healthfirst
Health Insurance for New Yorkers

2027
Summary of Benefits

65 Plus Plan (HMO)

This Medicare Advantage plan offers additional benefits on top of Original Medicare, such as dental, vision, hearing, and acupuncture. It is designed for people who don't qualify for programs that help pay Medicare costs, like Extra Help or Medicaid.

New York City and Nassau and Westchester counties

January 1, 2027–December 31, 2027



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healthfirst
Health Insurance for New Yorkers

Healthfirst Medicare Advantage Plan

Healthfirst Representative, please indicate the type of Medicare Advantage plan being discussed:

- ○ Preferred Provider Organization (PPO)
- ○ Health Maintenance Organization (HMO)
- ○ Dual-Eligible Special Needs Plan (HMO D-SNP)

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-877-237-1303** (TTY 1-888-542-3821), **7 days a week, 8am–8pm**.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **HFMedicareMaterials.org** or call **1-877-237-1303** (TTY 1-888-542-3821) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the Healthfirst network. If they are not listed, it means you will likely have to select new doctors, or enroll in a PPO plan to visit out-of-network providers.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for prescription medicines is in the Healthfirst network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding the Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums, and/or copayments/coinsurance may change on **Jan. 1, 2028**.
- ☐ For an HMO plan, except in emergency or urgent situations, we do not cover services from out-of-network providers (doctors who are not listed in our provider directory).
- ☐ For a preferred provider organization plan (PPO), you are allowed to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services you receive from non-contracted providers.
- ☐ For a dual-eligible special needs plan (D-SNP), your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.
- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your existing plan coverage will end once your new Medicare Advantage plan coverage starts. If you currently have TRICARE,® your coverage may be affected once your new Medicare Advantage plan coverage starts. Please contact TRICARE for more information. If you have a Medigap plan, once your new Medicare Advantage plan coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

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Healthfirst 65 Plus Plan Overview

The Healthfirst 65 Plus Plan offers members a wide range of benefits on top of those included in Original Medicare. You can choose from a large network of doctors, hospitals, and other providers. All for no monthly premium! Plus, you don't need a referral to see in-network specialists.

This plan may be right for people who do not qualify for programs that help pay Medicare costs like **Extra Help** (also known as Low Income Subsidy), **Medicare Savings Program** (MSP), or **Medicaid**.

If you think you may qualify for any of these programs, please call us and we'll help you find a Healthfirst plan that's right for you. Call **1-877-237-1303**, 7 days a week, 8am–8pm (TTY English and other languages 1-888-542-3821) (TTY Español 1-888-867-4132).

What makes you eligible to be a plan member?

- You have both Medicare Part A and Medicare Part B.
- You live in either New York City or Nassau or Westchester County.
- You are a United States citizen or are lawfully present in the United States.

This is a summary document and does not include every covered service or list every limitation or exclusion. The complete list of services covered by this plan can be found in the Evidence of Coverage (EOC). A copy of the Healthfirst 65 Plus Plan's EOC can be found online at **HFMedicareMaterials.org**.

Words/phrases to know on this page

To learn what these mean, see the Glossary starting on page 33

- Referral
- Premium

Important Tips

Use in-network providers and pharmacies.

Healthfirst 65 Plus Plan (HMO) has a network of doctors, hospitals, pharmacies, and other providers at 100,000+ locations.* If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at a pharmacy in the Healthfirst network.

Browse our provider/pharmacy directory.

The best way to find a doctor or specialist and pharmacy in the Healthfirst network is to visit **HFDocFinder.org**. You may also stop by one of our convenient community offices (visit healthfirst.org to find one near you). Or call us at **1-877-237-1303** (TTY 1-888-542-3821) for assistance.

Check the Healthfirst formulary.

The formulary is a list of prescription drugs (both generic and brand name) covered by the health plan. To download a copy of this Healthfirst's plan's formulary, visit **HFMedicareMaterials.org**. You can also pick one up at a Healthfirst Community Office, or call us at **1-877-237-1303** (TTY 1-888-542-3821) for assistance. Find out more about your costs for covered drugs later in this document.

Healthfirst members can request printed copies of our Provider/Pharmacy Directory and/or Formulary by calling Member Services and we will mail them.

Read the Medicare & You handbook.

This guide from the Centers for Medicare & Medicaid Services (CMS) helps you understand your Medicare choices. Visit **medicare.gov/medicare-and-you** to view this handbook online or order a copy by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. You can also download a copy of the handbook by visiting **medicare.gov/medicare-and-you/medicare-and-you.html**.

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*The number of provider locations is current as of May 13, 2026, and subject to change due to periodic changes in our network.

Healthfirst NY Mobile App

The Healthfirst NY Mobile App keeps access to healthcare close at hand. Use it to find essential services nearby in your community, contact a local rep from a Healthfirst Community Office, view membership information, and more. We're working around the clock to connect you to the care you need, and we look forward to getting new features into your hands.

Healthfirst members can:

- Access their digital Member ID card and save, email, or text it.
- Find essential services nearby—food, housing, education, employment, family planning, financial and legal assistance, and more.
- Find pharmacies, retail health clinics, urgent care centers, and other providers.
- Use our Healthfirst Virtual Community Office to search for a local sales rep by borough, office location, language, and gender.
- Access Teladoc Health® to speak with U.S. board-certified doctors 24/7 by phone and video.
- Contact Member Services to get answers to benefit questions.
- Get instant notifications on your device to stay in the know, learn about new features, and more.
- Chat with a Healthfirst representative during business hours.
- Check their OTC Plus card balance.
- Scan OTC item barcodes at participating pharmacies to see if items are covered.

Download on the App Store

GET IT ON Google Play

Healthfirst Member Portal

Access your health benefits 24/7 from your computer or tablet. Create your Healthfirst account at **MyHFNY.org** to start getting the most out of your benefits today! Whenever you need to find a nearby doctor, specialist, pharmacy, dentist, eye care specialist, hospital, retail health clinic, or urgent care center that's covered under your plan, you can easily find the care you need online.

With your Healthfirst account, you can enjoy 24/7 online access to:

- Search for a doctor, pharmacy, urgent care center, or clinic in our network.
- Access and print many of the forms you need.
- View or print a temporary Member ID card
- View recent medical claims and authorizations.
- Review your plan and pharmacy benefits.
- Change your primary care provider (PCP).
- Keep track of your deductible expenses.
- Take an online Annual Health Assessment survey.
- See a complete list of prescription drugs covered under your plan.
- Check your OTC Plus card balance.

Apple® compatibility: Requires iOS 13.0 or later. Compatible with iPhone,® iPad,® and iPod touch.® Apple and the Apple logo® are registered trademarks of Apple Inc. Android™ compatibility: Requires Android 8.0 Oreo™ or later. Compatible with phones for Android. Android, Google Play, and the Google Play logo are trademarks of Google LLC.

