Healthfirst Life Improvement Plan (HMO D-SNP) Summary of Benefits

This Medicare Advantage plan may be right for you if you're eligible for Medicare and cost-sharing assistance from Medicaid.

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

January 1, 2025-December 31, 2025

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Healthfirst Representative

Telephone

Email







He	ealthfirst Representative, please indic	cate the type of Medicare Advantage plar	n being discussed:			
C	Preferred Provider Organization (PPO)	O Health Maintenance Organization (HMO)	O Dual-Eligible Special Needs Plan (HMO D-SNP)			
Pı	re-Enrollment Che	cklist				
que	,	s important that you fully understand our be stomer service representative at 1-877-237	,			
Un	derstanding the Benefits					
	• . , .	ides a complete list of all coverage and serv Visit HFMedicareMaterials.org or call 1-8 7	vices. It is important to review plan coverage, 77-237-1303 (TTY 1-888-542-3821) to			
	Review the provider directory (or ask are not listed, it means you will likely	have to select new doctors, or enroll in a PP	·			
	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.					
Un	derstanding the Important Rul	es				
	taken out of your Social Security chec		re Part B premium. This premium is normally			
		cy or urgent situations, we do not cover serv				
	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 Medicare and medical assistance from	(D-SNP), your ability to enroll will be based ma state plan under Medicaid.	on verification that you are entitled to both			
	once your new Medicare Advantage ponce your new Medicare Advantage p		RICARE,® your coverage may be affected			

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Healthfirst Life Improvement Plan Overview

The Healthfirst Life Improvement Plan is a Dual-Eligible Special Needs Plan offering Medicare coverage with added-on benefits. This coverage is in addition to services you may be entitled to receive under New York State's Medicaid program.

Members who have both Medicare and Medicaid are known as dual eligibles. As a dual-eligible member, you are eligible for benefits under both the federal Medicare program and the New York State Medicaid program. Healthfirst Life Improvement Plan offers Medicare coverage and some supplemental benefits.

What makes you eligible to be a plan member?

- You have both Medicare Part A and Medicare Part B
- You are eligible for full Medicaid or eligible for Medicare cost-sharing assistance under Medicaid
- You live in New York City, or Nassau, Orange, Rockland, Suffolk, Sullivan, or Westchester county
- You are a United States citizen or are lawfully present in the United States

You must be eligible for some level of Medicaid to be enrolled in Healthfirst Life Improvement Plan. The categories of Medicaid eligibility for enrollment are:

- Qualified Medicare Beneficiary (QMB): Helps pay Medicare Part A and Part B premiums, and other cost sharing (like deductibles, coinsurance, and copayments).
- Qualified Medicare Beneficiary Plus (QMB+): Helps pay Medicare Part A and Part B premiums, and other cost sharing (like deductibles, coinsurance, and copayments) plus full Medicaid benefits.
- Full Benefit Dual Eligible (FBDE): Helps pay Part B premiums in some cases, Medicare Part A premiums, and full Medicaid benefits.

You must recertify for Medicaid each year by mail or phone, or in person. You will receive a letter from the New York City Human Resources Administration (or your local Department of Social Services) asking you to recertify. If you cannot find or have not received your letter, contact Senior Planning Services Community Solutions (SPSCS) at 1-844-559-4219, Monday to Friday, 9am-5pm.

Depending on your income, you could qualify for the Medicare Savings Program to pay your monthly Part B premium. If you are still paying your monthly Medicare Part B premium, Healthfirst can help you enroll in the Medicare Savings Program to save those costs. the Senior Retention Advocate team at 1-866-889-2524, Monday to Friday, 9am-5:30pm.

If you don't qualify for Medicaid, we have other plans that may be right for you. To find out more, call **1-877-237-1303** (TTY 1-888-542-3821), 7 days a week, 8am-8pm, or visit us online at healthfirst.org/medicare.

In addition to Healthfirst Life Improvement Plan coverage, you will also have coverage through Medicaid. The chart that begins on page 10 lists the services covered by the Healthfirst Life Improvement Plan and whether Medicaid also covers those services. If you have full Medicaid or cost-sharing assistance under Medicaid, your Medicaid benefit will take care of any Medicare-covered copays, coinsurance, and deductibles. Your Medicaid benefits may be covered by Medicaid Fee-for-Service or a Medicaid managed care plan, including Healthfirst's Medicaid Managed Care or Personal Wellness Plan.

With Medicaid, you will pay \$0 for your Medicare healthcare services. Medicaid may also cover healthcare services that are not usually covered under Medicare. You will receive "Extra Help" to pay for the costs of your Medicare prescription drugs. So you will pay \$0 for most covered prescription drugs with the Healthfirst Life Improvement Plan.

It is important to understand that Medicaid benefits can vary based on your income level and other standards. Also, your Medicaid benefits can change throughout the year. Depending on your current status, you may not be qualified for all Medicaid benefits. However, while a member of our plan, you can access plan benefits.

This is a summary document and does not include every covered service, nor does it list every limitation or exclusion. The complete list of services covered by this plan can be found in the Evidence of Coverage (EOC). A copy of the Healthfirst Life Improvement Plan's EOC can be found online at **HFMedicareMaterials.org.**

Words/phrases to know on this page

- Coinsurance
- Copayment (or copay)

Need Help Paying for Your Healthcare Costs?

