

2025

Healthfirst Signature (HMO)

Summary of Benefits

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

New York City, and Nassau, Orange, Rockland, Sullivan, and Westchester counties

January 1, 2025-December 31, 2025

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Telephone

Email







Не	ealthfirst Representative, please indic	ate the type of Medicare Advantage plan	being discussed:
_	Preferred Provider Organization (PPO)	O Health Maintenance Organization (HMO)	O Dual-Eligible Special Needs Plan (HMO D-SNP)
P	re-Enrollment Ched	cklist	
que		important that you fully understand our ber tomer service representative at 1-877-237	-
Un	derstanding the Benefits		
	• , ,,	des a complete list of all coverage and servi /isit HFMedicareMaterials.org or call 1-87	ices. It is important to review plan coverage, 77-237-1303 (TTY 1-888-542-3821) to
	Review the provider directory (or ask y are not listed, it means you will likely h Review the pharmacy directory to make	nave to select new doctors, or enroll in a PPO ke sure the pharmacy you use for prescription kely have to select a new pharmacy for you	on medicines is in the Healthfirst network.
Un	derstanding the Important Rule	es ·	
	taken out of your Social Security check Benefits, premiums, and/or copaymer For an HMO plan, except in emergence (doctors who are not listed in our provential providers). However, while we will pay	k each month. ats/coinsurance may change on Jan. 1, 202 by or urgent situations, we do not cover service directory). Solan (PPO), you are allowed to see providers for covered services, the provider must agree	ices from out-of-network providers outside of our network (non-contracted ee to treat you. Except in an emergency or
o o	from non-contracted providers. For a dual-eligible special needs plan Medicare and medical assistance from Effect on Current Coverage. If you are once your new Medicare Advantage p once your new Medicare Advantage p	currently enrolled in a Medicare Advantage lan coverage starts. If you currently have TR lan coverage starts. Please contact TRICARE	on verification that you are entitled to both plan, your existing plan coverage will end ICARE,® your coverage may be affected
	you will be paying for coverage you ca		want to drop your widdigap policy because

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Healthfirst Signature (HMO) Overview

Healthfirst Signature (HMO) 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, Orange, Queens, Richmond, Rockland, Sullivan, or Westchester
- 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 have Medicaid, Extra Help (also known as Low Income Subsidy), or Medicare Savings Program, we may have a plan that is a better fit 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 recently changed who is eligible for programs like Medicaid and Medicare Savings Program. If you are 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 **1-855-771-1081** (TTY 1-888-542-3821) to request a mailed copy.

Phrase to know on this page

To learn what this means, see the Glossary starting on page 32

Health Maintenance Organization (HMO)

Important Tips

Use in-network providers and pharmacies.

Healthfirst Signature (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.

The number of provider locations is current as of June 24, 2024, 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 card balance.
- Scan OTC item barcodes at participating pharmacies to see if items are covered.











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).
- Estimate your treatment costs.
- 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.
- Check your OTC card balance.

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How to Reach Us and Other Important Contacts

Name of Healthfirst Sales R	Representative
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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 Signature (HMO) plan:

		Important information
Monthly Premium	\$0	You must continue to pay your Medicare Part B premium, which starts at \$174.70 in 2024 and increases based on income. The Medicare Part B premium amount may change for the following year and we will provide updated rates as soon as Medicare releases them. If you are having trouble affording your monthly Part B premium, contact Member Services at 1-855-771-1081 (TTY 1-888-542-3821) to see if you may be eligible for a Medicare Savings Program.
Medical Deductible	\$0	
Drug Deductible	\$590	This deductible applies only to Tier 4 (non-preferred) and Tier 5 (specialty) drugs.
Maximum Out-of-Pocket (MOOP)	\$6,700 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. You will still need to pay your share of the costs for prescription drugs. This also does not apply to benefits that are not covered by Medicare.

