Life Improvement Plan (HMO SNP)

2019 Summary of Benefits

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

New York City, Nassau and Westchester Counties
January 1, 2019–December 31, 2019
Snapshot of Benefits

Premium and Deductible
As low as $0 Monthly Premium
Annual Deductible

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

24/7 Access to Care with Teladoc and the Nurse Help Line
SilverSneakers
Post-Hospitalization Meals

Over-the-Counter (OTC) Benefits
Up to $1,200 per year for nonprescription drugs, nicotine replacement therapy, and over-the-counter items ($100/month)
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Healthfirst Life Improvement Plan (HMO SNP) 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 www.HFMedicareMaterials.org.

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 www.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.

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, or Westchester County
• You do not have End-Stage Renal Disease (ESRD), with limited exceptions, such as if you develop ESRD when you are already a member of a plan that we offer, or you were a member of a different plan that was terminated
• You are a United States citizen or are lawfully present in the United States
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 may also 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 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 the Medicaid office in your area: New York City Human Resources Administration at **1-718-557-1399**; Nassau County Department of Social Services at **1-516-227-8000**; Westchester County Department of Social Services at **1-914-995-3333**.

Contact the Medicaid office in your area for the most current and accurate information regarding your Medicaid eligibility and benefits. You may also contact Healthfirst Life Improvement Plan Member Services at **1-888-260-1010** (TTY 1-888-542-3821) for additional assistance.

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

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 next page).
# Need Help Paying for Your Healthcare Costs?

If you have Medicare and your income is under a certain amount, you may qualify for the following financial assistance programs:

<table>
<thead>
<tr>
<th>How this program helps</th>
<th>Extra Help or Low-Income Subsidy (LIS)</th>
<th>Medicare Savings Programs (four levels)</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ Pays Medicare Part D (prescription drug) monthly premiums up to $39.30 in 2019</td>
<td>■ All levels pay Part B premium ($134/month in 2018). Some pay Part A premium (if needed)</td>
<td>■ Pays Medicare copays and coinsurances</td>
<td>■ Pays Medicare copays and coinsurances</td>
</tr>
<tr>
<td>■ Keeps Medicare Part D copays very low</td>
<td>■ Some pay Medicare copays and coinsurances</td>
<td>■ Pays for some services that Medicare may not cover</td>
<td>■ Pays for some services that Medicare may not cover</td>
</tr>
<tr>
<td></td>
<td>■ None will pay costs of services Medicare does not cover</td>
<td>■ Does not pay Part B premium ($134/month in 2018)</td>
<td></td>
</tr>
</tbody>
</table>

### Are you eligible for other programs?

- 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.
- 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.
- 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.

### For more information, contact Member Services at 1-888-260-1010 (TTY 1-888-542-3821)

- OR
  - Social Security at 1-800-772-1213
  - ssa.gov/medicare/prescriptionhelp/

- OR
  - New York City Human Resources Administration: 1-718-557-1399
  - Westchester Department of Social Services: 1-914-995-3333
  - Nassau Department of Social Services: 1-516-227-8000

- OR
  - New York City Human Resources Administration: 1-718-557-1399
  - Westchester Department of Social Services: 1-914-995-3333
  - Nassau Department of Social Services: 1-516-227-8000
You may qualify for one, two, or all three programs, depending on your income and your needs. Each program has different income eligibility levels. Extra Help has the highest income eligibility level; Medicaid has the lowest. Call 1-888-260-1010 (TTY 1-888-542-3821) to find out if you qualify for these programs.

If you have any of these programs, you may also qualify for Elderly Pharmaceutical Insurance Coverage (EPIC), New York State’s Pharmaceutical Assistance Program. EPIC also helps with drug costs and premiums. You can have both EPIC and Extra Help together. You may also qualify for EPIC even if you don’t qualify for Extra Help, Medicare Savings Program, or Medicaid. Call 1-800-332-3742 (TTY 1-800-290-9138) for more information.

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

Plan Effective Date

Name of Healthfirst Sales Representative

Phone Number

Name of Primary Care Provider (PCP)

Address

Phone Number

Healthfirst Website
www.healthfirst.org/medicare

Healthfirst Medicare Plans (for non-members)
1-877-237-1303
TTY 1-888-542-3821
7 days a week, 8am–8pm

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

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

Healthfirst’s 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
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

Medicare
1-800-MEDICARE (1-800-633-4227)
TTY 1-877-486-2048
7 days a week, 24 hours a day
www.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
Useful Information

Provider/Pharmacy Directory
The best way to find a doctor or specialist and pharmacy in the Healthfirst network is to visit www.HFDocFinder.org. You may also stop by one of our convenient community locations (visit www.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 Plan Formulary, visit www.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 www.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 www.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 Member Services at 1-888-260-1010 (TTY 1-888-542-3821), 7 days a week, 8am–8pm.

