CompleteCare (HMO SNP)

2019 Summary of Benefits

This Medicaid Advantage Plus plan may be right for you if you're eligible for Medicare and full Medicaid coverage—and need coordinated care at home.

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

H3359 034
# Snapshot of Benefits

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<th>Premium and Deductible</th>
<th>$0 Monthly Premium</th>
<th>$0 Annual Deductible</th>
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- **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**

- **Over-the-Counter (OTC) Benefits**
  
  Up to **$1,440 per year** for nonprescription drugs and over-the-counter items ($120/month)
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Healthfirst CompleteCare (HMO SNP) Overview

The Healthfirst CompleteCare Plan is designed for people who have both Medicare and full Medicaid and need coordinated care at home.

Each member is assigned a Primary Care Manager who manages members’ day-to-day needs, identifies problems early, and adjusts the care plan to help members stay in their home for as long as possible.

Members receive periodic health assessments and regular phone calls from their Primary Care Manager.
Healthfirst CompleteCare Plan (HMO SNP) is a Medicaid Advantage Plus program for people who qualify for Medicare and full Medicaid benefits and who need health and long-term care services to stay in their homes and communities for as long as possible. 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 CompleteCare offers both Medicare and Medicaid coverage with supplemental benefits and added long-term care services.

If you don’t qualify for full Medicaid and you don’t require coordinated care at home, 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.

Who is eligible to join Healthfirst CompleteCare?
To join Healthfirst CompleteCare, you must be age 18 or older and:

- Qualify as a Full Benefit Dual-Eligible entitled to both Medicare Parts A and B and have full benefits from New York State Medicaid
- Reside in the service area
- Be eligible for nursing home level of care at the time of enrollment
- Do not have End-Stage Renal Disease (ESRD) (permanent kidney disease requiring dialysis or a kidney transplant), except under certain limited circumstances
- Require care management and be expected to need at least one of the following community-based long-term services covered by Medicaid Advantage Plus Product for more than 120 days from the effective date of enrollment:
  - nursing services in the home
  - therapies in the home
  - home health aide services
  - personal care services in the home
  - private duty nursing
  - adult day healthcare
  - Consumer Directed Personal Assistance Services
- Are a United States citizen or are lawfully present in the United States

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) and the Member Handbook. Copies of both can be found online at www.HFMedicareMaterials.org.
The chart on page 13 lists the Medicare-covered services that you will receive if you are a member of Healthfirst CompleteCare. Since you have full Medicaid, any copays and coinsurances for Medicare-covered services will be taken care of by your Medicaid benefit.

Plus, Medicaid covers healthcare services that are not usually covered under Medicare. The chart starting on page 29 describes these Medicaid-covered services. Because you have Medicare and full Medicaid, you have Extra Help (also called Low Income Subsidy, or LIS) to pay for the costs of your Medicare prescription drugs.

Healthfirst CompleteCare combines Medicare and Medicaid with added long-term services, and also provides you with coordinated care at home.

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. Please remember that you need to be eligible for full Medicaid in order to be a member of this plan.
In order to remain a member of this plan, 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 1-718-557-1399; Nassau County Department of Social Services 1-516-227-8000; Westchester County Department of Social Services 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 CompleteCare 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.
Need Help Paying for Your Healthcare Costs?

If you qualify for full Medicaid benefits, it covers Medicare copays and coinsurances and some services that Medicare may not cover.

In addition to Medicaid, you may qualify for the following financial assistance programs:

<table>
<thead>
<tr>
<th>Extra Help or Low Income Subsidy (LIS)</th>
<th>Medicare Savings Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administered by the Social Security Administration</td>
<td>Administered by New York State</td>
</tr>
</tbody>
</table>

**Are you eligible for this program?**

- Yes. Everyone with Medicare and full Medicaid will automatically qualify for Extra Help.
- Maybe. Some people with Medicare and Medicaid will also have incomes that qualify them for Medicare Savings Programs.

**How this program helps**

- All levels pay Part B premium ($134/month in 2018). Some pay Part A premium (if needed)
- Some pay Medicare copays and coinsurances
- None will pay costs of services Medicare does not cover

**Are you eligible for other programs?**

- If you have Extra Help with full Medicaid, you may also have a Medicare Savings Program; however, it's possible to have full Medicaid and Extra Help without having a Medicare Savings Program.
- Everyone with a Medicare Savings Program will also have Extra Help.

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

**OR**

Social Security at **1-800-772-1213**

**OR**

New York City Human Resources Administration: **1-718-557-1399**

Nassau Department of Social Services: **1-516-227-8000**

Westchester Department of Social Services: **1-914-995-3333**

Since 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).
CompleteCare Care Management

Enroll in our CompleteCare plan and you will receive Care Management Services provided by a dedicated Team, including a Care Manager who is either a nurse or social worker, and other support staff:

- The nurse or social work care managers are licensed professionals who will help you manage your medical, day-to-day and long-term care needs
- Support coordinator who will work with your care manager will help you set up appointments and make arrangements for transportation.
- This team will work with you and your doctor to decide which services you will need and develop a care plan

During the enrollment process, you will be assigned a nurse who will give you a face-to-face assessment (evaluation). A nurse will then come to your home every six (6) months to make sure your care plan is up-to-date with your needs. This is an important part of your care.

Please note, you do not have to ask for Care Management Services. Your CM will contact you once you are enrolled. You will also receive a phone number for your CM which you can call to reach them directly with any questions or requests for assistance. Plus, a member of your team will call you once a month to check on your well-being and ask health-related questions in order to make any necessary updates to your care plan. With Healthfirst, you are involved in your own care plan and get to decide how you want to stay healthy and safe in your home.
Useful Contacts

Plan Effective Date

Name of Healthfirst Sales Representative

Phone Number

Name of Primary Care Provider (PCP)

Address

Phone Number

Name of Care Manager

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

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–Friday, 8am–11pm; Saturday, 9am–4pm; Sunday, 12pm–4pm

Medicare

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

Pharmacy Benefits

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

CompleteCare Care Management

1-866-237-0997
TTY 1-888-542-3821
Monday to Friday, 8am–8pm

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 offices (visit www.healthfirst.org for locations) or call our Member Services at 1-888-260-1010 (TTY 1-888-542-3821) for assistance.

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.healthfirst.org/formulary. 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 or visit www.medicare.gov on the web. 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, call our Member Services at 1-888-260-1010 (TTY 1-888-542-3821) for assistance.

