Increased Benefits Plan (HMO)

2019 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 and Nassau County
January 1, 2019–December 31, 2019

H3359 019
Snapshot of Benefits

**Premium and Deductible**

- **As low as $0 Monthly Premium**
- **Annual Deductible**

**Doctor Visits (Primary Care)**

- **Dental**

**Routine Vision**

- **Routine Transportation**

- **24/7 Access to Care with Teladoc and the Nurse Help Line**

- **Post-Hospitalization Meals**

- **Specialist Care**

- **Hearing**

**Copay**

- **$0 Copay**

- **$40 Copay**

*If you lose full Extra Help, your monthly premium may be $39.30 and your annual deductible may be $415. However, all members with full Extra Help will have $0 monthly premiums and a $0 annual deductible.*
## Table of Contents

Healthfirst Increased Benefits Plan Overview ................................................................................................. 4
Need Help Paying for Your Healthcare Costs? ................................................................................................. 6
Useful Contacts ............................................................................................................................................... 8
Useful Information ........................................................................................................................................ 9
Premiums, Deductibles, and Out-of-Pocket Costs ......................................................................................... 10
Healthfirst Increased Benefits Plan Covered Medical and Hospital Benefits ............................................. 11
Medicare Part D Prescription Drug Benefits ................................................................................................. 19
Non-Prescription Drug Benefits .................................................................................................................. 20
Frequently Asked Questions (FAQs) About Healthfirst Increased Benefits Plan ......................................... 21
We’re Here for You in Your Community ........................................................................................................ 24
Glossary ......................................................................................................................................................... 25
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, post-hospitalization meals, 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 www.healthfirst.org/medicare.

Healthfirst provides a service that helps members check or recertify for Extra Help—also known as the Low Income Subsidy (LIS)—each year. When it’s time to renew your Medicaid or Extra Help status, 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. You can access Healthfirst Increased Benefits Plan’s Evidence of Coverage online at www.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></td>
<td>Administered by the Social Security Administration</td>
<td>Administered by New York State</td>
<td>Administered by New York State</td>
</tr>
<tr>
<td>■ Pays Medicare Part D (prescription drug) monthly premiums up to $39.30 in 2019</td>
<td>■ All levels pay Part B premium ($134/month in 2018) Some pay Part A premium (if needed)</td>
<td>■ Pays Medicare copays and coinsurances</td>
<td>■ Pays Medicare copays and coinsurances</td>
</tr>
<tr>
<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>
<td>■ Pays for some services that Medicare may not cover</td>
</tr>
<tr>
<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 ($134/month in 2018)</td>
<td>■ Does not pay Part B premium ($134/month in 2018)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you eligible for other programs?</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
<td>Everyone with Medicare &amp; Medicaid will also have Extra Help. Some people with Medicare &amp; Medicaid will also have incomes that qualify them for Medicare Savings Programs.</td>
<td></td>
</tr>
</tbody>
</table>

| For more information, contact Member Services at 1-888-260-1010 (TTY 1-888-542-3821) | OR Social Security at 1-800-772-1213 www.ssa.gov/medicare/prescriptionhelp | OR New York City Human Resources Administration at 1-718-557-1399 OR Nassau Department of Social Services: 1-516-227-8000 | OR New York City Human Resources Administration at 1-718-557-1399 OR Nassau Department of Social Services: 1-516-227-8000 |
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 **1-888-260-1010** (TTY 1-888-542-3821) 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 25.
Useful Contacts

Plan Effective Date

Name of Healthfirst Sales Representative

Phone Number

Name of Primary Care Provider (PCP)

Address

Phone Number

Healthfirst Website
www.healthfirst.org/medicare

Healthfirst Medicare 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
Monday to Friday, 9am–6pm

Davis Vision
1-800-753-3311
Monday to Friday, 8am–11pm;
Saturday, 9am–4pm; Sunday, 12pm–4pm

Medicare
1-800-MEDICARE (1-800-633-4227)
TTY 1-877-486-2048
7 days a week, 24 hours a day
www.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
Useful Information

