

Accessing Out-of-Network Care

Save money with Healthfirst's network.

We encourage you to use our extensive network of healthcare providers who meet our education, training, and experience requirements. These providers can help you get the care you need at a lower cost. If you need help locating a provider in our Healthfirst network, please call **1-833-350-2910** or check the provider directory at [HFDocFinder.org](https://www.healthfirst.org/HFDocFinder.org).

There may be times when you decide to or need to visit a provider who is not in the Healthfirst network. As a member of Healthfirst Signature (PPO), you can receive care from out-of-network providers who accept Medicare. If you do seek out-of-network care, there are some things you should know.

- Out-of-network providers who do not contract with us are under no obligation to treat you, except in emergency situations.
- Your out-of-pocket costs are usually higher using out-of-network services.
- All out-of-network care must be medically necessary.

Use an Out-of-Network Provider that Accepts Medicare

- You can use out-of-network providers for covered services, usually for a higher cost, if the provider agrees to treat you and accepts Medicare.
- Doctors and other healthcare providers may "opt out" of Medicare. This means that they do not accept Medicare. If you receive care from a provider who has "opted out" of Medicare, you will be responsible for the full cost of the services you receive, except for emergency care.
- Check with your provider before receiving services to confirm that they accept Medicare. You can also check by using [Medicare's Physician Compare tool \(medicare.gov/care-compare\)](https://www.medicare.gov/care-compare).

Consider Asking for a Pre-Visit Coverage Decision or Pre-Determination

You don't need a referral or prior authorization (permission from Healthfirst) when you get care from out-of-network providers. However, a pre-visit coverage decision or pre-determination is recommended.

- Before getting services from out-of-network providers, we encourage you to ask for a pre-visit coverage decision or pre-determination to confirm that the services are covered and are medically necessary. You or your provider may request this by calling us at **1-888-394-4327** (TTY 711), Monday to Friday, 8:30am–5:30pm, or by fax at 1-646-313-4603.
- If you choose not to get a pre-visit coverage decision or pre-determination, and we later determine that the services are not covered or were not medically necessary, we may deny coverage and you will be responsible for the entire cost of those services. If we say we will not cover your services, you have the right to appeal our decision.

Out-of-Network Deductible

You have a \$1,000 deductible for covered services received out-of-network. You must meet this out-of-network deductible before we pay for any out-of-network benefits.

This means that until you have paid your \$1,000 deductible, you are responsible for the full cost of covered services if you choose out-of-network providers for your care. Once you have paid your deductible, we will begin to pay our share of the costs for covered services, and you will pay your share (your copayment or coinsurance amount) for the rest of the calendar year.

The deductible applies to the out-of-network services below:

- All Medicare-covered services
- Non-Medicare-covered Inpatient Hospital Care
- Non-Medicare-covered Podiatry Services, including Routine Foot Care
- Non-Medicare-covered Outpatient Blood Services
- Non-Medicare-covered Annual Physical Exam
- Non-Medicare-covered Nutritional Counseling

The deductible does not apply to the below services. This means that we will pay our share of the costs for these covered services even if you haven't paid your deductible yet. You are still responsible for your copayment or coinsurance amount, if applicable.

- Emergency Care
- Urgently Needed Services
- Worldwide Emergency/Urgent Coverage
- Acupuncture (non-Medicare-covered)
- Meals (post-discharge)
- Nurse Help Line
- Fitness Benefit
- Preventive and Comprehensive Dental
- Eye Exams and Eyewear
- Hearing Exams and Hearing Aids
- Prescription Drugs

Payment for Out-of-Network Services

Please show your Healthfirst Signature (PPO) Member ID card to the out-of-network provider and ask the provider to bill us directly.

If you've already paid or received a bill from an out-of-network provider for the covered services that you think we should pay, you can ask us for reimbursement or to pay the provider bill.

For assistance with claims, billing, or member card questions, please call or write to Healthfirst Signature (PPO) Member Services.

How to contact your plan

For assistance with claims, billing, or Member ID card questions, please call or write to your Healthfirst Signature (PPO) dedicated Member Services. We will be happy to help you.

Method	Member Services – Contact Information
CALL	1-833-350-2910 Calls to this number are free. 8am–8pm: 7 days a week (October through March); Monday to Friday (April through September) Member Services also has free language interpreter services available for non-English speakers.
TTY	1-888-542-3821 Calls to this number are free. This number requires special telephone equipment and is only for people who have difficulties hearing or speaking. 8am–8pm: 7 days a week (October through March); Monday to Friday (April through September)
MAIL	Healthfirst Medicare Plan Member Services P.O. Box 5165 New York, NY 10274-5165
INTERNET	healthfirst.org/medicare