Words/phrases to know on this page

<table>
<thead>
<tr>
<th>Formulary</th>
<th>Long-Term Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>To learn what these mean, see the Glossary on page 45</td>
<td></td>
</tr>
</tbody>
</table>
**Premiums, Deductibles, and Out-of-Pocket Costs**

The following are the healthcare costs associated with the Healthfirst CompleteCare Plan. Remember, if you meet the eligibility requirements to be in this plan, Medicaid will 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 apply to prescription drug costs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td></td>
<td>$3,400 for services received from in-network providers. However, with this plan, you pay nothing for Medicare-covered services. This does not apply to prescription drug costs. Because you have Medicare and full Medicaid, you have Extra Help (also called Low Income Subsidy, or LIS). With Original Medicare, there’s no cap on what you spend on healthcare!</td>
</tr>
</tbody>
</table>

Because you are a dual eligible Special Needs Plan member with Full Medicaid Benefits, 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.

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

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

To learn what these mean, see the Glossary on page 45
Healthfirst CompleteCare Covered Medical and Hospital Benefits + Medicaid Assistance (in-network costs)
Since you qualify for full Medicaid benefits, Medicaid will cover the Medicare deductibles, copays, and coinsurance.

The following section summarizes your Medicare-covered benefits.
The next section, which begins on page 28, compares the additional benefits and coverage you would receive through Healthfirst CompleteCare with those covered under New York State Fee-for-Service Medicaid.

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

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<thead>
<tr>
<th>Healthfirst CompleteCare Covered Benefits</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Hospital Coverage</strong>*</td>
<td></td>
</tr>
<tr>
<td>You pay nothing.</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>
</tr>
<tr>
<td>You pay nothing for outpatient hospital visits.</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 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>You pay nothing for ambulatory surgery visits.</td>
<td></td>
</tr>
<tr>
<td><strong>Doctor Visits (Primary Care Provider and Specialists)</strong>*</td>
<td></td>
</tr>
<tr>
<td>You pay nothing for primary care and specialist visits.</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>

Helpful Definition

**Inpatient**

An inpatient hospital stay is when a doctor admits you into the hospital for treatment.
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</thead>
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<td><strong>Preventive Care</strong></td>
<td>Preventive Care includes a $0 annual wellness visit, which provides height, weight, blood pressure, and other routine exams.</td>
</tr>
<tr>
<td>You pay nothing for ALL Medicare-covered preventive exams.</td>
<td>Be sure to take advantage of all the no-cost preventive services you are eligible for each year.</td>
</tr>
<tr>
<td>Examples of preventive care include:</td>
<td>For a full list of what you could be eligible for, look through your Evidence of Coverage (EOC), which can be found online at <a href="http://www.HFMedicareMaterials.org">www.HFMedicareMaterials.org</a> or by calling <strong>1-888-260-1010</strong> (TTY 1-888-542-3821) to request a mailed copy.</td>
</tr>
<tr>
<td>■ colonoscopies</td>
<td>Also, speak to your doctor at your annual visit to ask what preventive services he or she recommends.</td>
</tr>
<tr>
<td>■ mammograms</td>
<td></td>
</tr>
<tr>
<td>■ bone mass measurements</td>
<td></td>
</tr>
<tr>
<td>■ cardiovascular screening</td>
<td></td>
</tr>
<tr>
<td>■ diabetes screening</td>
<td></td>
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<tr>
<td>■ and other cancer screenings</td>
<td></td>
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</tbody>
</table>

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

Preventive care

Evidence of Coverage

Colonoscopy

Mammogram

To learn what these mean, see the Glossary on page 45
### Emergency Care

You pay nothing.

You should seek emergency care if you believe that your health condition requires immediate medical care.

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 use these services in other countries, you’ll need an itemized proof of payment and medical record of the care received to be reimbursed by Healthfirst.

Healthfirst CompleteCare will not cover any Part D prescription drugs that you receive as part of your emergency care in another country.

### Urgently needed services

You pay nothing.

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.

Benefits of urgent care centers:

- No advance appointment needed
- Many have extended hours and are open seven days a week
**Diagnostic Services/Labs/Imaging**

You pay nothing for each of the following:

- Diagnostic radiology services like CTs and MRIs
- Diagnostic tests and procedures
- Outpatient X-rays
- Therapeutic radiology services (such as radiation treatment for cancer)
- Lab services

Radiology services include MRIs and CT scans.

**Hearing Services**

$0 copay for exam to diagnose and treat hearing and balance issues.

While Medicare-covered benefits do not include routine hearing exams or hearing aids, as a dual-eligible member entitled to full Medicaid benefits, you are covered in full for one routine hearing exam every year and hearing aids as medically necessary. Turn to page 30 for more information.

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

Outpatient

CT

MRI

To learn what these mean, see the Glossary on page 45
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<td><strong>Dental Services</strong></td>
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</table>

Healthfirst CompleteCare 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 CompleteCare’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.
### Vision Services*

$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

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 who are 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
  - If you decide to get eyeglasses, 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

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 CompleteCare’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.