Provider/Pharmacy Directory
The best way to find a doctor or specialist and pharmacy in the Healthfirst network is to visit www.HFDocFinder.org. You may also stop by one of our convenient community offices (visit www.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 www.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 www.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 www.medicare.gov on the web. You can also download a copy of the handbook by visiting www.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 25.
## Premiums, Deductibles, and Out-of-Pocket Costs

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 $39.30, 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, $85, or $415 deductible for prescription drugs.</td>
<td>$6,700 for services received from in-network providers</td>
</tr>
</tbody>
</table>

**Important information:**

You must continue to pay your Medicare Part B premium ($134 in 2018).

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 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>$372 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 per day for days 6+</td>
<td></td>
</tr>
</tbody>
</table>

| **Outpatient Hospital Services**<sup>*</sup> | |
| 20% of the cost for each outpatient hospital visit and ambulatory surgery visit | If you are having surgery in a hospital facility, you should check with your provider about whether you will be admitted as an inpatient or outpatient. Unless the provider specifically admits you as an inpatient, you are considered an “outpatient” and will be required to pay the cost-sharing amounts for outpatient surgery. Even if you stay in the hospital overnight, you might still be considered an “outpatient.” |

| **Doctor Visits (Primary Care Providers and Specialists)**<sup>*</sup> | |
| $0 copay for primary care provider visits | It is very important that you visit your primary care provider and any specialists you need. |
| $40 copay for specialist visits | Members have no-cost Primary Care Provider (PCP) visits. |
| | To set up a visit with your primary care doctor, call **1-888-260-1010** (TTY 1-888-542-3821). |

### 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.
### Preventive Care

$0 copay for Medicare-covered preventive exams

Examples of preventive care include:
- colonoscopies
- mammograms
- bone mass measurements
- cardiovascular screening
- diabetes screening
- other cancer screenings

Preventive care includes a $0 annual wellness visit, which provides height, weight, blood pressure, and other routine exams.

Be sure to take advantage of all the preventive services you are eligible for each year. For a full list of what you could be eligible for, look through your Evidence of Coverage (EOC), which can be found online at [www.HFMedicareMaterials.org](http://www.HFMedicareMaterials.org) or by calling 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy.

Also, speak to your doctor at your annual visit to ask what preventive services he or she recommends.

---

**Words to know on this page:**

- Preventive
- Colonoscopies
- Mammograms
- Cardiovascular

To learn what these words mean, see the Glossary on page 25
Emergency Care

Increased Benefits Plan

Emergency care and urgently needed services are available worldwide. If you used these services in other countries, you’ll need an itemized proof of payment and medical record of the care received to be reimbursed by Healthfirst. The maximum coverage limit amount for emergency and urgent care outside the U.S. is $100,000 per year.

Healthfirst Increased Benefits Plan will not cover any Part D prescription drugs that you receive as part of your emergency care in another country.

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.

You should seek emergency care if you believe that your health condition requires immediate medical care.

If you do not think your health condition is severe enough to need emergency care, but you still need medical attention, consider Urgent Care (see below).

Urgently needed services

Like emergency care, urgent care is covered worldwide, but any Part D prescription drugs that you receive as part of your urgent care in another country will not be covered. The maximum coverage limit amount for emergency and urgent care outside the U.S. is $100,000 per year.

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.

Benefits of urgent care centers:

- No advance appointment needed
- Many have extended hours and are open seven days a week
- May cost less than visiting the emergency room

$90 copay for emergency room visits

$40 copay for urgent care visits
## What You Pay With Healthfirst

### Increased Benefits Plan

#### What You Should Know

**Diagnostic Services/Labs/Imaging**

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic radiology services</td>
<td>$50 copay for diagnostic radiology services</td>
</tr>
<tr>
<td>Diagnostic tests and procedures</td>
<td>$50 copay for diagnostic tests and procedures</td>
</tr>
<tr>
<td>Lab services</td>
<td>$0 for lab services</td>
</tr>
<tr>
<td>Outpatient X-rays</td>
<td>$15 for outpatient X-rays</td>
</tr>
<tr>
<td>Therapeutic radiology services</td>
<td>20% of the cost for therapeutic radiology services (such as radiation treatment for cancer)</td>
</tr>
</tbody>
</table>

Diagnostic radiology services include MRIs and CT scans.

