

# Medicare Advantage Plans\*\*\*

Benefits at a Glance  
Effective January 1, 2021  
(Employer Group Plans)

Benefits	Group Plus A (HMO)	Group Plus B (HMO)	Group (HMO-POS)
Premium (in addition to Part B premium)	\$139 / month	\$109 / month	\$165 / month
Maximum Out-of-Pocket (excludes Part D drugs and allowances)	\$2,000	\$3,000	\$3,000 \$6,000 (out of network)
Deductible	\$0	\$0	\$0
<b>Preventive Services</b>	\$0 for Medicare-covered screenings, exams, vaccines & measurements	\$0 for Medicare-covered screenings, exams, vaccines & measurements	\$0 for Medicare-covered screenings, exams, vaccines & measurements
<b>Inpatient Care</b>			
Hospital Care (90 days covered / benefit period†)	\$250 per admission	<ul style="list-style-type: none"> <li>Days 1-5: \$150 per day</li> <li>Days 6-90: \$0 per day</li> <li>Out-of-pocket max/benefit period†: \$750</li> </ul>	<ul style="list-style-type: none"> <li>Days 1-5: \$150 per day</li> <li>Days 6-90: \$0 per day</li> <li>Out-of-pocket max/benefit period†: \$750</li> </ul>
Skilled Nursing Facility (100 days covered / benefit period†) 1-day prior inpatient stay required	<ul style="list-style-type: none"> <li>Days 1-20: \$20 per day</li> <li>Days 21-100: \$0 per day</li> </ul>	<ul style="list-style-type: none"> <li>Days 1-20: \$20 per day</li> <li>Days 21-100: \$0 per day</li> </ul>	<ul style="list-style-type: none"> <li>Days 1-20: \$20 per day</li> <li>Days 21-100: \$0 per day</li> </ul>
Home Health Care	\$0	\$0	\$0
<b>Outpatient Care / Supplies</b>			
Doctor Office Visits Referrals for Specialists – Not required	<ul style="list-style-type: none"> <li>\$0 – Primary Care</li> <li>\$20 – Specialist</li> <li>\$20 – Chiropractor</li> </ul>	<ul style="list-style-type: none"> <li>\$0 – Primary Care</li> <li>\$25 – Specialist</li> <li>\$20 – Chiropractor</li> </ul>	<ul style="list-style-type: none"> <li>\$0 – Primary Care</li> <li>\$25 – Specialist</li> <li>\$20 – Chiropractor</li> </ul>
Surgery / Services	\$125 / visit	\$150 / visit	\$150 / visit
Ambulance (includes Air Transport)	\$50 one way	\$75 one way	\$75 one way
<b>Emergency Care – Worldwide*</b>	\$90	\$90	\$90
<b>Urgent Care / Walk-In Clinic – Worldwide*</b>	\$10	\$15	\$15
Rehabilitation Services	\$15	\$20	\$20
Diabetes Programs / Supplies	\$0	\$0	\$0
Diagnostic Services	<ul style="list-style-type: none"> <li>\$0 for lab services</li> <li>\$0 for X-rays</li> <li>\$150 for specialty imaging services including MRI, CT, Nuclear and PET scans</li> </ul>	<ul style="list-style-type: none"> <li>\$0 for lab services</li> <li>\$0 for X-rays</li> <li>\$150 for specialty imaging services including MRI, CT, Nuclear and PET scans</li> </ul>	<ul style="list-style-type: none"> <li>\$0 for lab services</li> <li>\$0 for X-rays</li> <li>\$150 for specialty imaging services including MRI, CT, Nuclear and PET scans</li> </ul>