Words/phrases to know on this and the following page

To learn what these mean, see the Glossary starting on page 32

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

- Premium
- Inpatient
- Outpatient

Original Medicare vs. Healthfirst Signature (HMO) Covered Medical and Hospital Benefits (in-network costs)

Original Medicare is health coverage managed by the federal government and includes Part A (hospital insurance) and Part B (medical insurance). Healthfirst Signature (HMO) is a Medicare Advantage plan that offers the same benefits as Original Medicare, plus other benefits like dental, vision, acupuncture, meals after hospital stays, SilverSneakers,® 24/7 access to care with telemedicine, a selection of Healthfirst Signature Choice Extras supplemental benefits, and more. Here's how they compare:

See page 51 for Plan Highlights.

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

Original Medicare Benefits (based on 2024 costs and \$240 Part B deductible unless otherwise noted)	VS.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2025)
Inpatient Hospital Coverage*		
After meeting the Original Medicare Part A deductible (\$1,632 in 2024) for each benefit period: \$0 for inpatient days 1–60 (for each benefit period) and \$408 in 2024 per day for inpatient days 61–90 (for each benefit period) \$816 in 2024 per "lifetime reserve	Vs.	Plan covers an unlimited number of days for an inpatient hospital stay based on medical necessity. (Per Admission) \$430 copay per day for days 1–5
day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)		\$0 per day for days 6+
Outpatient Hospital Services*		
20% coinsurance for each outpatient		20% coinsurance for each outpatient hospital service
hospital service Applies to the Part B deductible	VS.	\$0 for diagnostic colonoscopies and esophageal endoscopies
		\$125 copay for observation services

Original Medicare Benefits (based on 2024 costs and \$240 Part B deductible unless otherwise noted)	vs.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2025)				
Ambulatory Surgery Center*						
20% coinsurance for each ambulatory surgery center service	VC	\$240 copay for each ambulatory surgery center visit				
Applies to the Part B deductible	VS.	\$0 for diagnostic colonoscopies and esophageal endoscopies				
Doctor Visits (Primary Care Provider and Specialists)*						
20% coinsurance for each service	vs.	\$0 copay for primary care provider (PCP) visits				
Applies to the Part B deductible		\$30 copay for specialist visits				

Original Medicare Benefits (based on 2024 costs and \$240 Part B deductible unless otherwise noted)	VS.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2025)			
Preventive Care					
		\$0 copay			
		Preventive Care includes a \$0 annual wellness visit, which may check your height, weight, blood pressure, and other routine meaurements.			
\$0 copay for Medicare-covered preventive care Examples of preventive care include:		During your annual checkup, ask your doctor to recommend preventive care that's right for you.			
 colonoscopies mammograms bone mass measurements cardiovascular screening diabetes screening and other cancer screenings 	VS.	Be sure to take advantage of all the no-cost preventive services 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 Signature (HMO) members can call 1-855-771-1081 (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 32

- Cardiovascular Screening
- Colonoscopy

- Mammogram
- Preventive Care Services

Original Medicare Benefits (based on 2024 costs and \$240 Part B deductible unless otherwise noted)	VS.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2025)				
Emergency Care						
		\$125 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.				
20% coinsurance for each service		If you are admitted to a hospital in the U.S. within 24 hours, your emergency care copay is waived.				
Applies to the Part B deductible	vs.	If you do not think your health				
Original Medicare does not cover worldwide emergency and urgent care coverage.		condition is severe enough to need emergency care, but still need medical attention, consider Urgently Needed Services (see "Urgently Needed Services" on page 11).				
		Worldwide Emergency Coverage				
		Emergency care with a \$200,000 benefit maximum 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 care visit in another country.				

Original Medicare Benefits (based on 2024 costs and \$240 Part B deductible unless otherwise noted)	VS.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2025)
Urgently Needed Services		
		\$55 copay for urgently needed services both in the U.S. and worldwide
		Urgently Needed Services
20% coinsurance for each service	VS.	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
Applies to the Part B deductible Original Medicare does not cover worldwide emergency and urgent care coverage.		Like emergency care, urgent care is covered worldwide with a \$200,000 maximum benefit. However, 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

