



Healthfirst at a Glance

Member ID Cards

Healthfirst Signature (PPO)

A Medicare Advantage plan that gives members the option to see out-of-network providers without a referral. Members can get care from any doctor or hospital in the U.S. that accepts Medicare. This plan includes all the benefits of Original Medicare, plus dental, vision, hearing, and more.

		Signature (PPO)
Member: JANE Q. SAMPLE Member ID: 000000000 Health Plan (80840)		
	PCP	\$0 Copay*
	Specialist	\$45 Copay*
	ER	\$95 Copay
	Urgent Care	\$60 Copay
	*In-Network	
RxBIN 004336 RxPCN MEDDADV RxGrp Rx1110		
Coverage provided by Healthfirst Insurance Company, Inc. Visit MyHFNY.org to find a doctor, view your benefits, and more!		CMS: H9678-001

This card does not guarantee coverage. Medicare limiting charges apply. If an emergency exists, go to the nearest Emergency Room or dial 911.

For Members	
Member Services:	1-833-350-2910 (TTY: 1-888-542-3821)
Nurse Help Line:	1-855-687-7333 (TTY: 711)
Teladoc:	1-800-835-2362
Dental:	1-800-508-6765
Vision:	1-844-841-9580
Hearing Aids:	1-877-438-7251
Website:	healthfirst.org/medicare
For Providers	
Medical	Pharmacy
Eligibility:	1-888-801-1660
Prior Authorization:	1-888-394-4327
Electronic Claims:	Payer ID 80141
Paper Claims:	Healthfirst Claims Dept. P.O. Box 958438
SIGNY23	Lake Mary, FL 32795-8438

Healthfirst Signature (HMO)

A Medicare Advantage plan that gives members the flexibility to choose only the benefits they need. This plan includes all the benefits of Original Medicare, plus access to a specially trained Member Services team.

		Signature (HMO)
Member: JANE Q. SAMPLE Member ID: 000000000 Health Plan (80840)		
	PCP	\$0 Copay
	Specialist	\$40 Copay
	ER	\$95 Copay
	Urgent Care	\$60 Copay
RxBIN 004336 RxPCN MEDDADV RxGrp Rx1110		
Provider Name: Dr. John Doe Provider Phone: 1-212-123-4567		CMS: H5989-011
Coverage provided by Healthfirst Health Plan, Inc. Visit MyHFNY.org to find a doctor, view your benefits, and more!		

This card does not guarantee coverage. If an emergency exists, go to the nearest Emergency Room or dial 911.

For Members	
Member Services:	1-855-771-1091 (TTY: 1-888-542-3821)
Nurse Help Line:	1-855-687-7333 (TTY: 711)
Teladoc:	1-800-835-2362
Dental:	1-800-508-6765
Vision:	1-844-841-9580
Hearing Aids:	1-877-438-7251
Website:	healthfirst.org/medicare
For Providers	
Medical	Pharmacy
Eligibility:	1-888-801-1660
Prior Authorization:	1-888-394-4327
Electronic Claims:	Payer ID 80141
Paper Claims:	Healthfirst Claims Dept. P.O. Box 958438
SIGNY23	Lake Mary, FL 32795-8438



Healthfirst at a Glance

Member ID Cards

Healthfirst Life Improvement Plan (HMO D-SNP)

This plan is for individuals who are eligible for benefits under both the federal Medicare program and the New York State Medicaid program.

Life Improvement Plan (HMO SNP)	
Member: JANE Q. SAMPLE	PCP \$0 Copay
Member ID: 000000000	Specialist \$0 Copay
Health Plan (80840)	ER \$0 Copay
	Urgent Care \$0 Copay
	Medicaid COB May Apply.
CIN: XXXXXX	
RxBIN 004336	RxPCN MEDDADV RxGrp Rx1110
Provider Name: Dr. John Doe	MedicareRx
Provider Phone: 1-212-123-4567	Prescription Drug Coverage
Coverage provided by Healthfirst Health Plan, Inc.	CMS: H3359-021
Visit MyHFNY.org to find a doctor, view your benefits, and more!	