<b>Supplemental Benefits</b>			
Transportation	\$0 for up to 20 one-way trips annually	\$0 for up to 20 one-way trips annually	\$0 for up to 20 one-way trips annually
In-Home Support	\$0 for up to 4 hours annually	\$0 for up to 4 hours annually	\$0 for up to 4 hours annually
Telehealth	<ul style="list-style-type: none"> <li>\$0 – Primary Care</li> <li>\$20 – Specialist</li> <li>\$0 – Urgent Care</li> </ul>	<ul style="list-style-type: none"> <li>\$0 – Primary Care</li> <li>\$25 – Specialist</li> <li>\$0 – Urgent Care</li> </ul>	<ul style="list-style-type: none"> <li>\$0 – Primary Care</li> <li>\$25 – Specialist</li> <li>\$0 – Urgent Care</li> </ul>
In-Home Safety Assessment	\$0 for 1 hour annually	\$0 for 1 hour annually	\$0 for 1 hour annually
Dental	<ul style="list-style-type: none"> <li>\$225 annual allowance for dental services</li> </ul>	<ul style="list-style-type: none"> <li>\$225 annual allowance for dental services</li> </ul>	<ul style="list-style-type: none"> <li>\$225 annual allowance for dental services</li> </ul>
Hearing	<ul style="list-style-type: none"> <li>\$15 routine exam</li> <li>\$350 annual allowance for hearing aids</li> </ul>	<ul style="list-style-type: none"> <li>\$25 routine exam</li> <li>\$350 annual allowance for hearing aids</li> </ul>	<ul style="list-style-type: none"> <li>\$25 routine exam</li> <li>\$350 annual allowance for hearing aids</li> </ul>
Vision	<ul style="list-style-type: none"> <li>\$15 for Medicare-covered exams</li> <li>\$0 for Glaucoma screening exam</li> <li>\$15 for one routine exam</li> <li>\$150 annual allowance for eyewear including contact lenses</li> </ul>	<ul style="list-style-type: none"> <li>\$15 for Medicare-covered exams</li> <li>\$0 for Glaucoma screening exam</li> <li>\$25 for one routine exam</li> <li>\$150 annual allowance for eyewear including contact lenses</li> </ul>	<ul style="list-style-type: none"> <li>\$15 for Medicare-covered exams</li> <li>\$0 for Glaucoma screening exam</li> <li>\$25 for one routine exam</li> <li>\$150 annual allowance for eyewear including contact lenses</li> </ul>
Out-of-Network Benefits**	<ul style="list-style-type: none"> <li>\$90 Emergency Care</li> <li>\$10 Urgent Care</li> <li>20% Renal Dialysis</li> </ul>	<ul style="list-style-type: none"> <li>\$90 Emergency Care</li> <li>\$15 Urgent Care</li> <li>20% Renal Dialysis</li> </ul>	<ul style="list-style-type: none"> <li>\$90 Emergency Care</li> <li>\$15 Urgent Care</li> <li>20% Renal Dialysis</li> <li>Point of Service Benefit – 20% of Medicare allowable**</li> </ul>
Fitness Program	\$0 Silver&Fit Program (includes Pro-Health & Fitness & home fitness programs)	\$0 Silver&Fit Program (includes Pro-Health & Fitness & home fitness programs)	\$0 Silver&Fit Program (includes Pro-Health & Fitness & home fitness programs)