How to Reach Us and Other Important Contacts

Name of Healthfirst Sales Representative

Phone Number

Healthfirst Website	**healthfirst.org/medicare**
Healthfirst Medicare Plans (for non-members)	**1-877-237-1303** TTY 1-888-542-3821 7 days a week, 8am–8pm
Medicare	**1-800-MEDICARE** (1-800-633-4227) TTY 1-877-486-2048 7 days a week, 24 hours a day medicare.gov
Social Security	**1-800-772-1213** TTY 1-800-325-0778 Monday to Friday, 8am–7pm
Elderly Pharmaceutical Insurance Coverage (EPIC) Program	**1-800-332-3742** TTY 1-800-290-9138 Monday to Friday, 8am–5pm

Premiums, Deductibles, and Out-of-Pocket Costs

The following are the healthcare costs associated with the Healthfirst 65 Plus Plan (HMO):

		Important information
Monthly Premium	**$0**	You must continue to pay your Medicare Part B premium, which starts at $202.90/month in 2026 and increases based on income. The Medicare Part B premium amount may change for 2027. If you are having trouble affording your monthly Part B premium, contact Member Services at **1-877-237-1303** (TTY 1-888-542-3821) to see if you may be eligible for a Medicare Savings Program.
Medical Deductible	**$0**	
Drug Deductible	**$700**	This deductible applies only to Tier 3 (preferred brand and non-preferred generic), Tier 4 (non-preferred), and Tier 5 (specialty) drugs.
Maximum Out-of-Pocket (MOOP)	**$9,850** for Medicare-covered services received from in-network providers	If you reach the limit on out-of-pocket costs, you can keep getting Medicare-covered hospital and medical services and **Healthfirst will pay the full cost for the rest of the year**. If you have Original Medicare instead of a Healthfirst Medicare Advantage plan, there is no cap on what you spend on healthcare! **Note**: This does not apply to prescription drug costs. If you qualify for the Extra Help program, you pay reduced prescription drug costs.

Words/phrases to know on this page

To learn what these mean, see the Glossary starting on page 33

- Deductible
- Maximum Out-of-Pocket
- Original Medicare
- Part B
- Premium
- Subsidy

Original Medicare vs. Healthfirst 65 Plus Plan Covered Medical and Hospital Benefits (in-network costs)

Original Medicare is health coverage managed by the federal government and includes just Part A (hospital insurance) and Part B (medical insurance). The Healthfirst 65 Plus Plan is a Medicare Advantage plan that offers the same benefits as Original Medicare, plus other benefits like dental, vision, an OTC Plus card, acupuncture, meals after hospital stays, SilverSneakers, 24/7 access to care with Teladoc Health and the Nurse Help Line, and more. Here's how they compare:

See Plan Highlights on page 60.

Services with an asterisk (*) may require prior authorization.

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Inpatient Hospital Coverage*		
After meeting the Original Medicare Part A deductible of $1,736 in 2026 for each benefit period: $0 for inpatient days 1–60 (for each benefit period) and $419 in 2026 per day for inpatient days 61–90 (for each benefit period) $838 in 2026 per "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)	**vs.**	Plan covers an unlimited number of days for an inpatient hospital stay based on medical necessity. $612 copay per day for days 1–4 $0 per day for days 5+
Outpatient Hospital Services*		
20% coinsurance for each service, after paying the Part B deductible	**vs.**	20% of the cost for each outpatient hospital service $0 for diagnostic colonoscopies $115 copay for observation services

Words/phrases to know on this page

To learn what these mean, see the Glossary starting on page 33

- Inpatient
- Outpatient

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Ambulatory Surgery Center*		
20% coinsurance for each ambulatory surgery center service, after paying the Part B deductible	**vs.**	$0 for diagnostic colonoscopies $450 copay for each ambulatory surgery center visit
Doctor Visits (Primary Care Provider (PCP) and Specialists)*		
20% coinsurance for each visit, after paying the Part B deductible	**vs.**	$0 copay for primary care physician visits $0 copay for Medicare-covered telehealth services provided by a specialist $45 copay for specialist visits
Preventive Care		
$0 for Medicare-covered preventive care Examples of preventive care include: • colonoscopies • mammograms • bone mass measurements • cardiovascular screening • diabetes screening • and other cancer screenings	**vs.**	$0 copay for Medicare-covered preventive care Preventive care also includes $0 annual wellness visits, which may check height, weight, blood pressure and other routine measurements. During your annual checkup, ask your doctor to recommend preventive care that's right for you. **Be sure to take advantage of all the no-cost preventive care you are eligible for each year.** For a full list of covered preventive care services, look through this plan's Evidence of Coverage (EOC), which can be found online at **HFMedicareMaterials.org**. Healthfirst members can call **1-888-260-1010** (TTY 1-888-542-3821) to request a mailed copy.

Words/phrases to know on this page

To learn what these mean, see the Glossary starting on page 33

- Cardiovascular Screening
- Colonoscopy
- Mammogram
- Preventive Care Services

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Emergency Care		
20% coinsurance for each service, after paying the Part B deductible Original Medicare **does not cover** worldwide emergency and urgent care	**vs.**	$115 copay for emergency care both in the U.S. and worldwide **Emergency Services** You should seek emergency care if you believe that your health condition requires immediate medical care. If you are admitted to a hospital in the U.S. within 24 hours, your emergency care copay is waived. If you do not think your health condition is severe enough to need emergency care, but still need medical attention, consider Urgently Needed Services (see next page). **Worldwide Emergency Coverage** Emergency care is covered both in the U.S. and worldwide. The plan will not cover any Part D prescription drugs that you receive as part of your emergency or urgent care visit in another country. The combined maximum coverage limit for emergency and urgent care outside of the U.S. is $200,000.

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Urgently Needed Services		
20% coinsurance for each service, after paying the Part B deductible Original Medicare **does not cover** worldwide emergency and urgent care	**vs.**	$40 copay for urgently needed services both in the U.S. and worldwide **Urgently Needed Services** 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. **Worldwide Urgent Coverage** Like emergency care, urgent care is covered worldwide. However, any Part D prescription drugs that you receive as a part of your urgent care in another country will not be covered. The combined maximum coverage limit for emergency and urgent care outside of the U.S. is $200,000. 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

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Diagnostic Services/Labs/Imaging*		
Original Medicare pays the full costs of lab tests For diagnostic radiology services, outpatient X-rays, and therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance for each service, after paying the Part B deductible	**vs.**	$0 copay for diagnostic breast ultrasounds, diagnostic DEXA scans, diagnostic mammograms, flexible sigmoidoscopies, and esophageal endoscopies $350 for diagnostic radiology services, such as MRIs and CT scans $85 copay for X-rays and all other outpatient diagnostic tests and procedures 20% for genetic labs; $0 for all other labs 20% coinsurance for therapeutic radiology
Hearing Services*		
Original Medicare **does not cover** any routine hearing services or hearing aids For diagnostic hearing and balance evaluations: 20% coinsurance for each service, after paying the part B deductible	**vs.**	$45 copay for diagnostic hearing and balance evaluations $0 copay for routine hearing exam (one every year) $0 copay for evaluations for fitting hearing aids Copayments per hearing aid vary by the technology level you select with your healthcare provider: Entry = $0 Preferred = $775 Basic = $175 Advanced = $1,075 Prime = $475 Premium = $1,475 Limit one (1) hearing aid per ear, per year. You must get your hearing aids from a NationsHearing® provider.

