signature medicare by healthfirst®

2027

Summary of Benefits

Signature (PPO)

This Medicare Advantage plan offers additional benefits on top of Original Medicare, like dental and prescription drug coverage. In addition, plan members have the option of going out of network and visiting any doctor and hospital in the U.S. that accepts Medicare for medical care.

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 Signature (PPO) Overview

Healthfirst Signature (PPO) is a Medicare Advantage plan that offers the benefits of Original Medicare plus much more.

What makes you eligible to be a plan member?

- You have both Medicare Part A and Medicare Part B
- You live in one of these counties: Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, and Westchester counties
- You are a United States citizen or are lawfully present in the United States

Healthfirst is dedicated to making healthcare easy for you. We can help you maximize your benefits, support your health needs, answer your questions, and connect you to the right resources, with no referrals needed to see specialists.

If you think you may qualify for a program—like Medicaid, Extra Help (also known as Low-Income Subsidy), or the Medicare Savings Program—that helps pay for healthcare costs, we can help find the plan that is best 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).

New York State changed who is eligible for programs like Medicaid and Medicare Savings Program. If you may be eligible, Healthfirst can help you enroll. Contact **Senior Planning Services Community Solutions (SPSCS)** at **1-844-559-4219** (Monday to Friday, 9am–5pm) to start an application over the phone or to schedule an appointment at a Community Office.

This is a summary document and does not include every covered service, nor does it list every limitation or exclusion. For a full list of services, look through this plan's Evidence of Coverage (EOC), which can be found online at **HFMedicareMaterials.org**. Healthfirst members can call **1-833-350-2910** (TTY 1-888-542-3821) to request a mailed copy.

Word/phrase to know on this page

To learn what this means, see the Glossary starting on page 30

- Preferred Provider Organization (PPO)

Important Tips

Use in-network providers and pharmacies.

Healthfirst Signature (PPO) has a network of doctors, hospitals, pharmacies, and other providers. However, with this plan, you also have the option to go out-of-network for your care. Please note that if you use providers that are not in our network, you usually pay more than if you used in-network providers.

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 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**.

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.

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.
- Chat with a Healthfirst representative during business hours.

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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

Plan Deductible

Healthfirst Signature (PPO) has a deductible for certain in-network and out-of-network services. The benefit information provided below is 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. Please see the plan's Evidence of Coverage (EOC) for a complete list of services we cover.

A deductible applies to the following benefit categories, unless otherwise specified:

In-Network Services

- Inpatient Services
  - Inpatient hospital—acute
  - Inpatient hospital—psychiatric
- Skilled Nursing Facility (SNF)
- Rehabilitation Services
  - Pulmonary Rehabilitation Services
  - Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)
  - Occupational Therapy Services
  - Physical Therapy and Speech-Language Pathology Services
- Routine Foot Care
- Partial Hospitalization and Intensive Outpatient Services
- Home Health Services
- Doctor Visits
  - Physician Specialist Services
  - Other Medicare-Covered Health Care Professional Services
- Podiatry Services
- Telehealth Services-Specialist
- Diagnostic Tests, Lab and Radiology Services, and X-Rays
  - Diagnostic Procedures/ Tests/Lab Services
  - Diagnostic Radiological Services
  - Therapeutic Radiological Services
  - Outpatient X-Ray Services
- Outpatient Hospital
  - Outpatient Hospital Services
  - Ambulatory Surgical Center (ASC) Services
  - Outpatient Blood Services
  - Observation Services
- Ambulance Services
- DME and Other Supplies
  - Durable Medical Equipment (DME)
  - Prosthetics/Medical Supplies
  - Diabetic Supplies, Services, Therapeutic Shoes/Inserts
- Dialysis Services
- Medicare-Covered Hearing Exams
- Non-Insulin Medicare Part B Rx Drugs

Out-of-Network Services

- All Medicare-covered Services*
- Routine Podiatry Services
- Diabetic Monitors

*Excluding $0 Medicare-covered Preventive Services, Emergency Room Services, and Urgent Care Services.

Premiums, Deductibles, and Out-of-Pocket Costs

The following are the healthcare costs associated with the Healthfirst Signature (PPO) plan:

		Important information
Monthly Part D Premium	**$155**	The Part D premium for this plan may be reduced or waived if you are receiving the Low Income Subsidy ("Extra Help"). 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 **1-833-350-2910** (TTY 1-888-542-3821) to see if you may be eligible for a Medicare Savings Program.
Annual Medical Deductible	**$450** annually for Medicare-covered in-network and out-of-network medical services	
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) (does not include prescription drugs)	**$9,850** annually for Medicare-covered services received from in-network providers **$14,800** annually for Medicare-covered services received from both in-network and out-of-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**. Please refer to the "Medicare & You" handbook for Medicare-covered services. **Note**: This does not apply to prescription drug costs. You will still need to pay for your share of the costs for Part D prescription drugs. This also does not apply to benefits that are not covered by Medicare.