*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.*
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<tr>
<th>Healthfirst CompleteCare Covered Benefits</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health Services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient:</strong></td>
<td>You are only covered for up to 190 days in a freestanding psychiatric hospital in a lifetime facility stays (this lifetime limit does not apply to mental health services provided in a psychiatric unit of a general hospital).</td>
</tr>
<tr>
<td>You pay nothing for inpatient psychiatric facility stays</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient:</strong></td>
<td>However, as a dual-eligible member, you are covered in full for unlimited inpatient mental health days, as medically necessary, beyond the 190-day lifetime Medicare limit.</td>
</tr>
<tr>
<td>You pay nothing for the following:</td>
<td></td>
</tr>
<tr>
<td>■ outpatient group therapy visits</td>
<td></td>
</tr>
<tr>
<td>■ outpatient substance abuse services</td>
<td></td>
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<tr>
<td>■ outpatient individual therapy visits</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Residential Health Care Facility (RHCF) (also known as a Skilled Nursing Facility or SNF)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay nothing for Medicare-covered RHCF stays.</td>
</tr>
<tr>
<td>Plan covers up to 100 days in a RHCF per benefit period. However, as a dual-eligible member, you are covered for additional days beyond the Medicare-defined 100-day limit.</td>
</tr>
<tr>
<td>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 from the inpatient hospital or RHCF setting.
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<tr>
<th>Healthfirst CompleteCare Covered Benefits</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Ambulance</strong></td>
<td></td>
</tr>
<tr>
<td>You pay nothing for emergency ambulance services.</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></td>
<td></td>
</tr>
<tr>
<td>You pay nothing for unlimited round trips to approved provider locations.</td>
<td>Dual-eligible members with full Medicaid benefits have transportation benefits and can get to and from approved provider locations. We will arrange for car service to approved provider locations. You must call Healthfirst CompleteCare Member Services for authorization at least two (2) days in advance. After you schedule your doctor’s visit, 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>
</tr>
<tr>
<td>Covered under Medicare Part B. $0 copay for:</td>
<td>Since you have full Medicaid benefits, your Part B copays are covered.</td>
</tr>
<tr>
<td>■ Medicare Part B chemotherapy drugs</td>
<td></td>
</tr>
<tr>
<td>■ Other Medicare Part B drugs</td>
<td></td>
</tr>
<tr>
<td><strong>Rehabilitation Services</strong></td>
<td></td>
</tr>
<tr>
<td>You pay nothing for renal dialysis.</td>
<td>As a dual-eligible member, you are entitled to additional Medicaid-covered services of 40 visits per year for physical therapy, and 20 visits per year for occupational therapy and speech language therapy (except when under age 21, determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury).</td>
</tr>
<tr>
<td>You pay nothing for cardiac and intensive cardiac rehabilitation services.</td>
<td></td>
</tr>
<tr>
<td>You pay nothing for pulmonary (lung) rehabilitation services.</td>
<td></td>
</tr>
<tr>
<td>You pay nothing for Medicare-covered physical therapy visits, occupational therapy visits, and speech and language pathology visits.</td>
<td></td>
</tr>
<tr>
<td>You pay nothing for Supervised Exercise Therapy (SET) for members that have symptomatic peripheral artery disease (PAD).</td>
<td></td>
</tr>
<tr>
<td>Healthfirst CompleteCare Covered Benefits</td>
<td>What You Should Know</td>
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<tr>
<td>------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td><strong>Other Covered Services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Podiatry (Foot Care)</strong></td>
<td></td>
</tr>
</tbody>
</table>

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.

The plan covers 12 routine foot care visits per year.
<table>
<thead>
<tr>
<th>Healthfirst CompleteCare Covered Benefits</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Equipment/Supplies</strong>*</td>
<td>Covered DME items include, but are not limited to: wheelchairs, crutches, powered mattress systems, diabetic supplies, hospital beds ordered by a provider for use in the home, IV infusion pumps, oxygen equipment, nebulizers, and walkers. Plus, as a dual-eligible member, you are entitled to additional DME, such as tub stools and grab bars. Examples of prosthetic devices include braces, artificial limbs, and more. Plus, as a dual-eligible member, you are entitled to additional prosthetics, orthotics, and orthopedic footwear. Examples of diabetes supplies and services include:</td>
</tr>
<tr>
<td></td>
<td>- diabetes monitoring supplies</td>
</tr>
<tr>
<td></td>
<td>- diabetes self-management training</td>
</tr>
<tr>
<td></td>
<td>- therapeutic shoes or inserts</td>
</tr>
<tr>
<td>$0 for Medicare-covered durable medical equipment (DME).</td>
<td></td>
</tr>
<tr>
<td>$0 for prosthetic devices.</td>
<td></td>
</tr>
<tr>
<td>$0 for diabetes supplies and services.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Wellness Programs</strong></th>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 copay for all preventive services covered under Original Medicare.</td>
<td>- Health Education</td>
</tr>
<tr>
<td>$0 for 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>$0 for acupuncture (up to 30 visits every year).</td>
<td></td>
</tr>
<tr>
<td>Healthfirst CompleteCare Covered Benefits</td>
<td>What You Should Know</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td><strong>Healthfirst’s Nurse Help Line</strong></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>You pay nothing.</td>
<td></td>
</tr>
<tr>
<td>*<em>Home Health Agency Care</em></td>
<td>You pay nothing.</td>
</tr>
<tr>
<td><strong>SilverSneakers</strong></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>
</tr>
<tr>
<td><strong>Teladoc</strong></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>
</tr>
</tbody>
</table>
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 page 25) through the deductible, initial coverage, and coverage gap phases. If and when you reach catastrophic coverage, you may notice that your drug copays decrease.

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

As a Healthfirst CompleteCare 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>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>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.

For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please contact Member Services at 1-888-260-1010 (TTY 711) or access our Evidence of Coverage online at [www.HFMedicareMaterials.org](http://www.HFMedicareMaterials.org).

### Nonprescription Drug Benefits

<table>
<thead>
<tr>
<th>What You Pay</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Over-the-Counter Medications</strong></td>
<td>OTC benefit cannot be rolled over from month to month.</td>
</tr>
<tr>
<td>Up to $1,440 per year ($120 per month) for nonprescription drugs and health-related over-the-counter (OTC) items.</td>
<td>Please visit the Healthfirst CompleteCare section of our <a href="http://www.healthfirst.org">www.healthfirst.org</a> website to see our list of covered over-the-counter items.</td>
</tr>
</tbody>
</table>
Summary of Medicaid-Covered Benefits

Healthfirst CompleteCare is a Fully Integrated Dual-Eligible (FIDE) Medicaid Advantage Plus (MAP) Special Needs Plan (SNP) that combines Medicare and Medicaid benefits with added long-term care services, specifically designed for beneficiaries who require nursing home level of care.

Who Is Eligible To Join Healthfirst CompleteCare?

To join Healthfirst CompleteCare, you must be age 18 or older and:

- Qualify as a Full Benefit Dual-Eligible entitled to both Medicare Parts A and B and have full benefits from New York State Medicaid;
- Must reside in the service area;
- Do not have End-Stage Renal Disease (ESRD) (permanent kidney disease requiring dialysis or a kidney transplant), except under certain limited circumstances;
- Must be eligible for nursing home level of care (as of the time of enrollment);
- Must be capable, at the time of enrollment of returning to or remaining in his/her home and community without jeopardy to his/her health and safety, based upon criteria provided by SDOH;
- Must require care management and be expected to need at least one of the following community-based long-term services covered by Medicaid Advantage Plus Product for more than 120 days from the effective date of enrollment:
  - nursing services in the home
  - home health aide services
  - private duty nursing
  - consumer-directed personal assistance services
- Are a United States citizen or are lawfully present in the United States

What Additional Benefits am I Entitled to as a Full-Benefit Dual-Eligible Healthfirst CompleteCare Member?

Through an arrangement with the New York State Department of Health, Healthfirst CompleteCare covers additional Medicaid healthcare benefits and services to meet your needs.

All healthcare benefits and services that you currently receive under Medicaid are covered under Healthfirst CompleteCare or Fee-for-Service Medicaid.

The previous section summarized your Medicare-covered benefits. This section compares the additional benefits and coverage you receive through Healthfirst CompleteCare with those covered under New York State Fee-for-Service Medicaid.