This card does not guarantee coverage. If an emergency exists, go to the nearest Emergency Room or dial 911.	
For Members	
Member Services:	1-888-260-1010 (TTY: 1-888-542-3821)
Nurse Help Line:	1-855-687-7333 (TTY: 711)
Teladoc:	1-800-835-2362
Dental:	1-800-508-2047
Vision:	1-800-753-3311
Website:	healthfirst.org/medicare
For Providers	
Medical	Pharmacy
Eligibility:	1-888-801-1660
Prior Authorization:	1-888-394-4327
Electronic Claims:	Payer ID 80141
Paper Claims:	Healthfirst Claims Dept. P.O. Box 958438
HFNY21	Lake Mary, FL 32795-8438

Healthfirst Increased Benefits Plan (HMO)

For eligible Medicare beneficiaries who qualify for Extra Help, which assists in paying for monthly premiums, annual deductibles, and prescription copayments. This plan includes all the benefits of Original Medicare, plus prescription drug coverage, dental, hearing, vision, over-the-counter OTC allowance, and more.

Increased Benefits Plan (HMO)	
Member: JANE Q. SAMPLE	PCP \$0 Copay
Member ID: 000000000	Specialist \$40 Copay
Health Plan (80840)	ER \$90 Copay
	Urgent Care \$40 Copay
RxBIN 004336	RxPCN MEDDADV RxGrp Rx1110
Provider Name: Dr. John Doe	MedicareRx
Provider Phone: 1-212-123-4567	Prescription Drug Coverage
Coverage provided by Healthfirst Health Plan, Inc.	CMS: H3359-019
Visit MyHFNY.org to find a doctor, view your benefits, and more!	

This card does not guarantee coverage. If an emergency exists, go to the nearest Emergency Room or dial 911.	
For Members	
Member Services:	1-888-260-1010 (TTY: 1-888-542-3821)
Nurse Help Line:	1-855-687-7333 (TTY: 711)
Teladoc:	1-800-835-2362
Dental:	1-800-508-2047
Vision:	1-800-753-3311
Website:	healthfirst.org/medicare
For Providers	
Medical	Pharmacy
Eligibility:	1-888-801-1660
Prior Authorization:	1-888-394-4327
Electronic Claims:	Payer ID 80141
Paper Claims:	Healthfirst Claims Dept. P.O. Box 958438
HFNY21	Lake Mary, FL 32795-8438



Healthfirst at a Glance

Member ID Cards

Healthfirst Connection Plan (HMO D-SNP)

This plan is only for current Healthfirst Medicaid members. It offers all the benefits of Original Medicare and Medicaid, plus prescription drug coverage, SilverSneakers® fitness program, OTC Plus card, and more.

healthfirst		Medicare	
Connection Plan (HMO D-SNP)			
Member: JANE Q. SAMPLE	PCP	\$0 Copay	
Member ID: 000000000	Specialist	\$0 Copay	
Health Plan (80840)	ER	\$0 Copay	
CIN: XXXXXX	Urgent Care	\$0 Copay	
RxBIN 004336	RxPCN MEDDADV	RxGrp Rx1110	MedicareRx
Provider Name: Dr. John Doe	Prescription Drug Coverage		
Provider Phone: 1-212-123-4567	CMS: H3359-038		
Coverage is provided by Healthfirst Health Plan, Inc. and Healthfirst PHSP, Inc. Visit MyHFNY.org to find a doctor, view your benefits, and more!			

This card does not guarantee coverage. If an emergency exists, go to the nearest Emergency Room or dial 911.

