

Medicare Advantage Plans****

Benefits at a Glance
Effective January 1, 2022

Benefits	Classic Plan (HMO-POS)	Value Plan (HMO)	Rewards Plan (HMO)
Premium (in addition to Part B premium)	\$97 / month	\$33 / month	\$0 / month
Maximum Out-of-Pocket (excludes Part D drugs and allowances)	\$3,750 \$10,000 (Point of Service Benefit)	\$4,950	\$5,500
Deductible	\$0	\$0	\$0
Preventive Services	\$0 for Medicare-covered screenings, exams, vaccines & measurements	\$0 for Medicare-covered screenings, exams, vaccines & measurements	\$0 for Medicare-covered screenings, exams, vaccines & measurements
Inpatient Care			
Hospital Care (90 days covered / benefit period†)	<ul style="list-style-type: none"> Days 1-7: \$180 per day Days 8-90: \$0 per day Out-of-pocket max/benefit period†: \$1,260 	<ul style="list-style-type: none"> Days 1-7: \$215 per day Days 8-90: \$0 per day Out-of-pocket max/benefit period†: \$1,505 	<ul style="list-style-type: none"> Days 1-7: \$260 per day Days 8-90: \$0 per day Out-of-pocket max/benefit period†: \$1,820
Skilled Nursing Facility (100 days covered / benefit period†)	<ul style="list-style-type: none"> Days 1-20: \$0 per day Days 21-100: \$100 per day 	<ul style="list-style-type: none"> Days 1-20: \$0 per day Days 21-100: \$180 per day 	<ul style="list-style-type: none"> Days 1-20: \$0 per day Days 21-100: \$180 per day
Home Health Care	\$0	\$0	\$0
Outpatient Care / Supplies			
Doctor Office Visits Referrals for Specialists – Not required	<ul style="list-style-type: none"> \$0 – Primary Care \$30 – Specialist \$20 – Chiropractor 	<ul style="list-style-type: none"> \$0 – Primary Care \$32 – Specialist \$20 – Chiropractor 	<ul style="list-style-type: none"> \$0 – Primary Care \$35 – Specialist \$20 – Chiropractor
Surgery / Services	\$165 / visit	\$310 / visit	\$400 / visit
Ambulance (includes Air Transport)	\$230 one way	\$240 one way	\$250 one way
Emergency Care	\$90 for ER	\$90 for ER	\$90 for ER
Urgent Care / Walk-In Clinic	\$25	\$35	\$40
Rehabilitation Services	\$20	\$25	\$30
Diabetes Programs / Supplies	\$0	\$0 training / 10% monitoring supplies, shoes and inserts	\$0 training / 15% monitoring supplies, shoes and inserts
Diagnostic Services	<ul style="list-style-type: none"> \$0 for lab services \$0 for X-rays and diagnostic tests \$165 for specialty imaging services including MRI, CT, Nuclear and PET scans 	<ul style="list-style-type: none"> \$0 for lab services \$30 for X-rays and diagnostic tests \$200 for specialty imaging services including MRI, CT, Nuclear and PET scans 	<ul style="list-style-type: none"> \$0 for lab services \$35 for X-rays and diagnostic tests \$200 for specialty imaging services including MRI, CT, Nuclear and PET scans
Supplemental Benefits			
Transportation	\$0 for up to 20 one-way trips annually, or 10 round trips	\$0 for up to 20 one-way trips annually, or 10 round trips	\$0 for up to 20 one-way trips annually, or 10 round trips
Over the Counter Allowance (OTC)	\$15 per quarter	\$15 per quarter	\$15 per quarter
Telehealth	<ul style="list-style-type: none"> \$0 – Primary care \$30 – Specialist \$0 – Urgent care 	<ul style="list-style-type: none"> \$0 – Primary care \$32 – Specialist \$0 – Urgent care 	<ul style="list-style-type: none"> \$0 – Primary care \$35 – Specialist \$0 – Urgent care
In-Home Support (Private Duty)	\$0 for up to 4 hours annually	\$0 for up to 4 hours annually	\$0 for up to 4 hours annually
Dental	\$1,000 Dental Maximum Coverage Limit	\$1,000 Dental Maximum Coverage Limit	\$1,000 Dental Maximum Coverage Limit
Hearing	<ul style="list-style-type: none"> \$350 annual allowance for hearing aids \$0 Routine Exam, Fitting & Evaluation 	<ul style="list-style-type: none"> \$350 annual allowance for hearing aids \$0 Routine Exam, Fitting & Evaluation 	<ul style="list-style-type: none"> \$350 annual allowance for hearing aids \$0 Routine Exam, Fitting & Evaluation
Vision	<ul style="list-style-type: none"> \$15 for Medicare-covered exams \$0 for Glaucoma screening exam \$0 for one routine exam \$300 annual allowance for eyewear including contact lenses 	<ul style="list-style-type: none"> \$15 for Medicare-covered exams \$0 for Glaucoma screening exam \$0 for one routine exam \$300 annual allowance for eyewear including contact lenses 	<ul style="list-style-type: none"> \$15 for Medicare-covered exams \$0 for Glaucoma screening exam \$0 for one routine exam \$300 annual allowance for eyewear including contact lenses
Out-of-Network Benefits	<ul style="list-style-type: none"> \$90 Worldwide Urgent & Emergency Care 20% Renal Dialysis Point of Service Benefit – 20% of Medicare allowable*** 	<ul style="list-style-type: none"> \$90 Worldwide Urgent & Emergency Care 20% Renal Dialysis 	<ul style="list-style-type: none"> \$90 Worldwide Urgent & Emergency Care 20% Renal Dialysis
Fitness Program	\$0 Silver&Fit Program (includes Pro-Health & Home Fitness Programs)	\$0 Silver&Fit Program (includes Pro-Health & Home Fitness Programs)	\$0 Silver&Fit Program (includes Pro-Health & Home Fitness Programs)