Aconyms to know on this page

To learn what these mean, see the Glossary starting on page 33

- CT
- MRI

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Dental Services*		
Original Medicare **does not cover** any routine dentistry, preventive dental care, or dentures. However, Original Medicare will pay for certain dental services that you get when you're in a hospital, like if you need to have emergency or complicated dental procedures.	**vs.**	Diagnostic and preventive dental services, $0 copay[1]: • Cleanings • Dental X-rays • Oral exams • Fluoride treatments Comprehensive dental services, $45 copay[1]: • Diagnostic and non-routine services • Restorative services (including permanent silver amalgams and composite fillings) • Oral surgery • Root canal surgery • Periodontics (prosthetics/ crowns) • Dentures, including adjustments and repairs Plan pays up to $1,000 per year for both preventive and comprehensive dental services combined. $45 copay for Medicare-covered dental services For additional information, including cost shares and exclusions, please refer to this plan's Evidence of Coverage (EOC). You can find this online at **HFMedicareMaterials.org**.

[1]Dental services must be medically necessary; limitations and exclusions apply.

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Vision Services		
Original Medicare **does not cover** routine vision services. Original Medicare covers some vision services like those related to glaucoma prevention and services after cataract surgery	**vs.**	$0 copay for Medicare-covered vision services, including diagnosis and treatment for diseases and conditions of the eye (such as screening for diabetic retinopathy and glaucoma) $0 copay for routine eye exams for eyeglasses/contacts $100 every year toward eyewear (glasses and/or contacts) You must use a participating network provider for vision care For additional information, including cost shares and exclusions, please refer to the plan's Evidence of Coverage document. You can access Healthfirst 65 Plus Plan's Evidence of Coverage online at **HFMedicareMaterials.org**.

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Mental Health Services*		
Original Medicare covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. For services provided in a general hospital: After meeting the Medicare Part A deductible ($1,736 in 2026) for each benefit period: $0 for inpatient days 1–60 (for each benefit period) and $419 in 2026 per day for inpatient days 61–90 (for each benefit period) $838 in 2026 per "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime) For outpatient psychiatry, mental health care, and substance use disorder services: 20% coinsurance for each service Applies to the Part B deductible	**vs.**	An inpatient hospital stay is when you visit the hospital for an illness or injury and the hospital doctor signs an order to admit you. Plan covers up to 190 days in a lifetime (based on medical necessity) for inpatient mental health care in a freestanding psychiatric hospital. If you have used part of the 190-day Medicare lifetime benefit prior to enrolling in Healthfirst 65 Plus Plan, you are only entitled to receive the difference between the number of days already used and the plan-authorized benefit. The inpatient hospital care limit does not apply to inpatient mental health services provided in a psychiatric unit of a general acute care hospital. **Inpatient (per admission)** • $522 copay per day for days 1–4 • $0 per day for day 5–90 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. **Outpatient** • $25 copay for outpatient psychiatric or mental health specialty services, individual or group therapy sessions • $0 copay for substance use disorder, individual or group sessions • $0 copay for opioid treatment services

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Skilled Nursing Facility (SNF)*		
$0 per day for days 1–20 each benefit period $209.50 in 2026 per day for days 21–100 each benefit period Three-day hospital stay required	**vs.**	A SNF stay is for when you need skilled nursing care and rehabilitation services in a skilled nursing facility. $0 copay per day for days 1–20 $221 copay per day for days 21–100 Plan covers up to 100 days in a SNF per admission. No prior hospital stay is required.
Physical Therapy*		
20% coinsurance, after paying the Part B deductible	**vs.**	$35 copay per visit
Ambulance*		
20% coinsurance for each service, after paying the Part B deductible	**vs.**	$350 copay per one-way trip for emergency ambulance service (ground or air), or either one-way or roundtrip for non-emergent ambulance services Ambulance transportation is covered when you need to be transported to a hospital or skilled nursing facility for medically necessary services, and when transportation in any other vehicle could endanger your health.

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Supplemental Transportation*		
Original Medicare **does not cover** supplemental transportation	**vs.**	$0 cost for 4 one-way trips every year You must call Modivcare at **1-844-772-6629** (TTY 1-866-288-3133) at least two (2) business days in advance to schedule a ride.
Medicare Part B Drugs*		
20% coinsurance for each drug, after paying the Part B deductible	**vs.**	0%-20% coinsurance for Part B drugs such as chemotherapy drugs and others* 0%-20% coinsurance up to $35 for Part B Insulin drugs *Step therapy may be required. You may be required to try a less expensive drug that has been proven effective for most people with your condition before you can move up a "step" to a more expensive drug.

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Other Covered Services		
OTC Plus Card		
Original Medicare does not cover an over-the-counter (OTC) allowance	**vs.**	This plan offers a $10/month ($120/year) allowance that can be used to purchase the following approved covered items for your personal use: • Over-the-counter (OTC) non-prescription medications and health-related items at participating pharmacies (retail locations and online retailers) • Exercise equipment • Activity trackers/wearables Please visit the Healthfirst 65 Plus Plan section of our **healthfirst.org/otc** website to see our list of covered over-the-counter items. Items are limited to the plan's list of eligible items and plan participating network of retail and online providers. You are encouraged to speak with your healthcare provider about which OTC items may be most helpful for you. You can order OTC items online and have them shipped to your home, at no additional cost. *The benefit is provided as an OTC Plus card and cannot be converted to cash. This benefit may not be used to purchase Part B or Part D prescription drugs. Unused balances expire at the end of each month or upon disenrollment from Healthfirst 65 Plus Plan (HMO).

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Other Covered Services (continued)		
Acupuncture		
Original Medicare covers acupuncture for chronic low back pain up to 12 visits in 90 days under certain circumstances An additional eight sessions will be covered for where improvement is demonstrated. No more than 20 acupuncture treatments may be administered annually. Treatment must be discontinued if no improvement or regression is noted	**vs.**	$0 copay Plan covers acupuncture treatment for chronic low back pain up to 20 visits per year under certain circumstances. The plan also covers an additional 12 visits per year for other conditions, including chronic low back pain.
Rehabilitation Services*		
20% coinsurance for each service, after paying the Part B deductible Occupational and speech therapy are subject to caps under Original Medicare	**vs.**	$25 copay for cardiac (heart) and intensive cardiac rehab services $15 copay for pulmonary (lung) rehab services and for Supervised Exercise Therapy (SET) for members who have symptomatic peripheral artery disease (PAD) $35 copay for each occupational therapy or speech/language therapy service

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Other Covered Services (continued)		
Retail Health Clinic		
20% coinsurance for each service, after paying the Part B deductible	**vs.**	$15 copay Retail health clinics are inside retail pharmacy stores (such as Minute Clinic at CVS), providing a way for members to access walk-in care (without an appointment), even on evenings and weekends. Retail health clinics do not include urgent care centers. Covered services include, but are not limited to: • Diagnosis and treatment of minor acute illnesses
Podiatry (Foot Care)		
Original Medicare **does not cover** routine foot care 20% coinsurance for medically necessary treatment of foot injuries or diseases, after paying the Part B deductible	**vs.**	$45 copay for • Diagnosis and medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs). • Routine foot care The plan covers 12 routine foot care visits per year.