In most cases, you will use your Healthfirst CompleteCare member identification (ID) card to receive the additional benefits described in this section.

However, some benefits described in this section are only covered by New York State Fee-for-Service Medicaid and not by Healthfirst CompleteCare. You will need to use your New York State-issued Medicaid card when accessing the services that are only covered by New York State Fee-for-Service Medicaid.

For a complete listing of these additional Fee-for-Service Medicaid-covered benefits and services, refer to the section on page 40, entitled “Additional Medicaid Benefits and Services Not Covered by Healthfirst CompleteCare.”

The benefits described below are covered by Medicaid. The benefits described in the previous section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what New York State Medicaid covers and what our plan covers.

- Remember, in order to receive coverage for the benefits below, you must receive full Medicaid benefits. No matter your level of Medicaid eligibility, Healthfirst CompleteCare will cover the benefits described in the previous section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call 1-888-260-1010 (TTY users should call 1-888-542-3821). Hours are 7 days a week, 8am–8pm.
<table>
<thead>
<tr>
<th>New York Medicaid State Plan (Fee-for-Service Medicaid)</th>
<th>Healthfirst CompleteCare (HMO SNP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult Day Healthcare</strong></td>
<td></td>
</tr>
<tr>
<td>New York State Medicaid covers medical, nursing,</td>
<td>Healthfirst CompleteCare provides</td>
</tr>
<tr>
<td>food and nutrition, social services, rehabilitation</td>
<td>the same benefit as Fee-for-Service</td>
</tr>
<tr>
<td>therapy, leisure activities (which are a planned</td>
<td>Medicaid.</td>
</tr>
<tr>
<td>program of diverse, meaningful activities), dental,</td>
<td>$0 copay.</td>
</tr>
<tr>
<td>pharmaceutical, and other ancillary services</td>
<td></td>
</tr>
<tr>
<td>furnished in an approved RHCF or extension site.</td>
<td></td>
</tr>
<tr>
<td>$0 copay for Medicaid-covered services.</td>
<td></td>
</tr>
<tr>
<td><strong>Consumer-Directed Personal Assistance Services (CDPAS)</strong></td>
<td></td>
</tr>
<tr>
<td>New York State Medicaid covers this specialized</td>
<td>Healthfirst CompleteCare provides</td>
</tr>
<tr>
<td>program where you or a person acting on your</td>
<td>the same benefit for Consumer-</td>
</tr>
<tr>
<td>behalf, known as a designated representative,</td>
<td>Directed Personal Assistance</td>
</tr>
<tr>
<td>self-directs and manages your personal care and</td>
<td>Services as Fee-for-Service</td>
</tr>
<tr>
<td>other authorized services.</td>
<td>Medicaid.</td>
</tr>
<tr>
<td>Services include some or total assistance with</td>
<td></td>
</tr>
<tr>
<td>personal hygiene, dressing and feeding, assistance</td>
<td></td>
</tr>
<tr>
<td>in preparing meals, and housekeeping, as well as</td>
<td></td>
</tr>
<tr>
<td>home health aide and nursing tasks. These are</td>
<td></td>
</tr>
<tr>
<td>provided by an aide chosen and directed by you</td>
<td></td>
</tr>
<tr>
<td>or a designated representative.</td>
<td></td>
</tr>
<tr>
<td><strong>Dental Services</strong></td>
<td></td>
</tr>
<tr>
<td>New York State Medicaid covers dental services</td>
<td>Healthfirst CompleteCare provides</td>
</tr>
<tr>
<td>which include, but are not limited to: preventive,</td>
<td>limited dental services in addition</td>
</tr>
<tr>
<td>prophylactic, and other dental care, services,</td>
<td>to the preventive and comprehensive</td>
</tr>
<tr>
<td>supplies, routine exams, oral surgery (when not</td>
<td>services provided by New York</td>
</tr>
<tr>
<td>covered by Medicare), and dental prosthetic</td>
<td>State Medicaid—see those services</td>
</tr>
<tr>
<td>and orthotic appliances required to alleviate a</td>
<td>listed on page 17 of this document.</td>
</tr>
<tr>
<td>serious health condition, including one which</td>
<td>For more information, please go to</td>
</tr>
<tr>
<td>affects employability.</td>
<td>Chapter 4 of your Evidence of</td>
</tr>
<tr>
<td>$0 copay for Medicaid-covered services.</td>
<td>Coverage.</td>
</tr>
<tr>
<td>$0 copay.</td>
<td></td>
</tr>
<tr>
<td>New York Medicaid State Plan (Fee-for-Service Medicaid)</td>
<td>Healthfirst CompleteCare (HMO SNP)</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment (DME)</strong></td>
<td>Healthfirst CompleteCare provides the same benefit for durable medical equipment as Fee-for-Service Medicaid.</td>
</tr>
<tr>
<td>New York State Medicaid covers durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral/parenteral formula, and prosthetic or orthotic appliances that have the following characteristics: can withstand repeated use for a protracted period of time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury; and are usually fitted, designed, or fashioned for a particular individual’s use. These must be ordered by a qualified practitioner. Medicaid does not have a homebound prerequisite and covers non-Medicare-covered DME such as tub stools and grab bars. Coverage of enteral formula and nutritional supplements are limited to coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding. Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following three conditions: 1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3) children who require medical formulas due to mitigating factors in growth and development. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein or which contain modified protein. $0 copay for Medicaid-covered services.</td>
<td>$0 copay.</td>
</tr>
<tr>
<td><strong>Hearing Services</strong></td>
<td>Healthfirst CompleteCare provides the same benefit as Fee-for-Service Medicaid.</td>
</tr>
<tr>
<td>New York State Medicaid covers hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations, and hearing aid repairs; audiology services, including examinations and testing, hearing aid evaluations, and hearing aid prescriptions; and hearing aid products, including hearing aids, earmolds, special fittings, and replacement parts. $0 copay for Medicaid-covered services.</td>
<td>$0 copay.</td>
</tr>
<tr>
<td><strong>Home-Delivered and Congregate Meals</strong></td>
<td>Healthfirst CompleteCare covers meals provided at home or in congregate settings (e.g., senior centers) to individuals unable to prepare meals or to have them prepared. $0 copay.</td>
</tr>
<tr>
<td>New York State Medicaid does not cover home-delivered and congregate meals.</td>
<td></td>
</tr>
</tbody>
</table>
### Home Health Services

New York State Medicaid covers home health services, including the provision of skilled services not covered by Medicare (e.g., physical therapist to supervise maintenance program for patients who have reached their maximum restorative potential or nurse to pre-fill syringes for disabled individuals with diabetes) and/or home health aide services as required by an approved plan of care.

