









Benefits		Original Medicare (2023)	Healthfirst Signature (PPO)	Healthfirst Signature (HMO)	Increased Benefits Plan (HMO)	Life Improvement Plan (HMO D-SNP)	
	Monthly Plan Premium	\$164.90; may vary depending on your income and the amount of financial assistance you receive	\$0	\$0	\$39.20; the monthly plan premium you pay may be less ³	\$0	
	Primary Care Provider	\$226 deductible and 20% coinsurance	\$0 in-network copay/\$50 out-of-network copay	\$0 copay	\$0 copay	\$0 copay	
	Medical Deductible	\$226 deductible	\$0 deductible	\$0 deductible	\$0 deductible	\$0 deductible	
	Specialist	\$226 deductible and 20% coinsurance	\$40 in-network copay/ \$60 out-of-network copay	\$35 copay	\$20 copay	\$0 copay	
	Vision	Routine Annual Exam	No coverage	\$0 copay	\$0 copay	\$0 copay	
		Eyewear ⁴	No coverage	\$250 allowance every 2 years for eyeglasses or contact lenses	\$300 allowance every 2 years for eyeglasses or contact lenses	\$200 allowance every year for eyeglasses or contact lenses	\$350 allowance every year for 1 pair of eyeglasses or contact lenses
	Hearing	Routine Annual Exam	No coverage	\$0 copay	\$0 copay	\$0 copay	
		Hearing Aids	No coverage	\$0–\$1,475 copay per hearing aid every year ⁶	\$0–\$1,475 copay per hearing aid every year ⁶	\$0–\$1,475 copay per hearing aid every year ⁶	\$0–\$1,475 copay per hearing aid every year ⁶
	Dental	Cleanings, Exams, X-rays	No coverage	\$0 in-network copay/\$0–\$20 out-of-network copay ²	\$0 copay ²	\$0 copay	
		Extractions, Dentures, Crowns, and More ²	No coverage	\$0 in-network copay/ \$0–\$100 out-of-network copay ²	\$0 copay ²	\$0 copay	\$0 copay
	Prescriptions	Generic Drugs (one-month supply)	No coverage	Tier 1 (Preferred Generic): \$0 copay Tier 2 (Generic ⁸): \$10 copay	Tier 1 (Preferred Generic): \$0 copay Tier 2 (Generic ⁸): \$10 copay	Tier 1: (Preferred Generic): \$0 Tier 2 (Generic): \$0 or \$1.55 or \$4.50 ³	\$0 copay
		Rx Deductible	No coverage	\$250 (Tiers 4–5)	\$250 (Tiers 4–5)	\$0 or \$545 ³	\$0 ³
	Over-the-Counter (OTC) Items	No coverage	No coverage	\$70 per quarter (\$280 per year) ¹	\$100 per quarter (\$400 per year) ⁷	\$525 per quarter (\$2,100 per year) ⁷	
	Routine Transportation	No coverage	No coverage	25 one-way trips per year ¹	40 one-way trips per year	28 one-way trips per year	
	Flex Card	No coverage	\$700 per year for dental, vision, and hearing cost-sharing	No coverage	No coverage	No coverage	
	Inpatient Hospital Care	\$1,600 deductible for each benefit period Days 1–60: \$0 copay per day; Days 61–90: \$400 copay per day; Days 91–150: \$800 copay per day	In-network: Days 1–6: \$350 copay per day; Days 7+: \$0 copay per day Unlimited additional days Out-of-network: 40% coinsurance	Days 1–5: \$450 copay per day Days 6+: \$0 copay per day Unlimited additional days ⁵	Days 1–5: \$450 copay per day Days 6+: \$0 copay per day Unlimited additional days ⁵	Days 1+: \$0 copay per day	
	Emergency Care	\$226 deductible and 20% coinsurance	\$100 copay	\$100 copay	\$100 copay	\$0 copay	
	Urgent Care	\$226 deductible and 20% coinsurance	\$55 copay	\$55 copay	\$40 copay	\$0 copay	
	Retail Health Clinic	No coverage	\$15 in-network copay/ \$60 out-of-network copay	\$15 copay	\$10 copay	\$0 copay	
	Outpatient Diagnostic Procedures and Tests	\$226 deductible and 20% coinsurance for doctor services; a copay may be required for other services	\$0 in-network copay for diagnostic colonoscopies and endoscopies; \$25 in-network copay for other diagnostic tests and procedures/\$60 out-of-network copay	\$0 copay for diagnostic colonoscopies and endoscopies; \$25 copay for other diagnostic tests and procedures	\$0 in-network copay for diagnostic colonoscopies and endoscopies; \$30 copay for other diagnostic tests and procedures	\$0 copay	
	Annual Wellness Visit and Health Screenings	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
	Supplemental Acupuncture	No coverage	\$0 copay/\$50 out-of-network copay; 12 visits per year	\$0 copay; 12 visits per year	\$0 copay; 12 visits per year	\$0 copay; 12 visits per year	
	Teladoc [®]	No coverage	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
	SilverSneakers [®]	No coverage	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
	Long-Term Care Services and Supports	No coverage	No coverage	No coverage	No coverage	No coverage	
	Worldwide Emergency Coverage	Generally not covered, with exceptions	No maximum	No maximum	\$200,000 yearly	No maximum	