Words/phrases to know on this page

To learn what these mean, see the Glossary starting on page 30

- Deductible
- Maximum Out-of-Pocket
- Part B
- Part D
- Premium

Healthfirst Signature (PPO) Covered Medical and Hospital Benefits (in-network vs. out-of-network costs)

Original Medicare is health coverage managed by the federal government and includes just Part A (hospital insurance) and Part B (medical insurance). Healthfirst Signature (PPO) is a Medicare Advantage plan that offers the same benefits as Original Medicare, plus other benefits like dental, acupuncture, the option to go out of network for care, and more. *Services with an asterisk (*) may require prior authorization.*

See Plan Highlights on page 49.

The following are the healthcare costs associated with the Healthfirst Signature (PPO):

	In Network	Out of Network
Inpatient Hospital Coverage*		
	$540 copay per day for days 1–4, after you pay your medical deductible $0 copay per day for days 5+	30% coinsurance per stay, after you pay your medical deductible
	Plan covers an unlimited number of days for an inpatient hospital stay based on medical necessity.	

Word/phrase to know on this page

To learn what this means, see the Glossary starting on page 30

- Inpatient

	In Network	Out of Network
Outpatient Hospital Services*		
	20% coinsurance for each outpatient hospital service, after you pay your medical deductible $0 copay for diagnostic colonoscopies, after you pay your medical deductible $115 copay for observation services, after you pay your medical deductible	30% coinsurance for outpatient hospital services, after you pay your medical deductible $115 copay for observation services, after you pay your medical deductible
Ambulatory Surgery Center*		
	$0 copay for diagnostic colonoscopies, after you pay your medical deductible $300 copay for all other ambulatory surgery center services, after you pay your medical deductible	30% coinsurance, after you pay your medical deductible
Doctor Visits*		
Primary Care Provider (PCP)	$0 copay	$50 copay, after you pay your medical deductible
Specialists	$0–$40 copay, after you pay your medical deductible	$75 copay, after you pay your medical deductible

Word/phrase to know on this page

To learn what this means, see the Glossary starting on page 30

- Outpatient

	In Network	Out of Network
Preventive Care		
This includes Medicare-covered Preventive Care such as: • Colonoscopies • Mammograms • Bone mass measurements • Cardiovascular screening • Diabetes screening • And other cancer screenings Preventive care also includes 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 the plan's Evidence of Coverage (EOC), which can be found online at **HFMedicareMaterials.org**. Healthfirst Signature (PPO) members can call **1-833-350-2910** (TTY 1-888-542-3821) to request a mailed copy.	$0 copay Please see your EOC for more details.	$0 copay-50% coinsurance (depending on the service), after you pay your medical deductible Certain Medicare-covered Preventive Care services do not require a medical deductible. Please see your EOC for more details.

Words/phrases to know on this page

To learn what these mean, see the Glossary starting on page 30

- Cardiovascular Screening
- Colonoscopy
- Mammogram
- Preventive Care Services

	In Network	Out of Network
Emergency Care		
	$115 copay for emergency care both in the U.S. and worldwide	
	Emergency Services You should seek emergency care if you believe 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 with a $200,000 benefit maximum. The plan will not cover any Part D prescription drugs that you receive as part of your emergency care visit in another country.	

	In Network	Out of Network
Urgently Needed Services		
	$40 copay for urgently needed services both in the U.S. and worldwide	
	Urgently Needed Services Urgent care centers are good options when your primary care provider is on vacation or unable to offer a timely appointment, or 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 with a $200,000 benefit maximum, but any Part D prescription drugs that you receive as a part of your urgent care in another country will not be covered. 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	

