

BENEFITS		Original Medicare (2022)	CompleteCare (HMO D-SNP)
	Monthly Plan Premium	\$170.10; may vary depending on your income and the amount of financial assistance you receive	\$0
	Primary Care Provider	\$233 deductible and 20% coinsurance	\$0 copay
	Medical Deductible	\$233 deductible	\$0 deductible
	Specialist	\$233 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 ⁵
	Hearing Aids	No coverage	Hearing aids as medically necessary ¹
DENTAL	Cleanings, Exams, X-rays	No coverage	\$0 copay
	Extractions, Dentures, Crowns, and More	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	\$180/month (\$2,160/year) ³
	Routine Transportation	No coverage	Unlimited round trips to an approved provider location ⁴
	Flex Card	No coverage	No coverage
	Inpatient Hospital Care	\$1,556 deductible for each benefit period Days 1–60: \$0 copay per day; Days 61–90: \$389 copay per day; Days 91–150: \$778 copay per day	Days 1+: \$0 copay per day
	Emergency Care	\$233 deductible and 20% coinsurance	\$0 copay
	Urgent Care	\$233 deductible and 20% coinsurance	\$0 copay
	Retail Health Clinic	No coverage	\$0 copay
	Outpatient Diagnostic Procedures and Tests	\$233 deductible and 20% coinsurance for doctor services; a copay may be required for other services	\$0 copay
	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	Generally not covered, with exceptions	\$200,000

¹ Entry-level and basic-level hearing aids only.

² Implants are covered under Medicaid benefits.

³ LIS-eligible Increased Benefits Plan, Life Improvement Plan, and CompleteCare members are allowed to use their over-the-counter (OTC) allowance towards an expanded list of approved items that include healthy foods and home utilities. Contact the plan for a complete listing of eligible items and a network listing of pharmacies and/or retailers.

⁴ 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.

⁵ Not covered as a Medicare benefit, but covered as a Medicaid benefit. Offered as medically necessary.

If you have questions or comments, please call Healthfirst Medicare Plan at 1-877-237-1303 (TTY 1-888-542-3821), 7 days a week, 8am–8pm. Coverage is provided by Healthfirst Health Plan, Inc. or Healthfirst Insurance Company, Inc. (“Healthfirst”). Healthfirst Medicare Plan has HMO and PPO plans with a Medicare contract. Our SNPs also have contracts with the NY State Medicaid program. Enrollment in Healthfirst Medicare Plan depends on contract renewal. Plans contain exclusions and limitations. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved. 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.