Acronyms to know on this page

To learn what these mean, see the Glossary starting on page 32

- CT
- MRI

Original Medicare Benefits (based on 2024 costs and \$240 Part B deductible unless otherwise noted)	VS.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2025)				
Diagnostic Services/Labs/Imaging*						
Original Medicare pays the full costs of covered diagnostic lab tests For diagnostic radiology services,		\$0 copay for diagnostic tests and procedures, including X-rays				
outpatient X-rays, and therapeutic radiology services (such as radiation	vs.	\$60 for diagnostic radiology, such as MRIs and CT scans				
treatment for cancer): 20% coinsurance for each service		20% coinsurance for therapeutic radiology				
Applies to the Part B deductible						
Hearing Services*						
		\$30 copay for exam to diagnose hearing and balance issues				
		\$0 copay for routine hearing exam (one every year)				
		\$0 copay for fitting/evaluation for hearing aid(s) (one every year)				
Original Medicare does not cover any routine hearing services or hearing aids.	vs.	Copayments per hearing aid vary by technology level you select with your healthcare provider:				
		Entry = \$0				
		Limit one (1) hearing aid per ear, per year. You must get your hearing aids from a NationsHearing® provider.				

Original Medicare Benefits (based on 2024 costs and \$240 Part B deductible unless otherwise noted)	VS.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2025)
Dental Services*		
		Diagnostic and preventive dental services: \$0 copay ¹
		CleaningsDental X-raysOral examsFluoride treatment
		Comprehensive dental services: \$0 copay ¹
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 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
		Plan pays up to \$2,500 per year for both preventive and comprehensive dental combined.
		For additional information, including cost shares and exclusions, please refer to this plan's Evidence of Coverage document. You can access the Healthfirst Signature (HMO) Evidence of Coverage online at HFMedicareMaterials.org .

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

Original Medicare Benefits (based on 2024 costs and \$240 Part B deductible unless otherwise noted)	VS.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2025)
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 benefits, including diagnosis and treatment for diseases and conditions of the eye (including screening for diabetic retinopathy and glaucoma) \$0 copay for routine eye exams for eyeglasses/ contacts and for contact lens fitting
		\$250 benefit allowance every year toward eyewear (glasses or contacts)
		For more information, including cost shares and exclusions, please refer to this plan's Evidence of Coverage document. You can access the Healthfirst Signature (HMO) Evidence of Coverage online at HFMedicareMaterials.org.

VS.

What You Pay with Healthfirst Signature (HMO) (costs listed are for 2025)

Mental Health Services (including inpatient)*

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 (\$1,632 in 2024) for each benefit period: \$0 for inpatient days 1–60 (for each benefit period) and \$408 in 2024 per day for inpatient days 61–90 (for each benefit period)

\$816 for 2024 per "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)

For outpatient mental health care and substance use disorder services: 20% coinsurance for each service

Applies to the Part B deductible

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 Signature (HMO), 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)

- \$410 copay per day for days 1–5.
- \$0 copay per day for days 6–90

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

- \$0 copay for outpatient psychiatrist visits, individual or group therapy sessions, or substance use disorder individual or group therapy sessions
- \$0 copay for opioid treatment services

Original Medicare Benefits (based on 2024 costs and \$240 Part B deductible unless otherwise noted)	VS.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2025)	
Skilled Nursing Facility (SNF)*			
\$0 per day for days 1–20		A SNF stay is for when you need skilled nursing care and rehabilitation services in a skilled nursing facility.	
each benefit period \$204 per day for days 21–100	VS.	Plan covers up to 100 days in a SNF per admission.	
each benefit period		No prior hospital stay is required.	
3-day hospital stay required		\$10 copay per day for days 1–20	
		\$214 copay per day for days 21–100	
Physical Therapy*			
20% coinsurance		¢20 i-i+	
Applies to the Part B deductible	VS.	\$20 copay per visit	
Ambulance*			
		\$275 copay per one-way trip for emergency ambulance service (ground or air) or either one-way or round trip for non-emergent ambulance services	
20% coinsurance for each service	ve	Ambulance transportation is covered	
Applies to the Part B deductible	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*			
Original Medicare does not cover supplemental transportation	vs.	\$0 copay for up to 30 one-way trips every year to a plan-approved health-related location (if selected as a Healthfirst Signature Choice Extras benefit).	
		You must call Healthfirst at least two (2) days in advance to schedule a ride.	