	In Network	Out of Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays*		
Lab services	20% coinsurance for genetic labs, after you pay your medical deductible $0 copay for all other labs, after you pay your medical deductible	$60 copay, after you pay your medical deductible
Diagnostic tests and procedures (including X-rays)	$0 copay for diagnostic flexible sigmoidoscopies, and esophageal endoscopies, after you pay your medical deductible $0 copay for diagnostic mammograms and diagnostic DEXA scans $75 copay for all other services, after you pay your medical deductible	$85 copay, after you pay your medical deductible
Diagnostic radiology services (include MRIs and CT scans)	$0 copay for diagnostic breast ultrasounds, after you pay your medical deductible $275 copay for all other diagnostic radiology services such as MRIs and CT scans, after you pay your medical deductible	30% coinsurance, after you pay your medical deductible
Therapeutic radiology	20% coinsurance, after you pay your medical deductible	30% coinsurance, after you pay your medical deductible

Acronyms to know on this page

To learn what these mean, see the Glossary starting on page 30

- CT
- MRI

	In Network	Out of Network
Hearing Services*		
Exam to diagnose and treat hearing and balance issues	$40 copay, after you pay your medical deductible	$75 copay, after you pay your medical deductible
Routine hearing exam and hearing aids	Not covered	

For additional information, including cost sharing, please refer to this plan's Evidence of Coverage document. You can access Healthfirst Signature (PPO) Evidence of Coverage online at **HFMedicareMaterials.org**. Healthfirst Signature (PPO) members can call **1-833-350-2910** (TTY 1-888-542-3821) to request a mailed copy.

	In Network	Out of Network
Dental Services*		
Diagnostic and preventive: • Cleanings • Dental X-rays • Oral exams • Fluoride treatment	$0 copay[1]	$0–$20 copay[1]
Comprehensive: • Diagnostic and non-routine services • Restorative services (including crowns, permanent silver amalgams, and composite fillings) • Oral surgery • Root canal surgery • Periodontics (prosthetics/crowns) • Dentures, including adjustments and repairs	$0 copay, after you pay your $750 comprehensive dental deductible[1]	$0–$100 copay, after you pay your $750 comprehensive dental deductible[1]
Plan pays up to $1,500 per year for both preventive and comprehensive dental combined.		
Vision Services		
Medicare-covered eye exam, including diagnosis and treatment for diseases and conditions of the eye (including screenings for diabetic retinopathy and glaucoma)	$0 copay	$60 copay, after you pay your medical deductible
Routine eye exam for eyeglasses/contacts and contact lens fitting	Not covered	
Routine eyewear	Not covered	

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

For additional information, including cost sharing, please refer to this plan's Evidence of Coverage document. You can access Healthfirst Signature (PPO) Evidence of Coverage online at **HFMedicareMaterials.org**. Healthfirst Signature (PPO) members can call **1-833-350-2910** (TTY 1-888-542-3821) to request a mailed copy.

	In Network	Out of Network
Mental Health Services*		
Inpatient services in a psychiatric hospital	$461 copay per day for days 1–4, after you pay your medical deductible $0 copay per day for days 5+	30% coinsurance per stay, after you pay your medical deductible
	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 healthcare in a freestanding psychiatric hospital. If you have used part of the 190-day Medicare lifetime benefit prior to enrolling in Healthfirst Signature (PPO), 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.	
Outpatient mental healthcare, including psychiatrist visits, individual or group therapy, and substance use disorder therapy	$0 copay	$50 copay, after you pay your medical deductible
Opioid treatment services	$0 copay	50% coinsurance, after you pay your medical deductible
Skilled Nursing Facility (SNF)*		
	$0 copay per day for days 1–20, after you pay your medical deductible $221 copay per day for days 21–100, after you pay your medical deductible	50% coinsurance per stay, after you pay your medical deductible
	A SNF stay is for when you need skilled nursing care and rehabilitation services in a skilled nursing facility. Our plan covers up to 100 days in a SNF per admission. No prior hospital stay is required.	

	In Network	Out of Network
Physical Therapy and Speech-Language Therapy Visit*		
Physical therapy, occupational therapy, speech and language therapy visits	$35 copay, after you pay your medical deductible	$60 copay, after you pay your medical deductible
Ambulance (Ground and Air)		
	$340 copay per one-way trip for emergency ambulance service or either one-way or roundtrip for non-emergent ambulance services, after you pay your medical deductible	
	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.	
Supplemental Transportation		
Not covered		
Medicare Part B Prescription Drugs*		
	0%–20% coinsurance for Part B drugs such as chemotherapy drugs and others, after you pay your medical deductible 0%–20% coinsurance up to $35 for Part B Insulin drugs	50% coinsurance, after you pay your medical deductible
	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.	

