

Coordinated Benefits Plan (HMO)

2020 Summary of Benefits

This Medicare Advantage Plan may be right for you if you already have drug coverage from another source (unless it is a standalone Medicare Prescription Drug Plan) and do not require Part D prescription drug benefits. It also offers additional benefits (like dental, vision, hearing, and routine transportation) on top of Original Medicare.

New York City and Nassau County
January 1, 2020–December 31, 2020

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Healthfirst Coordinated Benefits Plan (HMO) Overview

The Healthfirst Coordinated Benefits Plan offers members a wide range of benefits on top of those included in **Original Medicare**, including routine and comprehensive dental, hearing coverage and hearing aids, vision coverage, eyeglasses or contact lenses, routine transportation, post-discharge meals, SilverSneakers® fitness program, and 24/7 access to care with Teladoc and the Nurse Help Line. This plan may be a good choice for you if you are not looking to add prescription drug coverage because you already have dependable coverage through an employer, union, or other source.**

***This does not include a standalone Prescription Drug Plan. Please note that if you are a member of another Medicare health plan or standalone Prescription Drug Plan and you join this plan, you will lose the other plan.*



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

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

TTY 711

Monday to Friday, 9am–6pm

Davis Vision

1-800-753-3311

Monday to Friday, 8am–11pm;

Saturday, 9am–4pm; Sunday, 12pm–4pm

SilverSneakers

1-888-423-4632

TTY 711

Monday to Friday, 8am–8pm

NationsHearing

1-877-438-7251

TTY 711

Monday to Friday, 8am–8pm

Medicare

1-800-MEDICARE (1-800-633-4227)

TTY 1-877-486-2048

7 days a week, 24 hours a day

www.medicare.gov

Social Security

1-800-772-1213

TTY 1-800-325-0778

Monday to Friday, 7am–7pm

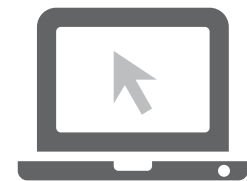
Useful Information

Provider Directory

The best way to find a doctor or specialist 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 to find one near you). Or call our Member Services at **1-888-260-1010** (TTY 1-888-542-3821) for assistance.

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 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.



Helpful Definitions

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.

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.

Maximum Out-of-Pocket

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). This does not include your monthly premium costs, any charges from out-of-network healthcare providers, services that are not covered by the plan, or prescription drug costs. However, note that this plan does not cover Part D prescription drugs.

What makes you eligible to be a plan member?

- You have both Medicare Part A and Medicare Part B
- You live in either New York City or Nassau County
- You already have dependable coverage through an employer, union, or other source (not including standalone Medicare Prescription Drug Plans)
- You are a United States citizen or are lawfully present in the United States
- 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

Premiums, Deductibles, and Out-of-Pocket Costs

The following are the healthcare costs associated with the Healthfirst Coordinated Benefits Plan:

Monthly Premium	Deductible	Maximum Out-of-Pocket (MOOP)
\$0	\$0	\$6,700 for services received from in-network providers

Important information:

<p>You must continue to pay your Medicare Part B premium (\$135.50/month in 2019).</p> <p>The Medicare Part B premium amount may change for the following year and we will provide updated rates as soon as Medicare releases them.</p>		<p>With Original Medicare, there's no cap on what you spend on healthcare! The MOOP does not include prescription drugs. However, note that this plan does not include Part D prescription drug coverage.</p>
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If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services, and **Healthfirst will pay the full cost for the rest of the year.**

Please refer to the "Medicare & You" handbook for Medicare-covered services.

Healthfirst Coordinated Benefits Plan Covered Medical and Hospital Benefits (in-network costs)

This is a summary document and does not include every service that we cover or list every limitation or exclusion. For a full list of services, look through your Evidence of Coverage (EOC), which can be found online at www.HFMedicareMaterials.org or by calling **1-888-260-1010** (TTY 1-888-542-3821) to request a mailed copy.