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Other Covered Services (continued)		
Medical Equipment/Supplies*		
20% coinsurance for each service, after paying the Part B deductible	**vs.**	$0 copay for diabetes monitoring supplies (such as test strips and lancets), non-implantable continuous glucose monitors (CGMs) and their supplies, diabetes self-management training, and therapeutic shoes or inserts. 20% coinsurance for durable medical equipment (such as walkers, wheelchairs, oxygen tanks, and crutches) and prosthetic devices (braces, artificial limbs, etc.) and related medical supplies.
Wellness Programs		
20% coinsurance for manual manipulation of the spine if medically necessary to correct a subluxation when provided by a chiropractor or other qualified provider, after paying the Part B deductible Original Medicare **does not cover** Nutrition Counseling	**vs.**	Chiropractic Care* – $15 copay for manipulation of the spine to correct a subluxation (when one or more of the bones of your spine moves out of position). Routine Chiropractic Care* – $15 copay Nutrition Counseling – $0 copay for up to six (6) preventive counseling and/or risk factor reduction visits annually, which must be provided by state-licensed or certified clinical professionals (i.e., physician, nurse, registered dietitian, or nutritionist). Sessions may be individual or group.

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Other Covered Services (continued)		
Nurse Help Line		
Original Medicare **does not cover** nursing helpline	**vs.**	$0 copay Nurse Help Line is a free phone service that's available 24 hours a day to get wellness advice and tell you how to get care.
Home Health Agency Care*		
You pay nothing for covered home health services	**vs.**	$0 copay 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.
Medicare Diabetes Prevention Program		
You pay nothing for covered services	**vs.**	$0 copay Program includes health behavior change sessions promoting weight loss through healthy eating and physical activity.

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Other Covered Services (continued)		
Meals (Post-Discharge)*		
Original Medicare **does not cover** a meal benefit.	**vs.**	$0 copay Up to 42 meals delivered to your home for duration of up to 21 days after a discharge from hospital to home or skilled nursing facility to home with a stay of more than two days.
SilverSneakers®		
Original Medicare **does not cover** a fitness benefit	**vs.**	$0 copay SilverSneakers is more than a fitness program. It gives you access to thousands of fitness locations nationwide, over 70 different types of SilverSneakers FLEX Community classes like outdoor walking groups and nutrition workshops taught by instructors trained in senior fitness, hundreds of workout videos in the SilverSneakers On-Demand™ online library, online fitness and nutrition tips, and their mobile app with digital workout programs. You can also get home fitness supplies shipped directly to your home and more—all at no additional cost.

Original Medicare Benefits	vs.	What You Pay with Healthfirst 65 Plus Plan
Other Covered Services (continued)		
Telehealth		
20% coinsurance, after paying the Part B deductible	**vs.**	$0 copay for primary care provider (PCP) visits $0 copay for specialist visits $0 copay for Teladoc Health® services for general medical, dermatology, and mental health 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.

Medicare Part D Prescription Drug Coverage

Your drug costs depend on three factors:

1. Your plan's drug deductible
2. Your drug's tier
3. The Part D Prescription Drug Coverage Stage that you're currently in

There are five drug tiers and three stages of Part D prescription drug coverage (set by the Centers for Medicare and Medicaid Services). See the chart on the next page.

- First, check to see if your plan has an annual Part D Prescription Drug Deductible. This is separate from your plan's annual medical deductible.

  The 65 Plus Plan has a $700 annual Part D prescription drug deductible (the amount you pay for prescription drugs in Tiers 3, 4, and 5 before your plan starts to pay), so you need to pay the full cost of your drug(s) until your deductible is met. Afterwards, your plan starts paying part of the drug's cost. For example, since your plan's drug deductible is $700 and only applies to medications in Tiers 3, 4, and 5, you need to pay $700 out of pocket before your plan helps pay for your Tier 3, 4, and 5 drug costs.

- Check the Healthfirst plan's formulary (list of approved drugs) at **healthfirst.org/formularies** to see if your prescription drug is covered and find out which drug tier it's in. All drugs in Tier 1 (Preferred Generic Drugs) are not subject to the drug deductible and have a $0 copay.

- Next, look at your Part D Prescription Drug Coverage Stage. You start at the Deductible Stage and move forward as the total dollars spent on your drugs increases. Depending on which stage you're in, your 30-day supply cost will change.

  - **Deductible Stage** - You pay full cost for medications in Tiers 3, 4, and 5 until deductible is met. For drugs in all other tiers, the plan pays its share of your drug's cost.
  - **Initial Coverage Stage** - You pay your share of the drug's cost, and the plan pays its share.
  - **Catastrophic Stage** - Plan pays the full cost of the drug, so your cost is $0 for the remainder of the year.

Medicare Part D Prescription Drug Coverage

	Deductible Stage	Initial Coverage Stage	Catastrophic Stage
	→	→	
Total dollars spent on drugs (what you paid, or what your plan paid year to date)	$700	$700.01–$2,400	$2,400.01+
Your 30-day supply cost, depending on drug tier and Part D Prescription Drug Stage			
Tier 1 Preferred Generic Drugs	$0 copay	$0 copay	$0 copay
Tier 2 Generic Drugs	$3 copay	$3 copay	$0 copay
Tier 3 Preferred Brand and Non-Preferred Generic Drugs	Full cost of drugs	20% coinsurance	$0 copay
Tier 4 Non-Preferred Drugs	Full cost of drugs	45% coinsurance	$0 copay
Tier 5 Specialty Drugs	Full cost of drugs	25% coinsurance	$0 copay

Important Message About What You Pay for Insulin

You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Medicare Part D Prescription Drug Benefits

You can save money by getting a 90-day supply of prescriptions in Tiers 1–2 for the same cost as a 30-day supply at your local participating pharmacy or through mail-order from CVS/Caremark.

Visit **Caremark.com** or call **1-800-552-8159**.

Initial Coverage Stage	30-day supply	90-day supply
Tier 1 Preferred Generic Drugs	$0	$0
Tier 2 Generic Drugs	$3 copay	$3 copay
Tier 3 Preferred Brand and Non-Preferred Generic Drugs	20% coinsurance	20% coinsurance
Tier 4 Non-Preferred Drugs	45% coinsurance	45% coinsurance
Tier 5 Specialty Drugs	25% coinsurance	Not Available

Your costs may change depending on the pharmacy you choose and when you enter another stage of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the stages of the benefit, please call **1-877-237-1303** (TTY 1-888-542-3821) to request a mailed copy, or access our Evidence of Coverage online at **HFMedicareMaterials.org**.

Getting your prescriptions is easy with Healthfirst

Whether it's your first time filling a prescription or you're getting a third refill, Healthfirst can help make sure you get the medications you need.

You have three (3) convenient ways to get your prescriptions:

1. **Home Delivery (to your door)**

   Check with your current pharmacy, since many offer free delivery. If they do not, we'll help you find pharmacies near you that offer delivery to your doorstep.

2. **Mail Delivery**

   Ensure you have your maintenance medications on hand. Call us for help finding a pharmacy that offers convenient mail delivery.

3. **Neighborhood Pharmacy**

   Pick up your prescriptions from a local pharmacy in your neighborhood:

   - You can go to any pharmacy in the Healthfirst network
   - Visit **HFDocFinder.org** to find one near you

   There may be some pharmacies near you that can provide extra services at no additional cost to you. Such as:

   - Coordinating your different refills so you can pick them all up on the same day, at the same time
   - Grouping your daily prescriptions in packets so they're easier to take each day
   - Offering health coaching

   Call us at **1-866-463-6743** for help finding a pharmacy like this near you.

Additional Pharmacy Support

If you need help remembering to refill your prescriptions, ask your pharmacist if they could send you refill reminders. That way you'll know when it's time to pick up your next refill and always have enough medication available. It's important to take your medications as directed by your doctor.

