Increased Benefits Plan (HMO)

2021 Summary of Benefits

This Medicare Advantage plan offers additional benefits (like dental, vision, hearing, and acupuncture) on top of Original Medicare. It is designed for people who qualify for full Extra Help (also known as Low Income Subsidy), which helps people with Medicare pay fewer drug costs.

New York City, Nassau, Rockland, Westchester, Orange, and Sullivan Counties
January 1, 2021–December 31, 2021

H3359 019
Snapshot of Benefits

**Premium and Deductible**

As low as $0 Monthly Premium*

$0 Annual Deductible

- Doctor Visits (Primary Care)
- Dental
- Routine Vision
- Routine Hearing
- Transportation (Routine/Non-Emergent)
- 24/7 Access to Care with Teladoc and the Nurse Help Line
- SilverSneakers® Fitness Program
- Post-Discharge Meals
- Over-the-Counter (OTC) Allowance

$40 Copay

- Specialist Care

*If you lose full Extra Help, your monthly premium may be $42.30 and your annual deductible may be $445. However, all members with full Extra Help will have $0 monthly premiums and a $0 annual deductible.
<table>
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</tr>
</thead>
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</tr>
</tbody>
</table>
Healthfirst Increased Benefits Plan Overview

The Healthfirst Increased 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, acupuncture, routine transportation, an over-the-counter (OTC) allowance, post-discharge meals, SilverSneakers® fitness program, and 24/7 access to care with Teladoc and the Nurse Help Line.
This plan may be right for you if you qualify for full 
Extra Help (also known as Low Income Subsidy) and/
or a Medicare Savings Program (MSP). If you qualify 
for full Extra Help, you will be eligible for a $0 monthly 
plan premium, no drug deductible, and lower copays 
for prescription drugs. Healthfirst wants to make sure 
you have all the resources you need to stay healthy. 
This is why we offer Healthfirst Increased Benefits Plan 
members the added assistance of a service that helps 
connect them with local community programs. It can 
support their needs and may even help them save on 
healthcare costs.

Healthfirst wants to make sure you 
have all the resources you need to 
stay healthy.

If you don’t qualify for full Extra Help, other Healthfirst 
plans are available to you. Call 1-877-237-1303 
(TTY 1-888-542-3821), 7 days a week, 8am–8pm, 
or visit us online at healthfirst.org/medicare.

When it’s time to renew your Medicaid, Medicare 
Savings Program, or Extra Help (also known as Low 
Income Subsidy (LIS)), 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 6). For more 
information on My Advocate services, please call 
1-800-804-9705 (TTY 1-855-368-9643), 
Monday to Friday, 9am–6pm.

This is a summary document and does not include 
every service that we cover or list every limitation 
or exclusion. For a complete list of services, 
cost shares, and exclusions, please refer to your 
Evidence of Coverage document, which can be 
found online at HFMedicareMaterials.org or by 
calling 1-888-260-1010 (TTY 1-888-542-3821) to 
request a mailed copy.
# Need Help Paying for Your Healthcare Costs?

If you have Medicare and your income is under a certain amount, you may qualify for the following financial assistance programs:

<table>
<thead>
<tr>
<th>How this program helps</th>
<th>Extra Help or Low Income Subsidy (LIS)</th>
<th>Medicare Savings Programs (four levels)</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administered by the Social Security Administration</td>
<td>Pays Medicare Part D (prescription drug) monthly premiums up to $42.30 in 2021</td>
<td>All levels pay Part B premium ($144.60/month in 2020) Some pay Part A premium (if needed)</td>
<td>Pays Medicare copays and coinsurances</td>
</tr>
<tr>
<td></td>
<td>Keeps Medicare Part D copays very low</td>
<td>Some pay Medicare copays and coinsurances</td>
<td>Pays for some services that Medicare may not cover</td>
</tr>
<tr>
<td></td>
<td>If you qualify for full Extra Help, you will be eligible for a $0 monthly plan premium, no drug deductible, and lower copays for prescription drugs</td>
<td>None will pay costs of services Medicare does not cover</td>
<td>Does not pay Part B premium ($144.60/month in 2020)</td>
</tr>
</tbody>
</table>