You are likely already enrolled in the following financial assistance programs. However, if you are unsure of your enrollment status or have questions about qualifying, please call the numbers provided in the chart.

	Extra Help or Low-Income Subsidy (LIS) Administered by the Social Security Administration	Medicare Savings Programs (four levels) Administered by New York State	Medicaid Administered by New York State or your Medicaid managed care plan	
How this program helps	 Pays Medicare Part D (prescription drug) monthly premiums up to \$48.72 in 2024 Keeps Medicare Part D copays very low 	 All levels pay Part B premium (\$174.70/ month in 2024). Some pay Part A premium (if needed) Some pay Medicare copays and coinsurances None will pay costs of services Medicare does not cover 	 Pays Medicare deductibles, copays and coinsurances, Part A (Hospital) and Part B (Medical) only Pays for some services that Medicare may not cover Does not pay Part B premium (\$174.70/month in 2024) 	
Are you eligible for other programs?	If you have Extra Help, you may also have Medicaid and/or a Medicare Savings Program—but this is not necessarily the case, since the Extra Help income eligibility levels are higher.	Everyone with a Medicare Savings Program will also have Extra Help. Some people with Medicare Savings Programs will also have incomes that qualify them for Medicaid.	Everyone with Medicare and Medicaid will also have Extra Help. Some people with Medicare and Medicaid will also have incomes that qualify them for Medicare Savings Programs.	
For more information	(TTY 1-888-542-3821), 7 c	vocate team at 1-866-889-2524 ,		

If you qualify for Medicare and Medicaid, you may also qualify for Supplemental Security Income (SSI). It pays benefits to disabled adults and children who have limited income and resources. SSI benefits also are payable to people 65 and older without disabilities who meet the financial limits. For more information, contact your local Social Security office at **1-800-772-1213** (TTY 1-800-325-0778).

You may qualify for one, two, or all three programs, depending on your income and your needs. Each program has different income eligibility levels. Extra Help has the highest income eligibility level and Medicaid has the lowest. Call Healthfirst at **1-877-237-1303** (TTY 1-888-542-3821) or the Senior Retention Advocate team at **1-866-889-2524** to find out if you qualify for these programs.

If you have any of these programs, you may also qualify for the Elderly Pharmaceutical Insurance Coverage (EPIC) Program, New York State's Pharmaceutical Assistance Program. EPIC also helps with drug costs and premiums. You can have both EPIC and Extra Help together. You may also qualify for EPIC even if you don't qualify for the Extra Help, Medicare Savings Program, or Medicaid. Call **1-800-332-3742** (TTY 1-800-290-9138) for more information.

How to Reach Us and **Other Important Contacts**

Name of Healthfirst Sales Representative

Phone Number	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				

Important Tips

Use in-network providers and pharmacies.

Healthfirst Life Improvement Plan 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 use the Healthfirst NY Mobile App or visit **HFDocFinder.org**. You may also stop by one of our convenient community locations (visit healthfirst.org for locations) or call us at **1-877-237-1303** (TTY 1-888-542-3821) for assistance. If you use providers that are not in our network, we may not pay for these services.

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 the 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 covered drugs costs 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.

Look into long-term care services.

If you need long-term care services, like a home health aide to help you bathe, dress, and complete other daily activities, contact a Healthfirst Intake representative at **1-212-360-0067** (TTY 1-800-662-1220), Monday to Friday, 8am-8pm; Saturday, 10am-6pm.



Life Improvement Plan members receive a Healthfirst OTC Plus card with an allowance of up to \$2,300 per year that can be used at GrowNYC farmers' markets and food stands, among many other places!

*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.
- Check their OTC Plus card balance.
- Chat with a Healthfirst representative during business hours.
- 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.
- Check your OTC Plus card balance.









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Premiums, Deductibles, and Out-of-Pocket Costs

The following are the healthcare costs associated with the Healthfirst Life Improvement Plan (HMO D-SNP).

		Important information
Monthly Premium	\$0	New York State Medicaid covers the Medicare Part B premium (\$174.70 in 2024) for dual-eligible Special Needs Plan members with Full Medicaid Benefits or cost-sharing assistance under Medicaid.
		The Medicare Part B premium amount may change for 2025.
Medical Deductible	\$0	
Drug Deductible	\$0	
Maximum Out-of-Pocket (MOOP)	\$9,350 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 the Healthfirst Life Improvement Plan, there is no cap on what you spend on healthcare!

■ Words/phrases to know on this page

- Deductible
- Maximum Out-of-Pocket

- Original Medicare
- Premium

Healthfirst Life Improvement Plan Members — **Covered Medical and Hospital Benefits**

If you qualify for full Medicaid benefits or cost-sharing assistance under Medicaid, Medicaid will cover the Medicare deductibles, copays, and coinsurances, except for any Part D costs. A checkmark (✓) in the "Medicaid Covered" column in the chart below means New York State Medicaid or your Medicaid managed care plan also covers the benefit.

See Plan Highlights on page 48.