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

What You Pay With Healthfirst Coordinated Benefits Plan	What You Should Know
Inpatient Hospital Coverage*	
Per admission: \$380 copay per day for days 1–5 \$0 per day for days 6+	Plan covers an unlimited number of days for an inpatient hospital stay, based on medical necessity.
Outpatient Hospital Services*	
20% of the cost for each outpatient hospital visit \$90 copay for observation services	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." Observation services are hospital outpatient services used to determine if you need to be admitted as an inpatient or can be discharged.
Ambulatory Surgery Center	
20% of the cost for each ambulatory surgery center visit	
Doctor Visits (Primary Care Provider (PCP) and Specialists)*	
\$10 copay for primary care physician visits \$35 copay for specialist visits	It is very important that you visit your primary care provider and any specialists you need. To set up a visit with your primary care doctor, call 1-888-260-1010 (TTY 1-888-542-3821).
Preventive Care	
\$0 copay for Medicare-covered preventive exams Examples of preventive care include: <ul style="list-style-type: none"> ■ colonoscopies ■ mammograms ■ bone mass measurements ■ cardiovascular screening ■ diabetes screening ■ and other cancer screenings 	Preventive care includes a \$0 annual wellness visit that provides height, weight, blood pressure, and other routine exams. Be sure to take advantage of all the 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 , or call 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.

What You Pay With Healthfirst Coordinated Benefits Plan	What You Should Know
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Emergency Care	
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<p>\$90 copay</p>	<p>You should seek emergency care if you believe that your health condition requires immediate medical care.</p> <p>If you do not think your health condition is severe enough to need emergency care but you still need medical attention, consider Urgently Needed Services (see below).</p> <p>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 and urgent care outside the U.S. is \$100,000 per year.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p>
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Urgently Needed Services	
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<p>\$35 copay</p>	<p>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.</p> <p>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.</p> <p>Benefits of urgent care centers:</p> <ul style="list-style-type: none"> ■ No advance appointment needed ■ Many have extended hours and are open seven days a week ■ May cost less than visiting the emergency room
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Services with an asterisk (*) may require prior authorization.

What You Pay With Healthfirst Coordinated Benefits Plan	What You Should Know
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Diagnostic Services/Labs/Imaging*	
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<p>\$0 copay for lab services</p> <p>\$50 copay for diagnostic procedures and tests</p> <p>\$50 copay for diagnostic radiology services</p> <p>\$15 copay for outpatient X-rays</p> <p>20% coinsurance for therapeutic radiology services</p>	<p>Diagnostic radiology services include MRIs and CT scans. Therapeutic radiology services include radiation treatment for cancer.</p>
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Hearing Services	
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<p>\$35 copay for Medicare-covered exams to diagnose and treat hearing and balance issues</p> <p>\$35 copay for routine hearing exam (one every year)</p> <p>\$0 copay for hearing aids</p>	<p>Plan pays up to \$500 every three years for the purchase of hearing aids.</p> <p>Additional hearing aid and other devices are available at a discounted rate.</p> <p>Hearing aid purchases include:</p> <ul style="list-style-type: none"> ■ Three (3) follow-up visits within first year of initial fitting date ■ 60-day trial period from date of fitting ■ 60 batteries per year per aid (three-year supply) ■ Three-year manufacturer repair warranty ■ One-time replacement coverage for lost, stolen, or damaged hearing <p>You must obtain your hearing aids from a NationsHearing provider. Please contact NationsHearing by phone at 1-877-438-7251 (TTY 711) or on the web at www.NationsHearing.com/Healthfirst to schedule an appointment.</p>
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Services with an asterisk (*) may require prior authorization.

Dental Services*

\$5 copay for preventive
dental services

\$5–\$150 copay for comprehensive
dental services

Preventive dental services: \$5 copay for each
covered service

- Cleanings (one every six months)
- Dental X-rays (one every six months)
- Oral exams (one every six months)

Comprehensive dental services: \$5–\$150 copay for each
covered service

- diagnostic and non-routine services
- restorative services (like 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 Coordinated
Benefits Plan's Evidence of Coverage online at
www.HFMedicareMaterials.org or by calling
1-888-260-1010 (TTY 1-888-542-3821)
to request a mailed copy.

