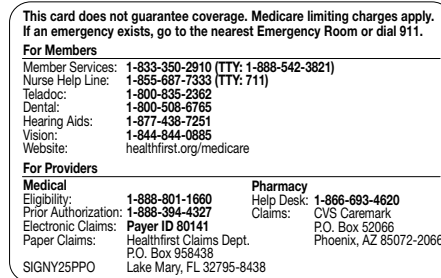
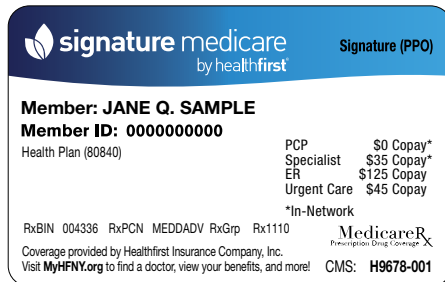


# Healthfirst at a Glance

## Member ID Card Guide

### 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.



## 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 medicare** by healthfirst **Signature (HMO)**

**Member: JANE Q. SAMPLE** PCP \$0 Copay  
**Member ID: 000000000** Specialist \$30 Copay  
 Health Plan (80840) ER \$125 Copay  
 Urgent Care \$55 Copay

RxBIN 004336 RxPCN MEDDADV RxGrp Rx1110  
 Provider Name: **Dr. John Doe**  
 Provider Phone: **1-212-123-4567**

Coverage provided by Healthfirst Health Plan, Inc.  
 Visit [MyHFNY.org](http://MyHFNY.org) to find a doctor, view your benefits, and more!

**MedicareRx**  
Prescription Drug Coverage

CMS: **H5989-011**

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

**For Members**

Member Services: **1-855-771-1081 (TTY: 1-888-542-3821)**  
 Nurse Help Line: **1-855-687-7333 (TTY: 711)**  
 Transportation: **1-844-772-6629**  
 Dental: **1-800-508-6765**  
 Hearing Aids: **1-877-438-7251**  
 Vision: **1-844-844-0884**  
 Website: [healthfirst.org/medicare](http://healthfirst.org/medicare)

**For Providers**

**Medical**  
 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  
 SIGNED 25 Lake Mary, FL 32795-8438

**Pharmacy**  
 Help Desk: **1-866-693-4620**  
 Claims: CVS Caremark  
 P.O. Box 52066  
 Phoenix, AZ 85072-2066

**signature medicare** by healthfirst **Signature (HMO)**

**Member: JANE Q. SAMPLE** PCP \$0 Copay  
**Member ID: 000000000** Specialist \$30 Copay  
 Health Plan (80840) ER \$125 Copay  
 Urgent Care \$55 Copay

RxBIN 004336 RxPCN MEDDADV RxGrp Rx1110  
 Provider Name: **Dr. John Doe**  
 Provider Phone: **1-212-123-4567**

Coverage provided by Healthfirst Health Plan, Inc.  
 Visit [MyHFNY.org](http://MyHFNY.org) to find a doctor, view your benefits, and more!

**MedicareRx**  
Prescription Drug Coverage

CMS: **H1722-002**

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

**For Members**

Member Services: **1-855-771-1081 (TTY: 1-888-542-3821)**  
 Nurse Help Line: **1-855-687-7333 (TTY: 711)**  
 Transportation: **1-844-772-6629**  
 Dental: **1-800-508-6765**  
 Hearing Aids: **1-877-438-7251**  
 Vision: **1-844-844-0884**  
 Website: [healthfirst.org/medicare](http://healthfirst.org/medicare)

**For Providers**

**Medical**  
 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  
 SIGNED 25 Lake Mary, FL 32795-8438

**Pharmacy**  
 Help Desk: **1-866-693-4620**  
 Claims: CVS Caremark  
 P.O. Box 52066  
 Phoenix, AZ 85072-2066

## 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.

**healthfirst** **Medicare**  
 Life Improvement 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  
 Provider Name: **Dr. John Doe**  
 Provider Phone: **1-212-123-4567**

Coverage is provided by Healthfirst Health Plan, Inc. and/or Healthfirst PHSP, Inc.  
 (together, "Healthfirst"). Visit [MyHFNY.org](http://MyHFNY.org) to find a doctor, view your benefits, and more!

**MedicareRx**  
Prescription Drug Coverage

CMS: **H3359-021**

Medicaid COB May Apply.