| Are you eligible for other programs? | If you have Extra Help, you may also have Medicaid and/or a Medicare Savings Program—but this is not necessarily the case, since the Extra Help income eligibility levels are higher. | Everyone with a Medicare Savings Program will also have Extra Help. Some people with Medicare Savings Programs will also have incomes that qualify them for Medicaid. | Everyone with Medicare & Medicaid will also have Extra Help. Some people with Medicare & Medicaid will also have incomes that qualify them for Medicare Savings Programs. |

| For more information, contact Member Services at 1-888-260-1010 (TTY 1-888-542-3821) | OR My Advocate 1-800-804-9705 (TTY 1-855-368-9643) Monday to Friday, 9am–6pm | OR My Advocate 1-800-804-9705 (TTY 1-855-368-9643) Monday to Friday, 9am–6pm | OR My Advocate 1-800-804-9705 (TTY 1-855-368-9643) Monday to Friday, 9am–6pm |
You may qualify for one, two, or all three programs, depending on your income and your needs. Each program has different income eligibility levels. **Extra Help** has the highest income eligibility level and Medicaid has the lowest. Call Member Services at **1-888-260-1010** (TTY 1-888-542-3821) or My Advocate at **1-800-804-9705** (TTY 1-855-368-9643) to find out if you qualify for these programs.

If you have any of these programs, you may also qualify for the **Elderly Pharmaceutical Insurance Coverage (EPIC) Program**, New York State’s **Pharmaceutical Assistance Program**. EPIC also helps with drug costs and premiums. You can have both EPIC and Extra Help together. You may also qualify for EPIC even if you don’t qualify for the Extra Help, Medicare Savings Program, or Medicaid. Call **1-800-332-3742** (TTY 1-800-290-9138) for more information.

**Words to know on these pages:**

- Coinsurance
- Extra Help
- Medicaid

To learn what these words mean, see the Glossary on page 27
Useful Contacts

Plan Effective Date

Name of Healthfirst Sales Representative

Phone Number

Name of Primary Care Provider (PCP)

Address

Phone Number

Healthfirst Website
healthfirst.org/medicare

Healthfirst Medicare Advantage 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

Healthfirst’s Nurse Help Line
1-855-NURSE33 (1-855-687-7333)
TTY 711
7 days a week, 24 hours a day

DentaQuest
1-800-508-2047
TTY 1-800-466-7566
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
medicare.gov

Elderly Pharmaceutical Insurance Coverage (EPIC) Program
1-800-332-3742
TTY 1-800-290-9138
Monday to Friday, 8:30am–5pm

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

Social Security
1-800-772-1213
TTY 1-800-325-0778
Monday to Friday, 7am–7pm

Transportation
1-888-260-1010
TTY 1-888-542-3821
7 days a week

NationsOTC
1-877-236-7027
Monday to Friday, 8am–8pm
Useful Information

Provider/Pharmacy Directory
The best way to find a doctor or specialist and pharmacy in the Healthfirst network is to visit [HFDocFinder.org](http://HFDocFinder.org).
You may also stop by one of our convenient community offices (visit [healthfirst.org](http://healthfirst.org) to find one near you). Or call Member Services at **1-888-260-1010** (TTY 1-888-542-3821) for assistance.

Healthfirst Formulary
To download a copy of your Healthfirst Medicare Plan Formulary, visit [HFMedicareMaterials.org](http://HFMedicareMaterials.org). You can also pick one up at a Healthfirst Community Office. The formulary is a list of prescription drugs (both generic and brand name) covered by your health plan.

Medicare & You
Visit [medicare.gov](http://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 [medicare.gov](http://medicare.gov) on the web. You can also download a copy of the handbook by visiting [medicare.gov/medicare-and-you/medicare-and-you.html](http://medicare.gov/medicare-and-you/medicare-and-you.html).

Word to know on this page:
Formulary
To learn what this word means, see the Glossary on page 27
Healthfirst NY Mobile App
The Healthfirst NY Mobile App keeps access to healthcare close at hand. Use it to find essential services nearby in your community, contact a local rep from a Healthfirst Community Office, view your membership information, and more. We’re working around the clock to connect you to the care you need, and we look forward to getting new features in your hands.