**Hearing Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam to diagnose and treat hearing and balance issues</td>
<td>$40 copay for exam to diagnose and treat hearing and balance issues</td>
</tr>
<tr>
<td>Routine hearing exam</td>
<td>$40 copay for routine hearing exam</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>$0 copay for hearing aids</td>
</tr>
</tbody>
</table>

Plan pays up to $2,000 every three (3) years for hearing aids.

**Dental Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive and comprehensive dental services</td>
<td>$0 copay for preventive and comprehensive dental services</td>
</tr>
<tr>
<td>Cleanings</td>
<td>Preventive dental services: $0 copay</td>
</tr>
<tr>
<td>Dental X-rays</td>
<td>■ Cleanings (one every six months)</td>
</tr>
<tr>
<td>Oral exams</td>
<td>■ Dental X-rays (one every six months)</td>
</tr>
<tr>
<td>Diagnostic and non-routine services</td>
<td>■ Oral exams (one every six months)</td>
</tr>
<tr>
<td>Restorative services</td>
<td>Comprehensive dental services: $0 copay</td>
</tr>
<tr>
<td>Oral surgery</td>
<td>■ diagnostic and non-routine services</td>
</tr>
<tr>
<td>Root canal surgery</td>
<td>■ restorative services (like permanent silver amalgams and composite fillings)</td>
</tr>
<tr>
<td>Periodontics (prosthetics/crowns)</td>
<td>■ oral surgery</td>
</tr>
<tr>
<td>Dentures, including adjustments and repairs</td>
<td>■ root canal surgery</td>
</tr>
<tr>
<td></td>
<td>■ periodontics (prosthetics/crowns)</td>
</tr>
<tr>
<td></td>
<td>■ dentures, including adjustments and repairs</td>
</tr>
</tbody>
</table>

Healthfirst Increased Benefits Plan members receive coverage for preventive and comprehensive dental services.

For additional information, including cost shares and exclusions, please refer to your Evidence of Coverage document. You can access Healthfirst Increased Benefits Plan’s Evidence of Coverage online at [www.HFMedicareMaterials.org](http://www.HFMedicareMaterials.org) or by calling 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy.
## What You Pay With Healthfirst Increased Benefits Plan