**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)**  
 Transportation: **1-844-772-6629**  
 Dental: **1-800-508-2047**  
 Vision: **1-844-844-0881**  
 Website: [healthfirst.org/medicare](http://healthfirst.org/medicare)


**For Providers**

**Medical**  
 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  
 HFNY25 Lake Mary, FL 32795-8438

**Pharmacy**  
 Help Desk: **1-866-693-4620**  
 Claims: CVS Caremark  
 P.O. Box 52066  
 Phoenix, AZ 85072-2066

## 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, an over-the-counter (OTC) allowance, and more.

		<b>Medicare</b> <b>Increased Benefits Plan (HMO)</b>	
<b>Member: JANE Q. SAMPLE</b> <b>Member ID: 000000000</b> Health Plan (80840)	PCP Specialist ER Urgent Care	\$0 Copay \$20 Copay \$110 Copay \$40 Copay	MedicareRx <small>Prescription Drug Coverage</small>
RxBIN 004336 RxPCN MEDDADV RxGrp Rx1110 Provider Name: <b>Dr. John Doe</b> Provider Phone: <b>1-212-123-4567</b>			MedicareR <small>Prescription Drug Coverage</small>
Coverage provided by Healthfirst Health Plan, Inc. Visit <a href="http://MyHFNY.org">MyHFNY.org</a> 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)  
 Transportation: 1-844-772-6629  
 Dental: 1-800-508-2047  
 Vision: 1-844-844-0881  
 Website: healthfirst.org/medicare


**For Providers**

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

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## 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, the SilverSneakers® fitness program, an OTC Plus card, and more.

		<b>Medicare</b> <b>Connection Plan (HMO D-SNP)</b>	
<b>Member: JANE Q. SAMPLE</b> <b>Member ID: 000000000</b> Health Plan (80840) <b>CIN: XXXXXX</b>	PCP Specialist ER Urgent Care	\$0 Copay \$0 Copay \$0 Copay \$0 Copay	MedicareRx <small>Prescription Drug Coverage</small>
RxBIN 004336 RxPCN MEDDADV RxGrp Rx1110 Provider Name: <b>Dr. John Doe</b> Provider Phone: <b>1-212-123-4567</b>			MedicareR <small>Prescription Drug Coverage</small>
Coverage is provided by Healthfirst Health Plan, Inc. Visit <a href="http://MyHFNY.org">MyHFNY.org</a> 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)  
 Transportation: 1-844-772-6629  
 Dental: 1-800-508-2047  
 Vision: 1-844-844-0881  
 Website: healthfirst.org/medicare



**For Providers**

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

HFNY25

## 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.

		<b>Medicare 65 Plus Plan (HMO)</b>	
<b>Member: JANE Q. SAMPLE</b>	PCP	\$0 Copay	
<b>Member ID: 0000000000</b>	Specialist	\$25 Copay	
Health Plan (80840)	ER	\$110 Copay	
	Urgent Care	\$45 Copay	
RxBIN 004336	RxPCN MEDDADV	RxGrp Rx1110	
Provider Name: <b>Dr. John Doe</b>			
Provider Phone: <b>1-212-123-4567</b>			
			
		CMS: <b>H3359-001</b>	
Coverage provided by Healthfirst Health Plan, Inc. Visit <a href="http://MyHFNY.org">MyHFNY.org</a> 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)**  
 Transportation: **1-844-772-8829**  
 Dental: **1-800-508-2047**  
 Vision: **1-844-844-0881**  
 Website: [healthfirst.org/medicare](http://healthfirst.org/medicare)



**For Providers**

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

HFNY25

## 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.

		<b>CompleteCare (HMO D-SNP)</b>	
<b>Member: JANE Q. SAMPLE</b>	PCP	\$0 Copay	
<b>Member ID: 0000000000</b>	Specialist	\$0 Copay	
Health Plan (80840)	ER	\$0 Copay	
<b>CIN: XXXXXX</b>	Urgent Care	\$0 Copay	
RxBIN 004336	RxPCN MEDDADV	RxGrp Rx1110	
Provider Name: <b>Dr. John Doe</b>			
Provider Phone: <b>1-212-123-4567</b>			
			
		CMS: <b>H3359-034</b>	
Coverage provided by Healthfirst Health Plan, Inc. Visit <a href="http://MyHFNY.org">MyHFNY.org</a> 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: **1-844-844-0882**  
 Website: [healthfirst.org/medicare](http://healthfirst.org/medicare)


**For Providers**

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

HFNY24

## 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**

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A Managed Long-Term Care Plan Approved by the State of New York

**Member: JANE Q. SAMPLE**  
**CIN #:**  
**Member ID #:**

Coverage is provided by Healthfirst PHSP, Inc.

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

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

**Dental Services: 1-800-508-2047**  
**Vision Services: 1-844-844-0883**

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**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.**

SHP24\_20  
1560-23

## 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 200–250**

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<b>Member Name</b>	Rx Bin: <b>004336</b>
<b>Member ID: 0000000000000</b>	Rx PCN: <b>ADV</b>
	Rx Group: <b>RX1108</b>

Individual Deductible: <b>\$0</b>	<b>Copay</b>
Individual MOOP: <b>\$2,000</b>	PCP Office Visit: <b>\$15</b>
	Specialist Office Visit: <b>\$25</b>
	Urgent Care: <b>\$25</b>
	Emergency Room: <b>\$75</b>
	Inpatient Hospital: <b>\$150</b>
	Prescriptions: <b>\$6/\$15/\$30</b>

Visit [MyHFNY.org](http://MyHFNY.org) to find a doctor, view your benefits, and more!

<b>For Members</b>	<b>For Providers / Medical</b>
Website: <a href="http://healthfirst.org">healthfirst.org</a>	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.