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

Covered Benefit by Healthfirst Life Improvement Plan	Medicaid Covered	What You Should Know
Inpatient Hospital Coverage*		
Per admission: \$0 copay	~	Plan covers unlimited number of days for an inpatient hospital stay, based on medical necessity.
Outpatient Hospital Services*		
\$0 copay for an outpatient hospital service \$0 copay for observation services	~	If you are having surgery in a hospital facility, you should check with your provider about whether you will be admitted as an inpatient or outpatient. Unless the provider specifically admits you as an inpatient, you are considered an "outpatient". Even if you stay in the hospital overnight, you might still be considered an "outpatient." Observation services are hospital outpatient services used to determine if you need to be admitted as an inpatient or can be discharged.

■ Words/phrases to know on this page

- Inpatient
- Outpatient

Covered Benefit by Healthfirst Life Improvement Plan	Medicaid Covered	What You Should Know
Ambulatory Surgery Center*		
\$0 copay for each ambulatory surgery center visit	~	
Doctor Visits (Primary Care Provider (PC	P) and Specia	alists)*
\$0 copay for primary care and specialist visits	~	The PCP you select during your enrollment will be the PCP you must see for primary care. However, Healthfirst members may switch PCPs at any time by calling Member Services.
Preventive Care*		
\$0 copay for Medicare-covered preventive care Examples of preventive care include: colonoscopies mammograms bone mass measurements		Preventive care includes a \$0 annual wellness visit, which may check your height, weight, blood pressure and other routine measurements. During your annual checkup, ask your doctor to recommend preventive care that's right for you.
 cardiovascular screening diabetes screening and other cancer screenings 	~	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 members can call 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy.

■ Words/phrases to know on this page

- Colonoscopy
- Evidence of Coverage (EOC)

- Mammogram
- Preventive Care Services

Covered Benefit by Healthfirst Life Improvement Plan	Medicaid Covered	What You Should Know		
Emergency Care				
		Emergency Services		
\$0 copay for emergency care both in the U.S. and worldwide	✓	You should seek emergency care if you believe that your health condition requires immediate medical care. 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 below).		
		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.		
Urgently Needed Services				
		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		
\$0 copay for urgently needed services both in the U.S. and worldwide		Like emergency care, urgent care is covered worldwide with a \$200,000 benefit maximum. 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 		

Covered Benefit by Healthfirst Life Improvement Plan	Medicaid Covered	What You Should Know
Diagnostic Services/Labs/Imaging*	'	
\$0 copay for each of the following:		
 Laboratory tests Diagnostic radiology services X-rays Therapeutic radiological services Diagnostic tests and procedures 	~	Diagnostic radiology services include MRIs and CT scans.
Hearing Services*	,	
\$0 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)		
Copayments per hearing aid vary by technology level you select with your healthcare provider:	~	You must get your hearing aids from a NationsHearing® provider.
 Entry = \$0 Basic = \$50 Prime = \$75 Preferred = \$500 Advanced = \$1,075 Premium = \$1,475 		
Limit one (1) hearing aid per ear, each year		

■ Words/phrases to know on this page

- CT
- MRI

Covered Benefit by Healthfirst Life Improvement Plan	Medicaid Covered	What You Should Know
Dental Services*		
\$0 copay for covered dental visits ¹		Healthfirst Life Improvement Plan members receive coverage for preventive and comprehensive dental services with no maximum benefit coverage. Preventive and diagnostic dental services: Cleanings Dental X-rays Oral exams Fluoride treatments Comprehensive dental services: Diagnostic and non-routine services Restorative services (e.g., crowns, permanent silver amalgams, and composite fillings) Oral surgery Root canal surgery Periodontics (prosthetics/crowns) Dentures, including adjustments and repairs For additional information, including benefit limits and exclusions, please refer to this plan's Evidence of Coverage document. You can access Healthfirst Life Improvement Plan's Evidence of Coverage online
		at HFMedicareMaterials.org . Healthfirst members can call 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy.

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

Covered Benefit by Healthfirst Life Improvement Plan	Medicaid Covered	What You Should Know
Vision Services*		
\$0 copay for the following: Medicare-covered vision services, including diagnosis and treatment for diseases and conditions of the eye (including diabetic screening for glaucoma and retinopathy) Routine eye exams for eyeglasses/contacts and contact lens fitting \$350 allowance per year toward one pair of glasses frames with covered lenses or contact lenses	>	For additional information, including cost shares and exclusions, please refer to this plan's Evidence of Coverage document. You can access Healthfirst Life Improvement Plan's Evidence of Coverage online at HFMedicareMaterials.org . Healthfirst members can call 1-888-260-1010 (TTY 1-888-542-3821) to request a mailed copy.
Mental Health Services*		
Inpatient (per admission): \$0 copay per day Outpatient: \$0 copay for the following: • Group therapy visits • Individual therapy visits • Substance abuse services • Opioid treatment services	~	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 for inpatient mental health care in a freestanding psychiatric hospital. However, depending on your level of Medicaid eligibility and level of medical necessity, you may be entitled to unlimited inpatient days. If you have used part of the 190-day Medicare lifetime benefit prior to enrolling in Healthfirst Life Improvement Plan, you are only entitled to receive the difference between the number of days already used and the plan-authorized benefit. The inpatient hospital care limit does not apply to inpatient mental services provided in a psychiatric unit of a general hospital.