Original Medicare Benefits (based on 2024 costs and \$240 Part B deductible unless otherwise noted)	VS.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2025)
Medicare Part B Drugs*		
20% coinsurance for each service Applies to the Part B deductible	vs.	0%–20% for Part B insulin, up to \$35 0%–20% of the cost for Part B drugs such as chemotherapy drugs and others 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.
Other Covered Services		
Over-the-Counter Allowance		
Original Medicare does not cover an over-the-counter (OTC) allowance	VS.	\$85 OTC allowance every quarter (\$340/year) to use for approved over-the-counter (non-prescription) medications, and/or health-related items, exercise equipment, activity trackers, and personal emergency response systems (PERS) at participating providers (retail locations and mail order). The benefit must be selected as your Healthfirst Signature Choice Extras option. The benefit is provided as an OTC card and cannot be converted to cash. This benefit may not be used to purchase Part B or Part D prescription drugs. You are encouraged to speak with your healthcare provider about which OTC items may be most helpful for you. Unused balances expire at the end of each quarter or upon disenrollment from Healthfirst Signature (HMO). Please visit the Healthfirst Signature (HMO) section of our healthfirst.org/otc website to see our list of covered over-the-counter items.

Original Medicare Benefits (based on 2024 costs and \$240 Part B deductible unless otherwise noted)	VS.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2025)
Other Covered Services (continued)		
Acupuncture*		
20% coinsurance for each service		
Applies to the Part B deductible		
Original Medicare covers acupuncture for chronic low back pain up to 12 visits in 90 days under certain circumstances.		\$0 copay Plan covers acupuncture treatment for chronic low back pain up to 20 visits
An additional eight sessions will be covered for where improvement is demonstrated. No more than 20 acupuncture treatments may be administered annually.	VS.	per year under certain circumstances. The plan also covers an additional 12 visits per year for other conditions, including chronic low back pain.
Treatment must be discontinued if no improvement or regression is noted.		
Rehabilitation Services*		
		\$0 copay for cardiac (heart) and intensive cardiac rehab services
20% coinsurance for each service		\$15 copay for pulmonary (lung) rehab
Applies to the Part B deductible Occupational and speech therapy are	vs.	and Supervised Exercise Therapy (SET) for members who have symptomatic peripheral artery disease (PAD)
subject to caps under Original Medicare		\$20 copay for each occupational therapy or speech/language therapy service

Original Medicare Benefits (based on 2024 costs and \$240 Part B deductible unless otherwise noted)	VS.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2025)
Other Covered Services (continued)		
Retail Health Clinic		
		\$15 copay
20% coinsurance for each service Applies to the Part B deductible	VS.	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		\$30 copay for • Diagnosis and the medical or
20% coinsurance for medically necessary treatment of foot injuries or diseases	VS.	surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs). Routine foot care
Applies to the Part B deductible		The plan covers 12 routine foot care visits per year.

Original Medicare Benefits (based on 2024 costs and \$240 Part B deductible unless otherwise noted)	VS.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2025)	
Other Covered Services (continued)			
Medical Equipment/Supplies*			
		\$0 copay for diabetes monitoring supplies (such as test strips and lancets), continuous glucose monitors and their supplies, diabetes self-management training, and therapeutic shoes or inserts.	
20% coinsurance for each service Applies to the Part B deductible	VS.	20% coinsurance for durable medical equipment.	
Applies to the Part B deductible		Examples of durable medical equipment are walkers, wheelchairs, oxygen tanks, crutches, and more.	
		20% coinsurance for prosthetic devices (braces, artificial limbs, etc.) and related medical supplies.	
Wellness Programs			
20% coinsurance for manual manipulation of the spine if medically		Chiropractic Care* – \$20 copay for manipulation of the spine to correct a subluxation (when one or more of the bones of your spine moves out of position).	
necessary to correct a subluxation when provided by a chiropractor or		Routine Chiropractic Care* – \$20 copay	
other qualified provider Applies to the Part B deductible	VS.	Nutrition Counseling – \$0 copay for up to six preventive counseling and/or risk	
Original Medicare does not cover Nutrition Counseling.		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 (based on 2024 costs and \$240 Part B deductible unless otherwise noted)	VS.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2025)	
Other Covered Services (continued)			
Nurse Help Line			
		\$0 copay	
Original Medicare does not cover Nurse Help Line	vs.	Nurse Help Line is a free phone service that's available 24 hours a day to get wellness advice and help finding a doctor.	
Home Health Agency Care*			
		\$0 copay	
You pay nothing for covered home health services	vs.	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			
		\$0 copay	
You pay nothing for covered services	vs.	Program includes health behavior change sessions promoting weight loss through healthy eating and physical activity.	
Meals (Post-Discharge)*			
		\$0 copay	
Original Medicare does not cover a meal benefit.	vs.	Up to 84 meals delivered to your home for up to 28 days after a discharge from hospital to home or skilled nursing facility to home with a stay of more than two days.	

