**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 some members 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). If you have full Medicaid or cost-sharing assistance under Medicaid, Medicaid will pay most or all of any copayments.

**Cost Sharing**
The general term for your health expenses, including deductibles, coinsurance, and copayments. If you have full Medicaid or cost-sharing assistance under Medicaid, Medicaid will pay most or all of your cost sharing.

**Covered Service**
A service that that you are entitled to and which your plan will cover under the terms of your plan. If you have full Medicaid or cost-sharing assistance under Medicaid, Medicaid pays all or most of your cost sharing.

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

**Deductible**
The amount of money some members 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. If you have full Medicaid or cost-sharing assistance under Medicaid, Medicaid will pay your costs during the deductible.

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 Life Improvement Plan, 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.

Hospital Affiliation
Shows the hospital(s) where a doctor/provider can treat patients.

In-Network Provider
The doctors and hospitals that are part of the Healthfirst network who provide healthcare to our members.

Inpatient
An inpatient hospital stay is when a doctor admits you into the hospital for treatment.
**Mammogram**
A diagnostic X-ray of the breast.

**Maximum Out-of-Pocket (MOOP)**
The most you have to pay each year for expenses covered by your plan (i.e., the sum of the deductible, copay, and coinsurance amounts). Once you reach this amount, you do not pay anything for most services. This does not include your monthly premium costs, any charges from out-of-network healthcare providers, prescription drug costs, 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, copays, 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 (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. If you are having trouble affording your monthly Part B premium, contact 1-888-260-1010 (TTY 1-888-542-3821) to see if you may be eligible for a Medicare Savings 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. Healthfirst Life Improvement Plan 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 Life Improvement Plan is a special needs plan for people who have Medicare and full Medicaid or cost-sharing assistance under Medicaid.
Coverage is provided by Healthfirst Health Plan, Inc.

Healthfirst Health Plan, Inc. is an HMO plan with a Medicare contract and a Coordination of Benefits Agreement with the New York State Department of Health. 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.

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.

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 both Medical Assistance from the State and Medicare.

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 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，聴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)
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<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>
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<tr>
<td>Yiddish</td>
<td>אпередא: לא ידיע על יידיש, הענש פאראלא באית שפורערא היילס סנייוויסום פארו פור. (TTY: 1-888-542-3821) 1-866-305-0408</td>
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<tr>
<td>Bengali</td>
<td>লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৬৬-৩০৫-০৪০৮ (TTY: 1-888-542-3821).</td>
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<td>Urdu</td>
<td>خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (TTY: 1-888-542-3821) 1-866-305-0408</td>
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