For Members

Member Services: 1-888-260-1010 (TTY: 1-888-542-3821)
 Nurse Help Line: 1-855-687-7333 (TTY: 711)
 Teladoc: 1-800-835-2362
 Dental: 1-800-508-2047
 Website: healthfirst.org/medicare

For Providers

Medical Eligibility:	1-888-801-1660	Pharmacy Help Desk:	1-866-693-4620
Prior Authorization:	1-888-394-4327	Claims:	CVS Caremark
Electronic Claims:	Payer ID 80141		P.O. Box 52066
Paper Claims:	Healthfirst Claims Dept.		Phoenix, AZ 85072-2066
	P.O. Box 958438		
	Lake Mary, FL 32795-8438		

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Healthfirst 65 Plus Plan (HMO)

This plan is for Medicare beneficiaries who do not qualify for Extra Help. It offers hospital, medical, and prescription drug coverage in one plan.

healthfirst		Medicare	
65 Plus Plan (HMO)			
Member: JANE Q. SAMPLE	PCP	\$0 Copay	
Member ID: 000000000	Specialist	\$30 Copay	
Health Plan (80840)	ER	\$95 Copay	
	Urgent Care	\$45 Copay	
RxBIN 004336	RxPCN MEDDADV	RxGrp Rx1110	MedicareRx
Provider Name: Dr. John Doe	Prescription Drug Coverage		
Provider Phone: 1-212-123-4567	CMS: H3359-001		
Coverage provided by Healthfirst Health Plan, Inc. Visit MyHFNY.org to find a doctor, view your benefits, and more!			

This card does not guarantee coverage. If an emergency exists, go to the nearest Emergency Room or dial 911.

For Members

Member Services: 1-888-260-1010 (TTY: 1-888-542-3821)
 Nurse Help Line: 1-855-687-7333 (TTY: 711)
 Teladoc: 1-800-835-2362
 Dental: 1-800-508-2047
 Website: healthfirst.org/medicare

For Providers

Medical Eligibility:	1-888-801-1660	Pharmacy Help Desk:	1-866-693-4620
Prior Authorization:	1-888-394-4327	Claims:	CVS Caremark
Electronic Claims:	Payer ID 80141		P.O. Box 52066
Paper Claims:	Healthfirst Claims Dept.		Phoenix, AZ 85072-2066
	P.O. Box 958438		
	Lake Mary, FL 32795-8438		

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Healthfirst at a Glance

Member ID Cards

Healthfirst CompleteCare (HMO D-SNP)

This program is for members who need in-home care and long-term care services. It combines Medicare and Medicaid benefits with long-term care services.

		CompleteCare (HMO SNP)	
Member: JANE Q. SAMPLE	PCP	\$0 Copay	
Member ID: 000000000	Specialist	\$0 Copay	
Health Plan (80840)	ER	\$0 Copay	
	Urgent Care	\$0 Copay	
CIN: XXXXXX			
RxBIN 004336	RxPCN MEDDADV	RxGrp Rx1110	
Provider Name: Dr. John Doe			
Provider Phone: 1-212-123-4567			
			MedicareRx <small>Prescription Drug Coverage</small>
Coverage provided by Healthfirst Health Plan, Inc.		CMS: H3359-034	
Visit MyHFNY.org to find a doctor, view your benefits, and more!			

This card does not guarantee coverage. If an emergency exists, go to the nearest Emergency Room or dial 911.

For Members

Member Services: **1-888-260-1010 (TTY: 1-888-542-3821)**
 Nurse Help Line: **1-855-687-7333 (TTY: 711)**
 Teladoc: **1-800-835-2362**
 Dental: **1-800-508-2047**
 Vision: **1-800-753-3311**
 Website: healthfirst.org/medicare

For Providers

Medical Eligibility:	1-888-801-1660	Pharmacy Help Desk:	1-866-693-4620
Prior Authorization:	1-888-394-4327	Claims:	CVS Caremark
Electronic Claims:	Payer ID 80141		P.O. Box 52066
Paper Claims:	Healthfirst Claims Dept.		Phoenix, AZ 85072-2066
	P.O. Box 956438		
	Lake Mary, FL 32795-8438		

HFNY21

Senior Health Partners

A long-term care plan for Medicaid beneficiaries that provides and coordinates healthcare services, including in-home care and adult day care.