$0 copay for Medicaid-covered services.

Healthfirst CompleteCare provides the same home healthcare benefit as Fee-for-Service Medicaid, including medically necessary, intermittent (occasional) skilled nursing care, home health aide services, and rehabilitation services. Also includes non-Medicare-covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals).

$0 copay for home health visits.

### Inpatient Mental Health Care

New York State Medicaid covers unlimited inpatient mental health days beyond the 190-day lifetime Medicare limit, as medically necessary.

$0 copay for Medicaid-covered services.

Healthfirst CompleteCare provides the same inpatient mental healthcare benefit as Fee-for-Service Medicaid, including coverage in full for unlimited inpatient mental health days beyond the 190-day lifetime Medicare limit, as medically necessary.

$0 annual service category deductible.

$0 copay per day.

### Medical Social Services

New York State Medicaid covers medically necessary assessment, arranging, and providing aid for social problems related to maintaining an individual at home.

$0 copay for Medicaid-covered services.

Healthfirst CompleteCare provides the same benefit as Fee-for-Service Medicaid.

$0 copay.
Medical Supplies

New York State Medicaid covers Medical and Surgical Supplies, Parenteral Formula (refers to the delivery of calories and nutrients into a vein), Enteral Formula (refers to the method of feeding that uses the gastrointestinal (GI) tract to deliver calories and nutrients), Nutritional Supplements, and Hearing Aid Batteries. These items are generally considered to be one-time only use, consumable items routinely paid for under the Durable Medical Equipment category of Fee-for-Service Medicaid. Coverage of enteral formula and nutritional supplements are limited in some instances. Please call 1-888-260-1010 (TTY 1-888-542-3821) for more information.

Coverage of enteral formula and nutritional supplements are limited to coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding. Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following three conditions: 1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3) children who require medical formulas due to mitigating factors in growth and development. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein or which contain modified protein.

$0 for Medicaid-covered services.

Nutrition

New York State Medicaid covers assessment of nutritional status/needs, development and evaluation of treatment plans, nutritional education, in-service education, and includes cultural considerations.

$0 copay for Medicaid-covered services.

Outpatient Mental Health Care

New York State Medicaid covers individual and group outpatient mental health care services.

$0 copay for Medicaid-covered services.

Healthfirst CompleteCare provides the same benefit for medical and surgical supplies as Fee-for-Service Medicaid.

$0 copay.

Healthfirst CompleteCare provides the same benefit as Fee-for-Service Medicaid.

$0 copay.

Prior authorization required only for Electroconvulsive therapy (ECT), Psychological testing, Cognitive skills testing, Comprehensive Psychiatric Emergency Programs (CPEPs), and neuropsychological testing.
**New York Medicaid State Plan (Fee-for-Service Medicaid)**

<table>
<thead>
<tr>
<th>Outpatient Rehabilitation Services</th>
<th>Healthfirst CompleteCare (HMO SNP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York State Medicaid covers 40 physical therapy visits and 20 occupational and speech therapy visits per calendar year, except for children under age 21 or if you have been determined to be developmentally disabled. $0 copay for Medicaid-covered services.</td>
<td>Healthfirst CompleteCare provides the same benefit for outpatient rehabilitation services as Fee-for-Service Medicaid. $0 copay for outpatient rehabilitation services.</td>
</tr>
</tbody>
</table>

**Outpatient Substance Abuse Care**

| New York State Medicaid covers outpatient substance abuse care services. $0 copay for Medicaid-covered services. | Healthfirst CompleteCare provides the same benefit as Fee-for-Service Medicaid. $0 copay. Prior authorization is required only for out-of-network service requests. |

**Over-the-Counter Items**

| New York State Medicaid covers certain over-the-counter medications. | Healthfirst CompleteCare provides an OTC card with a maximum limit of up to $1,440 per year ($120 per month) for purchasing Healthfirst-approved, nonprescription, over-the-counter drugs and health-related items at participating pharmacy locations. Please visit our plan website to see our list of covered over-the-counter items. OTC items may be purchased only for the enrollee. Some OTC items not covered by our plan may be covered by Fee-for-Service Medicaid. Please use your New York State-issued Medicaid card to get these items. Please contact the plan for specific instructions for using this benefit. |

**Personal Care Services**

| New York State Medicaid covers medically necessary assistance with activities such as personal hygiene, dressing and feeding, and nutritional and environmental support function tasks. Such services must be essential to the maintenance of your health and safety in your own home. Personal care must be medically necessary, ordered by your physician and provided by a qualified person in accordance with your plan of care. $0 copay for Medicaid-covered services. | Healthfirst CompleteCare provides the same benefit as Fee-for-Service Medicaid. $0 copay. |