(A Medicare Advantage plan is not a Medigap policy)

Benefits	Group Plus A (HMO)	Group Plus B (HMO)	Group (HMO-POS)
<b>Part D Prescription Drugs</b>			
Retail network pharmacy (30-day supply)	<ul style="list-style-type: none"> <li>▪ Tier 1 – \$5</li> <li>▪ Tier 2 – \$15</li> <li>▪ Tier 3 – \$45</li> <li>▪ Tier 4 – \$90</li> <li>▪ Tier 5 – 25%</li> <li>▪ Tier 6 – \$0</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tier 1 – \$5</li> <li>▪ Tier 2 – \$15</li> <li>▪ Tier 3 – \$45</li> <li>▪ Tier 4 – \$90</li> <li>▪ Tier 5 – 33%</li> <li>▪ Tier 6 – \$0</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tier 1 – \$5</li> <li>▪ Tier 2 – \$15</li> <li>▪ Tier 3 – \$45</li> <li>▪ Tier 4 – \$90</li> <li>▪ Tier 5 – 33%</li> <li>▪ Tier 6 – \$0</li> </ul>
Retail network pharmacy (90-day supply)	<ul style="list-style-type: none"> <li>▪ Tier 1 – \$15</li> <li>▪ Tier 2 – \$45</li> <li>▪ Tier 3 – \$135</li> <li>▪ Tier 4 – \$270</li> <li>▪ Tier 5 – N/A</li> <li>▪ Tier 6 – \$0</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tier 1 – \$15</li> <li>▪ Tier 2 – \$45</li> <li>▪ Tier 3 – \$135</li> <li>▪ Tier 4 – \$270</li> <li>▪ Tier 5 – N/A</li> <li>▪ Tier 6 – \$0</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tier 1 – \$15</li> <li>▪ Tier 2 – \$45</li> <li>▪ Tier 3 – \$135</li> <li>▪ Tier 4 – \$270</li> <li>▪ Tier 5 – N/A</li> <li>▪ Tier 6 – \$0</li> </ul>
Mail order <ul style="list-style-type: none"> <li>▪ Health First Family Pharmacy</li> <li>▪ MedVantx – Nationwide</li> </ul> Pick up locations: <ul style="list-style-type: none"> <li>▪ Holmes</li> <li>▪ Viera</li> <li>▪ Gateway</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tier 1 – \$10</li> <li>▪ Tier 2 – \$30</li> <li>▪ Tier 3 – \$112.50</li> <li>▪ Tier 4 – \$225</li> <li>▪ Tier 5 – N/A</li> <li>▪ Tier 6 – \$0</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tier 1 – \$10</li> <li>▪ Tier 2 – \$30</li> <li>▪ Tier 3 – \$112.50</li> <li>▪ Tier 4 – \$225</li> <li>▪ Tier 5 – N/A</li> <li>▪ Tier 6 – \$0</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tier 1 – \$10</li> <li>▪ Tier 2 – \$30</li> <li>▪ Tier 3 – \$112.50</li> <li>▪ Tier 4 – \$225</li> <li>▪ Tier 5 – N/A</li> <li>▪ Tier 6 – \$0</li> </ul>
Coverage gap	Coverage for All Tiers	Coverage for Tiers 1, 2 & 6	Coverage for Tiers 1, 2 & 6
Coverage limitation	There is no coverage limitation until your yearly out-of-pocket drug costs reach \$6,550.	After your total yearly drug costs reach \$4,130, you will receive limited coverage by the plan on certain drugs. You will pay no more than 25% on brand name drugs and 25% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$6,550.	After your total yearly drug costs reach \$4,130, you will receive limited coverage by the plan on certain drugs. You will pay no more than 25% on brand name drugs and 25% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$6,550.
Catastrophic coverage	After your yearly out-of-pocket drug costs reach \$6,550 you pay \$3.70 copay for generic and \$9.20 copay for all other drugs, or 5% coinsurance (whichever is greater).		

Health First Health Plans is an HMO Plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal. This information is not a complete description of benefits. Call 1.800.716.7737 or TTY/TDD relay 1.800.955.8771 for more information. Benefits at a Glance is not a complete description of benefits. Please refer to EOC for additional information.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75)% or more of your drug costs including monthly prescription drug premiums, annual deductibles and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call:

- 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048, 24 hours a day/7 days a week;
- Social Security Office at 1.800.772.1213 between 7 a.m. and 7 p.m. Monday through Friday. TTY users should call 1.800.325.0778
- State Medicaid Office at 1.866.762.2237. TTY users should call 1.800.955.8771; or
- My Advocate™ (Third-Party Administrator for Health First Health Plans) at 1.866.743.5282 between 9 a.m. to 6 p.m. Monday through Friday. TTY users should call 1.855.368.9643

† A benefit period begins the day you are admitted to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.

\* **Worldwide urgent/emergency care coverage:** Health First Medicare Advantage Plans cover emergency services and unforeseen urgently needed medical care outside the United States, including when you are on a cruise ship. If you receive covered care from a provider outside the United States that does not participate with Medicare, you may be asked to pay up front for the services and be reimbursed from the plan later. We will pay up to 115% of the Medicare-allowed amount in our service area (Medicare's limiting charge for non-participating providers), less any applicable cost-share. **Please note that Medicare-allowed amounts can be much less than the provider charges you, and you will be responsible for paying the difference.**

\*\* Any Medicare-covered benefit that is covered in-network is also available out-of-network. Please refer to the Summary of Benefits booklet for out-of-pocket and annual maximum coverage. Facilities may charge different amounts, so your final cost may vary depending on which facility you choose.

\*\*\* **Medicare Advantage Plans are a type of Medicare health plan offered by a private company that contracts with Medicare to provide Part A and Part B benefits. Services are covered through the plan and aren't paid for under Original Medicare. Medicare Advantage plans are not a Medicare Supplement/Medigap policy.**

**For further assistance:** You may call Customer Service toll-free at 1.800.716.7737 (TTY/TDD relay: 1.800.955.8771) weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1 to March 31, we're available seven days a week from 8 a.m. to 8 p.m. You may also visit our web site at myHFHP.org, visit our office Monday through Friday, 8 a.m. to 5 p.m. or write to us at 6450 U.S. Highway 1, Rockledge, FL 32955.