



Changes to the  
Healthfirst CompleteCare (HMO D-SNP)  
2023  
Evidence of Coverage

[Insert Date]

**This is important information on changes in your Healthfirst CompleteCare (HMO D-SNP) coverage.**

We previously sent you the Evidence of Coverage (EOC) which provides information about your coverage as an enrollee in our plan. This notice is to let you know there were errors in your EOC. Below you will find information describing and correcting the errors. Please keep this information for your reference. The correct EOC can be found on our website at [HFMedicareMaterials.org](https://HFMedicareMaterials.org).

## Changes to your EOC

<b>Where you can find the error in your 2023 EOC</b>	<b>Original Information</b>	<b>Corrected Information</b>	<b>What does this mean for you?</b>
<p>On page 75, under “Section 2.1 - Your medical benefits including long-term services and support, as a member of the plan” of “Chapter 4 - Medical Benefits Chart (what is covered)” your Evidence of Coverage states the following under the column titled “What you must pay when you get these services” for the “Medicare Part B prescription drugs” benefit:</p>	<p>There is no coinsurance, copayment, or deductible for Medicare Part B prescription drugs.</p>	<p>There is no coinsurance, copayment, or deductible for chemotherapy/ radiation drugs and other Medicare Part B prescription drugs.</p> <p>There is no coinsurance, copayment, or deductible for a one-month supply of Medicare Part B Insulin products covered by our plan.</p>	<p>There is no coinsurance, copayment, or deductible for chemotherapy/ radiation drugs and other Medicare Part B prescription drugs.</p> <p>There is no coinsurance, copayment, or deductible for a one-month supply of Medicare Part B Insulin products covered by our plan.</p>

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions, please call us at 1-888-260-1010 (TTY only, call 1-888-542-3821). We are available for phone calls from 8am–8pm, 7 days a week (October to March), and from 8am–8pm, Monday to Friday (April to September).

To view your EOC, go to [HFMedicareMaterials.org](https://www.hfmedicarematerials.org) or to request this document, please call 1-888-260-1010 (TTY 1-888-542-3821), 7 days a week, 8am–8pm (October through March), and Monday to Friday, 8am–8pm (April through September), to speak with a Member Services representative.

Coverage is provided by Healthfirst Health Plan, Inc. or Healthfirst Insurance Company, Inc. ("Healthfirst"). Healthfirst Medicare Plan has HMO and PPO plans with a Medicare contract. Our SNPs also have contracts with the NY State Medicaid program. Enrollment in Healthfirst Medicare Plan depends on contract renewal.

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-305-0408 (TTY 1-888-867-4132).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-305-0408 (TTY 1-888-542-3821)。