		Senior Health Partners	
A Managed Long-Term Care Plan Approved by the State of New York			
Member: JANE Q. SAMPLE		CIN #:	

This card does not guarantee coverage. If an emergency exists, go to the nearest Emergency Room or dial 911.

Member Services: **1-800-633-9717**
(TTY **1-888-542-3821**)

Dental Services: **1-800-508-2047**

Covered Services Services include but are not limited to DME, home health aide, home care nurse, rehabilitation in the home, day center, dental, podiatry, medical supplies, enteral supplements, hearing aid batteries, and nursing home stays.

Non-covered Services Doctor appointments, hospitalization, mental health and substance abuse programs, pharmacy, lab/radiology services. **These services are billable to Medicare and/or fee-for-service Medicaid.**

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Healthfirst at a Glance

Member ID Cards

Essential Plans

Federally subsidized, tiered plans for qualified individuals ages 19–64 who are ineligible for Medicaid due to income or immigration status.

		Essential Plan 1	
Member Name		Rx Bin:	004336
Member ID: 0000000000000		Rx PCN:	ADV
		Rx Group:	RX108
Individual Deductible:	\$0	Copay	
Individual MOOP:	\$2,000	PCP Office Visit:	\$15
		Specialist Office Visit:	\$25
		Urgent Care:	\$25
		Emergency Room:	\$75
		Inpatient Hospital:	\$150
		Prescriptions:	\$6/\$15/\$30
Visit MyHFNY.org to find a doctor, view your benefits, and more!			

For Members	For Providers / Medical
Website: healthfirst.org	Eligibility: 1-888-801-1660
Member Services: 1-888-250-2220	Prior Authorization: 1-888-394-4327
TTY: 1-888-542-3821	Electronic Claims Payer ID: 80141
To avoid penalties and ensure timely care management, your provider must call Healthfirst at least 24 hours in advance for any services requiring prior authorization and within 48 hours of emergency admissions. Failure to call may reduce your benefits. Services requiring prior authorization are described in your benefit materials.	Medical Claims Address Healthfirst Claims Department P.O. Box 958438 Lake Mary, FL 32795-8438
This card does not guarantee coverage. Out-of-network coverage is not provided. You must comply with all terms and conditions of the plan.	Pharmacy Help Desk: 1-800-364-6331 CVS Caremark P.O. Box 52136 Phoenix, AZ 85072-2136
Coverage is provided and insured by Healthfirst PHSP, Inc.	HFQEP23

Medicaid Managed Care

Health plans for qualified, low-income families and individuals under 65 years of age. It provides the full range of New York State Medicaid benefits.

Jane Doe			
Member ID/CIN: XX00000X			
Provider Name: Dr. John Doe	PCP Office Visit:	Copay	
Provider Phone: 1-212-000-0000	Specialist Office Visit:		\$0
Dental: 1-800-508-2047	Urgent Care:		\$0
	Emergency Room:		\$0
Visit MyHFNY.org to find a doctor, view your benefits, and more!			

This card does not guarantee coverage.	
I agree by the use of this card to release to Healthfirst and its delegates any medical information needed to administer my benefits.	
Coverage is provided by Healthfirst PHSP, Inc.	
For Members	For Providers / Medical
Member Services: 1-866-463-6743 (TTY 1-888-542-3821)	Eligibility: 1-888-801-1660
Website: healthfirst.org	Prior Authorization: 1-888-394-4327
	Electronic Claims: Payer ID 80141
	Paper Claims: Healthfirst Claims Department P.O. Box 958438 Lake Mary, FL 32795-8438
MCD21	



Healthfirst at a Glance

Member ID Cards

Personal Wellness Plan

This plan is for Medicaid beneficiaries with significant behavioral health needs, serious mental health illness, and/or substance use disorders. Healthfirst works with providers to develop care plans that integrate member needs; provide whole-person care; and offer access to extra community support services.