Original Medicare Benefits (based on 2024 costs and \$240 Part B deductible unless otherwise noted)	VS.	What You Pay with Healthfirst Signature (HMO) (costs listed are for 2025)	
Other Covered Services (continued)			
SilverSneakers®			
		\$0 copay	
Original Medicare does not cover a fitness benefit.	vs.	SilverSneakers is more than a fitness program. It gives you access to 15,000+ fitness locations, over 80 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 TM 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.	
Teladoc® Health			
		\$0 copay	
		Teladoc services for general medical, dermatology, and mental health	
Original Medicare does not cover Teladoc services.	VS.	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.

- 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 (generic drugs) are not subject to the drug deductible and have a \$0 copay.
 - Healthfirst members can request printed copies of our Provider/Pharmacy Directory and/or Formulary by calling Member Services and we will mail them.
- Starting at the beginning of the year, you pay only the copay for Tiers 2 and 3 drugs, without having to pay a deductible first. For Tiers 4 and 5 drugs, you must pay the annual \$590 deductible out of pocket before the plan helps pay for the costs of these drugs. Once you meet the deductible, you will pay the copay or coinsurance for these drugs until you reach the initial coverage limit.
- 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 until deductible is met (Tier 1 drugs are always \$0).
 - **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)	\$590	\$590.01–\$2,000	\$2,000.01+
Your 30-day suppl	y cost, depending on dr	ug tier and Part D Presc	ription Drug Stage
Tier 1 Preferred Generics	\$0 copay	\$0 copay	\$0 copay
Tier 2 Generics	\$15 copay	\$15 copay	\$0 copay
Tier 3 Preferred Brand and Non-Preferred Generic Drugs	\$47 copay	\$47 copay	\$0 copay
Tier 4 Non-Preferred Drugs	Full cost of drugs	50% of drug cost (coinsurance)	\$0 copay
Tier 5 Specialty Drugs	Full cost of drugs	25% of drug cost (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.

With Healthfirst, you can save even more on your insulin! You can fill a 90-day supply of insulin (in Tiers 1–3) for the same price as a 30-day supply. Check your Healthfirst Plan Formulary at healthfirst.org/formularies to see which insulins we cover.

Medicare Part D Prescription Drug Benefits

You can save money by getting a 90-day supply of prescriptions in Tiers 1–3 for the same cost as a 30-day supply during the initial coverage stage, at your local participating pharmacy or through mail order.

Initial Coverage Stage	30-day supply	90-day supply
Tier 1 Preferred Generic	\$0	\$0
Tier 2 Generic	\$15 copay	\$15 copay
Tier 3 Preferred Brand and Non-Preferred Generic Drugs	\$47 copay	\$47 copay
Tier 4 Non-Preferred Drugs	50% of the cost	50% of the cost
Tier 5 Specialty Tier Drugs	25% of the cost	Not Available

For more information on the additional pharmacy-specific cost sharing and the stages of the benefit, you can view our Evidence of Coverage (EOC) online at **HFMedicareMaterials.org**.

Healthfirst members can call **1-855-771-1081** (TTY 1-888-542-3821) to request a mailed copy.

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

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 Signature (HMO) Dental

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

^{*}Healthfirst Signature (HMO) pays up to \$2,500 per year for both preventive and comprehensive dental services combined.

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



Frequently Asked Questions

About Healthfirst Signature (HMO)

Who can join the Healthfirst Signature (HMO)?

To join Healthfirst Signature (HMO), 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 (HMO) service area. Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Sullivan, and Westchester. While anyone can join Healthfirst Signature (HMO), 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?