Want more savings and convenience with your prescriptions? Ask your doctor to prescribe 90-day supplies of your medications whenever possible. You won't have to go to the pharmacy every month anymore, and a 90-day supply of some medications can even cost the same as a 30-day supply!

Healthfirst members who need help getting their prescriptions can call the Healthfirst pharmacy team at **1-844-347-2955**. We're ready to help you get the medications you need.

Healthfirst 65 Plus Plan Dental

Dental health is an important part of your overall well-being. Healthfirst 65 Plus Plan's dental benefits include a wide range of services designed to help you maintain a healthy smile. Some of the services the plan includes are:

Service Category	Service	You pay*
Preventive/ Diagnostic Services	Dental Exams	$0
	Routine Cleanings	$0
	Dental X-rays	$0
Comprehensive Services	Fillings	$45
	Deep Cleanings	$45
	Extractions	$45
	Root Canals	$45
	Crowns	$45
	Dentures	$45

*Healthfirst 65 Plus Plan pays up to $1,000 per year for both preventive and comprehensive dental combined.

There is a $45 copay for comprehensive supplemental dental services and Medicare-covered dental services.

To find an in-network dentist, visit **HFDocFinder.org**. Or if you have questions about Healthfirst 65 Plus Plan dental benefits, call us at **1-877-237-1303** (TTY 1-888-542-3821), 7 days a week, 8am–8pm.

Dental services must be medically necessary; limitations and exclusions apply.

Frequently Asked Questions

About the Healthfirst 65 Plus Plan

Who can join the Healthfirst 65 Plus Plan?

To join Healthfirst 65 Plus Plan, you must be entitled to Medicare Part A, be enrolled in and continue to pay for Medicare Part B, and live in the Healthfirst 65 Plus Plan service area. Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Queens, Richmond, and Westchester. While anyone can join Healthfirst 65 Plus Plan, the plan is designed for people who don't qualify for programs that help pay Medicare costs like Extra Help or Medicaid. If you think you may qualify for any of these programs, please call us and we'll help you find a Healthfirst plan that's right for you. Call **1-877-237-1303**, 7 days a week, 8am–8pm (TTY 1-888-542-3821).

Which doctors, hospitals, and pharmacies can I use?

The Healthfirst 65 Plus Plan has a large network of doctors, hospitals, pharmacies, and other providers to choose from. The plan may not pay for care and services received through providers not in our network. You are required to use providers in the plan's network. You can see our plan's provider and pharmacy directory on the Healthfirst NY Mobile App or on our website (**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 some medical costs that Healthfirst covers and Original Medicare does not:

- Prescription drugs
- Dental care (preventive and comprehensive, including dentures, root canals, and extractions)
- Routine eye exams and eyeglasses or contact lenses
- Hearing checkups and hearing aids
- 12 supplemental acupuncture visits

Comparing Healthfirst 65 Plus Plan with other insurance options

How is Healthfirst 65 Plus Plan different from Original Medicare?

This plan offers additional benefits on top of Original Medicare (like dental, vision, hearing and acupuncture) and may be right for you if you do not qualify for extra financial help.

How is Healthfirst 65 Plus Plan different from other Medicare HMOs?

Unlike other HMOs, you don't need a referral to see an in-network specialist with the Healthfirst 65 Plus Plan.

Plan costs

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." See chart on page 25 for a general overview of your drug costs. To find out which tier your drug is on and determine how much it will cost you, check your plan's approved drug list at **healthfirst.org/formularies**. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. In the Medicare Part D Prescription Drug Coverage section (page 25), we discussed the benefit stages that occur: Deductible, Initial Coverage, and Catastrophic Coverage.

Will I have to pay a monthly premium or deductible?

The Healthfirst 65 Plus Plan has a $0 premium and a $0 deductible for medical and hospital services. There is an annual deductible of $700 for prescription drug Tiers 3–5. For Tiers 1–2 drugs, there is no deductible.

Whom should I contact if I need help with healthcare costs?

Contact us at **1-877-237-1303** (TTY 1-888-542-3821).

Healthfirst Community Offices

We make it easy for you to contact us—over the phone, online, and in person. Visit one of our convenient community offices, our virtual community office online, and on social media.

Neighborhood Locations

Bronx

Fordham
412 E. Fordham Road

Parkchester
112 Hugh J. Grant Circle

Brooklyn

Bensonhurst
2236 86th Street

Crown Heights
263 Utica Avenue

Flatbush
2166 Nostrand Avenue

Sunset Park
- 5202 5th Avenue
- 5324 7th Avenue

Manhattan

East Broadway
28 E. Broadway

East Harlem
116 E. 116th Street

Washington Heights
1467 St. Nicholas Avenue

Queens

Elmhurst
40-08 81st Street

Flushing
39-06 Main Street

Jackson Heights
93-14 Roosevelt Avenue

Jamaica
161-21 Jamaica Avenue

Richmond Hill
122-01 Liberty Avenue

Ridgewood
56-29 Myrtle Avenue

Long Island

Nassau County

Hempstead
242 Fulton Avenue

Suffolk County

Bay Shore
- South Shore Mall
  1701 Sunrise Highway
- Pronto of Long Island
  128 Pine Aire Drive

Long Island (Continued)

Suffolk County

Patchogue
99 West Main Street

Orange County

Middletown
L & M Multiservices
43 North Street

Newburgh
Crossroads Plaza
50 NY Route 17K

Rockland County

Spring Valley
Panamericana Express Inc.
4 North Main Street

Westchester County

Yonkers
13 Main Street

Go to **healthfirst.org/locations** for a current list of office locations along with hours of operation, and visit **HFVirtualCommunityOffice.org** to connect with a Healthfirst representative in your area.

Glossary

Ambulatory Surgery Center

A facility that exclusively provides outpatient surgical services to patients not requiring hospitalization and whose expected stay does not exceed 24 hours.

Benefit Period

A benefit period begins the day you're admitted as an inpatient at a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't gotten any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods.

Bone Mass Measurement

Measures bone density to determine whether a patient has osteoporosis (bone disease).

Cardiovascular Screening

Test for heart disease.

Coinsurance

The percentage of costs of a covered healthcare service you pay after you've paid your deductible. Your 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 cost. You will pay the remaining 20%.

With Original Medicare, you will pay a 20% coinsurance for most outpatient services. However, with the Healthfirst 65 Plus Plan, you'll pay a lower copay for many of those same services.

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 set fee that you pay each time you go to the doctor, get a prescription drug filled, or get other services.

Example: If your health plan has a $10 PCP copayment, you must pay $10 for a checkup with your primary care provider (PCP).

Cost Sharing

The general term for your health expenses, including deductibles, coinsurance, and copayments.

Covered Service

A service that you are entitled to and which your plan will cover under the terms of your plan. Some cost sharing may apply.

CT

Computed tomography is a medical 3-D imaging technique.

Deductible

The amount of money you must pay (if applicable) in covered expenses each year before your 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 at the beginning of the year.

Diabetes Screening

Test for high blood sugar levels.

Dual-Eligible Individual

A person who qualifies for both Medicare and Medicaid coverage.

Effective Date

The date on which your plan coverage begins.

Evidence of Coverage (EOC)

The EOC gives you details about what the plan covers, how much you pay, and more.

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.

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.

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 or Drug List.

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. Some HMOs require you to get a referral from your primary care doctor before seeing a specialist. (Healthfirst does not require any HMO members to get referrals for in-network specialist care.)