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

Vision Services*

\$35 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye

\$0 copay for eyeglasses or contact lenses after cataract surgery

Your copay for annual glaucoma screening may be \$0 (depending on your risk factors for eye diseases)

\$0 copay for routine eye exam (one every year)

Either \$0 copay for contact lenses (one every two years) OR \$0 copay for eyeglasses (frames and lenses, one every two years)

Benefits include one routine eye exam, with 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 two years, 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 two years

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 Coordinated Benefits Plan's Evidence of Coverage online at 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.*

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

What You Pay With Healthfirst Coordinated Benefits Plan	What You Should Know
Mental Health Services (including inpatient)*	
<p>\$293 copay per day for days 1–6</p> <p>\$0 per day for days 7–190</p> <p>\$40 copays for outpatient group therapy and outpatient individual therapy visits</p> <p>\$40 copay for outpatient substance abuse group therapy and individual therapy visits</p> <p>\$40 copay for opioid treatment services</p>	<p>Plan covers up to 190 days in a lifetime for inpatient mental health care in a freestanding psychiatric hospital, based on medical necessity. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.</p> <p>Psychiatric admissions to general acute care hospitals apply inpatient hospital cost sharing. The inpatient mental health cost sharing applies only to stays at a freestanding psychiatric hospital.</p>
Skilled Nursing Facility (SNF)*	
<p>\$0 per day for days 1–20</p> <p>\$178 copay per day for days 21–100</p>	<p>A SNF stay is for when you need additional rehabilitative or skilled nursing care after being discharged from a hospital stay.</p> <p>Plan covers up to 100 days in a SNF per benefit period.</p> <p>No prior hospital stay is required.</p>
Physical Therapy*	
<p>\$40 copay per visit</p>	
Ambulance*	
<p>\$225 copay</p>	<p>You need emergency ambulance transportation if you need care that keeps you alive or keeps your health while being moved.</p>

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

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.

What You Pay With Healthfirst Coordinated Benefits Plan	What You Should Know
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Routine Transportation*	
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<p>\$0 for up to eight one-way trips per year</p>	<p>No-cost transportation to your doctor—up to eight one-way trips per year. We will arrange for one-way car service to an approved provider location.</p> <p>You must call Healthfirst Coordinated Benefits Plan Member Services for authorization at least two (2) days in advance.</p> <p>After you schedule your doctor's visit, call Member Services at 1-888-260-1010 (TTY 1-888-542-3821) to arrange for transportation.</p>
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Medicare Part B Drugs*	
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<p>20% of the cost for Part B drugs such as chemotherapy medication and others</p>	
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Other Covered Services	
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Rehabilitation Services*	
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<p>\$0 copay for cardiac (heart) and intensive cardiac rehab services</p> <p>\$30 copay for pulmonary (lung) rehab services</p> <p>\$40 copay for occupational therapy, and speech and language therapy visits</p> <p>20% of the cost for renal dialysis</p> <p>\$30 copay for Supervised Exercise Therapy (SET) for members that have symptomatic peripheral artery disease (PAD).</p>	
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Podiatry (Foot Care)*	
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<p>\$25 copay for</p> <ul style="list-style-type: none"> ■ Diagnosis and the medical or surgical treatment of injuries and diseases of the foot (such as hammer toe or heel spurs) ■ Routine foot care 	<p>The plan covers 12 routine foot care visits per year</p>
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Services with an asterisk (*) may require prior authorization.

What You Pay With Healthfirst Coordinated Benefits Plan	What You Should Know
Medical Equipment/Supplies*	
\$0 for diabetes monitoring supplies, diabetes self-management training, and therapeutic shoes or inserts 20% of the cost for durable medical equipment 20% of the cost for prosthetic devices and related medical supplies	Examples of durable medical equipment and supplies include walkers, wheelchairs, oxygen tanks, and more. Examples of prosthetic devices include braces, artificial limbs, etc.
Wellness Programs	
Chiropractic Care* – \$20 copay for manipulation of the spine to correct a subluxation (when one or more of the bones of your spine moves out of position)	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: <ul style="list-style-type: none"> ■ Health Education ■ Nutritional Education
Healthfirst's Nurse Help Line	
\$0 copay	Healthfirst's Nurse Help Line at 1-855-NURSE33 (1-855-687-7333, TTY 711) is a free phone service that's available 24 hours a day, 7 days a week, to get wellness advice and help finding a doctor.
Home Health Agency Care*	
\$0 copay for home health visits	To receive home health services, your doctor must certify that you require those services and will request them from a home health agency. You must be homebound, which means leaving home is very difficult for you.