Healthfirst Signature (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services. We recommend that you use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider and pharmacy directory on our website at **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, including your annual medical deductible. Here are some medical costs that Healthfirst covers and Original Medicare does not:

- Routine eye exams and eyeglasses
- Prescription drugs
- Hearing checkups and hearing aids
- Dental care

Comparing Healthfirst Signature (HMO) with other insurance options

How is Healthfirst Signature (HMO) 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 Signature (HMO) different from other Medicare HMOs?

Unlike other HMOs, you don't need a referral to see a specialist with Healthfirst Signature (HMO). You also have a pick of a Healthfirst Signature Choice Extras supplemental benefit upon enrollment. Member Services is available to help you navigate your health benefits.

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 24), we discussed the benefit stages that occur: Deductible Stage, Initial Coverage, and Catastrophic Coverage.

Will I have to pay a monthly premium or deductible?

Healthfirst Signature (HMO) has a \$0 premium and a \$0 deductible for medical and hospital services. There is an annual deductible of \$590 for prescription drug tiers 4 and 5. For tiers 1, 2, and 3 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 Locations

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.



Community Offices Near You

Bronx

Fordham

412 E. Fordham Road (entrance on Webster Avenue)

Parkchester

112 Hugh J. Grant Circle (between Cross Bronx Expressway and Virginia Avenue)

Brooklyn

Bensonhurst

2236 86th Street (between Bay 31st and Bay 32nd Streets)

Brighton Beach

314 Brighton Beach Avenue (between Brighton 3rd and Brighton 4th Streets)

Crown Heights

263 Utica Avenue (between Eastern Parkway and Lincoln Place)

Flatbush

2166 Nostrand Avenue (between Avenue H and Hillel Place)

Sunset Park

- 5202 5th Avenue (corner of 5th Avenue and 52nd Street)
- 5324 7th Avenue (between 53rd and 54th Streets)

Manhattan

Chinatown

- 128 Mott Street, Room 407 (between Grand and Hester Streets)
- 28 E. Broadway (between Catherine and Market Streets)

East Harlem

116 E. 116th Street (between Park and Lexington Avenues)

Washington Heights

1467 St. Nicholas Avenue (between W. 183rd and W. 184th Streets)

Queens

Elmhurst

40-08 81st Street (between Roosevelt and 41st Avenues)

Flushing

- 41-60 Main Street Rooms 201 & 311 (between Sanford and Maple Avenues)
- Main Plaza Mall 37-02 Main Street (between 37th and 38th Avenues)

Jackson Heights

93-14 Roosevelt Avenue (between Whitney Avenue and 94th Street)

Jamaica

161-21 Jamaica Avenue (corner of Jamaica Avenue and 162nd Street)

Queens (continued)

Richmond Hill

122-01 Liberty Avenue (between 122nd and 123rd Streets)

Ridgewood

56-29 Myrtle Avenue (entrance on Catalpa Avenue)

Long Island

Nassau County

Hempstead

242 Fulton Avenue (between N. Franklin and Main Streets)

Suffolk County

Bay Shore

South Shore Mall 1701 Sunrise Highway (in the JCPenney Wing)

Lake Grove

Smith Haven Mall 313 Smith Haven Mall

Patchogue

99 West Main Street (between West and Havens Avenues)

Orange County

Newburgh

Crossroads Plaza 50 NY 17K

Westchester County

Yonkers

13 Main Street (between Warburton Avenue and N Broadway)

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% of the cost.

With Original Medicare, you will pay a 20% coinsurance for most outpatient services. However, with the Healthfirst Signature (HMO) 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.

If you are unsure of your Extra Help status, contact **1-877-237-1303** (TTY 1-888-542-3821) or Social Security at **1-800-772-1213**.

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, 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. 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 HMO plans do not require 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.



Application Confirmation Code:



Scope of Sales Appointment Confirmation Form

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.