This card does not guarantee coverage. Out-of-network coverage is not provided. You must comply with all terms and conditions of the plan.

Coverage is provided and insured by Healthfirst PHSP, Inc. HFQEP24

## 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.

	RxBin: 004740
<b>Jane Doe</b> <b>Member ID: XX00000X</b>	
Provider Name: Dr. John Doe Provider Phone: 1-212-000-0000 Dental: 1-800-508-2047	
Visit <a href="http://MyHFNY.org">MyHFNY.org</a> to find a doctor, view your benefits, and more!	

<b>This card does not guarantee coverage.</b>	
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.	
<b>For Members</b> Member Services: <b>1-866-463-6743</b> (TTY 1-888-542-3821)	
<b>For Providers</b>	<b>Pharmacy</b>
<b>Medical</b>	<b>Medical</b>
Eligibility: <b>1-888-801-1660</b>	NYRx Support: <b>1-800-343-9000</b>
Prior Authorization: <b>1-888-394-4327</b>	
Electronic Claims: <b>Payer ID 80141</b>	
Paper Claims: Healthfirst Claims Department P.O. Box 958438 Lake Mary, FL 32795-8438	
MCD23	

## 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.

	<b>Personal Wellness Plan</b> RxBin 004740
<b>Jane Doe</b> <b>Member ID: XX00000X</b>	
Provider Name: Dr. John Doe Provider Phone: 1-212-000-0000 Dental: 1-800-508-2047	
Visit <a href="http://MyHFNY.org">MyHFNY.org</a> to find a doctor, view your benefits, and more!	

<b>This card does not guarantee coverage.</b>	
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.	
<b>For Members</b> Member Services: <b>1-855-659-5971</b> (TTY 1-888-542-3821) Website: <a href="http://healthfirst.org">healthfirst.org</a>	
<b>For Providers</b>	<b>Pharmacy</b>
<b>Medical</b>	<b>Medical</b>
Eligibility: <b>1-888-801-1660</b>	NYRx Support: <b>1-800-343-9000</b>
Prior Authorization: <b>1-888-394-4327</b>	
Electronic Claims: <b>Payer ID 80141</b>	
Paper Claims: Healthfirst Claims Department P.O. Box 958438 Lake Mary, FL 32795-8438	
HRP23	

## 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.

		RxBin 004336 RxPCN ADV RxGrp RX1113
<b>Jane Doe</b> <b>Member ID: XX00000X</b>		
Provider Name: <b>Dr. John Doe</b> Provider Phone: <b>1-212-000-0000</b> Dental: <b>1-800-508-2047</b>		
Visit <a href="http://MyHFNY.org">MyHFNY.org</a> to find a doctor, view your benefits, and more!		

<p><b>This card does not guarantee coverage.</b>          I agree by the use of this card to release to Healthfirst and its delegates any medical information needed to administer my benefits.</p>	
<b>For Members</b> Member Services: <b>1-866-463-6743</b> (TTY 1-888-542-3821) Website: <a href="http://healthfirst.org">healthfirst.org</a>	
<b>For Providers</b> <b>Medical</b> Eligibility: <b>1-888-801-1660</b> Prior Authorization: <b>1-888-394-4327</b> Electronic Claims: <b>Payer ID 80141</b> Paper Claims: Healthfirst Claims Department P.O. Box 958438 Lake Mary, FL 32795-8438	<b>Pharmacy</b> Help Desk: <b>1-800-364-6331</b> Claims: CVS Caremark P.O. Box 52136 Phoenix, AZ 85072-2136
CHP19	

## 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.

		<b>Platinum Leaf</b>	
<b>Member Name</b> <b>Member ID: 0000000000000</b>		Rx Bin: <b>004336</b>	
		Rx PCN: <b>ADV</b>	
		Rx Group: <b>RX1108</b>	
Individual Deductible:	<b>\$0</b>	<b>Copay</b>	
Individual MOOP:	<b>\$2,000</b>	PCP Office Visit:	<b>\$15</b>
		Specialist Office Visit:	<b>\$35</b>
		Urgent Care:	<b>\$55</b>
		Emergency Room:	<b>\$100</b>
		Inpatient Hospital:	<b>\$500</b>
		Prescriptions:	<b>\$10/\$30/\$60</b>
Visit <a href="http://MyHFNY.org">MyHFNY.org</a> to find a doctor, view your benefits, pay your monthly premium, and more!			<b>HMO</b>

<b>For Members</b> Website: <a href="http://healthfirst.org">healthfirst.org</a> Member Services: 1-888-250-2220 TTY: 1-888-542-3621	<b>For Providers / Medical</b> 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.	
Fully insured coverage provided by Healthfirst PHSP, Inc.	
QHP25	

For more information about Healthfirst plans and products, visit [HFProviders.org/Provider-Resources/Plans-Benefits](https://HFProviders.org/Provider-Resources/Plans-Benefits) or Plans at [healthfirst.org](https://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.

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Coverage for Senior Health Partners Managed Long-Term Care Medicaid Plan is provided by Healthfirst PHSP, Inc.

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