*Services may require prior authorization.

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

What You Pay With Healthfirst Coordinated Benefits Plan	What You Should Know
Diabetes Prevention Program	
\$0 copay	Program includes health behavior change sessions promoting weight loss through healthy eating and physical activity.
Teladoc	
\$0 copay	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.
Post-Discharge Meals*	
\$0 copay	Up to 42 meals delivered to your home for a duration of up to 14 days after a hospital stay longer than two days. Prior authorization from the Healthfirst Medical Management department is required.
SilverSneakers®	
\$0 copay	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.

Plans may offer supplemental benefits in addition to Part C benefits.

Remember, if you are not satisfied with your existing plan and want to switch to Healthfirst, you have until March 31 to do so.

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

Frequently Asked Questions (FAQs)

About Healthfirst Coordinated Benefits Plan:

Who can join the Healthfirst Coordinated Benefits Plan?

To join Healthfirst Coordinated Benefits Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, not have End-Stage Renal Disease (ESRD), and live in our service area. Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Queens, and Richmond. This plan may be a good choice for you if you are not looking to add prescription drug coverage because you already have dependable coverage through an employer, union, or other source (not including standalone Medicare Prescription Drug Plans). Please note that if you are a member of another Medicare health plan or standalone Prescription Drug Plan and you join this plan, you will lose the other plan.

What doctors and hospitals can I use?

Healthfirst Coordinated Benefits Plan has a network of doctors, hospitals, and other providers. If you use providers that are not in our network, the plan may not pay for these services. You can see our plan's provider directory at our website (www.HFDocFinder.org). Or call us and we will send you a copy of the provider directory.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and more. Here are some medical costs that Healthfirst Coordinated Benefits Plan covers and Original Medicare does not:

Annual deductible

Routine eye exams and eyeglasses

Hearing checkups and hearing aids

Comprehensive dental care



Frequently Asked Questions (FAQs) (Cont.)

Plan costs:

Will I have to pay a monthly premium or deductible?

No. The Healthfirst Coordinated Benefits Plan does not have a premium or deductible.



Whom should I contact if I need help with healthcare costs?

Contact Member Services. The number can be found on page 5. If you have any questions about this plan's benefits or costs, please contact Healthfirst Medicare Plan for details.



Comparing Healthfirst Coordinated Benefits Plan with other insurance options:

How is Healthfirst Coordinated Benefits Plan different from Original Medicare?

The Healthfirst Coordinated Benefits Plan offers additional benefits (like dental, vision, and hearing) on top of Original Medicare and may be right for you if you have drug coverage from another source (unless it is a standalone Prescription Drug Plan) and do not require Part D prescription drug benefits.



How is Healthfirst Coordinated Benefits Plan different from other Medicare HMOs?

Unlike other HMOs, you don't need a referral to see a specialist with the Healthfirst Coordinated Benefits Plan.



If you have any questions about this plan's benefits or costs, please contact Healthfirst Medicare Plan for details.



We're 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)

Flatbush
2166 Nostrand Avenue
(between Avenue H and Hillel Place)

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

MANHATTAN

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

28 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 skilled nursing facility and ends when you have been discharged. If you go into a hospital or a skilled nursing 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.

Coinsurance

The fee you owe a doctor for your care after you meet your annual deductible. The amount you owe is part of the cost of your care. Your 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.

With Original Medicare, you will pay a 20% coinsurance for most outpatient services. However, with the Healthfirst Coordinated

Benefits Plan, you'll pay a lower copay for those same services.

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 you pay each time you 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).

Cost Sharing

The general term for your health expenses, including deductibles, coinsurance, and copayments.

Covered Service

A service that that you are entitled to and which your plan will cover under the terms of your plan.

CT

Computed tomography is a medical 3-D imaging technique.