Covered Benefit by Healthfirst Life Improvement Plan	Medicaid Covered	What You Should Know		
Skilled Nursing Facility (SNF)*				
		A SNF stay is for when you need skilled nursing care and rehabilitation services in a skilled nursing facility.		
For Medicare-covered SNF stays: \$0 copay for days 1–100	~	Plan covers up to 100 days in a SNF per admission. Depending on your level of Medicaid eligibility, you may be entitled to unlimited days. There is no limit to the number of benefit periods you can have.		
		No prior hospital stay is required.		
Physical Therapy*				
\$0 copay per visit for physical therapy	~			
Ambulance*				
\$0 copay for emergency and non-emergency ambulance services	~	Ambulance transportation is covered when you need to be transported to a hospital or skilled nursing facility for medically necessary services, and when transportation in any other vehicle could endanger your health.		
Supplemental Transportation				
		We will arrange for transportation to an approved provider location.		
	~	You must call Healthfirst at least two (2) days in advance to schedule a ride.		
\$0 copay for up to 28 one-way trips per year		Plan covers up to 28 one-way trips, and Medicaid covers the cost of any additional trips afterwards (if you qualify). Call Member Services at 1-888-260-1010 (TTY 1-888-542-3821) to arrange for transportation.		

	ı			
Covered Benefit by Healthfirst Life Improvement Plan	Medicaid Covered	What You Should Know		
Medicare Part B Drugs*				
\$0 copay for Part B drugs such as chemotherapy drugs and others	~	Step Therapy may be required. This means 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.		
OTC Plus card				
There is no copayment for the OTC Plus card benefit.		Unused balances expire at the end of each quarter or upon disenrollment from Healthfirst Life Improvement Plan.		
The plan offers a \$575 per quarter (\$2,300/year) allowance that can be used to purchase the following covered items for your personal use:		The OTC Plus card 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		
 Over-the-counter (non-prescription) medications and health-related items at participating providers (retail locations and mail order) Healthy foods Home utilities such as gas, oil, water, electric, and internet service Exercise equipment Activity trackers/wearables Personal Emergency Response System (PERS), limited to one device and monthly service 		about which OTC items may be most helpful for you. Items are limited to the plan's list of eligible items and plan participating network of retail and online providers.		
		Please visit the Healthfirst Life Improvement Plan section of our healthfirst.org/otc website to see our list of covered over-the-counter items.		
		You can order OTC items online and have them shipped to your home, at no additional cost.		
Other Covered Services	Other Covered Services			
Acupuncture*				
\$0 copay for each acupuncture visit		Plan covers acupuncture treatments for chronic low back pain up to 20 visits per year under certain circumstances. The plan also covers an additional 12		
		visits per year for other conditions, including chronic low back pain.		

Covered Benefit by Healthfirst Life Improvement Plan	Medicaid Covered	What You Should Know
Other Covered Services (continued)		
Rehabilitation Services*		
\$0 copay for the following:		
 Cardiac (heart) and intensive cardiac rehabilitation services Pulmonary (lung) rehabilitation services Medicare-covered occupational therapy visits, and/or speech and language pathology visits Supervised Exercise Therapy (SET) for members that have symptomatic peripheral artery disease (PAD). 	~	
Retail Health Clinic		
\$0 copay	~	Retail health clinics are inside retail pharmacy stores (such as Minute Clinic at CVS), providing a way for members to access walk-in care (without an appointment), even 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
Podiatry (Foot Care)*		
Covered services include:		
 \$0 copay for diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) \$0 copay for routine foot care 	~	This plan covers 12 routine visits per year.

Covered Benefit by Healthfirst Life Improvement Plan	Medicaid Covered	What You Should Know
Other Covered Services (continued)		
Medical Equipment/Supplies*		
 \$0 copay for the following: Durable medical equipment Prosthetic devices Diabetes supplies and services 	~	Examples of durable medical equipment and supplies are walkers, wheelchairs, oxygen tanks, crutches, and more. Examples of prosthetic devices include braces, artificial limbs, and more. As a dual-eligible member, you are entitled to additional Medicaid-covered prosthetics, orthotics, and orthopedic footwear. Examples of diabetes supplies and services include: • diabetes-monitoring supplies (such as test strips and lancets), and continuous glucose monitors (CGMs). • diabetes self-management training therapeutic shoes or inserts

Covered Benefit by Healthfirst Life Improvement Plan	Medicaid Covered	What You Should Know		
Other Covered Services (continued)	Other Covered Services (continued)			
Wellness Programs				
 All preventive services covered under Original Medicare Chiropractic Care*-Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position) Routine Chiropractic Care* Nutritional Counseling-Up to six preventive counseling and/or risk factor reduction visits annually, which must be provided by state-licensed or certified practitioners (i.e., physician, nurse, registered dietitian, or nutritionist). Sessions may be individual or group. Advance care planning with your PCP or specialist to help you plan for the care you would like 	~	Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.		
Nurse Help Line				
\$0 copay		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	~	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.		
Medicare Diabetes Prevention Program*				
\$0 copay		Program includes health behavior change sessions promoting weight loss through healthy eating and physical activity.		

