BENEFITS			Original Medicare[1]	Increased Benefits Plan (HMO)
	Monthly Plan Premium		$148.50; may vary depending on your income and the amount of financial assistance you receive	$42.40; the monthly plan premium you pay may be less[2]
	Primary Care Provider		$203 deductible and 20% coinsurance	$0 copay
	Specialist		$203 deductible and 20% coinsurance	$30 copay
VISION	Routine Annual Exam		No coverage	$0 copay
	Eyewear		No coverage	$200 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*
DENTAL	Cleanings, Exams, X-rays		No coverage	$0 copay
	Other Dental Services		No coverage	$0 copay for extractions, dentures, crowns, and more
	Generic Drugs (one-month supply)		No coverage	Tier 1: (Preferred Generic): $0 Tier 2–6 (Generic): $0, $1.35, or $3.95 or copay OR 15% coinsurance[2]
	Rx Deductible		No coverage	$480[2]
	Over-the-Counter (OTC) Items		No coverage	Get $20/month ($240 per year)**
	Routine Transportation		No coverage	Get 40 one-way trips per year
	Inpatient Hospital Care		$1,484 deductible for each benefit period Days 1–60: $0 copay per day; Days 61–90: $371 copay per day; Days 91–150: $742 copay per day	Days 1–5: $403/day Days 6+: $0/day Unlimited additional days†
	Emergency Care		$203 deductible and 20% coinsurance; worldwide care is generally not available, but there are exceptions	$90 copay
	Urgent Care Coverage		$203 deductible and 20% coinsurance	$40 copay
	Retail Health Clinic		No coverage	$10 copay
	Outpatient Diagnostic Procedures, Tests, and Lab Services		$203 deductible and 20% coinsurance for doctor services; a copay may be required for other services; 100% coverage of lab services	$0 copay for lab services; $50 copay for diagnostic procedures and tests
	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		No coverage	$200,000

[1] 2021 Original Medicare benefits.
[2] Based on your income level and institutional status.
*$0–$1,475 copays based on technology level.
**OTC items are subject to the plan's list of eligible items and the plan's participating network of retail and online providers.
†Based on medical necessity.

If you have questions or comments, please call Healthfirst Member Services at 1-877-237-1303 (TTY 1-888-542-3821), 7 days a week, 8am–8pm. Coverage is provided by Healthfirst Health Plan, Inc. Plans contain exclusions and limitations. Healthfirst Health Plan, Inc. offers HMO plans that contract with the Federal Government. Enrollment in Healthfirst Medicare Plan depends on contract renewal. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2021 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.

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