Word to know on this page:
Formulary
To learn what this means, see the Glossary on page 32
**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) <em>(Does not include prescription drugs)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
<td>$3,400 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 ($134 in 2018) 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!

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

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

To learn what these mean, see the Glossary on page 32.
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><strong>Inpatient Hospital Coverage</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per admission: $0 copay</td>
<td>✔</td>
<td>Plan covers unlimited number of days for an inpatient hospital stay, based on medical necessity.</td>
</tr>
<tr>
<td><strong>Outpatient Hospital Services</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay for an outpatient hospital visit</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 &quot;outpatient&quot; and will be required to pay the cost-sharing amounts for outpatient surgery. Even if you stay in the hospital overnight, you might still be considered an “outpatient.”</td>
</tr>
<tr>
<td>$0 copay for each ambulatory surgery visit</td>
<td></td>
<td></td>
</tr>
<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. Members have no-cost doctor visits. To set up a visit with your primary care doctor, call 1-888-260-1010 (TTY 1-888-542-3821).</td>
</tr>
</tbody>
</table>
### Preventive Care

<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>
</table>

### $0 copay for Medicare-covered preventive exams

Examples of preventive care include:
- colonoscopies
- mammograms
- bone mass measurements
- cardiovascular screening
- diabetes screening
- and other cancer screenings

Preventive Care includes a $0 annual wellness visit, which provides height, weight, blood pressure, and other routine exams.

**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 [www.HFMedicareMaterials.org](http://www.HFMedicareMaterials.org) or by calling **1-888-260-1010** (TTY 1-888-542-3821) to request a mailed copy.

Also, speak to your doctor at your annual visit to ask what preventive services he or she recommends.

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

- Preventive Care
- Evidence of Coverage
- Colonoscopy
- Mammogram

To learn what these mean, see the Glossary on page 32
<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>If you do not think your health condition is severe enough to need emergency care, but you still need medical attention, consider Urgent Care (see below). Emergency care and urgently needed services are available worldwide. If you used 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. The maximum coverage limit amount for emergency/urgent care services outside the U.S. is $100,000 per year. Healthfirst Life Improvement Plan will not cover any Part D prescription drugs that you receive as part of your emergency care in another country. If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</td>
</tr>
<tr>
<td>$0 copay for domestic and worldwide emergency room visits</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>You should seek emergency care if you believe that your health condition requires immediate medical care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| <strong>Urgently needed services</strong>                     |                     | 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. Like emergency care, urgent care is covered worldwide, but any Part D prescription drugs that you receive as part of your urgent care in another country will not be covered. The maximum coverage limit amount for emergency/urgent care services outside the U.S. is $100,000 per year. Benefits of urgent care centers: |
| $0 copay for domestic and worldwide urgent care visits |                     | ✓                   |
|                                                   |                     | ■ No advance appointment needed |
|                                                   |                     | ■ Many have extended hours and are open seven days a week |
|                                                   |                     | ■ May cost less than visiting the emergency room |</p>
<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>Diagnostic Services/Labs/Imaging</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay for each of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Diagnostic radiology services like CTs and MRIs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Diagnostic tests and procedures (depending on the services)</td>
<td></td>
<td>Radiology services include MRIs and CT scans</td>
</tr>
<tr>
<td>■ Outpatient X-rays</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>■ Therapeutic radiology services (such as radiation treatment for cancer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Lab services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hearing Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay for exam to diagnose and treat hearing and balance issues</td>
<td></td>
<td>Plan also pays up to $1,000 every three years for the purchase and fitting of hearing aids</td>
</tr>
<tr>
<td>$0 copay for routine hearing exam (one every year)</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>$0 copay for hearing aids</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Words/acronyms to know on this page:**

Outpatient  
CT  
MRI

To learn what these mean, see the Glossary on page 32
<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>
| Dental Services* |                      | Healthfirst Life Improvement Plan members receive coverage for preventive and comprehensive dental services. Dental services include, but aren’t limited to: preventive, prophylactic, and other dental care, services, supplies, routine exams, oral surgery (when not covered by Medicare), and dental prosthetic and orthotic appliances required to alleviate a serious health condition, including one which affects employability. Preventive dental services: $0 copay  
- Cleanings (one every six months)  
- Dental X-rays (one every six months)  
- Oral exams (one every six months)  
Comprehensive dental services: $0 copay  
- 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 [www.HFMedicareMaterials.org](http://www.HFMedicareMaterials.org) or by calling 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy. |