Covered Benefit by Healthfirst Life Improvement Plan	Medicaid Covered	What You Should Know	
Other Covered Services (continued)			
Meals (Post-Discharge)*			
\$0 copay	~	Up to 84 home-delivered meals for up to 28 days after a discharge from the hospital to home or skilled nursing facility to home with a stay of more than two days.	
SilverSneakers®			
\$0 copay		SilverSneakers is more than a fitness program. It gives you access to 15,000+ fitness locations, more than 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. 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 Benefits

What You Pay	What You Should Know
\$0 copay for all covered drugs in Tiers 1 to 3	To learn more about Extra Help,
\$0, \$1.60, \$4.80, \$4.90, or \$12.15 copay for all covered drugs in Tiers 4 and 5 depending on your level of Extra Help For more information on stages of the benefit, please call us at 1-888-260-1010 (TTY 711)	see the chart on page 4. If you are unsure of your Extra Help status, contact Senior Planning Services Community Solutions (SPSCS) at 1-844-559-4219 , Monday to Friday, 9am-5pm.
or access our Evidence of Coverage online at HFMedicareMaterials.org .	OR Social Security at 1-800-772-1213 . Healthfirst members can request printed copies of our Provider/Pharmacy Directory
	and/or Formulary by calling Member Services and we will mail them.

With the Life Improvement Plan, you pay \$0 for either 30- or 90-day supplies of covered prescription drugs in Tiers 1 through 3. There is \$0 deductible for all drug Tiers.

Tier	Retail Costs (30-day supply)	Retail Costs (90-day supply)	Mail-Order Costs (90-day supply)
Tier 1 Preferred Generics	\$0	\$0	\$0
Tier 2 Generics	\$0	\$0	\$0
Tier 3 Preferred Brands and Non-Preferred Generic Drugs	\$0	\$0	\$0
Tier 4 Non-Preferred Drugs	Depending on your level of Extra Help, you pay \$0, \$1.60, \$4.80, \$4.90, or \$12.15	Depending on your level of Extra Help, you pay \$0, \$1.60, \$4.80, \$4.90, or \$12.15	Depending on your level of Extra Help, you pay \$0, \$1.60, \$4.80, \$4.90, or \$12.15
Tier 5 Specialty Drugs	Depending on your level of Extra Help, you pay \$0, \$1.60, \$4.80, \$4.90, or \$12.15	Not Available	Not Available

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 Life Improvement Plan Dental

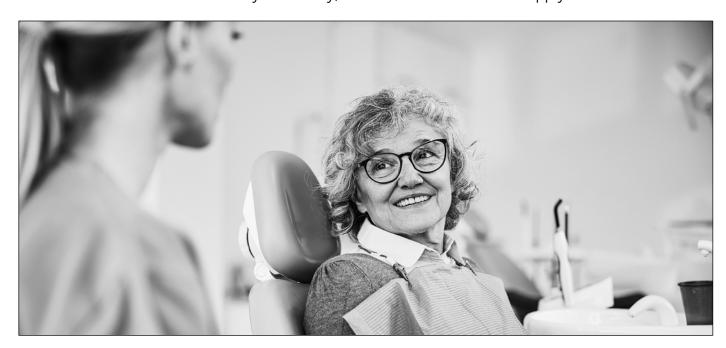
Dental health is an important part of your overall well-being. The Life Improvement Plan's dental benefits include a wide range of services designed to help you maintain a healthy smile. Some of the services the plan includes are:

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

All with no annual maximum!

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

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



Frequently Asked Questions

About the Healthfirst Life Improvement Plan

Who can join the Healthfirst Life Improvement Plan?

To join the Healthfirst Life Improvement Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and New York State Medicaid, and live in our service area. Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Suffolk, Sullivan, and Westchester.

Which doctors, hospitals, and pharmacies can I use?

Healthfirst Life Improvement Plan 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. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider and pharmacy directory at our website (HFDocFinder.org). Or call us and we will send you a copy of the provider and pharmacy directories.

How does Healthfirst Life Improvement Plan work with my Medicaid?

Whether you are enrolled in a Healthfirst Medicaid managed care plan or in Medicaid Fee-for-Service, Healthfirst Life Improvement Plan works with your Medicaid benefits to lower your healthcare costs. If you're eligible for full Medicaid benefits or cost-sharing assistance under Medicaid, your deductible, copays, and coinsurances would be \$0.

Will I lose my Medicaid once I join Healthfirst Life Improvement Plan?

No, as you must continue to be eligible to receive Medicaid in order to stay enrolled in Healthfirst Life Improvement Plan. Healthfirst Life Improvement Plan offers Medicare coverage with added-on benefits and also helps you access your Medicaid benefits through New York State. If you are enrolled in Healthfirst Medicaid Managed Care or Personal Wellness Plan, Healthfirst will seamlessly cover and coordinate your Medicaid and Medicare benefits. Please continue to recertify your Medicaid benefits each year.

Plan costs

Will I have to pay a monthly premium or deductible?

Because you are eligible for full Medicaid or cost-sharing assistance under Medicaid, your premium, deductible, copays, and coinsurances will be \$0. Your Medicare Part D prescription drug costs will also be \$0 for drugs in Tiers 1–3.