	In Network	Out of Network
Acupuncture		
Acupuncture for Chronic Lower Back Pain Plan covers acupuncture treatments for chronic lower back pain up to 20 visits per year under certain circumstances	$0 copay	$50 copay, after you pay your medical deductible
Routine Acupuncture (12 acupuncture visits per year for other conditions, including chronic lower back pain)	$0 copay	$50 copay
Rehabilitation Services*		
Cardiac (heart) and intensive cardiac rehab services	$0 copay	$50 copay, after you pay your medical deductible
Pulmonary (lung) rehab services Supervised Exercise Therapy (SET) for members who have symptomatic peripheral artery disease (PAD)	$15 copay, after you pay your medical deductible	$60 copay, after you pay your medical deductible
Retail Health Clinic		
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 during 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	$15 copay	$60 copay, after you pay your medical deductible

	In Network	Out of Network
Podiatry (Foot Care)		
Diagnosis and the 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	$40 copay for Medicare-covered podiatry, after you pay your medical deductible $40 copay for routine foot care, after you pay your medical deductible	$75 copay for Medicare-covered podiatry, after you pay your medical deductible $75 copay for routine foot care, after you pay your medical deductible
Medical Equipment/Supplies*		
Continuous Glucose Monitors and their supplies	$0 copay for non-implantable Continuous Glucose Monitors, after you pay your medical deductible 20% coinsurance for all other diabetic monitors	50% coinsurance, after you pay your medical deductible
Diabetic Monitoring Supplies (such as test strips and lancets) and Diabetic Shoes/Inserts	$0 copay, after you pay your medical deductible	50% coinsurance, after you pay your medical deductible
Durable medical equipment (walkers, wheelchairs, oxygen tanks, crutches, and more) Prosthetic devices (braces, artificial limbs, etc.) and related medical supplies.	20% coinsurance, after you pay your medical deductible	50% coinsurance, after you pay your medical deductible

	In Network	Out of Network
Wellness Programs*		
Chiropractic Care–manipulation of the spine to correct a subluxation (when one or more of the bones of your spine moves out of position)	$15 copay	$50 copay, after you pay your medical deductible
Routine Chiropractic Care	$15 copay	$50 copay
Nutrition Counseling—up to six 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.	$0 copay	$50 copay
Nurse Help Line		
The Nurse Help Line is a free phone service that's available 24 hours a day to get wellness advice and help finding a doctor.	$0 copay	
Home Health Agency Care*		
For you to receive home health services, your doctor must certify that you require those services and will request them from a home health agency. You must be homebound, which means leaving home is very difficult for you.	$0 copay, after you pay your medical deductible	50% coinsurance, after you pay your medical deductible

	In Network	Out of Network
Medicare Diabetes Prevention Program		
Program includes health behavior change sessions promoting weight loss through healthy eating and physical activity.	$0 copay	
Telehealth		
Primary Care Provider (PCP)	$0 copay	$50 copay
Specialist	$0 copay, after you pay your medical deductible	$75 copay
Teladoc Health® services for general medical, dermatology, and mental health	$0 copay	
	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.	
Meals (post-discharge)*		
Not covered		
Fitness		
Not covered		

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

- Your Signature plan has a $700 annual Part D prescription drug deductible (the amount you pay for prescription drugs before your plan starts to pay), so you need to pay the full cost of your drug(s) until your deductible is met. Afterward, 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 before your plan helps pay for your drug costs or medications in Tiers 3, 4, and 5.

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

- Check your 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) and Tier 6 (Select Care 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 drug cost will change.
    - **Deductible Stage** - You pay full cost until deductible is met for medications in Tiers 3, 4, and 5. 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 cost, and your plan will pay 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, plus 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	$4 copay	$4 copay	$0 copay
Tier 3 Preferred Brand and Non-Preferred Generic Drugs	Full cost of drugs	19% 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
Tier 6 Select Care Drugs	$0 copay	$0 copay	$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.

Check your Healthfirst Plan Formulary at **healthfirst.org/formularies** to see which insulins we cover.

Medicare Part D Prescription Drug Benefits

Initial Coverage Stage	30-day supply	90-day supply
Tier 1 Preferred Generic Drugs	$0 copay	$0 copay
Tier 2 Generic Drugs	$4 copay	$12 copay
Tier 3 Preferred Brand and Non-Preferred Generic Drugs	19% coinsurance	19% coinsurance
Tier 4 Non-Preferred Drugs	45% coinsurance	45% coinsurance
Tier 5 Specialty Drugs	25% coinsurance	Not Available
Tier 6 Select Care Drugs	$0 copay	$0 copay

For more information on the additional pharmacy-specific cost sharing and the stages of the benefit, you can view 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, call us and we'll help you find pharmacies near you that offer delivery to your doorstep.