**Personal Emergency Response Services (PERS)**

<p>| New York State Medicaid covers an electronic device which enables certain high-risk patients to secure help in the event of a physical, emotional, or environmental emergency. $0 copay for Medicaid-covered services. | Healthfirst CompleteCare provides the same benefit as Fee-for-Service Medicaid. $0 copay. |</p>
<table>
<thead>
<tr>
<th>New York Medicaid State Plan (Fee-for-Service Medicaid)</th>
<th>Healthfirst CompleteCare (HMO SNP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Podiatry</strong></td>
<td></td>
</tr>
<tr>
<td>New York State Medicaid covers medically necessary foot care, including care for medical conditions affecting lower limbs. Routine foot care is limited to four visits per year, which Medicare does not cover.</td>
<td>Healthfirst CompleteCare covers 12 routine foot care visits per year. $0 copay.</td>
</tr>
<tr>
<td><strong>Private Duty Nursing</strong></td>
<td></td>
</tr>
<tr>
<td>New York State Medicaid covers medically necessary private duty nursing services in accordance with the ordering physician, registered physician assistant, or certified nurse practitioner’s written treatment plan. $0 copay for Medicaid-covered services.</td>
<td>Healthfirst CompleteCare provides the same benefit for private duty nursing services as Fee-for-Service Medicaid. $0 copay.</td>
</tr>
<tr>
<td><strong>Prosthetic Devices</strong></td>
<td></td>
</tr>
<tr>
<td>New York State Medicaid covers additional prosthetics, orthotics, and orthopedic footwear that Medicare doesn’t cover. $0 copay for Medicaid-covered services.</td>
<td>Healthfirst CompleteCare provides the same benefit for prosthetic devices as Fee-for-Service Medicaid. $0 copay.</td>
</tr>
<tr>
<td><strong>Residential Health Care Facility (also known as Skilled Nursing Facility)</strong></td>
<td></td>
</tr>
<tr>
<td>New York State Medicaid covers an unlimited number of days in a Residential Health Care Facility (RHCF). No prior hospital stay is required. $0 copay for Medicaid-covered services.</td>
<td>Healthfirst CompleteCare provides the same benefit as Fee-for-Service Medicaid, including coverage of days in excess of the Medicare 100-day per benefit period limit. $0 copay.</td>
</tr>
<tr>
<td><strong>Social and Environmental Supports</strong></td>
<td></td>
</tr>
<tr>
<td>New York State Medicaid does not cover social and environmental supports.</td>
<td>Healthfirst CompleteCare covers services and items that support your medical needs and are included in your plan of care. These services and items include, but are not limited to, the following: home maintenance tasks, homemaker/chore services, and respite care. $0 copay.</td>
</tr>
<tr>
<td><strong>Social Day Care</strong></td>
<td></td>
</tr>
<tr>
<td>New York State Medicaid does not cover social day care.</td>
<td>Healthfirst CompleteCare covers a structured, comprehensive program that provides functionally impaired individuals with socialization; supervision and monitoring; personal care; and nutrition in a protective setting during any part of the day, but for less than a 24-hour period. Additional services may include, and are not limited to, maintenance and enhancement of daily living skills, transportation, caregiver assistance, and case coordination and assistance. $0 copay.</td>
</tr>
<tr>
<td><strong>Non-Emergency Transportation</strong></td>
<td><strong>Vision Services</strong></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>New York State Medicaid covers transportation essential to obtain necessary medical care and services covered as part of the plan's benefits and/or by Fee-for-Service Medicaid. Transportation services include transportation by ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to your medical condition. If you have a transportation attendant, they can accompany you if necessary. $0 copay for Medicaid-covered services.</td>
<td>Healthfirst CompleteCare provides the same benefit for routine transportation services as Fee-for-Service Medicaid, including coverage for transportation essential to obtain necessary medical care and services covered as part of the plan's benefits and/or by Fee-for-Service Medicaid. Please contact Healthfirst Member Services to arrange for round-trip transportation services to an approved provider location. $0 copay.</td>
</tr>
<tr>
<td>In addition to the vision benefit covered by Fee-for-Service Medicaid, Healthfirst CompleteCare provides the following supplemental benefits:  ■ You pay nothing for one pair of contact lenses or eyeglasses (frames and lenses) from Healthfirst's Exclusive Fashion Frame Collection every year (instead of every two years with Fee-for-Service Medicaid), or  ■ Alternatively, you can access brand name and designer frames from Healthfirst's Exclusive Collection (limited to one pair of frames per year):  - Designer Collection Frames: $20 copay  - Premier Collection Frames: $45 copay  ■ If instead you want to purchase eyeglasses or contact lenses outside of our Exclusive Collection, Healthfirst CompleteCare provides an annual retail credit allowance of $100 towards non-plan frames or contact lenses.  Healthfirst CompleteCare also provides coverage for premium lens options including, but not limited to, high-index lenses, polarized lenses, scratch-resistant coating, ultra anti-reflective coating, and more. Please consult the Healthfirst CompleteCare Evidence of Coverage for more detailed cost-sharing information on these premium lenses. Go to <a href="http://HFMedicareMaterials.org">HFMedicareMaterials.org</a>.</td>
<td></td>
</tr>
</tbody>
</table>
Community First Choice Option Services

You may be eligible to receive these additional Community First Choice Option (CFCO) services as a Healthfirst CompleteCare member if you:

- Are 21 years of age or older;
- Require a nursing home level of care (NH LOC) as determined using the State’s designated assessment tool, currently the Uniform Assessment System (UAS) assessment, or an institutional level of care;
- Are able to live safely in the community if s/he receives CFCO services; and
- Live in your own residence or the residence of a family member

Services are provided based on medical necessity and prior authorization is required.

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Benefit Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assistive Technology (AT) beyond the scope of Durable Medical Equipment</strong></td>
<td></td>
</tr>
<tr>
<td>Piece of equipment, product system or instrument of technology, whether mechanical</td>
<td>The utilization threshold for Assistive Technology is $15,000 per 12-month</td>
</tr>
<tr>
<td>or electrical and whether acquired commercially, modified, or customized. Examples</td>
<td>period. Services require determination of medical necessity and prior</td>
</tr>
<tr>
<td>of AT include but are not limited to:</td>
<td>authorization.</td>
</tr>
<tr>
<td>■ Motion/sound, toilet flush, incontinence and fall sensors</td>
<td></td>
</tr>
<tr>
<td>■ Automatic faucet and soap dispensers</td>
<td></td>
</tr>
<tr>
<td>■ Two-way communication systems</td>
<td></td>
</tr>
<tr>
<td>■ Augmentative communication aids and devices</td>
<td></td>
</tr>
<tr>
<td>■ Adaptive aids and devices</td>
<td></td>
</tr>
</tbody>
</table>

<p>| <strong>Activity of Daily Living (ADL) and Instrumental Activity of Daily Living (IADL)</strong> |                                                                               |
| skill acquisition, maintenance, and enhancement                                      |                                                                               |
| These services and supports are intended to help you make the most of your         | Services require determination of medical necessity and prior authorization    |
| independence and/or being in the community. They address skills you need to        |                                                                               |
| perform ADLs and IADLs. These services may include assessment, training, supervision, |                                                                               |
| cueing, or hands-on assistance to help you with specific tasks, such as:             |                                                                               |
| ■ self-care                                                                         |                                                                               |
| ■ life safety                                                                       |                                                                               |
| ■ medication management                                                             |                                                                               |
| ■ communication                                                                     |                                                                               |
| ■ mobility                                                                          |                                                                               |</p>
<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Benefit Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ community transportation</td>
<td>Services require determination of medical necessity and prior authorization</td>
</tr>
<tr>
<td>■ community integration</td>
<td></td>
</tr>
<tr>
<td>■ inappropriate social behaviors</td>
<td></td>
</tr>
<tr>
<td>■ money management</td>
<td></td>
</tr>
<tr>
<td>■ maintaining a household</td>
<td></td>
</tr>
</tbody>
</table>

Depending on your assessed need and when you reasonably can be expected to learn to perform the task(s) independently, these services may be:

■ time limited,
■ extended, or
■ changed in scope from hands-on assistance to supervision and cueing

You can get these services in any setting that does not already offer you some form of paid human assistance. For example, such a setting might include your home or work setting.

Direct care workers such as home health aides, personal care providers, personal attendants, and personal assistants under the Agency with Choice Model (CDPAS) may provide these services. Providers must have the appropriate training, certification, or licensure for the services authorized for you.