Hospital Affiliation

Shows the hospital(s) where a doctor/provider can treat patients.

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 annual limit on your out-of-pocket costs for services 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, any charges from out-of-network healthcare providers, prescription drugs, or services that are not covered by the plan.

Remember, Original Medicare does not have a MOOP or any cap on spending, so your healthcare expenses can be very high over the course of a year.

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

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 (MRI) 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. Except for emergency and urgent care services, the plan will not cover out-of-network care without a prior authorization.

Outpatient

Medical services that do not require an overnight hospital stay.

Part A

Hospital insurance that helps cover inpatient care in hospitals and inpatient stays in a Skilled Nursing Facility (SNF) (not custodial or long-term care), hospice care services, and home health care services.

Part B

Medical insurance that helps cover physician services, outpatient care, and other medical services that Part A doesn't cover. Part B also covers durable medical equipment (e.g. wheelchairs, walkers, hospital beds, and other equipment) as long as they're medically necessary.

Part C

Medicare Advantage (also known as "Part C") is a type of Medicare health plan offered by a private company that contracts with Medicare. These plans include Part A, Part B, and usually Part D. Plans may offer some extra benefits that Original Medicare doesn't cover.

Part D

A program that helps pay for prescription drugs for people with Medicare who join a plan that includes Medicare prescription drug coverage. There are two ways to get Medicare prescription drug coverage: through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that includes drug coverage. 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 (also known as 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.

Preferred Provider Organization (PPO)

A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Premium

The amount of money some members 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 us at **1-877-237-1303** (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 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, and may refer you to specialists. Your primary care is covered only when you see your PCP, but Healthfirst members may change their PCP at any time by calling Member Services.

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 65 Plus Plan will never ask you to get a referral to see an in-network specialist.

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.

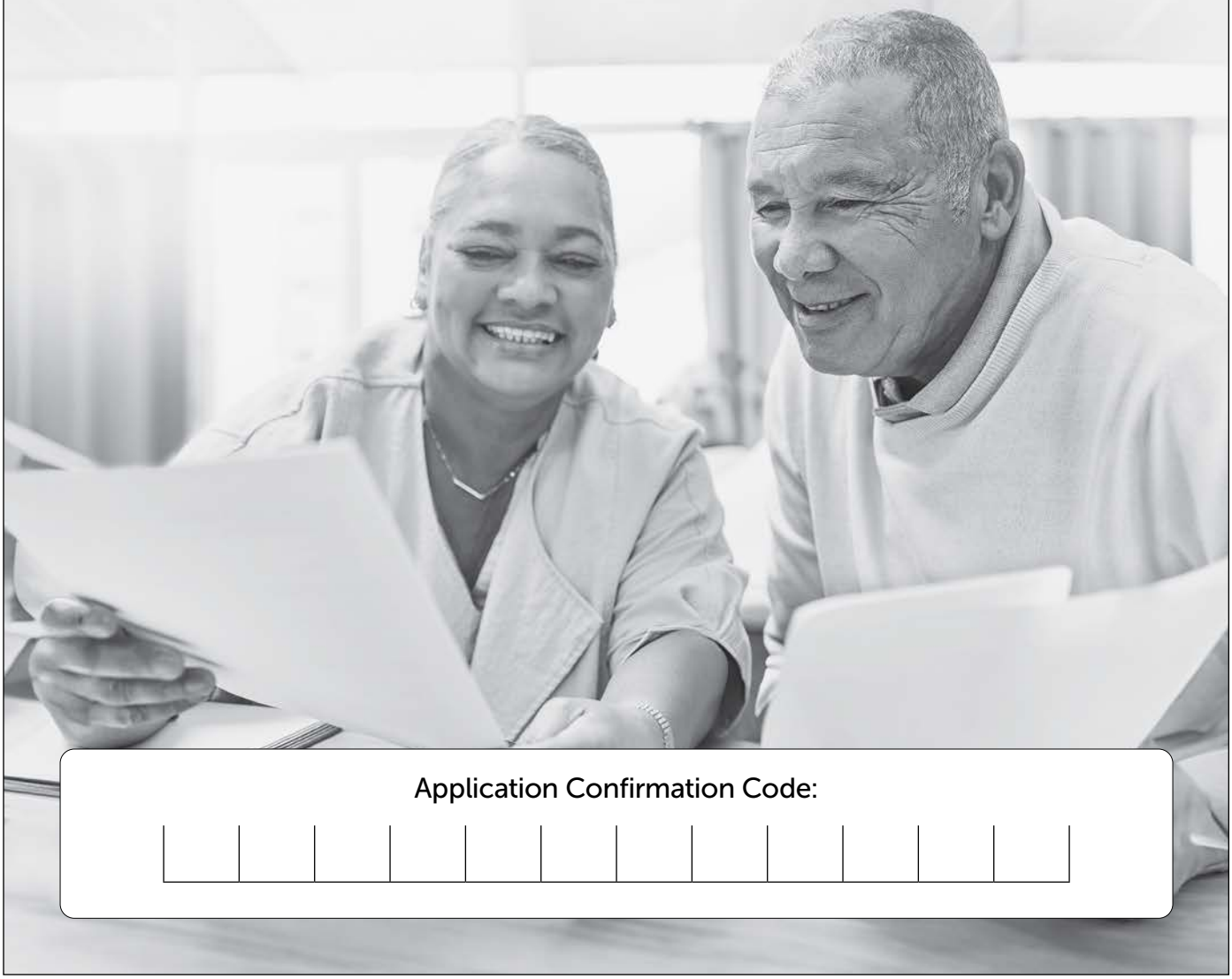
Subsidy

Monetary assistance to help pay health insurance expenses, provided in the form of a refundable tax credit.

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Enrollment Documents

When you're ready to enroll, your Healthfirst representative will help complete the necessary forms in the next section for you.



Application Confirmation Code:

Scope of Sales Appointment Confirmation Form

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The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure both the agent and the Medicare beneficiary (or their authorized representative) understand what will be discussed. All information provided on this form is confidential and should be completed by each person who has Medicare or his/her authorized representative.

Please initial below beside the type of plan(s) you want the agent to discuss.

Medicare Advantage Plans (Part C)

_____ **Medicare Preferred Provider Organization (PPO) –** A type of Medicare Advantage plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

_____ **Medicare Health Maintenance Organization (HMO) –** A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can get your care only from doctors or hospitals in the plan's network (except in emergencies).

_____ **Medicare Special Needs Plan (SNP) –** A special type of Medicare Advantage plan that provides more focused and specialized healthcare for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of plans you initialed above. Please note that the person who will discuss the plan(s) is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This person may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment status, or automatically enroll you in a Medicare Advantage plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____ Signature Date: _____

If you are the authorized representative, please sign above and print below:

Representative's Name: _____ Relationship to Beneficiary: _____

Scope of Appointment documentation is subject to CMS record retention requirements.
Notes to representative: Yellow copy is for beneficiary and white copy is for Healthfirst records.