Healthfirst members can:

■ Access their digital Member ID and save, email, or text it.
■ Find essential services nearby—food, housing, education, employment, family planning, financial and legal assistance, and more.
■ Find pharmacies, retail health clinics, urgent care centers, and other providers.
■ Use our Healthfirst Virtual Community Office to search for a local sales rep by borough, office location, language, and gender.
■ Access Teladoc to speak with U.S. board-certified doctors 24/7 by phone and video.
■ Contact Healthfirst Member Services to get answers to benefit questions.
■ Get instant notifications on their device to stay in the know, learn about new features, and more.
The following are the healthcare costs associated with the Healthfirst Increased Benefits Plan:

<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 or up to $42.30, depending on your level of Extra Help.</td>
<td>There is no deductible for medical and hospital benefits. Depending on your level of Extra Help, you will pay a $0, $92, or $445 deductible for prescription drugs.</td>
<td>$7,550 for services received from in-network providers</td>
</tr>
</tbody>
</table>

Important information:

- You must continue to pay your Medicare Part B premium ($144.60 in 2020).
  - The Medicare Part B premium amount may change for the following year and we will provide updated rates as soon as Medicare releases them.
  - If you are having trouble affording your monthly Part B premium, contact 1-888-260-1010 (TTY 1-888-542-3821) to see if you may be eligible for a Medicare Savings Program.

- This does not apply to prescription drug costs. However, with the Extra Help program, you pay low to no prescription drug costs.
- With Original Medicare, there’s no cap on what you spend on healthcare!

If you reach the limit on out-of-pocket costs, you keep getting Medicare-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 Increased Benefits Plan Covered Medical and Hospital Benefits
(in-network costs)

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

<table>
<thead>
<tr>
<th>What You Pay With Healthfirst Increased Benefits Plan</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Hospital Coverage</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>(Per Admission)</td>
<td></td>
</tr>
<tr>
<td>$403 copay per day for days 1–5</td>
<td>Plan covers unlimited number of days for an inpatient hospital stay, depending on medical necessity.</td>
</tr>
<tr>
<td>$0 copay per day for days 6+</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Hospital Services</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>20% coinsurance for each outpatient hospital service</td>
<td></td>
</tr>
<tr>
<td>$90 copay for observation services</td>
<td></td>
</tr>
<tr>
<td><strong>Ambulatory Surgery Center</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>$200 copay for each ambulatory surgery center visit</td>
<td></td>
</tr>
</tbody>
</table>

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 prescription drug costs.
<table>
<thead>
<tr>
<th>What You Pay With Healthfirst Increased Benefits Plan</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctor Visits (Primary Care Providers and Specialists)</strong>*</td>
<td></td>
</tr>
<tr>
<td>$0 copay for primary care provider visits</td>
<td></td>
</tr>
<tr>
<td>$40 copay for specialist visits</td>
<td></td>
</tr>
<tr>
<td>It is very important that you visit your primary care provider and any specialists you need.</td>
<td></td>
</tr>
<tr>
<td>For help setting up an appointment with your primary care provider, call <strong>1-888-260-1010</strong> (TTY 1-888-542-3821).</td>
<td></td>
</tr>
<tr>
<td>The PCP you selected during your enrollment will be the PCP you must see for primary care. However, you may switch PCPs at any time by calling Member Services at <strong>1-888-260-1010</strong>.</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td></td>
</tr>
<tr>
<td>$0 copay for Medicare-covered preventive care</td>
<td></td>
</tr>
<tr>
<td>Examples of preventive care include:</td>
<td></td>
</tr>
<tr>
<td>■ colonoscopies</td>
<td></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>
</tr>
<tr>
<td>■ other cancer screenings</td>
<td></td>
</tr>
<tr>
<td>Speak to your doctor at your annual visit to ask what preventive care he or she recommends.</td>
<td></td>
</tr>
<tr>
<td><strong>Be sure to take advantage of all the preventive care you are eligible for each year.</strong></td>
<td></td>
</tr>
<tr>
<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 <strong>HFMedicareMaterials.org</strong> or by calling <strong>1-888-260-1010</strong> (TTY 1-888-542-3821) to request a mailed copy.</td>
<td></td>
</tr>
</tbody>
</table>