Medic	care Advantage Plans (Part C)				
	Medicare Preferred Provider Organization (PPO) – A ty local or regional area in which you pay less if you use do network. You can use doctors, hospitals, and providers of	ctors, hospitals, and providers that belong to the			
	Medicare Health Maintenance Organization (HMO) — A Original Medicare Part A and Part B health coverage and coverage. In most HMOs, you can get your care only from (except in emergencies).	sometimes covers Part D prescription drug			
	Medicare Special Needs Plan (SNP) – A special type of focused and specialized healthcare for specific groups of and Medicaid, who reside in a nursing home, or who have	f people, such as those who have both Medicare			
By signin	g this form, you agree to a meeting with a sales agent t	o 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: Signature Date:				
If you are	e the authorized representative, please sign above an	d print below:			
Represen	tative's Name:	Relationship to Beneficiary:			
•	of Appointment documentation is subject to CMS record re o representative: Yellow copy is for beneficiary and white	•			
To be co	mpleted by agent:				
Agent Na	me:	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:				
Dlan(c) th	and a second transfer of a second and a second a second and a second a				
[Plan Hse	e agent represented during this meeting:				



Attestation of Eligibility for an Enrollment Period

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.

the	ase read the following statements carefully and check the bo following boxes, you are certifying that, to the best of your k e later determine that this information is incorrect, you may	now	ledge, you are eligible for an Enrollment Period.
	I am new to Medicare. I am enrolled in a Medicare Advantage plan and want to		I am moving into, live in, or have recently moved out of a Long-Term Care Facility (for example,
	nake a change during the Medicare Advantage Open nrollment Period (MA OEP).		a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert data)
	I recently moved outside of the service area for my current plan, or I recently moved and this plan is a new option for me. I moved on		(insert date) I recently left a PACE program on (insert date)
	(insert date)		I recently involuntarily lost my creditable
	I recently was released from incarceration. I was released on (insert date)		prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage 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 am leaving employer or union coverage on (insert date)
	I recently had a change in my Medicaid (newly got Medicaid, had a change in level		I belong to a pharmacy assistance program provided by my state.
	of Medicaid assistance, or lost Medicaid) on (insert date)		My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
	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		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)
	Extra Help) on (insert date) I recently obtained lawful presence status in the United States. I got this status 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 have both Medicare and Medicaid (or my state helps pay for my Medicare premiums), or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.		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
	I am dually-eligible for both Medicare and Medicaid and wish to enroll in an aligned plan that provides coverage for both.		my enrollment because of the natural disaster. Other
1-8	one of these statements applies to you or you are not sure, page 38-260-1010 (TTY users should call 1-888-542-3821) to any a week, 8am-8pm (October through March), and Mond	see i	f you are eligible to enroll. We are open
	ve reviewed, understand, and agree with the content of this		
Sigr	nature of Applicant:		Date:
Sigr	nature of Licensed Medicare Agent:		Date:



Application Confirmation Form (ACF)

Name of Applicant:			Telephone No:			
Address:						
I understand that the information I p in a Health Maintenance Organization				oe used to er es 🗌 No 🏾	_	
The Healthfirst licensed Medicare ag be able to use my Medicare card to shealthcare services from in-network need a referral to go to in-network d ophthalmologists, chiropractors, and I am currently seeing the following	see providers who are not in the H Healthfirst providers, other than fo octors, specialists, and hospitals. all other specialists, as well as Ho	ealthfirst netv or emergency In-network pr ome Health Ai	work. Instead, or urgently n roviders include de Agencies.	I must received to must receive de	ve all do not	
		-	• •	lo Drovidor		
Primary Core Provider	Provider/Specialist ID Number	In Healthfire	St 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	e Agency:	I	L		
Home Health Aide Agency Name	Agency ID Number	In Healthfire	st Network?	Is Agency:		
		☐ Yes	□No	☐ Current	□New	
By initialing below, I understand that Healthfirst will assign me an in-net Healthfirst network, I understand the no longer be able to continue to us I must use Healthfirst providers and ongoing treatment plan, I may cont Healthfirst Member Services.	twork PCP so I can receive care. I nat neither Healthfirst nor Medica e my Medicare card to see provid d present my Healthfirst Member	If I choose to are will pay the ders that are ID card whe	see a providence bill. I also un not in the Hearn receiving cand of up to 90	er that is not inderstand th althfirst netw are. If I am in	nat I will rork. an ntacting	
If the primary care provider listed al network PCP yourself and enter the		ork, you have	e the option to	o choose an	in-	
New In-Network Primary Care Provi	ider (if applicable)					
Primary Care Provider ID Number _						
I understand that I am applying for this form and that I may change in-	,	wed, underst	and, and agre	e with the co	ontent of	
Signature of Applicant or Legal/Auth	norized Representative:			_ Date:		
Signature of Licensed Medicare Age	ent:			Date:		
Cianatura of Witness				Doto		

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



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 healthcare 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).