Creditable Prescription Drug Coverage

Prescription drug coverage (for example, from an employer or union) that is expected

Glossary (Cont.)

to pay, on average, at least as much as Medicare's standard prescription drug coverage. People who have this kind of coverage when they become eligible for Medicare can generally keep that coverage without paying a penalty if they decide to enroll in Medicare prescription drug coverage later.

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.

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.

Diabetes Screening

Test for high blood sugar levels.

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 and/or a dependent 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 Part D premiums, as well as the yearly deductible and copayments for their 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. You may also need to get a referral from your primary care doctor before seeing a specialist.

Hospital Affiliation

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

In-Network Provider

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

Inpatient

An inpatient hospital stay is when a doctor admits you into the hospital for treatment.

Glossary (Cont.)

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, or services that are not covered by the plan. This also does not include prescription drugs. However, note that this plan does not include Part D prescription drug coverage.

Remember, Original Medicare does not have a MOOP or any cap on spending, so your healthcare expenses can be very high over the course of a year.

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's 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.

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

Glossary (Cont.)

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 Provider, or PCP) is the doctor who provides you with basic healthcare and preventive services to help make sure you stay healthy. Your PCP coordinates most of your care, authorizes treatment, and may refer you to specialists.

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.

With Healthfirst Coordinated Benefits Plan, you can see a specialist without getting a referral from your doctor.

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 Health Plan, Inc. offers HMO plans that contract with the Federal Government. Enrollment in Healthfirst Medicare Plan depends on contract renewal.

Limitations, copayments, and restrictions may apply.

The 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.

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

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If you have any questions about this plan's benefits or costs, please contact Healthfirst Medicare Plans for details.

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 de 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，服務時間每週七天，每天上午8時至晚上8時，電話號碼是1-888-260-1010，聽力語言殘障服務專線TTY 1-888-542-3821。

This document is available in other formats, such as braille and large print. This document may be available in a non-English language. For additional information, call us at 1-888-260-1010.

Este documento puede estar disponible en otros formatos como Braille y en letra grande. Este documento puede estar disponible en otros idiomas además del inglés. Para más información, llámenos al 1-888-260-1010.

本文件可以其他形式提供，例如盲文及大字印本。本文件可能有英語之外的其他語言文本。如需更多資訊，請給我們來電，電話號碼是1-888-260-1010。

Notice of Non-Discrimination

Healthfirst complies with Federal civil rights laws. Healthfirst does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Healthfirst provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **Healthfirst** at **1-866-305-0408**.
For TTY services, call 1-888-542-3821.

If you believe that Healthfirst has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Healthfirst by:

- **Mail:** Healthfirst Member Services, P.O. Box 5165, New York, NY, 10274-5165
- **Phone:** 1-866-305-0408 (for TTY services, call 1-888-542-3821)
- **Fax:** 1-212-801-3250
- **In person:** 100 Church Street, New York, NY 10007
- **Email:** <http://healthfirst.org/members/contact/>

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- **Web:** Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **Mail:** U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- **Phone:** 1-800-368-1019 (TTY 800-537-7697)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-866-305-0408 (TTY 1-888-542-3821).	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-305-0408 (TTY: 1-888-867-4132).	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-305-0408 (TTY: 1-888-542-3821)。	Chinese
ملحوظة: إذا كنت تتحدث العربية، فسوف تتوفر خدمات المساعدة اللغوية لك بالمجان. اتصل برقم 1-866-305-0408 (TTY: 1-888-542-3821).	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-866-305-0408 (TTY: 1-888-542-3821). 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-305-0408 (TTY: 1-888-542-3821).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-305-0408 (TTY: 1-888-542-3821).	Italian
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-305-0408 (TTY: 1-888-542-3821).	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-305-0408 (TTY: 1-888-542-3821).	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-866-305-0408 (TTY: 1-888-542-3821).	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-305-0408 (TTY: 1-888-542-3821).	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-305-0408 (TTY: 1-888-542-3821).	Tagalog
লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৬৬-৩০৫-০৪০৮ (TTY: 1-888-542-3821)।	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-305-0408 (TTY: 1-888-542-3821).	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-305-0408 (TTY: 1-888-542-3821).	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-305-0408 (TTY: 1-888-542-3821)۔	Urdu