Note: These services cannot be substituted for vocational rehabilitation services provided under the Rehabilitation Act of 1973.

### Community Transitional Services

This service is intended to assist the member who is transitioning from an institutional setting to a home in the community where s/he will reside. This service covers expenses related to setting up a household such as:

■ Payment of the first and last month’s rent
■ Utility and rental deposits (security, broker leasing fees, set-up fees for heat, electricity, telephone)
■ The purchase of basic essential household items such as furniture, linens, and kitchen supplies
■ Health and safety assurances such as pest removal, allergen control, or one-time cleaning prior to occupancy

This service is limited to transitioning from a nursing facility, Institution for Mental Disease (IMD) or Intermediate Care Facility for the Developmentally Disabled (ICF/DD) to your home or the home of a family member where you will reside.

Services are provided based on medical necessity and upon authorization.
<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Benefit Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Moving Assistance</strong></td>
<td>The utilization threshold for Moving Assistance is a $5,000 one-time expense.</td>
</tr>
<tr>
<td>Moving Assistance is available if you are transitioning from an institutional setting to a community-based setting. This service covers the cost of physically moving furnishings and other belongings to the community-based setting where you will reside.</td>
<td>Services require determination of medical necessity and prior authorization</td>
</tr>
<tr>
<td><strong>Environmental Modifications (E-mods)</strong></td>
<td>The utilization threshold for Environmental Modifications is $15,000 per 12-month period.</td>
</tr>
<tr>
<td>This service encompasses internal and external adaptations to your residence when the adaptations are beyond the scope of what is currently covered under the social and environmental supports benefit. The adaptations must be identified in the PCSP as being necessary to enable you to function with greater independence in your home or to substitute for human assistance that would otherwise be authorized (e.g., personal care services). Adaptations covered under this service include but are not limited to:</td>
<td>Services require determination of medical necessity and prior authorization</td>
</tr>
<tr>
<td>■ Hydraulic, manual or electric lifts (or rented lifts if they are more cost effective)</td>
<td></td>
</tr>
<tr>
<td>■ Widened doorways and hallways</td>
<td></td>
</tr>
<tr>
<td>■ Roll-in showers</td>
<td></td>
</tr>
<tr>
<td>■ Modifications of the bathrooms</td>
<td></td>
</tr>
<tr>
<td>■ Cabinet and shelving adaptations</td>
<td></td>
</tr>
<tr>
<td>■ Hand rails and grab bars</td>
<td></td>
</tr>
<tr>
<td>■ Ramps</td>
<td></td>
</tr>
<tr>
<td>■ Automatic or manual door openers and doorbells</td>
<td></td>
</tr>
<tr>
<td>■ Water faucet controls</td>
<td></td>
</tr>
<tr>
<td>■ Specialized electrical and plumbing system changes required to accommodate new equipment or supplies</td>
<td></td>
</tr>
<tr>
<td>This service does not include home improvements such as air conditioning, new carpet, roof repair, etc. that are unrelated to the PCSP. However, home improvement services and items previously included under social and environmental supports are now covered as a CFCO benefit under environmental modifications.</td>
<td></td>
</tr>
</tbody>
</table>
**Benefit Description**

**Vehicle Modification**

This service covers the cost of modifications to a vehicle if it is your primary means of transportation. The vehicle may be owned by you or by a family member or non-relative who provides primary, consistent and ongoing transportation for you. Modifications are approved only when they are necessary to increase independence and inclusion in the community. Modifications that might enable you to operate a vehicle include but are not limited to:

- Hand controls
- Deep dish steering wheel
- Spinner knobs
- Wheelchair lock downs
- Parking brake extensions
- Foot controls
- Wheelchair lifts (including maintenance contracts)
- Left foot gas pedals

Additionally, modifications to the structure and internal design of a vehicle that are performed to meet specific might include:

- Floor cut-outs
- Replacement of a roof with a fiberglass top
- Extension of steering column
- Raised door
- Repositioning of seats
- Wheelchair floor
- Dashboard adaptions

**Benefit Limit**

The utilization threshold for Vehicle Modifications is $15,000 per 12-month period.

Services require determination of medical necessity and prior authorization.
Additional Medicaid Benefits and Services Not Covered by Healthfirst CompleteCare

The following benefits and services are not covered by Healthfirst CompleteCare but are covered by Fee-for-Service Medicaid. Please present your New York State-issued Medicaid card to access these benefits.

1. Out-of-Network Family Planning services provided under the direct access provisions.


3. Methadone Maintenance Treatment Programs.

4. Certain Mental Health Services, including:
   - Intensive Psychiatric Rehabilitation Treatment Programs
   - Day Treatment
   - Continuing Day Treatment
   - Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units)
   - Partial Hospitalizations
   - Assertive Community Treatment (ACT)
   - Personalized Recovery-Oriented Services (PROS)

5. Rehabilitation Services Provided to Residents of OMH-Licensed Community Residences (CRs) and Family-Based Treatment Programs.

6. Office for People with Developmental Disability Services.

7. Directly Observed Therapy for Tuberculosis Disease.

8. Comprehensive Medicaid Case Management

9. Home and Community Based Waiver Program Services

10. Assisted Living Program

Other Non-Covered Services

The following benefits and services are not covered by Healthfirst CompleteCare or by New York State Medicaid.

- Conversion or Reparative Therapy
Frequently Asked Questions (FAQs)

About the Healthfirst CompleteCare Plan:

Who can join the Healthfirst CompleteCare Plan?

To join the Healthfirst CompleteCare Plan, you must be entitled to Medicare Part A and be enrolled in Medicare Part B. In addition, you must be age 18 or older and:

- Qualify as a Full Benefit Dual-Eligible entitled to both Medicare Parts A and B and have full benefits from New York State Medicaid;
- Reside in the service area;
- Be eligible for nursing home level of care (as of the time of enrollment);
- Do not have End-Stage Renal Disease (ESRD);
- Are a United States citizen or are lawfully present in the United States;
- Be capable, at the time of enrollment, of returning to or remaining in your home and community without jeopardy to your health and safety, based upon criteria provided by the New York State Department of Health;
- Require care management and be expected to need at least one of the following community-based, long-term services covered by Medicaid Advantage Plus Product for more than 120 days from the effective date of enrollment:
  - Nursing services in the home
  - Therapies in the home
  - Home health aide services
  - Personal care services in the home
  - Private duty nursing
  - Adult day healthcare
  - Consumer Directed Personal Assistance Services

Which doctors, hospitals, and pharmacies can I use?