To be completed by agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Initial Method of Contact (indicate here if beneficiary was a walk-in):	
Agent's Signature:	Date Appointment Completed:
Plan(s) the agent represented during this meeting:	
[Plan Use Only:]	

Attestation of Eligibility for an Enrollment Period

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Typically, you may enroll in a Medicare Advantage plan only during the Annual Enrollment Period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and have new options available to me. I moved on (insert date) _____.
- ☐ I recently was released from incarceration. I was released on (insert date) _____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- ☐ I have Medicare and get full Medicaid benefits. I want to join or switch to a plan that coordinates coverage between my Medicare and Medicaid managed care plans (called an integrated Dual Eligible Special Needs Plan (D-SNP)).
- ☐ I am moving into, live in, or have recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) _____.
- ☐ I recently left a PACE program on (insert date) _____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- ☐ I am leaving employer or union coverage on (insert date) _____.
- ☐ I'm in a qualified State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- ☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.
- ☐ Annual Enrollment Period.
- ☐ Other _____.

If none of these statements applies to you or you are not sure, please contact Healthfirst Medicare Plan at **1-888-260-1010** (TTY users should call 1-888-542-3821) to see if you are eligible to enroll. We are open 7 days a week, 8am–8pm (October through March), and Monday to Friday, 8am–8pm (April through September).

I have reviewed, understand, and agree with the content of this form.

Signature of Applicant: _____ Date: _____

Signature of Licensed Medicare Agent: _____ Date: _____

(Give bottom copy to the applicant; attach original to enrollment form)

Application Confirmation Form (ACF)

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Name of Applicant: _____ Telephone No: _____

Address: _____

I understand that the information I provide in the accompanying Enrollment Request Form will be used to enroll me in a Health Maintenance Organization (HMO) through Healthfirst Medicare Advantage Plan. Yes ☐ No ☐

The Healthfirst licensed Medicare agent/broker explained and I understand that when I enroll in an HMO, I will no longer be able to use my Medicare card to see providers who are not in the Healthfirst network. Instead, I must receive all healthcare services from in-network Healthfirst providers, other than for emergency or urgently needed care. I do not need a referral to go to in-network doctors, specialists, and hospitals. In-network providers include podiatrists, ophthalmologists, chiropractors, and all other specialists, as well as Home Health Aide Agencies. Yes ☐ No ☐

I am currently seeing the following Primary Care Provider (PCP) and Specialist(s):

Provider/Specialist Name	Provider/Specialist ID Number	In Healthfirst Network?		Is Provider:	
Primary Care Provider		☐ Yes	☐ No	☐ Current	☐ New
Specialist		☐ Yes	☐ No	☐ Current	☐ New
Specialist		☐ Yes	☐ No	☐ Current	☐ New
Specialist		☐ Yes	☐ No	☐ Current	☐ New

I am currently receiving care from the following Home Health Aide Agency:

Home Health Aide Agency Name	Agency ID Number	In Healthfirst Network?		Is Agency:	
		☐ Yes	☐ No	☐ Current	☐ New

*By initialing below, I understand that if any of the providers listed above are not in the Healthfirst network, Healthfirst will assign me an in-network PCP so I can receive care. If I choose to see a provider that is not in the Healthfirst network, I understand that neither Healthfirst nor Medicare will pay the bill. I also understand that I will no longer be able to continue to use my Medicare card to see providers that are not in the Healthfirst network. I must use Healthfirst providers and present my Healthfirst Member ID card when receiving care. If I am in an ongoing treatment plan, I may continue to see the provider for a transitional period of up to 90 days by contacting Healthfirst Member Services. *Applicant's Initials _____

If the primary care provider listed above is not in the Healthfirst network, you have the option to choose an in-network PCP yourself and enter their information below:

New In-Network Primary Care Provider (if applicable) _____

Primary Care Provider ID Number _____

I understand that I am applying for coverage in an HMO; I have reviewed, understand, and agree with the content of this form and that I may change in-network providers at any time.

Signature of Applicant or Legal/Authorized Representative: _____ Date: _____

Signature of Licensed Medicare Agent: _____ Date: _____

Signature of Witness: _____ Date: _____

(Give yellow copy to the applicant; attach original to the enrollment form)

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How our licensed agents are paid (Regulation 194 – Disclosure)

Healthfirst's licensed agents are insurance agents (producers) licensed by the state of New York. Healthfirst's licensed agents are authorized to talk with potential enrollees, like you, about our benefits and about the terms and conditions of health insurance contracts.

Our licensed agents may offer advice about the benefits of our health plan and may also enroll beneficiaries. The role of the licensed agent at any meeting usually includes one or more of the activities above.

For Healthfirst Medicare Advantage Plans, Healthfirst pays licensed agents for each member they help enroll in person and who remains in that plan for at least three (3) consecutive months.

If you would like more information about how our licensed agents are paid, please call Member Services at **1-888-260-1010** (Healthfirst Signature (HMO) members call **1-855-771-1081**; Healthfirst Signature (PPO) members call **1-833-350-2910**) (TTY 1-888-542-3821), 7 days a week, 8am–8pm (October through March), and Monday to Friday, 8am–8pm (April through September).

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In-Person Enrollment Acknowledgement Form

My signature below confirms that I, _____ *Insert enrollee name here* _____ ,

met today, _____ *Today's date* _____ , with Healthfirst Sales Representative

_____ *Insert Healthfirst Sales Representative's name here* _____ .

We discussed Healthfirst Medicare Advantage plans, and I enrolled in the following plan:

_____ *Insert plan name here* _____ .

_____ _____ *Date*

Signature of Medicare Beneficiary/Appointed Representative Date

_____

Printed, full name of Medicare Beneficiary/Appointed Representative

Prospect completes form after consenting to the enrollment. Save form for audit purposes.

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Notice to Verify Enrollment in Healthfirst Medicare Plan

Thank you for choosing Healthfirst Medicare Plan.

As part of the enrollment application process, Healthfirst Medicare Plan will confirm your intent to enroll and make sure you understand your new plan.

Healthfirst Medicare Plan will send you an enrollment verification letter within the next 15 days to confirm the Medicare Advantage plan you have chosen. You will get information about your new plan and have the opportunity to call Healthfirst Medicare Plan to ask any questions you may have, on items such as:

- Benefits and services
- Eligibility requirements
- Using providers in our network to get services
- Part D prescription drug benefits and copays (if your plan covers Part D prescription drugs)
- When and how you can switch plans

Notice to Current Healthfirst Medicare Plan Members Switching Plans

If you are currently enrolled with Healthfirst Medicare Plan and are enrolling in a different plan type, you will receive a verification letter as described above.

Thank you,

Healthfirst Medicare Plan

healthfirst
Health Insurance for New Yorkers

What to Expect When you Enroll

Today's Date	You can start using your Healthfirst Medicare Advantage plan benefits on:
_____	_____
(Your Application Date)	(Your Plan Start Date)

As a new Healthfirst Medicare Advantage plan member, you will receive important new member materials in the mail over the next few weeks. Use this checklist to help you keep track of each item (delivery times are approximate):

WHEN: Within 10 days

- ☐ **Enrollment and Verification Letter**: Helps you make sure all your enrollment information is correct. Please let us know if any information needs to be updated.

WHEN: Within two weeks

- ☐ **Acknowledgment and Confirmation Letter**: Informs you that Healthfirst has received your application and that Medicare has approved your enrollment. This letter may be used as proof of insurance until you get your Member ID card. It also tells you what your monthly plan premium will be (if applicable) and how to find out if you qualify for extra financial help to pay for your prescription drug costs.

