



## Healthfirst Medicare Plan

### Monthly Plan Premium for People Who Get Extra Help from Medicare to Help Pay for Their Prescription Drug Costs

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than it would be without Extra Help from Medicare. The amount of Extra Help you get will determine your total monthly plan premium as a member of our plan.

This table shows you what your monthly plan premium will be if you get Extra Help.

Your Level of Extra Help	Monthly Premium for Healthfirst Signature (PPO)*
100%	\$0.00
75%	\$0.00
50%	\$0.00
25%	\$0.00

\*This does not include any Medicare Part B premium you may have to pay.

Healthfirst Medicare Plan's premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting Extra Help, you can see if you qualify by calling:

- **1-800-MEDICARE** (TTY 1-877-486-2048), 24 hours a day, 7 days a week
- Your State Medicaid Office
- The Social Security Administration at **1-800-772-1213** (TTY 1-800-325-0778), Monday to Friday, 7am–7pm

If you have any questions, please call Member Services at 1-833-350-2910 (TTY 1-888-542-3821), 7 days a week, 8am–8pm (October through March), and Monday to Friday, 8am–8pm (April through September).

Coverage is provided by Healthfirst Health Plan, Inc. or Healthfirst Insurance Company, Inc.

The State of New York has created a Participant Ombudsman Program called the Independent Consumer Advocacy Network (ICAN) to provide Participants/Members free, confidential assistance on any services offered by Healthfirst Health Plan, Inc. ICAN may be reached toll-free at 1-844-614-8800 or online at [icannys.org](http://icannys.org). (TTY users call 711, then follow the prompts to dial 1-844-614-8800.)

Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

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

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

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

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