**Words to know on this page:**
- Preventive
- Colonoscopies
- Mammograms
- Cardiovascular

To learn what these words mean, see the Glossary on page 27
<table>
<thead>
<tr>
<th>What You Pay With Healthfirst Increased Benefits Plan</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Care</strong></td>
<td></td>
</tr>
<tr>
<td>$90 copay for emergency care both in the U.S. and worldwide</td>
<td><strong>Emergency Services</strong></td>
</tr>
<tr>
<td></td>
<td>You should seek emergency care if you believe that your health condition requires immediate medical care.</td>
</tr>
<tr>
<td></td>
<td>If you are admitted to a hospital in the U.S. within 24 hours, your copay is waived.</td>
</tr>
<tr>
<td></td>
<td>If you do not think your health condition is severe enough to need emergency care, but still need medical attention, consider Urgent Care (see below).</td>
</tr>
<tr>
<td></td>
<td><strong>Worldwide Emergency Coverage</strong></td>
</tr>
<tr>
<td></td>
<td>Emergency care is covered both in the U.S. and worldwide. The plan will not cover any Part D prescription drugs that you receive as part of your emergency or urgent care visit in another country. The combined maximum coverage limit for emergency and urgent care outside of the U.S. is $100,000.</td>
</tr>
<tr>
<td><strong>Urgently Needed Services</strong></td>
<td></td>
</tr>
<tr>
<td>$40 copay for urgently needed services both in the U.S. and worldwide</td>
<td><strong>Urgently Needed Services</strong></td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td><strong>Worldwide Urgent Coverage</strong></td>
</tr>
<tr>
<td></td>
<td>Like emergency care, urgent care is covered worldwide and any Part D prescription drugs that you receive as a part of your urgent care in another country will not be covered. The combined maximum coverage limit for emergency and urgent care outside of the U.S. is $100,000.</td>
</tr>
<tr>
<td></td>
<td>Benefits of urgent care centers:</td>
</tr>
<tr>
<td></td>
<td>■ No advance appointment needed</td>
</tr>
<tr>
<td></td>
<td>■ Many have extended hours and are open seven days a week</td>
</tr>
<tr>
<td></td>
<td>■ May cost less than visiting the emergency room</td>
</tr>
<tr>
<td>What You Pay With Healthfirst Increased Benefits Plan</td>
<td>What You Should Know</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td><strong>Diagnostic Services/Labs/Imaging</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>$15 copay for X-rays</td>
<td></td>
</tr>
<tr>
<td>20% coinsurance for therapeutic radiological services</td>
<td></td>
</tr>
<tr>
<td>$0 copay for laboratory tests</td>
<td>Diagnostic radiology services include MRIs and CT scans.</td>
</tr>
<tr>
<td>$50 copay for diagnostic tests and procedures</td>
<td></td>
</tr>
<tr>
<td>$50 copay diagnostic radiology services</td>
<td></td>
</tr>
</tbody>
</table>

| **Hearing Services**<sup>*</sup>                     |                      |
| $40 copay for exam to diagnose and treat hearing and balance issues | You must obtain your hearing aids from a NationsHearing provider. |
| $0 copay for routine hearing exam (one every year)      | Please contact NationsHearing by phone at 1-877-438-7251 (TTY 711) or on the web at nationshearing.com/healthfirst to schedule an appointment. |
| $0 copay for fitting/evaluation for hearing aid(s) (one every year) |                      |
| $0 copay for up to two entry-level hearing aids (maximum plan benefit coverage of $500 per ear every three years). Members may also use their $500 per ear allowance toward the cost of other hearing aids offered by a NationsHearing provider. |                      |