WHEN: Within three weeks

- ☐ **Member ID card**: Present this card at all doctor visits and for prescription refills.
- ☐ **OTC Plus Card** (if applicable): Helps you pay for over-the-counter (OTC) and health-related items, and if your plan allows, healthy foods, home utilities, and more. You must activate this card before using it.
- ☐ **Flex Card** (if applicable): Helps you pay for dental, hearing, and vision out-of-pocket costs, and more. You must activate this card before using it.
- ☐ **Welcome Kit**: Contains important information about your Healthfirst Medicare Advantage plan, such as how to use your benefits and how to view or request copies of your Evidence of Coverage, Drug Formulary (the list of prescription drugs covered by your plan), and more.

You can start using your Healthfirst Medicare Advantage plan benefits on your plan start date. To help you get started, you will get the following within your first few months:

- ☐ **Welcome Phone Calls**: Healthfirst representatives will call you to review your plan details and to answer any questions you may have.
- ☐ **Health Assessment Survey for Healthfirst Medicare Advantage Plan Members**: This short survey helps us get to know you so that we can better support your healthcare needs and goals.

Didn't receive any of these communications?

Call Member Services at **1-888-260-1010**

1-855-771-1081 for Healthfirst Signature (HMO) members

1-833-350-2910 for Healthfirst Signature (PPO) members

(TTY 1-888-542-3821)

7 days a week, 8am–8pm (October through March),
and Monday to Friday, 8am–8pm (April through September)

Medicare Star Ratings

Understanding the Medicare Star Ratings for your Healthfirst Medicare Advantage plan*

How do Star Ratings work?

The federal government (the Centers for Medicare & Medicaid Services, also known as CMS) uses information from member satisfaction surveys, plans, and healthcare providers to rate Medicare Advantage plans.

Medicare Advantage plans are rated on how well they perform. Each plan receives a rating that ranges from one star (lowest) to five stars (highest). Star Ratings are calculated each year and may change from one year to the next.

If you did not receive a copy of the Medicare Star Ratings from your Healthfirst sales representative along with this booklet, please visit **HFMedicareMaterials.org** or call Healthfirst at **1-888-260-1010** (TTY 1-888-542-3821) to get a copy.

*Every year Medicare evaluates plans based on a 5-star rating system.



healthfirst
Health Insurance for New Yorkers

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 as defined in 45 CFR § 92.101(a)(2).

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 services, call 1-888-542-3821.

If you believe that **Healthfirst** has not given you these services or has treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with the Vice President, Contact Center Operations by:

- **Mail**: Healthfirst Member Services, P.O. Box 5165, New York, NY 10274-5165
- **Phone**: 1-866-305-0408 (for TTY services, call 1-888-542-3821)
- **Fax**: 1-212-801-3250
- **In person**: Visit a Healthfirst Community Office. Locations and hours are available at Healthfirst.org/CommunityOffices
- **Email**: #cco-vip@healthfirst.org

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
- **Phone**: 1-800-368-1019 (TTY 800-537-7697)
- **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

This notice is available at **Healthfirst's** website: **healthfirst.org**.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-305-0408 (TTY: 1-888-542-3821) or speak to your provider.

Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-866-305-0408 (TTY: 1-888-867-4132) o hable con su proveedor.

中文

注意：如果您說**中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電** 1-866-305-0408（TTY：1-888-542-3821）**或與您的提供者討論。**

РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-866-305-0408 (TTY: 1-888-542-3821) или обратитесь к своему поставщику услуг.

Kreyòl Ayisyen

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-866-305-0408 (TTY: 1-888-542-3821) oswa pale avèk founisè w la.

한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-305-0408 (TTY: 1-888-542-3821)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italiano

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-866-305-0408 (TTY: 1-888-542-3821) o parla con il tuo fornitore.

יידיש

נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעבטיגט פאר דיר פריי. צונעמען אַידס און באַדינונגס פֿאַר פּראַוויידינג אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך בנימצא פריי. רופן 1-866-305-0408 (TTY: 1-888-542-3821) אָדער רעדן מיט דיין טרעגער.

বাংলা

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-866-305-0408 (TTY: 1-888-542-3821) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

POLSKI

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-305-0408 (TTY: 1-888-542-3821) lub porozmawiaj ze swoim dostawcą.

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-866-305-0408 (TTY: 1-888-542-3821) أو تحدث إلى مقدم الخدمة.

Français

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-305-0408 (TTY : 1-888-542-3821) ou parlez à votre fournisseur.

اردو

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں 1-866-305-0408 (TTY: 1-888-542-3821) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-305-0408 (TTY: 1-888-542-3821) o makipag-usap sa iyong provider.

Ελληνικά

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-866-305-0408 (TTY: 1-888-542-3821) ή απευθυνθείτε στον πάροχό σας.

SHQIP

VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-866-305-0408 (TTY: 1-888-542-3821) ose bisedoni me ofruesin tuaj të shërbimit.

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SHP25_54 0021-25
QEP25_02b

Coverage is provided by Healthfirst Health Plan, Inc., which offers HMO plans that contract with the Federal Government. Enrollment in Healthfirst Medicare Plan depends on contract renewal.

Plans contain exclusions and limitations.

DentaQuest® is contracted with Healthfirst to provide dental benefits to its members.

EyeMed® is contracted with Healthfirst to provide vision benefits to its members.

Telemedicine (Teladoc Health) and the Nurse Help Line are not replacements for your primary care provider (PCP). Your PCP should always be your first choice for care (both in-person and virtual visits).

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

No out-of-pocket costs for entry-level hearing aids. Eyewear allowance can only be used at participating retailers.

Benefits, premiums, and/or copayments/coinsurance may change each year.

You must continue to pay your Medicare Part B premium (unless your Part B premium is paid by Medicaid or another third party).

The Healthfirst Medicare Plan service area includes Bronx, Kings, New York, Queens, Richmond, Nassau, and Westchester counties. Plans may vary by county.

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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 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 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 de 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，服務時間每週七天，每天 上午8時至晚上8時，電話號碼是1-888-260-1010，聽力語言殘障服務專線TTY 1-888-542-3821。

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。

Plan Highlights

The Healthfirst 65 Plus Plan gives you access to a large network of top doctors and hospitals, convenient ways to get care 24/7, and many plan benefits that help you stay healthy, save money, and more.

$0 monthly premium and annual medical deductible

$0 copays for annual physical, preventive dental services, routine vision and hearing exams, 24/7 telemedicine, and more!

Plan benefits include:

A $10/month ($120/year) OTC allowance
Use it to pay for over-the-counter (OTC) non-prescription drugs, health-related items, exercise equipment, and activity trackers and wearables

Access to the care you need—even after hours
Retail health clinics, urgent care centers, 24/7 telemedicine, 24/7 Nurse Help Line, and more

Up to $1,000 for preventive and comprehensive dental coverage per year
Includes root canals, extractions, dentures, crowns, and more[1]

Vision and hearing coverage
Includes routine exams, a $100 eyeglasses/contacts allowance every year, and affordable hearing aids

SilverSneakers® Fitness Program with access to gyms and online video workouts

Prescription drug coverage with convenient delivery options

[1]Dental services must be medically necessary; limitations and exclusions apply.

healthfirst®
Health Insurance for New Yorkers

Healthfirst Representative

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Telephone

_____

Email

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Questions about this plan?

For answers, visit
HFVirtualCommunityOffice.org or call us at
1-877-237-1303 (TTY 1-888-542-3821)
7 days a week, 8am–8pm