Healthfirst CompleteCare has a network of doctors, hospitals, pharmacies, and other providers. If you use the 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.
About the Healthfirst CompleteCare Plan (Cont.):

How does Healthfirst CompleteCare work with my Medicaid?
It works with your Medicaid benefits to lower your healthcare costs. Since you’re eligible for full Medicaid benefits, your deductible, copays, and coinsurances would be $0.

Will I lose my Medicaid once I join Healthfirst CompleteCare?
No, as you must continue to be eligible to receive full Medicaid in order to stay enrolled in Healthfirst CompleteCare. Healthfirst CompleteCare offers both Medicare and Medicaid coverage, with added-on benefits.

Plan costs:

Will I have to pay a monthly premium or deductible?
No. Since you’re eligible for full Medicaid benefits, your deductible, copays, and coinsurances would be $0.

Will I have to pay for healthcare services?
Since you have full Medicaid, Medicaid will pay for your Healthfirst CompleteCare copays and coinsurances.

How will I determine my drug costs?
Because you have Medicare and Medicaid, you have Extra Help (also called Low Income Subsidy, or LIS). Extra Help covers your Part D premium and your Part D cost-sharing (out-of-pocket costs such as copays and coinsurance).

Will I pay a monthly premium for Healthfirst CompleteCare?
No. Since you have full Medicaid, you qualify for a $0 premium and no deductible on Medicare Part D. Additionally, because you are a dual-eligible Special Needs Plan member with full Medicaid benefits, your Medicare Part B premium is covered by New York State Medicaid.

Whom should I contact if I need more help with healthcare costs?
Contact your 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 CompleteCare with other insurance options:

**How is the Healthfirst CompleteCare Plan different from Original Medicare?**
The Healthfirst CompleteCare Plan offers additional benefits (like dental, vision, and hearing) on top of Original Medicare and may be right for you if you need long-term care services and you’re eligible for Medicare and full Medicaid coverage.

**How is the Healthfirst CompleteCare Plan different from other Medicare HMOs?**
Unlike other HMOs, you don’t need a referral to see a specialist with the Healthfirst CompleteCare Plan.
We’re Here for You
in Your Community

Visit our community offices 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

Richmond Hill  
122-01 Liberty Avenue  
(between 122nd and 123rd Streets)

**LONG ISLAND**

Hempstead  
50 Clinton Street  
(between Front Street and Fulton Avenue)

Valley Stream  
2034 Green Acres Mall  
Sunrise Highway, Level 1  
(in the Macy’s Men’s Wing)
**Glossary**

**Ambulatory Surgery**
Takes place in a center that exclusively provides outpatient surgical services to patients not requiring hospitalization and whose expected stay does not exceed 24 hours.

**Benefit Period**
Begins the day you’re admitted into a hospital or Residential Health Care Facility and ends when you have been discharged. If you go into a hospital or a Residential Health Care Facility 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.

**Care Plan**
A written description of your specific healthcare goals, the amount of time required, and the duration and scope of the covered services needed in order to achieve your goals. Your care plan is based on an assessment of your healthcare needs by your care management team and developed in consultation with you and any caregiver(s). Effectiveness of your care plan is monitored through reassessment and checked regularly to ensure your goals are being met.

**Care Management**
These services help you obtain needed medical, social, educational, psychosocial, financial, and other services in support of your care plan. Care management also provides referral and coordination of other services in support of your care plan.

**Coinsurance**
The fee some people 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.

*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.

Since you have full 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.

**Community-Based Long-Term Care Services**
CBLTCS are healthcare and supportive services provided to individuals with functional limitations or chronic illnesses who require assistance with routine daily activities such as bathing, dressing, preparing meals, and taking medications. CBLTCS include Home Health Services, Private Duty Nursing, Consumer Directed Personal Assistance Services, Adult Day Healthcare Program, and Personal Services.

**Copayment (or copay)**
A fee that some people 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). Since you have full Medicaid, Medicaid will pay most or all of any copayments.
Cost Sharing
The general term for your health expenses, including deductibles, coinsurance, and copayments. Since you have full Medicaid, Medicaid will pay for your cost sharing.

Covered Service
A service that you are entitled to and which your plan will cover under the terms of your plan. Since you have full Medicaid, Medicaid pays for your cost sharing.

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

Custodial Care
Personal care (such as help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving around, and using the bathroom) that is provided in a nursing home, hospice, or other facility setting when you do not need skilled medical care or skilled nursing care. It may also include care that most people do themselves, like using eye drops. Custodial care can be provided by people who don’t have professional skills or training. Medicare doesn’t cover this type of care.

Deductible
The amount of money some people must pay in covered expenses each year before their plan or program pays anything for certain covered services. The deductible may not apply to all services. Not all plans require deductibles.

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. Since you have full 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)
If you’re in a Medicare plan, your plan will send you this document every year, usually in the fall. 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 CompleteCare, 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
Glossary (Cont.)

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.

**Home Health Aide**
A person who provides services that don’t require the skills of a licensed nurse or therapist, such as help with personal care (e.g., bathing, using the toilet, dressing, or carrying out the prescribed exercises). Home health aides do not have a nursing license or provide therapy.

**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.

**Long-Term Services and Supports**
LTSS are healthcare and supportive services provided to individuals with functional limitations or chronic illnesses who require assistance with routine daily activities such as bathing, dressing, preparing meals, and administering medications. These include community-based services such as Home Health Services, Private Duty Nursing, Consumer Directed Personal Assistance Services, Adult Day Healthcare Program, Personal Care Services, and institutional services, including Long-Term Placement in Residential Health Care Facilities.

**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, prescription drug costs, any charges from out-of-network healthcare providers, 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, 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 people must pay monthly, quarterly, or twice a year to be covered by a health insurance plan or program.

**Preventive Care Services**
Services you receive from your doctor that help prevent disease or to identify disease while it is more easily treatable. Under Healthcare Reform, most of these services are 100% covered by your insurance plan, which means that you will not have to pay for them.

**Primary Care Provider (PCP)**
Your Primary Doctor (also known as a Primary Care 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 CompleteCare 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 CompleteCare is a special needs plan for people who have Medicare and get full assistance from Medicaid.
Healthfirst Health Plan, Inc., dba Healthfirst Medical Plan, is an HMO plan with a Medicare contract and a contract with the New York Medicaid program. 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.

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

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

Medicare Part B premium is covered for dual-eligible members with full Medicaid coverage.

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

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 full Medicaid benefits from the State and Medicare.

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 number 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。
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/](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](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
  

- **Phone**: **1-800-368-1019** (TTY/TDD 800-537-7697)