



2023 Healthfirst Plans at a Glance



Individual and Family Plans	Leaf Premier and Premier Plus Plans	Leaf Plans	The Essential Plan	Managed Long-Term Care Medicaid Plan	Child Health Plus ★★★★★ 8 YEARS IN A ROW [†]	Medicaid Managed Care ★★★★★ 8 YEARS IN A ROW [†]
Eligibility Age (individual eligibility varies)	Under 65	Under 65	19 to 64	18 or older	Under 19	Under 65
Monthly Premium	Depends on plan, family size, and income	Depends on plan, family size, and income	\$0	\$0	Depends on family size and income	\$0
Medical Deductible	Depends on plan, family size, and income	Depends on plan, family size, and income	\$0	\$0	\$0	\$0
Financial Help (subsidies if eligible)	●	●	●	No coverage	●	No coverage
Hospital Visits	●	●	●	No coverage	●	●
Doctors and Specialists	●	●	●	No coverage	●	●
Dental and Vision	Adult and Pediatric	Pediatric	Adult	Adult	Pediatric	Adult and Pediatric
Hearing	●	●	●	●	●	●
Over-the-Counter (OTC) Items	No coverage	No coverage	Varies by plan	No coverage	No coverage	●
Generic Drugs (one-month supply)	\$5–\$10 copay	\$6–\$10 copay	\$0–\$6 copay	No coverage	\$0 copay	\$1 copay
Routine Transportation	No coverage	No coverage	Varies by plan	Transportation to medical appointments or day centers [‡]	No coverage	\$0 copay
Enrollment Period (dates subject to change)	November–January*	November–January*	Year-round	Year-round. Exceptions apply	Year-round	Year-round

We have health plans made for New Yorkers.

See reverse for Healthfirst Medicare Advantage Plans

Benefits, cost sharing, and service area may vary by plan.

[†]You may qualify for a special enrollment period of up to 60 days following certain qualifying life events, such as marriage, divorce, child birth, loss of job, or other major changes. The enrollment period may be subject to change by NYSOH (New York State of Health).

[‡]Ratings are based on a five-star scale from indicators chosen by the New York State Department of Health and are published in its 2014 through 2021 publications of *A Consumer's Guide to Medicaid Managed Care in NYC and on Long Island*.

[§]Healthfirst will cover Non-Emergency Medicaid-covered transportation provided that it is included as a Managed Long-Term Care benefit by the New York State Department of Health.

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

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Medicare Advantage Plans	65 Plus Plan (HMO)	Healthfirst Signature (HMO)	Healthfirst Signature (PPO)	Increased Benefits Plan (HMO)	Life Improvement Plan (HMO D-SNP)	CompleteCare (HMO D-SNP)
Eligibility Age (individual eligibility varies)	65 and over or with disability	65 and over or with disability	65 and over or with disability	65 and over or with disability	65 and over or with disability	65 and over or with disability
Monthly Premium	\$0	\$0	\$0	\$29.60; the monthly plan premium you pay may be less ³	\$0	\$0
Medical Deductible	\$0	\$0	\$0 in-network, \$1,000 select out-of-network services	\$0	\$0	\$0
Financial Help (subsidies if eligible)	³	³	No coverage	●	●	●
Hospital Visits	●	●	●	●	●	●
Doctors and Specialists	●	●	●	●	●	●
Dental and Vision	●	●	●	●	●	●
Hearing	●	●	●	●	●	●
OTC/OTC Plus/Flex Card	No coverage	OTC card: \$70/quarter (\$280/year) ¹	Flex card: \$700/year for dental, vision, and hearing out-of-pocket costs	OTC Plus card: \$100/quarter (\$400/year)	OTC Plus card: \$475/quarter (\$1,900/year) ⁴	OTC Plus card: \$180/month (\$2,160 per year) ⁴
Generic Drugs (one-month supply)	Tier 1 (Preferred Generic): \$0 copay Tier 2 (Generic ⁶): \$10 copay ⁷	Tier 1 (Preferred Generic): \$0 copay Tier 2 (Generic ⁶): \$10 copay ⁷	Varies based on level of Extra Help 2	Varies based on level of Extra Help 2	\$0 copay	\$0 copay
Routine Transportation	No coverage	25 one-way trips per year ¹	No coverage	40 one-way trips per year	28 one-way trips per year	Unlimited round trips to an approved provider location ⁵
Annual Enrollment Period (dates subject to change)	October 15–December 7	October 15–December 7	October 15–December 7	October 15–December 7	October 15–December 7	Year-round

Benefits, cost sharing, and service area may vary by plan.

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

²Applies to Initial Coverage Phase. Tier 1, Preferred Generics; Tier 2, Generics; Tier 3, Preferred Brand and Generics; Tier 4, Non-Preferred; Tier 5, Specialty; Tier 6 Supplemental.

³Based on your income level and institutional status. Members eligible for financial subsidies may access these products, but other Healthfirst Medicare products offer more optimal benefits.

⁴IBP members that are eligible for Extra Help (formally known as LIS, or Low-Income Subsidy) can use their OTC Plus allowance for healthy foods in addition to regular OTC items. 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.

⁵Healthfirst will cover Non-Emergency Medicaid-covered transportation provided that it is included as a Managed Long-Term Care benefit by the

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New York State Department of Health.

⁶Some generic drugs are in higher tiers with higher copays.

⁷After \$250 deductible has been met.

If you have questions or comments, please call Healthfirst Provider Services at 1-888-394-4327, Monday to Friday, 8am–5:30pm.

Coverage is provided by Healthfirst Health Plan, Inc. or Healthfirst Insurance Company, Inc. ("Healthfirst"). Healthfirst offers HMO and PPO Medicare Advantage plans under contracts with the Federal Centers for Medicare and Medicaid Services ("CMS"). Healthfirst also contracts with the NY State Medicaid program for our SNP plans. Enrollment in a Healthfirst Medicare Advantage Plan depends on contract renewal with the applicable government agency. OTC items are subject to the plan's list of eligible items and the plan's participating network of retail, online, and utility providers. Balances expire upon disenrollment.