<p>| <strong>Dental Services</strong>&lt;sup&gt;*&lt;/sup&gt;                      |                      |
| $0 copay for preventive and comprehensive dental services | Preventive dental services: |
|                                                         | ■ Cleanings (one every six months) |
|                                                         | ■ Dental X-rays (one every six months) |
|                                                         | ■ Oral exams (one every six months) |
|                                                         | ■ Fluoride treatment (one every six months) |
|                                                         | Comprehensive dental services: |
|                                                         | ■ 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 |</p>
<table>
<thead>
<tr>
<th>Vision Services*</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>$40 copay for Medicare-covered benefits, including diagnosis and treatment for diseases and conditions of the eye (including diabetic retinopathy)</td>
<td></td>
</tr>
<tr>
<td>$0 copay for routine eye exams for eyeglasses/contacts and for glaucoma screening</td>
<td></td>
</tr>
<tr>
<td>$0 copay for covered contact lenses (medically necessary) OR</td>
<td></td>
</tr>
<tr>
<td>$0 copay for covered eyewear lenses and frames (i.e., standard lenses and frames in the “Fashion” or “Designer” tier collection) OR</td>
<td></td>
</tr>
<tr>
<td>$20 copay for upgrade frames within the “Premier” tier collection OR</td>
<td></td>
</tr>
<tr>
<td>$175 benefit allowance for upgrade frames not included in the plan’s tiered collections, but offered by a participating network provider OR</td>
<td></td>
</tr>
<tr>
<td>$175 benefit allowance for elective contact lenses (i.e., those that are not medically necessary)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health Services (including inpatient)*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Per Admission)</td>
<td>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 psychiatric unit of a general hospital. 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.</td>
</tr>
<tr>
<td>$311 copay per day for days 1–6</td>
<td></td>
</tr>
<tr>
<td>$0 copay per day for day 7 and beyond</td>
<td></td>
</tr>
<tr>
<td>$40 copay for outpatient individual and group therapy visit</td>
<td></td>
</tr>
<tr>
<td>$40 copay for outpatient substance abuse therapy (group or individual)</td>
<td></td>
</tr>
<tr>
<td>$0 copay for opioid treatment services</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skilled Nursing Facility (SNF)*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Per Admission)</td>
<td>A SNF stay is for when you need skilled nursing care and rehabilitation services in a skilled nursing facility. Plan covers up to 100 days in a SNF per admission. No prior hospital stay is required.</td>
</tr>
<tr>
<td>$0 copay per day for days 1–20</td>
<td></td>
</tr>
<tr>
<td>$184 copay per day for days 21–100</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Therapy*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$40 copay per visit for physical therapy</td>
<td></td>
</tr>
<tr>
<td>What You Pay With Healthfirst Increased Benefits Plan</td>
<td>What You Should Know</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>Emergency ambulance transportation is covered when you need to be transported to a hospital or skilled nursing facility for medically necessary services, and transportation in any other vehicle could endanger your health.</td>
</tr>
<tr>
<td>$225 copay per one-way trip</td>
<td></td>
</tr>
<tr>
<td><strong>Transportation (Routine/Non-Emergent)</strong></td>
<td>We will arrange for transportation to an approved provider location.</td>
</tr>
<tr>
<td>$0 copay for up to 40 one-way trips per year</td>
<td>You must call Healthfirst at least two (2) days in advance.</td>
</tr>
<tr>
<td></td>
<td>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>Step Therapy may be required.</td>
</tr>
<tr>
<td>20% coinsurance for Part B drugs such as chemotherapy drugs and others</td>
<td>The benefit is provided as an OTC card; it is not a debit or credit card and cannot be converted to cash. This benefit may not be used to purchase Part B or Part D prescription drugs. You are encouraged to speak with your healthcare provider about which OTC items may be most helpful for you.</td>
</tr>
<tr>
<td><strong>Over-the-Counter Allowance</strong></td>
<td>Unused balances expire at the end of each month or upon disenrollment from Healthfirst Increased Benefits Plan (HMO).</td>
</tr>
<tr>
<td>$15 allowance per month toward approved over-the-counter (non-prescription) medications, and/or health-related items at participating providers (retail locations and mail order)</td>
<td>You can order OTC items online and have them shipped to your home, at no additional cost:</td>
</tr>
<tr>
<td></td>
<td>Visit NationsOTC.com/Healthfirst and place an online order or call <strong>1-877-236-7027</strong> (TTY 711), Monday to Friday, 8am–8pm, to request a catalog and place your order over the phone.</td>
</tr>
<tr>
<td></td>
<td>If you need help placing an OTC order, please contact NationsOTC at <strong>1-877-236-7027</strong> and have your 19-digit OTC card number available.</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.
<table>
<thead>
<tr>
<th>What You Pay With Healthfirst Increased Benefits Plan</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other Covered Services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Acupuncture</strong></td>
<td>Plan covers acupuncture treatments for chronic low back pain up to 20 visits per year under certain circumstances. The plan also covers an additional 15 visits per year for other conditions, including chronic low back pain.</td>
</tr>
<tr>
<td>$0 copay for each acupuncture visit</td>
<td></td>
</tr>
<tr>
<td>*<em>Rehabilitation Services</em></td>
<td></td>
</tr>
<tr>
<td>$0 copay for cardiac (heart) and intensive cardiac rehab services</td>
<td></td>
</tr>
<tr>
<td>$30 copay for pulmonary (lung) rehab</td>
<td></td>
</tr>
<tr>
<td>$40 copay for occupational therapy visit</td>
<td></td>
</tr>
<tr>
<td>$40 copay for speech and language therapy visit</td>
<td></td>
</tr>
<tr>
<td>20% coinsurance for renal dialysis</td>
<td></td>
</tr>
<tr>
<td>$30 copay for Supervised Exercise Therapy (SET) for members that have symptomatic peripheral artery disease (PAD).</td>
<td></td>
</tr>
<tr>
<td><strong>Retail Health Clinic</strong></td>
<td>Retail health clinics are inside retail pharmacy stores (such as Minute Clinic at CVS), providing a way for members to access walk-in care (without an appointment), even during evenings and weekends. Retail health clinics do not include urgent care centers.</td>
</tr>
<tr>
<td>$10 copay</td>
<td>Covered services include, but are not limited to:  ■ Diagnosis and treatment of minor acute illnesses  ■ Medicare-covered vaccinations</td>
</tr>
<tr>
<td>*<em>Podiatry (Foot Care)</em></td>
<td>The plan covers 12 routine foot care visits per year.</td>
</tr>
<tr>
<td>$25 copay for</td>
<td></td>
</tr>
<tr>
<td>■ Diagnosis and the medical or surgical treatment of injuries and diseases of the foot (such as hammer toe or heel spurs)</td>
<td></td>
</tr>
<tr>
<td>■ Routine foot care</td>
<td></td>
</tr>
<tr>
<td>*<em>Medical Equipment/Supplies</em></td>
<td>Examples of durable medical equipment and supplies are walkers, wheelchairs, oxygen tanks, crutches, and more.</td>
</tr>
<tr>
<td>$0 copay for diabetes monitoring supplies, diabetes self-management training, and therapeutic shoes or inserts</td>
<td></td>
</tr>
<tr>
<td>20% coinsurance for durable medical equipment</td>
<td>Examples of prosthetic devices include braces, artificial limbs, and more.</td>
</tr>
<tr>
<td>20% coinsurance for prosthetic devices and related medical supplies</td>
<td></td>
</tr>
</tbody>
</table>
### What You Pay With Healthfirst Increased Benefits Plan