$0 copay for covered dental visits

**Helpful Definition**

**Inpatient**

An inpatient hospital stay is when a doctor admits you into the hospital for treatment.
<table>
<thead>
<tr>
<th>Vision Services*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Services*</td>
</tr>
<tr>
<td><strong>Vision Services</strong></td>
</tr>
<tr>
<td><strong>What You Pay With Healthfirst Life Improvement Plan</strong></td>
</tr>
<tr>
<td><strong>Medicaid Assistance</strong></td>
</tr>
<tr>
<td><strong>What You Should Know</strong></td>
</tr>
</tbody>
</table>

$0 copay for the following:

- One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery
- Medicare-covered exams to diagnose and treat diseases and conditions of the eye
- One supplemental routine eye exam every year
- One pair of eyeglasses or one pair of contact lenses every year with no prior Medicare-defined cataract surgery requirement

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

Additional benefits include one routine eye exam, including annual glaucoma screenings for those at high risk and one pair of eyeglasses or contact lenses every year, as follows:

- One (1) pair of contact lenses or eyeglasses (frames and lenses) every year with no prior Medicare-defined cataract surgery requirement
- You can choose from our exclusive collection that features three (3) levels of frames:
  - Fashion Frames: $0 copay
  - Designer Frames: $20 copay
  - Premier Frames: $45 copay
- Non-plan frames or contact lenses selected outside of the plan’s exclusive collection and from the provider’s own supply are subject to a $100 maximum coverage limit every year

We also cover enhanced lenses at an additional copay. These include, but are not limited to: ultra-progressive lenses, polycarbonate lenses, anti-reflective coating lenses, polarized lenses, high-index lenses, and more.**

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 [www.HFMedicareMaterials.org](http://www.HFMedicareMaterials.org) or by calling [1-888-260-1010](tel:1-888-260-1010) (TTY 1-888-542-3821) to request a mailed copy.

**Note: Designer or Premier Frames, Enhanced Lens or Frames options are not included features of our additional vision benefits. However, through an arrangement with our vision vendor, Healthfirst is able to offer these additional features at significantly reduced costs to our members. Therefore, these copays do not count towards your annual Medicare Maximum Out-of-Pocket (MOOP) cost.
## What You Pay With Healthfirst Life Improvement Plan

### Mental Health Services*

**Inpatient (per admission):**
$0 copay for days 1–190

**Outpatient:**
$0 copay for the following:
- Group therapy visits
- Substance abuse services
- Individual therapy visits

<table>
<thead>
<tr>
<th>Medicaid Assistance</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<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. 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. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Psych admissions to a general acute care hospital apply the inpatient hospital cost sharing.</td>
</tr>
</tbody>
</table>

### Skilled Nursing Facility (SNF)*

For Medicare-covered SNF stays:
$0 copay for days 1–100

<table>
<thead>
<tr>
<th>Medicaid Assistance</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A SNF stay is for when you need additional rehabilitative or skilled nursing care after being discharged from hospital stay. Plan covers up to 100 days in a SNF per benefit period. 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>
</tr>
</tbody>
</table>

### Helpful Definition

**Benefit Period**

Timeframe that begins the day you are admitted to the hospital as an inpatient and ends when you’ve been discharged.
<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>Physical Therapy</strong>&lt;sup&gt;*&lt;/sup&gt;</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>&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay for emergency ambulance services</td>
<td>✓</td>
<td>You need emergency ambulance transportation if you need care that keeps you alive or keeps your health while being moved.</td>
</tr>
<tr>
<td><strong>Routine Transportation</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No-cost transportation to your doctor—up to 16 one-way trips per year</td>
<td>✓</td>
<td>We will arrange for one-way car service to an approved provider location. You must call Healthfirst Life Improvement Plan Member Services for authorization at least two (2) days in advance. Plan covers up to 16 trips, and Medicaid covers the cost of any additional trips afterwards (if you qualify). After you schedule your doctor’s visit, call Member Services at 1-888-260-1010 (TTY 1-888-542-3821) to arrange for transportation.</td>
</tr>
<tr>
<td><strong>Medicare Part B Drugs</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covered under Medicare Part B. $0 copay for:</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>■ Medicare Part B chemotherapy drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Other Medicare Part B drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rehabilitation Services</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay for the following:</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>■ Renal dialysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Cardiac and intensive cardiac rehabilitation services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Pulmonary (lung) rehabilitation services</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>■ Medicare-covered occupational therapy visits, and/or speech and language pathology visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Supervised Exercise Therapy (SET) for members that have symptomatic peripheral artery disease (PAD).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Other Covered Services

### Podiatry (Foot Care)*

Covered services include:
- $0 copay for diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs)
- $0 copay for routine foot care

