























BENEFITS		Original Medicare (2022)	Life Improvement Plan (HMO D SNP)
	Monthly Plan Premium	 \$170.10; may vary depending on your income and the amount of financial assistance you receive	\$0
	Primary Care Provider	 \$233 deductible and 20% coinsurance	\$0 copay
	Medical Deductible	\$233 deductible	\$0 deductible
	Specialist	 \$233 deductible and 20% coinsurance	\$0 copay
VISION	Routine Annual Exam	 No coverage	\$0 copay
	Eyewear	No coverage	\$350 allowance every year for 1 pair of 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 ¹
DENTAL	Cleanings, Exams, X-rays	 No coverage	\$0 copay
	Extractions, Dentures, Crowns, and More	No coverage	\$0 copay
	Generic Drugs (one-month supply)	 No coverage	\$0 copay
	Rx Deductible	 No coverage	\$0 ²
	Over-the-Counter (OTC) Items	 No coverage	\$475/quarter (\$1,900/year) ³
	Routine Transportation	 No coverage	28 one-way trips per year
	Flex Card	 No coverage	No coverage
	Inpatient Hospital Care	 \$1,556 deductible for each benefit period Days 1–60: \$0 copay per day; Days 61–90: \$389 copay per day; Days 91–150: \$778 copay per day	Days 1+: \$0 copay per day
	Emergency Care	 \$233 deductible and 20% coinsurance	\$0 copay
	Urgent Care	 \$233 deductible and 20% coinsurance	\$0 copay
	Retail Health Clinic	 No coverage	\$0 copay
	Outpatient Diagnostic Procedures and Tests	 \$233 deductible and 20% coinsurance for doctor services; a copay may be required for other services	\$0 copay
	Annual Wellness Visit and Health Screenings	 \$0 copay	\$0 copay
	Supplemental Acupuncture	 No coverage	\$0 copay; 20 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\$0–\$1,475 copays based on technology level.

²Based on your income level and institutional status.

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

If you have questions or comments, please call Healthfirst Medicare Plan at 1-877-237-1303 (TTY 1-888-542-3821), 7 days a week, 8am–8pm. Coverage is provided by Healthfirst Health Plan, Inc. or Healthfirst Insurance Company, Inc. (“Healthfirst”). Healthfirst Medicare Plan has HMO and PPO plans with a Medicare contract. Our SNPs also have contracts with the NY State Medicaid program. Enrollment in Healthfirst Medicare Plan depends on contract renewal. Plans contain exclusions and limitations. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved. Telemedicine (Teladoc) isn’t a replacement for your primary care provider (PCP). Your PCP should always be your first choice for care (both in-person and virtual visits). Healthfirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.