Personal Wellness Plan									
Jane Doe Member ID/CIN: XX00000X									
Provider Name: Dr. John Doe Provider Phone: 1-212-000-0000 Dental: 1-800-508-2047	<table border="0"> <tr><td>PCP Office Visit:</td><td>\$0</td></tr> <tr><td>Specialist Office Visit:</td><td>\$0</td></tr> <tr><td>Urgent Care:</td><td>\$0</td></tr> <tr><td>Emergency Room:</td><td>\$0</td></tr> </table>	PCP Office Visit:	\$0	Specialist Office Visit:	\$0	Urgent Care:	\$0	Emergency Room:	\$0
PCP Office Visit:	\$0								
Specialist Office Visit:	\$0								
Urgent Care:	\$0								
Emergency Room:	\$0								
Visit MyHFNY.org to find a doctor, view your benefits, and more!									
<p>This card does not guarantee coverage. I agree by the use of this card to release to Healthfirst and its delegates any medical information needed to administer my benefits. Coverage is provided by Healthfirst PHSP, Inc.</p> <p>For Members Member Services: 1-855-669-5971 (TTY 1-888-542-3821) Website: healthfirst.org</p> <p>For Providers Medical Eligibility: 1-888-801-1660 Prior Authorization: 1-888-394-4327 Electronic Claims: Payer ID 80141 Paper Claims: Healthfirst Claims Department P.O. Box 958438 Lake Mary, FL 32795-8438 HRP21</p>									

Child Health Plus

A New York State-sponsored health insurance program for children under 19 who are above the Medicaid income levels or who are ineligible for Medicaid because of their immigration status. The family may be responsible for contributing to a monthly plan premium, based on income category.

Child Health Plus	
RxBin 004336 RxPCN ADV RxGp RX1113	
Jane Doe Member ID: XX00000X	
Provider Name: Dr. John Doe Provider Phone: 1-212-000-0000 Dental: 1-800-508-2047	
Visit MyHFNY.org to find a doctor, view your benefits, and more!	
<p>This card does not guarantee coverage. I agree by the use of this card to release to Healthfirst and its delegates any medical information needed to administer my benefits.</p> <p>For Members Member Services: 1-866-463-6743 (TTY 1-888-542-3821) Website: healthfirst.org</p> <p>For Providers Medical Eligibility: 1-888-801-1660 Prior Authorization: 1-888-394-4327 Electronic Claims: Payer ID 80141 Paper Claims: Healthfirst Claims Department P.O. Box 958438 Lake Mary, FL 32795-8438</p> <p>Pharmacy Help Desk: 1-800-364-6331 CVS Caremark P.O. Box 52136 Phoenix, AZ 85072-2136</p> <p>CHP19</p>	



Healthfirst at a Glance

Member ID Cards

Leaf and Leaf Premier

Qualified health plans that follow established limits on cost-sharing. They provide everyday health benefits for families and individuals under 65. Plans are available at different metal levels depending on the proportion of healthcare costs they cover. Leaf Premier plans provide dental and vision coverage for adults and children; Leaf plans provide dental and vision coverage for children under 19 only.

		Platinum Leaf	
Member Name Member ID: 000000000000		Rx Bin: 004336 Rx PCN: ADV Rx Group: RX1108	
Individual Deductible: \$0 Individual MOOP: \$0	Cost-Sharing PCP Office Visit: 0% Specialist Office Visit: 0% Urgent Care: 0% Emergency Room: 0% Inpatient Hospital: 0% Prescriptions: 0%		
Visit MyHFNY.org to find a doctor, view your benefits, pay your monthly premium, and more!		HMO	

For Members Website: healthfirst.org Member Services: 1-888-250-2220 TTY: 1-888-542-3821	For Providers / Medical Eligibility: 1-888-801-1660 Prior Authorization: 1-888-394-4327 Electronic Claims Payer ID: 80141
To avoid penalties and ensure timely care management, your provider must call Healthfirst at least 24 hours in advance for any services requiring prior authorization and within 48 hours of emergency admissions. Failure to call may reduce your benefits. Services requiring prior authorization are described in your benefit materials. This card does not guarantee coverage. Out-of-network coverage is not provided. You must comply with all terms and conditions of the plan.	Medical Claims Address Healthfirst Claims Department P.O. Box 958438 Lake Mary, FL 32795-8438
	Pharmacy Help Desk: 1-800-364-6331 Claims: CVS Caremark P.O. Box 52136 Phoenix, AZ 85072-2136
Fully insured coverage provided by Healthfirst PHSP, Inc.	

