BENEFITS		Original Medicare[1]	CompleteCare (HMO D-SNP)
	Monthly Plan Premium	$148.50; may vary depending on your income and the amount of financial assistance you receive	$0
	Primary Care Provider	$203 deductible and 20% coinsurance	$0 copay
	Specialist	$203 deductible and 20% coinsurance	$0 copay
VISION	Routine Annual Exam	No coverage	$0 copay
	Eyewear	No coverage	$400 allowance every year for 1 pair of eyeglasses or contact lenses
HEARING	Routine Annual Exam	No coverage	$0 copay[2]
	Hearing Aids	No coverage	Hearing aids as medically necessary*
DENTAL	Cleanings, Exams, X-rays	No coverage	$0 copay
	Other Dental Services	No coverage	$0 copay for extractions, dentures, crowns,[2] and more
	Generic Drugs (one-month supply)	No coverage	$0 copay
	Rx Deductible	No coverage	$0
	Over-the-Counter (OTC) Items	No coverage	Get $170/month ($2,040 per year)**
	Routine Transportation	No coverage	Unlimited round trips to an approved provider location†
	Inpatient Hospital Care	$1,484 deductible for each benefit period Days 1–60: $0 copay per day; Days 61–90: $371 copay per day; Days 91–150: $742 copay per day	Days 1+: $0 copay per day
	Emergency Care	$203 deductible and 20% coinsurance; worldwide care is generally not available, but there are exceptions	$0 copay
	Urgent Care Coverage	$203 deductible and 20% coinsurance	$0 copay
	Retail Health Clinic	No coverage	$0 copay
	Outpatient Diagnostic Procedures, Tests, and Lab Services	$203 deductible and 20% coinsurance for doctor services; a copay may be required for other services; 100% coverage of lab services	$0 copay for lab services, diagnostic procedures, and tests
	Annual Wellness Visit and Health Screenings	$0 copay	$0 copay
	Supplemental Acupuncture	No coverage	$0 copay; 35 visits per year
	Teladoc	No coverage	$0 copay
	SilverSneakers®	No coverage	$0 copay
	Long-Term Care Services and Supports	No coverage	Covered
	Worldwide Emergency Coverage	No coverage	$200,000

[1]2021 Original Medicare benefits.
[2]Implants are covered under Medicaid benefits.
*Entry-level and basic-level hearing aids only.
**OTC items are subject to the plan's list of eligible items and the plan's participating network of retail and online providers.
†Healthfirst will cover Non-Emergency Medicaid-covered transportation provided that it is included as a Managed Long-Term Care benefit by the New York State Department of Health.

If you have questions or comments, please call Healthfirst Member Services at 1-877-237-1303 (TTY 1-888-542-3821), 7 days a week, 8am–8pm. Coverage is provided by Healthfirst Health Plan, Inc. Plans contain exclusions and limitations. Healthfirst Health Plan, Inc. 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. SilverSneakers is a registered trademark of Tivity Health, Inc. Telemedicine (Teladoc) isn't a replacement for your primary care provider (PCP). Your PCP should always be your first choice for care (both in-person and virtual visits). Healthfirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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