<table>
<thead>
<tr>
<th><strong>Vision Services</strong>&lt;sup&gt;*&lt;/sup&gt;</th>
<th><strong>What You Should Know</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$40 copay for exam to diagnose and treat diseases and conditions of the eye</td>
<td>This plan covers outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration.</td>
</tr>
<tr>
<td>$0 copay for eyeglasses or contact lenses after cataract surgery</td>
<td>This plan also covers one pair of contact lenses or eyeglasses (frames and lenses) every year with no prior Medicare-defined cataract surgery requirement.</td>
</tr>
<tr>
<td>$0 copay for routine eye exam (one every year)</td>
<td>You can choose from the plan’s exclusive collection, which features three (3) levels of frames:</td>
</tr>
<tr>
<td>$0 copay for contact lenses (one every year) OR $0 copay for eyeglasses (frames and lenses, one every year)</td>
<td>- Fashion Frames: $0 copay</td>
</tr>
<tr>
<td>Your copay for annual glaucoma screening may be $0 (depending on your risk factors for eye diseases)</td>
<td>- Designer Frames: $20 copay</td>
</tr>
<tr>
<td></td>
<td>- Premier Frames: $45 copay</td>
</tr>
<tr>
<td></td>
<td>If instead you select non-plan frames or contact lenses outside of the plan’s exclusive collection and from the provider’s own supply, you are subject to a $100 maximum coverage limit every year.</td>
</tr>
<tr>
<td></td>
<td>We also cover enhanced lenses at an additional copay. These include, but are not limited to: ultra-progressive lenses, polycarbonate lenses, anti-reflective coating lenses, polarized lenses, high-index lenses, and more.**</td>
</tr>
<tr>
<td></td>
<td>For additional information, including cost shares and exclusions, please refer to your Evidence of Coverage document. You can access the Evidence of Coverage online at <a href="http://www.HFMedicareMaterials.org">www.HFMedicareMaterials.org</a> or by calling 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy.</td>
</tr>
<tr>
<td><strong>Mental Health Services (including inpatient)</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td><strong>Note:</strong> Designer or Premier Frames, Enhanced Lens or Frames options are not included features of our additional vision benefits. However, through an arrangement with our vision vendor, Healthfirst is able to offer these additional features at significantly reduced costs to our members. Therefore, these copays do not count towards your annual Medicare Maximum Out-of-Pocket (MOOP) cost.</td>
</tr>
<tr>
<td>$276 copay per day for days 1–6 in an inpatient psychiatric hospital</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 general hospital.</td>
</tr>
<tr>
<td>You pay nothing per day for days 7–190</td>
<td>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>$40 copay for outpatient group therapy visit</td>
<td></td>
</tr>
<tr>
<td>$40 copay for outpatient individual therapy visit</td>
<td></td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility (SNF)</strong></td>
<td>A SNF stay is for when you need additional rehabilitative or skilled nursing care after being discharged from a hospital stay. Plan covers up to 100 days in a SNF per benefit period. No prior hospital stay is required.</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>For Medicare-covered SNF stays:</td>
<td></td>
</tr>
<tr>
<td>$0 copay per day for days 1–20</td>
<td></td>
</tr>
<tr>
<td>$172 copay per day for days 21–100</td>
<td></td>
</tr>
<tr>
<td><strong>Physical Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>$40 copay per visit for physical therapy</td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>You need emergency ambulance transportation if you need care that keeps you alive or keeps your health while being moved.</td>
</tr>
<tr>
<td>$225 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Routine Transportation</strong></td>
<td>We will arrange for one-way car service to an approved provider location. You must call Healthfirst at least two (2) days in advance. After you schedule your doctor’s visit, call Member Services at 1-888-260-1010 (TTY 1-888-542-3821) to arrange for transportation.</td>
</tr>
<tr>
<td>$0 for transportation to your doctor—up to 40 one-way trips per year</td>
<td></td>
</tr>
<tr>
<td><strong>Medicare Part B Drugs</strong></td>
<td>20% of the cost for Part B drugs such as chemotherapy drugs and others</td>
</tr>
<tr>
<td>$0 copay for cardiac (heart) and intensive cardiac rehab services</td>
<td></td>
</tr>
<tr>
<td>$30 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% of the cost 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>Other Covered Services</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------------------</td>
</tr>
</tbody>
</table>
| **Podiatry (Foot Care)**<sup>*</sup> | $25 copay for  
- Diagnosis and the medical  
or surgical treatment of injuries  
and diseases of the foot (such as  
hammer toe or heel spurs)  
- Routine foot care  
The plan covers 12 routine foot care visits per year |
| **Medical Equipment/Supplies**<sup>*</sup> | $0 for diabetes monitoring supplies,  
diabetes self-management training,  
and therapeutic shoes or inserts  
20% of the cost for durable  
medical equipment  
20% of the cost for prosthetic devices  
and related medical supplies  
Examples of durable medical equipment and supplies are  
walkers, wheelchairs, oxygen tanks, crutches, and more.  
Examples of prosthetic devices include braces,  
artificial limbs, and more. |
| **Wellness Programs** | $0 copay for all preventive services  
covered under Original Medicare  
$20 for chiropractic care<sup>*</sup> – Manipulation  
of the spine to correct a subluxation  
(when one or more of the bones of  
your spine move out of position)  
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 |
| **Acupuncture** | Original Medicare **does not cover acupuncture**  
- $0 for up to 15 visits every year. |