Will I have to pay for healthcare services?

Because you are eligible for full Medicaid or cost-sharing assistance under Medicaid, your Medicare-covered healthcare services cost-sharing is covered by Medicaid. If you lose your Medicaid coverage, you may be responsible for additional cost-sharing.

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

Call **1-877-237-1303** (TTY 1-888-542-3821) if you have any questions about this plan's benefits or costs.

Comparing Healthfirst Life Improvement Plan with other insurance options

How is the Healthfirst Life Improvement Plan different from Original Medicare?

The Healthfirst Life Improvement Plan offers additional benefits (such as dental, vision, hearing, OTC, and healthy foods) on top of Original Medicare and may be right for you if you have special healthcare needs and you're eligible for Medicare and some assistance from Medicaid.

How is the Healthfirst Life Improvement Plan different from other Medicare HMOs?

Healthfirst offers you a broad choice of healthcare providers and locations, and many plan benefits and features including dental coverage with no annual maximum! Healthfirst Life Improvement Plan members receive OTC Plus cards with a yearly allowance of up to \$2,300 to use on OTC, healthy foods at places like GrowNYC farmers' markets and for home delivery, home utilities, exercise equipment and activity trackers, and personal emergency response systems (PERS).

Unlike other HMOs, you don't need a referral to see an in-network specialist with the Healthfirst Life Improvement Plan. If you are also enrolled in Healthfirst Medicaid Managed Care or Personal Wellness Plan, both your Medicare and Medicaid benefits will be administered by Healthfirst—a unified integration of your coverage to better coordinate your care.

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.

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.

Healthfirst Life Improvement Plan members should have Extra Help. 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. Medicare Advantage Plans may also offer prescription drug coverage that follows the same rules as Medicare Prescription Drug Plans.

Preauthorization/Precertification

(also known as Prior Authorization)

Some healthcare plans, including Healthfirst, require you to check with them before you get certain services. This is to make sure that these healthcare services are necessary and are covered before you get them so that you will not be responsible for the entire cost.

Preauthorization is required for many services, but it is not required in an emergency.

Preferred Provider Organization (PPO)

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

Premium

The amount of money some members must pay monthly, quarterly, or twice a year to be covered by a health insurance plan or program.

If you are having trouble affording your monthly Part B premium, contact us at **1-877-237-1303** (TTY 1-888-542-3821) to see if you may be eligible for a Medicare Savings Program.

Preventive Care Services

Services you receive from your doctor that help prevent disease or to identify disease while it is more easily treatable. Under Healthcare Reform, most of these services are 100% covered by your insurance plan, which means that you will not have to pay for them.

Primary Care Provider (PCP)

Your primary doctor (also known as a primary care provider or PCP) is the doctor who provides you with basic healthcare and preventive services to help make sure you stay healthy. Your PCP coordinates most of your care, and may refer you to specialists. Your primary care is covered only when you see your PCP, but Healthfirst members may change their PCP at any time by calling Member Services.

Referral

A written order from your primary care doctor for you to see a specialist or get certain services. In many HMOs, you need to get a referral before you can get care from anyone except your primary care doctor. If you don't get a referral first, the plan may not pay for your care.

Healthfirst Life Improvement Plan will never ask you to get a referral to see an in-network specialist.

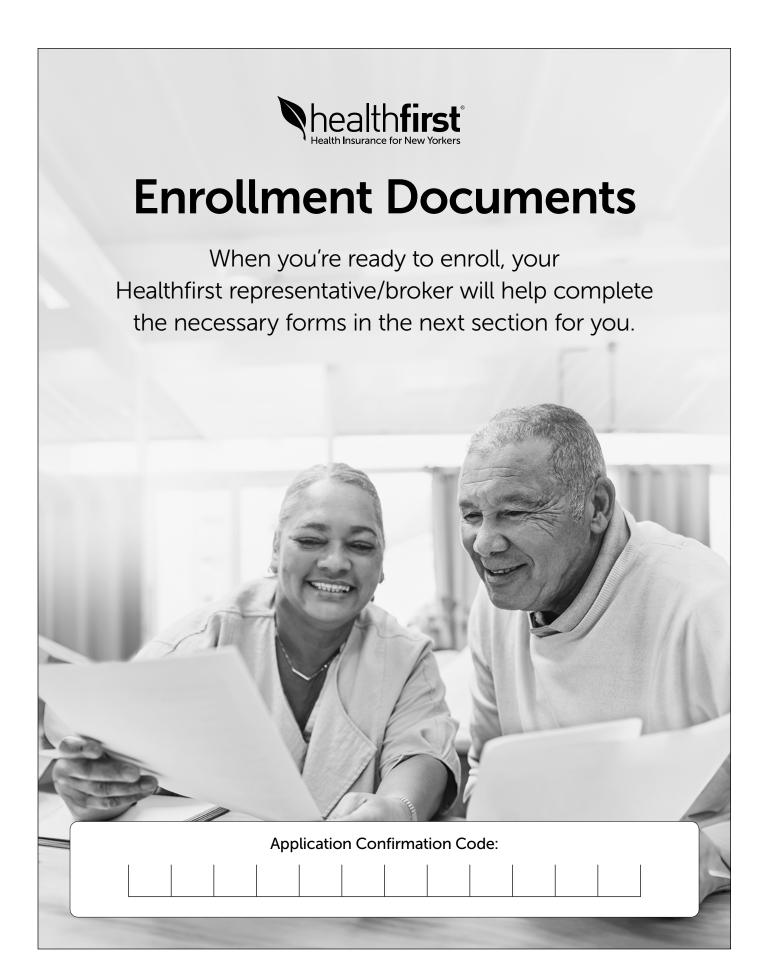
Special Needs Plan (SNP)