Benefits	Classic Plan (HMO-POS)		Value Plan (HMO)		Rewards Plan (HMO)	
Part D Prescription Drugs	Preferred**	Standard	Preferred**	Standard	Preferred**	Standard
Retail network pharmacy (30-day supply)	<ul style="list-style-type: none"> Tier 1 – \$0 Tier 2 – \$10 Tier 3 – \$40 Tier 4 – \$80 Tier 5 – 33% 	<ul style="list-style-type: none"> Tier 1 – \$0 Tier 2 – \$15 Tier 3 – \$45 Tier 4 – \$90 Tier 5 – 33% 	<ul style="list-style-type: none"> Tier 1 – \$0 Tier 2 – \$10 Tier 3 – \$40 Tier 4 – \$80 Tier 5 – 33% 	<ul style="list-style-type: none"> Tier 1 – \$0 Tier 2 – \$15 Tier 3 – \$45 Tier 4 – \$90 Tier 5 – 33% 	<ul style="list-style-type: none"> Tier 1 – \$0 Tier 2 – \$10 Tier 3 – \$40 Tier 4 – \$80 Tier 5 – 33% 	<ul style="list-style-type: none"> Tier 1 – \$0 Tier 2 – \$15 Tier 3 – \$45 Tier 4 – \$90 Tier 5 – 33%
Retail network pharmacy (90-day supply)	<ul style="list-style-type: none"> Tier 1 – \$0 Tier 2 – \$30 Tier 3 – \$120 Tier 4 – \$240 Tier 5 – N/A 	<ul style="list-style-type: none"> Tier 1 – \$0 Tier 2 – \$45 Tier 3 – \$135 Tier 4 – \$270 Tier 5 – N/A 	<ul style="list-style-type: none"> Tier 1 – \$0 Tier 2 – \$30 Tier 3 – \$120 Tier 4 – \$240 Tier 5 – N/A 	<ul style="list-style-type: none"> Tier 1 – \$0 Tier 2 – \$45 Tier 3 – \$135 Tier 4 – \$270 Tier 5 – N/A 	<ul style="list-style-type: none"> Tier 1 – \$0 Tier 2 – \$30 Tier 3 – \$120 Tier 4 – \$240 Tier 5 – N/A 	<ul style="list-style-type: none"> Tier 1 – \$0 Tier 2 – \$45 Tier 3 – \$135 Tier 4 – \$270 Tier 5 – N/A
Mail order (90 day supply) <ul style="list-style-type: none"> Health First Family Pharmacy 	<ul style="list-style-type: none"> Tier 1 – \$0 Tier 2 – \$30 Tier 3 – \$112.50 Tier 4 – \$225 Tier 5 – N/A 		<ul style="list-style-type: none"> Tier 1 – \$0 Tier 2 – \$30 Tier 3 – \$112.50 Tier 4 – \$225 Tier 5 – N/A 		<ul style="list-style-type: none"> Tier 1 – \$0 Tier 2 – \$30 Tier 3 – \$112.50 Tier 4 – \$225 Tier 5 – N/A 	
Pick up locations: <ul style="list-style-type: none"> Holmes Viera Gateway Palm Bay 						
Coverage gap	Coverage for Tiers 1 & 2		Coverage for Tier 1 only		Coverage for Tier 1 only	
Coverage limitation	After your yearly total drug costs reach \$4,430, 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 \$7,050.					
Senior Savings on Insulin	Members of the Classic Plan will not pay more than \$35 per 30-day supply of insulin even in the "doughnut hole." Insulins with a maximum copay of \$35 include the following options: <ul style="list-style-type: none"> Novolog Novolin N Vial Novolin R Vial Novolin 70/30 Vial Tresiba Levemir 					
Catastrophic coverage	After your yearly out-of-pocket drug costs reach \$7,050 you pay \$3.95 copay for generic and \$9.85 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. Benefits at a Glance is not a complete description of benefits. Please call 1.800.716.7737 (TTY/TDD relay 1.800.955.8771) or refer to your Evidence of Coverage (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.

† 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.

** Preferred Pharmacies for Classic, Value & Rewards plan: CVS, Walmart, Target, Publix and Health First Family Pharmacy

*** Point of Service (POS): 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.