BENEFITS		Original Medicare (2022)	Healthfirst Signature (PPO)
	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 in-network copay/$50 out-of-network copay
	Medical Deductible	$233 deductible	$1,000 deductible (applies to select out-of-network services)
	Specialist	$233 deductible and 20% coinsurance	$45 in-network copay/$60 out-of-network copay
VISION	Routine Annual Exam	No coverage	$0 copay
	Eyewear	No coverage	$250 allowance every 2 years for eyeglasses or contact lenses
HEARING	Routine Annual Exam	No coverage	$0 copay
	Hearing Aids	No coverage	$0–$1,475 copay per hearing aid every year[2]
DENTAL	Cleanings, Exams, X-rays	No coverage	$0 in-network copay/$20 out-of-network copay[1]
	Extractions, Dentures, Crowns, and More	No coverage	$0 in-network copay/$0–$100 out-of-network copay[1]
	Generic Drugs (one-month supply)	No coverage	Tier 1 (Preferred Generic): $0 copay Tier 2 (Generic[3]): $10 copay
	Rx Deductible	No coverage	$250 (Tiers 4–5)
	Over-the-Counter (OTC) Items	No coverage	No coverage
	Routine Transportation	No coverage	No coverage
	Flex Card	No coverage	$700/year for dental, vision, and hearing cost-sharing
	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	In-network: Days 1–3: $502/day; Days 4+: $0/day Unlimited additional days Out-of-network: 40% coinsurance after $1,000 deductible
	Emergency Care	$233 deductible and 20% coinsurance	$95 copay
	Urgent Care	$233 deductible and 20% coinsurance	$60 copay
	Retail Health Clinic	No coverage	$15 copay
	Outpatient Diagnostic Procedures and Tests	$233 deductible and 20% coinsurance for doctor services; a copay may be required for other services	$50 copay
	Annual Wellness Visit and Health Screenings	$0 copay	$0 copay
	Supplemental Acupuncture	No coverage	$0 copay; 12 visits per year
	Teladoc	No coverage	$0 copay
	SilverSneakers®	No coverage	$0 copay
	Long-Term Care Services and Supports	No coverage	No coverage
	Worldwide Emergency Coverage	Generally not covered, with exceptions	No maximum

[1]Maximum plan benefit is $1,500 per year for combined preventive and comprehensive services.
[2]$0–$1,475 copays based on technology level.
[3]Some generic drugs are in higher tiers with higher copays.
Out-of-network healthcare services may have higher costs.

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. 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.