Medicare Special Needs Plans are a type of Medicare Advantage plan designed for certain types of people with Medicare. Some Special Needs Plans are for people with certain chronic diseases and conditions, some are for people who have both Medicare and Medicaid, and some are for people who live in an institution such as a nursing home.

Healthfirst Life Improvement Plan is a dual special needs plan for people who have Medicare and full Medicaid or cost-sharing assistance under Medicaid.

Subsidy

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





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)			
	local or regional area in which you pay I	ion (PPO) – A type of Medicare Advantage plan availabes if you use doctors, hospitals, and providers that beliand providers outside of the network for an additional	ong to the	
	Original Medicare Part A and Part B hea	ation (HMO) – A Medicare Advantage plan that provide the coverage and sometimes covers Part D prescription our care only from doctors or hospitals in the plan's network.	drug	
	focused and specialized healthcare for s	A special type of Medicare Advantage plan that provides becific groups of people, such as those who have both ome, or who have certain chronic medical conditions.		
By signin	ig this form, you agree to a meeting with	a sales agent to discuss the types of plans you initia	iled above.	
	·	n(s) is either employed or contracted by a Medicare plan. This person may also be paid based on your enrollmen		
	nis form does NOT obligate you to enroll i atically enroll you in a Medicare Advantag	a plan, affect your current or future Medicare enrollme e plan.	ent status,	
Beneficia	ary or Authorized Representative Sign	ture and Signature Date:		
Signature	Signature: Signature Date:			
If you are	e the authorized representative, pleas	sign above and print below:		
Represen	tative's Name:	Relationship to Beneficiary:		
•	of Appointment documentation is subject to representative: Yellow copy is for bene	o CMS record retention requirements. iciary and white copy is for Healthfirst records.		
To be co	mpleted by agent:			
Agent Na	ıme:	Agent Phone:		
Beneficiary Name:		Beneficiary Phone (Optional):		
Beneficia	ry Address (Optional):			
Initial Me	thod of Contact (indicate here if beneficiary v	as a walk-in):		
Agent's	Signature:	Date Appointment Completed:		
Plan(s) th	ne agent represented during this meeting:			
[Plan He	[Plan Use Only:]			



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.

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 moving into, live in, or have recently moved out of a Long-Term Care Facility (for example, ☐ I am enrolled in a Medicare Advantage plan and want to a nursing home or long-term care facility). make a change during the Medicare Advantage Open I moved/will move into/out of the facility on Enrollment Period (MA OEP). (insert date) ☐ I recently moved outside of the service area ☐ I recently left a PACE program on for my current plan, or I recently moved and (insert date) _____. this plan is a new option for me. I moved on ☐ I recently involuntarily lost my creditable (insert date) prescription drug coverage (coverage as good ☐ I recently was released from incarceration. I was as Medicare's). I lost my drug coverage on released on (insert date) . (insert date) ☐ I recently returned to the United States after living ☐ I am leaving employer or union coverage on permanently outside of the U.S. I returned to the U.S. on (insert date) _____. (insert date) . ☐ I belong to a pharmacy assistance program provided ☐ I recently had a change in my Medicaid by my state. (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan. (insert date) ☐ I recently had a change in my Extra Help paying for ☐ I was enrolled in a plan by Medicare (or my state) Medicare prescription drug coverage (newly got Extra and I want to choose a different plan. My enrollment in Help, had a change in the level of Extra Help, or lost that plan started on (insert date) Extra Help) on (insert date) ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to ☐ I recently obtained lawful presence status in the United States. I got this status on be in that plan. I was disenrolled from the SNP on (insert date) (insert date) ☐ I was affected by a weather-related emergency or ☐ I have both Medicare and Medicaid (or my state helps major disaster (as declared by the Federal Emergency pay for my Medicare premiums), or I get Extra Help paying for my Medicare prescription drug coverage, Management Agency (FEMA)). One of the other but I haven't had a change. statements here applied to me, but I was unable to make my enrollment because of the natural disaster. ☐ I am dually-eligible for both Medicare and Medicaid and wish to enroll in an aligned plan that provides ☐ Other coverage for both. 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. Date: _____ Signature of Applicant: __ Signature of Licensed Medicare Agent:

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



Application Confirmation Form (ACF)