<table>
<thead>
<tr>
<th>Other Covered Services</th>
<th>What You Should Know</th>
</tr>
</thead>
</table>
| **Wellness Programs** | 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:  
   - Health Education  
   - Nutritional Education |
| Chiropractic Care* – $20 copay for manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position) |  |
| Nutritional Counseling – $0 copay for up to six preventive counseling and/or risk factor reduction visits annually, which must be provided by state-licensed or certified practitioners (i.e. physician, nurse, registered dietitian, or nutritionist). Sessions may be individual or group. |  |

### Nurse Help Line

**$0 copay**

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.

### Home Health Agency Care*

**$0 copay for covered home health visits**

For you 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.

### 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.

### Meals (Post-Discharge)

**$0 copay**

Up to 84 meals delivered to your home for duration of up to 28 days after a discharge from hospital to home or skilled nursing facility to home with a stay greater than 2 days.

Plans may offer supplemental benefits in addition to Part C benefits and Part D 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.**
<table>
<thead>
<tr>
<th>What You Pay With Healthfirst Increased Benefits Plan</th>
<th>What You Should Know</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

**Medicare Part D Prescription Drug Benefits**

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 (4) phases of the Part D benefit: the deductible, the initial coverage phase, the coverage gap, and catastrophic coverage. With Extra Help, your deductible amount will be either $0 or $92 and you pay the same low copays (shown in the chart on page 21) through the initial coverage, and coverage gap phases. If and when you reach catastrophic coverage, you may notice that your drug copays decrease.

For more information on phases of the benefit, please call us at **1-888-260-1010** (TTY 711) or access our Evidence of Coverage online at [HFMedicareMaterials.org](http://HFMedicareMaterials.org).

To learn more about Extra Help, see the chart on page 6.