<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></td>
<td>✓</td>
<td>This plan covers 12 routine visits per year.</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>Medical Equipment/Supplies</strong></td>
<td>$0 copay for the following:</td>
<td>Examples of durable medical equipment and supplies are walkers, wheelchairs, oxygen tanks, and more.</td>
</tr>
<tr>
<td></td>
<td>■ Medicare-covered durable medical equipment</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></td>
<td>■ Prosthetic devices</td>
<td>Examples of diabetes supplies and services include:</td>
</tr>
<tr>
<td></td>
<td>■ Diabetes supplies and services</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>$0 copay for the following:</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></td>
<td>■ All preventive services covered under Original Medicare</td>
<td>■ Health Education</td>
</tr>
<tr>
<td></td>
<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>■ Nutritional Education</td>
</tr>
<tr>
<td></td>
<td>■ Acupuncture (up to 30 visits every year)</td>
<td><strong>Healthfirst’s Nurse Help Line</strong></td>
</tr>
<tr>
<td><strong>Healthfirst’s Nurse Help Line</strong></td>
<td>$0 copay</td>
<td>Healthfirst’s 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>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>Home Health Agency Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Post-Hospitalization Meals</strong></td>
<td></td>
<td>Up to 42 meals delivered to your home for a duration of up to 14 days after discharge from the hospital. Covered once per calendar year. Prior authorization from the Healthfirst Utilization Management department is required.</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>
<td></td>
</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>
<td></td>
</tr>
</tbody>
</table>
Medicare Part D Prescription Drug Benefits

What You Pay

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, you pay the same low copays (shown in the chart on below) through the deductible, 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 www.HFMedicareMaterials.org

What You Should Know

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

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

OR

Social Security at 1-800-772-1213.

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 $1.25 copay or $3.40 copay or up to 25% of the cost</td>
<td>$0 copay or $1.25 copay or $3.40 copay or up to 25% of the cost</td>
<td>$0 copay or $1.25 copay or $3.40 copay or up to 25% of the cost</td>
</tr>
<tr>
<td>For all other drugs</td>
<td>$0 copay or $3.80 copay or $8.50 copay or up to 25% of the cost</td>
<td>$0 copay or $3.80 copay or $8.50 copay or up to 25% of the cost</td>
<td>$0 copay or $3.80 copay or $8.50 copay or up to 25% 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.
## Nonprescription Drug Benefits

<table>
<thead>
<tr>
<th>Over-the-Counter Medications</th>
<th>What You Should Know</th>
</tr>
</thead>
</table>

Up to $1,200 per year ($100 per month) for nonprescription drugs and health-related over-the-counter (OTC) items.

OTC benefit cannot be rolled over from month to month.

Please visit the Healthfirst Life Improvement Plan section of our [www.healthfirst.org](http://www.healthfirst.org) website to see our list of covered over-the-counter items.
Healthfirst Life Improvement Plan (HMO SNP) Eligibility

The Healthfirst Life Improvement Plan (HMO SNP) 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 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, do not have ESRD, and live in our service area.
Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Queens, Richmond, 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 (www.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.
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 24.

**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 Medicare Plan 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 (like dental, vision, and hearing) 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.
We’re Here for You
in Your Community

Visit our community locations if you have any questions about our Medicare plans or your health benefits:

**BRONX**

412 East Fordham Road
(entrance on Webster Avenue)

774 East Tremont Avenue
(between Prospect and Marmion Avenues)

**BROOKLYN**

Bensonhurst

2236 86th Street
(between Bay 31st and Bay 32nd Streets)

Downtown Brooklyn

635 Fulton Street
(between Hudson Avenue and Rockwell Place)

Sunset Park

5324 7th Avenue
(between 53rd and 54th Streets)

**MANHATTAN**

Chinatown

128 Mott Street, Room 407
(between Grand and Hester Streets)

28 East Broadway, 5th Floor
(between Catherine and Market Streets)

Washington Heights

1467 St. Nicholas Avenue
(between West 183rd and West 184th Streets)

Harlem

34 E. 125th Street
(corner of 125th Street and Madison Avenue)

**QUEENS**

Elmhurst

40-08 81st Street
(between Roosevelt and 41st Avenues)

Flushing

41-60 Main Street, Rooms 201 & 311
(between Sanford and Maple Avenues)

37-02 Main Street
(between 37th and 38th Avenues)

Jackson Heights

93-14 Roosevelt Avenue
(between Whitney Avenue and 94th Street)

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**

Hempstead

50 Clinton Street
(between Front Street and Fulton Avenue)

Green Acres Mall

2034 Green Acres Mall, Level 1
(1701 Sunrise Highway)
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. There is no limit to the number of benefit periods.

**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.

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

**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 Doctor, Primary Care Physician, 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.

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.
Healthfirst Health Plan, Inc., dba Healthfirst Medicare Plan, 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.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

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 and Westchester counties. Plans may vary by county.

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 www.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 www.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。聽力語障服務專線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/TDD 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/TDD 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/TDD 800-537-7697)

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/TDD: 1-888-542-3821。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-305-0408,
TTY/TDD: 1-888-542-3821 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. 


ATANSON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.

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