---

**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>Healthfirst’s Nurse Help Line</strong></td>
<td>Healthfirst’s 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.</td>
</tr>
<tr>
<td>0 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Home Health Agency Care</strong></td>
<td>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.</td>
</tr>
<tr>
<td>0 copay for covered home health visits</td>
<td></td>
</tr>
<tr>
<td><strong>Diabetes Prevention Program</strong></td>
<td>Program includes health behavior change sessions promoting weight loss through healthy eating and physical activity.</td>
</tr>
<tr>
<td>0 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Teladoc</strong></td>
<td>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.</td>
</tr>
<tr>
<td>0 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Post-Hospitalization Meals</strong></td>
<td>Up to 42 meals delivered to your home for a duration of up to 14 days after discharge from the hospital. Covered once per calendar year. Prior authorization from the Healthfirst Medical Management department is required.</td>
</tr>
<tr>
<td>0 copay</td>
<td></td>
</tr>
</tbody>
</table>

Remember, if you are not satisfied with your existing plan and want to switch to Healthfirst, you have until March 31 to do so.
What You Pay With Healthfirst
Increased Benefits Plan

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, you pay the same low copays (shown in the chart on page 20) through the deductible, 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 www.HFMedicareMaterials.org.

What You Should Know

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

As a Healthfirst Increased Benefits Plan member, 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.
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</strong></td>
<td>$0 copay or $1.25 copay or $3.40 copay or up to 25% of the cost</td>
<td>$0 copay or $1.25 copay or $3.40 copay or up to 25% of the cost</td>
<td>$0 copay or $1.25 copay or $3.40 copay or up to 25% of the cost</td>
</tr>
<tr>
<td><strong>All Other Drugs</strong></td>
<td>$0 copay or $3.80 copay or $8.50 copay or up to 25% of the cost</td>
<td>$0 copay or $3.80 copay or $8.50 copay or up to 25% of the cost</td>
<td>$0 copay or $3.80 copay or $8.50 copay or up to 25% of the cost</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 711) to request a mailed copy or access our Evidence of Coverage online at www.HFMedicareMaterials.org.

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 711).

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 711) for specific information about your drug costs.
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, not have End-Stage Renal Disease (ESRD), and live in our service area. Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Queens, and Richmond. 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 (www.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
- Hearing checkups and hearing aids
- Routine eye exams and eyeglasses
- Dental care
- Charges for prescription drugs
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 20.

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. If you have any questions about this plan’s benefits or costs, please contact Healthfirst Medicare Plan for details.
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 (like dental, vision, and hearing) 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.
We’re Here for You in Your Community

Visit our community offices if you have any questions about our Medicare plans or your health benefits:

**BRONX**

412 East Fordham Road  
(entrance on Webster Avenue)

774 East Tremont Avenue  
(between Prospect and Marmion Avenues)

**BROOKLYN**

Bensonhurst  
2236 86th Street  
(between Bay 31st and Bay 32nd Streets)

Downtown Brooklyn  
635 Fulton Street  
(between Hudson Avenue and Rockwell Place)

Sunset Park  
5324 7th Avenue  
(between 53rd and 54th Streets)

**MANHATTAN**

Chinatown  
128 Mott Street, Room 407  
(between Grand and Hester Streets)

28 East Broadway, 5th Floor  
(between Catherine and Market Streets)

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

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

**QUEENS**

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

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

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

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

Jamaica Colosseum Mall  
89-02 165th Street  
Main Level

Richmond Hill  
122-01 Liberty Avenue  
(between 122nd and 123rd Streets)

**LONG ISLAND**

Hempstead  
50 Clinton Street  
(between Front Street and Fulton Avenue)

Valley Stream  
2034 Green Acres Mall  
Sunrise Highway, Level 1  
(in the Macy’s Men’s Wing)
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 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.
Glossary (Cont.)

Diabetes screening
Test for high blood sugar levels.

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.

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 Doctor, 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.

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.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

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 and Westchester counties. Plans may vary by county.

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 www.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 www.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 number 1-888-542-3821, 7 days a week, from 8am to 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/TDD 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/TDD 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/TDD 800-537-7697)

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/TDD: 1-888-542-3821。