2. **Mail Delivery (mailbox)**

   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.

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 Signature (PPO) Dental

Dental health is an important part of your overall well-being. The Healthfirst Signature (PPO) 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	Your cost*
Preventive/ Diagnostic Services	Dental Exams	$0
	Routine Cleanings	$0
	Dental X-rays	$0
Comprehensive Services	Fillings	$0
	Deep Cleanings	$0
	Extractions	$0
	Root Canals	$0
	Crowns	$0
	Dentures	$0

*Healthfirst Signature (PPO) pays up to $1,500 per year for both preventive and comprehensive dental services received in and out of network combined. Cost sharing reflects in-network amounts. There is a $750 deductible for comprehensive dental services. You will be responsible for a copayment should you to choose to use an out-of-network provider.

To find an in-network dentist, visit **HFDocFinder.org**. Or if you have questions about Healthfirst Signature (PPO) 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 Healthfirst Signature (PPO)

Who can join the Healthfirst Signature (PPO)?

To join Healthfirst Signature (PPO), you must be entitled to Medicare Part A, be enrolled in and continue to pay for Medicare Part B, and live in the Healthfirst Signature (PPO) service area. Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, and Westchester. If you think you may qualify for a program—like Extra Help or Medicaid—that helps pay Medicare costs, please call us and we'll help you find a Healthfirst plan that's right for you. Call **1-877-237-1303** (TTY 1-888-542-3821), 7 days a week, 8am–8pm.

Which doctors, hospitals, and pharmacies can I use?

Healthfirst Signature (PPO) has a network of doctors, hospitals, pharmacies, and other providers. You also have the option to visit any providers in the U.S. that accept Medicare. If you use providers that are not in our network, you will usually pay higher copays/coinsurance for these services. 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

Comparing Healthfirst Signature (PPO) with other insurance options

How is Healthfirst Signature (PPO) different from Original Medicare?

Signature (PPO) offers additional benefits (like dental and acupuncture) on top of Original Medicare.

Plan costs

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." See chart on page 24 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 23), we discussed the benefit stages that occur: Deductible, Initial Coverage, and Catastrophic Coverage.

Will I have to pay a monthly premium or deductible?

Healthfirst Signature (PPO) has a $155 Part D premium and a $450 deductible for medical and hospital services. There is an annual deductible of $700 for prescription drug tiers 3, 4, and 5. For tiers 1, 2, and 6, 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 Near You

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, if applicable, Healthfirst will pay 80% of the cost. You will pay the remaining 20% of the cost.

With Original Medicare, you will pay a 20% coinsurance for most outpatient services. However, with the Healthfirst Signature (PPO) 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 three-dimensional 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 and that 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, supplemental benefit cost-sharing (OON Medicare-covered care does contribute to combined MOOP), 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. Healthfirst Signature (PPO) offers you the flexibility to visit any doctor and hospital in the U.S. that accepts Medicare for medical care.

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 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.

With Healthfirst Signature (PPO), prior authorization is not required for covered services received out-of-network; however, if we later determine that the services you received were not covered or were not medically necessary, we may deny coverage and you will be responsible for the entire cost. You or your doctor may ask for a pre-visit coverage decision, called predetermination, to confirm that the services you are getting are covered and are medically necessary.

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.