Pro EPO and Pro Plus EPO

A variety of plans for small businesses (1–100 employees). Employees can be full-time or part-time.

		Platinum Pro EPO	
Member Name Member ID: 000000000000 Group Number: XXXXXX		Rx Bin: 004336 Rx PCN: ADV Rx Group: RX1663	
Individual/Family Deductible: \$0/\$0 Individual/Family MOOP: \$2,000/\$4,000	Copay PCP Office Visit: \$20 Specialist Office Visit: \$35 Urgent Care: \$50 Emergency Room: \$250 Inpatient Hospital: \$500 Prescriptions: \$10/\$30/\$60		
Visit MyHFNY.org to find a doctor, view your benefits, pay your monthly premium, and more!			

For Members Website: healthfirst.org Member Services: 1-855-789-3668 TTY: 1-855-779-1033	For Providers / Medical Eligibility: 1-888-801-1660 Prior Authorization: 1-888-394-4327 Electronic Claims Payer ID: 80141
To avoid penalties and ensure timely care management, your provider must call Healthfirst at least 24 hours in advance for any services requiring prior authorization and within 48 hours of emergency admissions. Failure to call may reduce your benefits. Services requiring prior authorization are described in your benefit materials. This card does not guarantee coverage. Out-of-network coverage is not provided. You must comply with all terms and conditions of the plan.	Medical Claims Address Healthfirst Claims Department P.O. Box 958438 Lake Mary, FL 32795-8438
	Pharmacy Help Desk: 1-800-364-6331 Claims: CVS Caremark P.O. Box 52136 Phoenix, AZ 85072-2136
Fully insured coverage provided by Healthfirst Insurance Company, Inc.	




Healthfirst at a Glance

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Total EPO

An off-exchange health plan for families and for individuals of all ages.

 Platinum Total EPO	
Member Name Member ID: 000000000000 Group Number: XXXXXX	Rx Bin: 004336 Rx PCN: ADV Rx Group: RX1663
Individual/Family Deductible: \$0/\$0 Individual/Family MOOP: \$2,000/\$4,000	Copay PCP Office Visit: \$20 Specialist Office Visit: \$35 Urgent Care: \$50 Emergency Room: \$250 Inpatient Hospital: \$500 Prescriptions: \$10/\$30/\$60
<small>Visit MyHFNY.org to find a doctor, view your benefits, pay your monthly premium, and more!</small>	

For Members Website: healthfirst.org Member Services: 1-855-789-3668 TTY: 1-855-779-1033	For Providers / Medical Eligibility: 1-888-801-1660 Prior Authorization: 1-888-394-4327 Electronic Claims Payer ID: 80141
<small>To avoid penalties and ensure timely care management, your provider must call Healthfirst at least 24 hours in advance for any services requiring prior authorization and within 48 hours of emergency admissions. Failure to call may reduce your benefits. Services requiring prior authorization are described in your benefit materials. This card does not guarantee coverage. Out-of-network coverage is not provided. You must comply with all terms and conditions of the plan.</small>	Medical Claims Address Healthfirst Claims Department P.O. Box 959438 Lake Mary, FL 32795-8438
	Pharmacy Help Desk: 1-800-364-6331 Claims: CVS Caremark P.O. Box 52136 Phoenix, AZ 85072-2136
<small>Fully insured coverage provided by Healthfirst Insurance Company, Inc. HFHFIC23</small>	

For more information about Healthfirst plans and products, visit HFProviders.org/Provider-Resources/Plans-Benefits or Plans at healthfirst.org.

If you have any questions, contact your Network Account Manager, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.