Name of Applicant:			Telephone No:			
Address:						
I understand that the information I in a Health Maintenance Organization		•		oe used to er es 🗌 No 🏾	_	
The Healthfirst licensed Medicare ag be able to use my Medicare card to healthcare services from in-network need a referral to go to in-network ophthalmologists, chiropractors, and	see providers who are not in the H k Healthfirst providers, other than for doctors, specialists, and hospitals. I d all other specialists, as well as Ho	ealthfirst net or emergenc In-network p ome Health A	twork. Instead, y or urgently n providers includ aide Agencies.	I must received to the second care. I de podiatrists	ve all do not	
I am currently seeing the following		-		ı		
Provider/Specialist Name	Provider/Specialist ID Number	In Healthfir	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		
Home Health Aide Agency Name	Agency ID Number	In Healthfi	rst Network?	Is Agency:		
		☐ Yes	□No	☐ Current	□New	
By initialing below, I understand the Healthfirst will assign me an in-net Healthfirst network, I understand the longer be able to continue to us I must use Healthfirst providers an ongoing treatment plan, I may continue the lathfirst Member Services.	twork PCP so I can receive care. I hat neither Healthfirst nor Medica se my Medicare card to see provic d present my Healthfirst Member	f I choose to re will pay t ders that are ID card whe	o see a provide he bill. I also ι not in the He en receiving ca iod 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 a network PCP yourself and enter the		ork, you hav	e the option t	o choose an	in-	
New In-Network Primary Care Prov	ider (if applicable)					
Primary Care Provider ID Number _						
I understand that I am applying for this form and that I may change in-		wed, unders	tand, and agre	e with the co	ontent of	
Signature of Applicant or Legal/Autl	horized 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	confirms that I,	irisert riarrie riere
met today,	Today's date	, with Healthfirst Sales Representativ
	Insert Healthfirst Sales Rep	esentative's name here
We discussed Healt	hfirst Medicare Advantage plan	s, and I enrolled in the following plan:
	Insert plan na	ame here
		Date
Signature of Medica	are Beneficiary/Appointed Repre	esentative Date
Printed full name of	f Medicare Beneficiary/Appointe	ed Representative



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

Tod	ay's Date	You can start using your Healthfirst Medicare Advantage plan benefits on:		
(You	ur 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):				
WHE	EN: Within 10 days			
	Enrollment and Verification Letter : Help is correct. Please let us know if any inforr	s you make sure all your enrollment information nation needs to be updated.		
WHE	EN: Within two weeks			
	your application and that Medicare has a used as proof of insurance until you get y	eter: Informs you that Healthfirst has received approved your enrollment. This letter may be your Member ID card. It also tells you what plicable) and how to find out if you qualify for eiption drug costs.		
WHE	EN: 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 items.	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	nis card before using it. Iation about your Healthfirst Medicare Advantage and how to view or request copies of your he list of prescription drugs covered by your		

То	hel	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.
	â	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 with a Medicare contract and a contract with the NY State Medicaid program. Enrollment in Healthfirst Medicare Plan depends on contract renewal.

Plans contain exclusions and limitations.

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

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

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

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

No out-of-pocket costs for entry-level hearing aids.

Eyewear allowance can only be used at participating retailers.

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 on January 1 of each year.

You must continue to pay your Medicare Part B premium.

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

The Healthfirst Medicare Plan service area includes the Bronx, Brooklyn, Manhattan, Queens, Staten Island, and Nassau, Westchester, Rockland, Orange, Suffolk, and Sullivan counties. Plans may vary by county.

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This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on medicare.gov.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This information is available for free in other languages. Please call our Member Services number at 1-888-260-1010 (TTY 1-888-542-3821), 7 days a week, from 8am to 8pm.

Esta información está disponible en forma gratuita en otros idiomas. Por favor, llame a nuestro número de Servicios a los Miembros al 1-888-260-1010, o al 1-888-867-4132 para los usuarios de TTY, los 7 días de la semana, de 8:00 a.m. a 8:00 p.m.

本資訊有其他語言版本供免費索取。請致電我們的會員服務部,電話號碼是1-888-260-1010,聽力語言殘障服務專線TTY 1-888-542-3821,服務時間每週七天,每天上午8時至晚上8時。

This document is available in other formats, such as braille and large print. This document may be available in a non-English language. For additional information, call us at 1-888-260-1010.

Este documento puede estar disponible en otros formatos como Braille y en letra grande. Este documento puede estar disponible en otros idiomas además del inglés. Para más información, llámenos al 1-888-260-1010.

本文件可以其他形式提供,例如盲文及大字印本。本文件可能有英語之外的其他語言文本。如需更多資訊,請給我們來電,電話號碼是1-888-260-1010。

Plan Highlights

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

- monthly premium and annual deductible
- copays for annual physical, dental services, routine vision and hearing exams, 24/7 telemedicine, prescription drugs and more!

Plan benefits include:

A \$575/quarter (\$2,300/year) Healthfirst OTC Plus card that features more uses, more places to shop, and more ways to save

Use it the way you want: pay for health-related items, healthy foods, exercise equipment, activity trackers, personal emergency response systems (PERS), or home utilities such as gas, oil, electric, water, and internet service

- 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 with no annual maximum

 Includes root canals, extractions, dentures, crowns, and more
- Vision and hearing coverage
 Includes routine exams, a \$350/year allowance for one pair of eyeglasses/contacts, and affordable hearing aids
- SilverSneakers® Fitness Program with access to gyms and online video workouts
- \$ \$0 Prescription drug coverage (Tiers 1–3)

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

