If you are unsure of your Extra Help status, contact My Advocate at **1-800-804-9705** (TTY 1-855-368-9643), Monday to Friday, 9am–6pm,

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>Prescription Drugs</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><strong>Generic Drugs (including brand drugs treated as generic)</strong></td>
<td>$0 copay or $1.30 copay or $3.70 copay or 15% coinsurance</td>
<td>$0 copay or $1.30 copay or $3.70 copay or 15% coinsurance</td>
<td>$0 copay or $1.30 copay or $3.70 copay or 15% coinsurance</td>
</tr>
<tr>
<td><strong>All Other Drugs</strong></td>
<td>$0 copay or $4.00 copay or $9.20 copay or 15% coinsurance</td>
<td>$0 copay or $4.00 copay or $9.20 copay or 15% coinsurance</td>
<td>$0 copay or $4.00 copay or $9.20 copay or 15% coinsurance</td>
</tr>
</tbody>
</table>

Your costs may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us at 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy or access our Evidence of Coverage online at HFMedicareMaterials.org.

Depending on the level of assistance you receive from Extra Help, your costs may differ depending on the supply you receive (30 days, 60 days, or 90 days). Your costs may also differ if you get your drugs from a network pharmacy, an out-of-network pharmacy, a mail-order pharmacy, or a Long-Term Care (LTC) facility, or if you need home infusion. Please contact Member Services at 1-888-260-1010 (TTY 1-888-542-3821) for specific information about your drug costs.

Enjoy the convenience of prescription home delivery with our mail-order pharmacy service.

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 1-888-542-3821).

You can also ask your pharmacy if they offer home delivery. If they do not, contact the pharmacies listed below. They can deliver your prescriptions to your home at no additional cost. For your convenience, they can also contact your doctor or pharmacy on your behalf to transfer your prescriptions:

- Call your local CVS (ask about their mail-order program as well) or Walgreens
- Visit Capsule at capsulecares.com or call 1-212-675-3900
- Visit Medly at healthfirst.medlypharmacy.com or call 1-800-620-2561
Frequently Asked Questions (FAQs)

About Healthfirst Increased Benefits Plan:

Who can join the Healthfirst Increased Benefits Plan?
To join the Healthfirst Increased Benefits Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in New York State: Bronx, Kings, Nassau, Rockland, Westchester, New York, Orange, Queens, Richmond, and Sullivan. Healthfirst Increased Benefits Plan is for people who qualify for Full Extra Help. If you think you may qualify for Medicaid or other programs that help pay Medicare costs, please call us and we’ll help you find a Healthfirst plan that’s right for you. Call 1-877-237-1303 (TTY 1-888-542-3821), 7 days a week, 8am–8pm.

Which doctors, hospitals, and pharmacies can I use?
Healthfirst Increased Benefits Plan has a network of doctors, hospitals, pharmacies, and other providers. If you use 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 (HFDocFinder.org). Or call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?
Like all Medicare health plans, we cover everything that Original Medicare covers—and more.

Here are just a few of the medical costs that Healthfirst covers and Original Medicare does not:

- Annual deductible
- Routine eye exams and eyeglasses
- Charges for prescription drugs
- Hearing checkups and hearing aids
- Dental care
Plan costs:

**Will I have to pay a monthly premium or deductible?**
Maybe. Because you have Extra Help (also called Low Income Subsidy, or LIS), your deductible and monthly premium will be less and may even be $0.

**Will I have to pay for healthcare services?**
Yes, you may pay Healthfirst Increased Benefits Plan copays and coinsurances for medical services.

**How will I determine my drug costs?**
Because you have Extra Help (also called Low Income Subsidy, or LIS), you may not have to pay any drug premiums or deductibles, and your prescription copays are very low. For more information on what copays you will pay, if any, see the chart on page 21.

**Why is there a monthly premium for Healthfirst Increased Benefits Plan?**
The full monthly premium for the Healthfirst Increased Benefits Plan only applies to people without Extra Help, but if you have Extra Help, your monthly premium will be less and may even be $0.

**Whom should I contact if I need more help with healthcare costs?**
Contact Member Services. The number can be found on page 8.
Comparing Healthfirst Increased Benefits Plan with other insurance options:

**How is Healthfirst Increased Benefits Plan different from Original Medicare?**
The Healthfirst Increased Benefits Plan offers additional benefits (such as dental, vision, hearing, OTC allowance, and transportation) on top of Original Medicare.