Medicare Enrollment Attestation Form

My signature below	onfirms that I,	ITISET CHAITIE TIEFE
met today,	Today's date	, with Healthfirst Sales Representative
	Insert Healthfirst Sales Rep	resentative's name here
We discussed Healt	:hfirst Medicare Advantage plan	s, and I enrolled in the following plan:
	Insert plan n	ame here
		Date
Signature of Medica	are Beneficiary/Appointed Repr	esentative Date
D: 1 16 H	CAA 1: D. C.: /A	
Printed full name o	f Medicare Beneficiary/Appoint	ea kepresentative



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



What to Expect When you Enroll

Today's Date		r's Date	You can start using your Healthfirst Medicare Advantage plan benefits on:		
-	(Your	Application Date)	(Your Plan Start Date)		
ne	w m	ew Healthfirst Medicare Advantage plan rember materials in the mail over the nex rack of each item (delivery times are appr	t few weeks. Use this checklist to help you		
W	HEN	N: Within 10 days			
		Enrollment and Verification Letter : Help is correct. Please let us know if any inform	s you make sure all your enrollment information nation needs to be updated.		
W	HEN	N: 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.			
W	HEN	N: Within three weeks			
		Member ID card: Present this card at all of OTC or OTC Plus Card (if applicable): He and health-related items, and if your plan You must activate this card before using it	lps you pay for over-the-counter (OTC) allows, healthy foods, home utilities, and more.		
		Flex Card (if applicable): Helps you pay fo	or dental, hearing, and vision		
		plan, such as how to use your benefits ar	ation about your Healthfirst Medicare Advantage		

То	hel	p you get started, you will get the following within your first few months:
	L	Welcome Phone Calls: Healthfirst representatives will call you to review your plan details
		and to answer any questions you may have.
	Ô	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.

You can start using your Healthfirst Medicare Advantage plan benefits on your plan start date.

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.





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.

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 **Healthfirst** 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

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

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-305-0408. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-305-0408. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务,帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务,请致电 1-866-305-0408。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問,為此我們提供免費的翻譯 服務。如需翻譯服務,請致電 1-866-305-0408。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-305-0408. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-305-0408. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-866-305-0408 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-305-0408. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-305-0408번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-305-0408. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الغوري المجانية لإلجابة عن أي أسئلة تتعلق بالصحة أو جدول األدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى االتصال بنا على0408-005-866-1. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-305-0408 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-305-0408. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-305-0408. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-305-0408. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-305-0408. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-866-305-0408にお電話ください。日本語を話`す人 者 が支援いたします。これは無料のサー ビスです。

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

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.

Healthfirst Signature (HMO) service areas are New York, Kings, Queens, Bronx, Richmond, and Nassau counties (H5989), and Orange, Rockland, Sullivan, and Westchester counties (H1722).

Healthfirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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

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

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

Teladoc 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.

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OTC items are subject to the plan's list of eligible items and the plan's participating network of of retail, online, and utility providers.

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 1-855-771-1081, 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 1-855-771-1081, 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1-855-771-1081,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 1-855-771-1081.

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 1-855-771-1081.

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1-855-771-1081。

Plan Highlights

Healthfirst Signature (HMO) 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.

- monthly premium and annual medical deductible
- copays for primary care visits, 24/7 telemedicine, and more!

Plan benefits include:

- Your pick of one of the following Healthfirst Signature Choice Extras benefits:
 - \$85/quarter over-the-counter (OTC) allowance or
 - \$0 copay for 30 one-way trips to your doctors for covered services
- 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 \$2,500 in dental benefits

Includes root canals, extractions, dentures, crowns, and more

⊘/**②** Vision and hearing coverage

Includes routine exams, a \$250 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

Many generic and brand drugs are available without paying a deductible, and some 90-day prescriptions are available for the price of a 30-day.

\$6,700 Maximum Out-of-Pocket (MOOP) limit

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