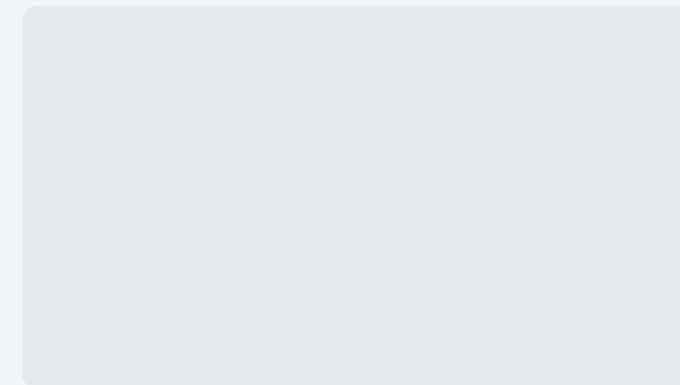
Do you qualify?

You may be able to get help paying your Medicare costs.

Unsure if you qualify?

We can help you find out if you're eligible for financial assistance.

Speak with a Healthfirst representative:



HealthfirstMedicare.org

Did you know?

Healthfirst Medicare Advantage plans offer a range of benefits, such as*:

- Hospital and medical benefits
- Dental, vision, and hearing coverage
- \$0 prescription drug coverage
- A OTC Plus card of up to \$525 every three months (\$2,100 per year) for OTC items, healthy foods, home utilities, and more**
- 24/7 access to doctors by phone or video chat
- A \$700 per year Flex card to help pay for dental, vision, and hearing costs
- Annual wellness visit and health screenings
- SilverSneakers® fitness program with access to gyms and online video workouts

The chart inside explains which plans offer what benefits. Our plans offer the same benefits as Original Medicare and a lot more—all at \$0 to low monthly plan premiums.

Take a look and see which benefits are right for you. Then speak with your Healthfirst representative for more information.

*Benefits vary by plan.

**OTC items are subject to the plans list of eligible items and the plan's participating network of retail, online, and utility providers. Home utilities include gas, oil, electric, water, and internet service.

What do you need in a Medicare Advantage plan?

If you're looking for:

Hospital, medical, dental, and prescription drug coverage all-in-one plan with the option to see out-of-network providers

Healthfirst Signature PPO

Hospital, medical, dental, and prescription drug coverage all in one plan with a choice of an extra benefit

Healthfirst Signature HMO

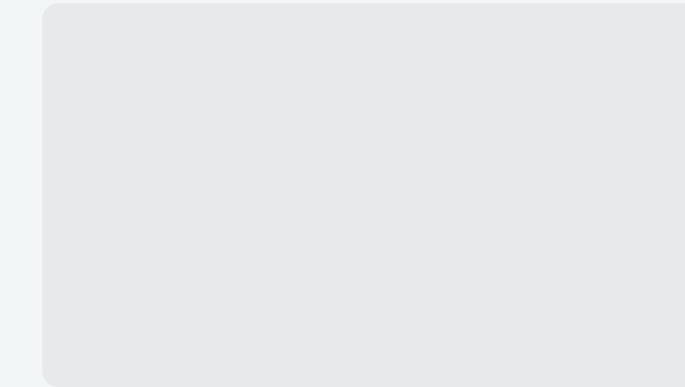
A plan that offers lower prescription drug costs if you qualify for a Low Income Subsidy (LIS), along with hospital and medical coverage

Increased Benefits Plan (HMO)

Hospital, medical, and prescription drug coverage, plus additional benefits for those eligible for full Medicaid coverage or cost-sharing assistance from Medicaid

Life Improvement Plan (HMO D-SNP)

To learn more or enroll, contact:



HealthfirstMedicare.org

¹Healthfirst Signature (HMO) Choice Extras optional benefit. Upon plan enrollment, only one optional benefit can be chosen.

²Maximum plan benefit is \$1,500 per year for Signature (PPO) and \$2,500 per year for Signature (HMO) combined preventive and comprehensive services.

³Based on your income level and institutional status.

⁴Eyewear allowance can only be used at participating retailers.

⁵Based on medical necessity.

⁶\$0–\$1,475 copays based on technology level.

⁷LIS-eligible Increased Benefits Plan, Life Improvement Plan, and CompleteCare members are allowed to use their over-the-counter (OTC) allowance towards an expanded list of approved items that include healthy foods and home utilities. Contact the plan for a complete listing of eligible items and a network listing of pharmacies and/or retailers.

⁸Some generic drugs are in higher tiers with higher copays.

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

No out-of-pocket costs for entry-level hearing aids. If you have questions or comments, please call Healthfirst Medicare Plan at 1-877-237-1303

(TTY 1-888-542-3821), 7 days a week, 8am–8pm.

Coverage is provided by Healthfirst Health Plan, Inc. or Healthfirst Insurance Company, Inc. ("Healthfirst").

Healthfirst Medicare Plan has HMO and PPO plans with a Medicare contract. Our SNPs also have contracts with the NY State Medicaid program. Enrollment in Healthfirst Medicare Plan depends on contract renewal. Plans contain exclusions and limitations. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved. Telemedicine (Teladoc) isn't a replacement for your primary care provider (PCP). Your PCP should always be your first choice for care (both in-person and virtual visits). Healthfirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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

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Healthfirst Medicare Advantage Plans

What you need to know