**How is Healthfirst Increased Benefits Plan different from other Medicare HMOs?**
Unlike other HMOs, you don’t need a referral to see a specialist with the Healthfirst Increased Benefits Plan.

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

We make it easy for you to contact us—over the phone, online, and in person. Visit one of our convenient community offices, our virtual community office online, and on social media.

Community Offices Near You

**BRONX**

East Tremont
774 E. Tremont Avenue
(between Prospect and Marmion Avenues)

Fordham
412 E. Fordham Road
(entrance on Webster Avenue)

**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 E. Broadway
(between Catherine and Market Streets)

Harlem
34 E. 125th Street
(corner of 125th Street and Madison Avenue)

Washington Heights
1467 St. Nicholas Avenue
(between W. 183rd and W. 184th Streets)

**QUEENS**

Elmhurst
40-08 81st Street
(between Roosevelt and 41st Avenues)

Flushing
41-60 Main Street
Rooms 201 & 311
(between Sanford and Maple Avenues)

Main Plaza Mall
37-02 Main Street
(between 37th and 38th Avenues)

Jackson Heights
93-14 Roosevelt Avenue
(between Whitney Avenue and 94th Street)

Jamaica
Jamaica Colosseum Mall
89-02 165th Street, Main Level
(between 89th and Jamaica Avenues)

**LONG ISLAND (continued)**

**SUFFOLK COUNTY**

Bay Shore
Westfield South Shore Mall
1701 Sunrise Highway
(in the JCPenney Wing)

Lake Grove
Smith Haven Mall
313 Smith Haven Mall
(in the Sears Wing)

Patchogue
99 West Main Street
(between West and Havens Avenues)

Shirley
La Placita
58 D Surrey Circle
(between William Floyd Parkway and Floyd Road)

**WESTCHESTER COUNTY**

Yonkers
13 Main Street
(between Warburton Avenue and N Broadway)

**ORANGE COUNTY**

Middletown
Galleria at Crystal Run
1 Galleria Drive, Lower Level
(in the Macy’s Wing)

Follow us on social media
@HealthfirstNY

Go to healthfirst.org/locations for our hours of operation, and visit HFVirtualCommunityOffice.org to connect with a local Healthfirst representative in your area.
Glossary

**Bone mass measurement**
Measures bone density to determine whether a patient has osteoporosis (bone disease).

**Cardiovascular screening**
Test for heart disease.

**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.

**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 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 Provider (PCP).

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

**Covered Service**
A service 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.

**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.
Glossary (Cont.)

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)
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 Increased Benefits Plan, 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 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.

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.

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 you must pay monthly, quarterly, or twice a year to be covered by a health insurance plan or program. If you are having trouble affording your monthly Part B premium, contact 1-888-260-1010 (TTY 1-888-542-3821) to see if you may be eligible for a Medicare Savings 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. Your primary care is covered only when you see your PCP, but you may change your PCP at any time by calling Member Services.

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 Increased Benefits Plan (HMO) 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.
Coverage is provided by Healthfirst Health Plan, Inc.

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

Plans contain exclusions and limitations.

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

Dental services must be medically necessary to be covered; limitations apply.

Telemedicine (Teladoc) isn't a replacement for your Primary Care Provider (PCP). Your PCP should always be your first choice for care and for regular visits.

The formulary, pharmacy network, and/or 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, Rockland, Westchester, Orange, and Sullivan counties. Plans may vary by county.

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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 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 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 1-888-542-3821), 7 days a week, 8am–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。
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).

<table>
<thead>
<tr>
<th>Language</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese</td>
<td>ملاحظة: إذا كنت تتحدث العربية، سوف تتوفر خدمات المساعدة اللغوية لك بالманان. اتصل برقم 0408-305-866-1 (TTY: 1-888-542-3821)</td>
</tr>
<tr>
<td>French Creole</td>
<td>אוקראינית: איפי ארטט אידיש, זאבע פאראג פארא אידע שפראמל היילף טראומאוס פראיר פאיל</td>
</tr>
<tr>
<td>Greek</td>
<td>خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (TTY: 1-888-542-3821) 1-866-305-0408</td>
</tr>
</tbody>
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