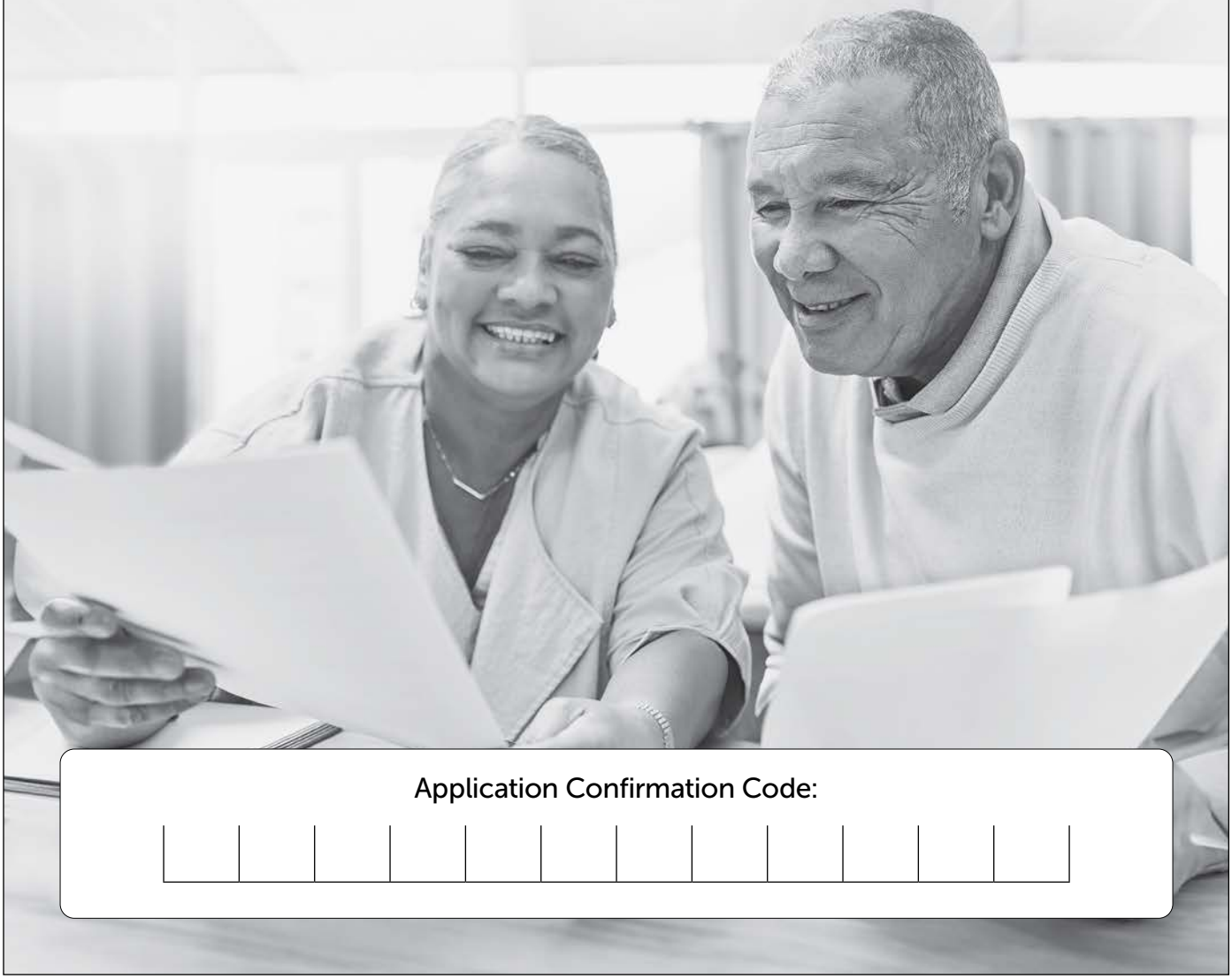
Primary Care Provider (PCP)

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. PCP selection not required.

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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)

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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

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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

- ☐ **Acknowledgement 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.



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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 פּראַווייַדינג 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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Coverage is provided by Healthfirst Insurance Company, Inc., which offers a PPO plan that contracts with the Federal Government. Enrollment in Healthfirst Medicare Plan depends on contract renewal.

Plans contain exclusions and limitations.

Out-of-network/non-contracted providers are under no obligation to treat Healthfirst Medicare Plan members, except in emergency situations. Out-of-network healthcare services may have higher costs. Please call Member Services or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Healthfirst Signature (PPO) service areas are New York City, and Nassau, Rockland, Suffolk, and Westchester counties.

DentaQuest® is contracted with Healthfirst to provide dental 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.

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).

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 1-833-350-2910, 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 1-833-350-2910, 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1-833-350-2910，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 1-833-350-2910.

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 1-833-350-2910.

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1-833-350-2910。

Plan Highlights

Healthfirst Signature (PPO) gives you access to the care you need—even outside of our large network of doctors and hospitals.

$155 **monthly Part D premium***

$0 **copays for in-network primary care visits, 24/7 telemedicine, and more!**

Plan benefits include:

- $9,850 in-network/$14,800 combined Maximum Out-of-Pocket (MOOP) limit
- Flexibility to visit any doctor and hospital in the U.S. that accepts Medicare for medical care

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

Dental coverage
Includes root canals, extractions, dentures, crowns, and more[1]

Prescription drug coverage, with convenient delivery options

*The Part D premium for this plan may be reduced or waived if you are receiving the Low Income Subsidy ("Extra Help").

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

signature medicare
by healthfirst®

Healthfirst Representative

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Telephone

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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

