



MEDICARE ADVANTAGE ALAMO PLAN

Member Handbook

MEMBER SERVICES 210-358-6386

TOLL-FREE 1-833-434-2347

MEDICARE ADVANTAGE ALAMO PLAN MEMBER HANDBOOK

**Community First Medicare Advantage Alamo Plan provides coverage to residents
of Bexar County.**

Member Services: 1-833-434-2347 (toll-free)
CommunityFirstMedicare.com

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INTRODUCTION

Welcome to Community First Health Plans! We are so happy you chose us for your health care needs. Community First was created with the health of our local community in mind. We believe that everyone should have access to high quality health care and we are honored that you have put your trust in our hands.

As the only local, non-profit health care plan in your area offering a Medicare Advantage Program, we understand the unique health care needs of our community. We are proud to be your neighbor! We are truly invested in your health and can help you access the health care services you need including doctors, hospitals, and community resources.

Please read this Member Handbook for information about your health plan benefits and to learn what is covered under your Medicare Advantage Plan.

Need help? If you need help understanding or reading this handbook, our Member Services Representatives can assist you in both English and Spanish. You can also get this handbook in other formats, such as

- large print
- braille
- audio

If you prefer this handbook in an alternate format or would like a printed copy, please contact Member Services at 1-833-434-2347. We will mail you a copy free of charge within five business days of your request and update your personal record with your preferred language or format.

MEMBER SERVICES

A Member Services Representative can answer your questions about all covered services under your health care plan. Member Services can also help you select or change your primary care provider (PCP), access services that do not require a referral from your PCP, send you a new Member ID card, and help resolve any problems or complaints.

CALL	1-833-434-2347 7 days a week from 8 a.m. to 8 p.m. Message service available on weekends and holidays from April 1 - September 30. This call is free. We have free interpreter services for people who do not speak English. For emergency services, dial 9-1-1 or go to the nearest emergency room.
TTY	7-1-1 24 hours a day, 7 days a week. This call is free. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

NURSE ADVICE LINE

Community First has a Nurse Advice Line available 24 hours a day, 7 days a week, 365 days a year to help you get the care you need.

CALL	1-800-434-2347 24 hours a day, 7 days a week. This call is free. We have free interpreter services for people who do not speak English.
TTY	7-1-1 24 hours a day, 7 days a week. This call is free. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

BEHAVIORAL HEALTH & SUBSTANCE USE SERVICES

You do not need a referral for behavioral health or substance use services. If you need help right away, call our Behavioral Health Crisis line toll-free. For a behavioral health emergency, call or text 9-8-8 to reach the Suicide and Crisis Lifeline.

CALL	1-877-221-2226 24 hours a day, 7 days a week. This call is free. We have free interpreter services for people who do not speak English.
TTY	7-1-1 24 hours a day, 7 days a week. This call is free. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

MEMBER SERVICES

VISION & DENTAL

Envolve Benefit Options provides routine eye care services and preventive dental services to our Members. Call the toll-free number on the back of your card or the number below to contact Envolve for questions about eligibility, benefits, claim status, or to find a provider.

CALL	1-800-334-3937 Monday-Friday, 8:00 a.m. to 8:00 p.m. (EST)
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PHARMACY

Community First's partner for pharmacy benefits is Navitus Health Solutions. If you have questions about your prescription drug medication benefits, call the toll-free number on your pharmacy benefits card or the number listed below.

CALL	1-844-268-9789 24 hours a day, 7 days a week.
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OVER-THE-COUNTER MEDICATION

Incomm Healthcare provides over-the-counter benefits for our Members. As a Community First Member, you will receive an OTC payment card for the purchase of select retail products. For more information, call the toll-free number on the back of your OTC payment card or the number listed below.

CALL	1-844-268-9789 24 hours a day, 7 days a week.
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OTHER HELPFUL NUMBERS

Medicare Program Help Line	1-800-MEDICARE (1-800-633-4227)
Health Information Counseling & Advocacy Program of Texas	1-800-252-9240
Social Security	1-800-772-1213
Railroad Retirement Board	1-877-772-5772

For emergency services, dial 9-1-1 or go to the nearest emergency room.

COMMUNITY FIRST HEALTH PLANS WEBSITE

You can access plan information and resources online 24 hours a day, 7 days a week on our website at [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com) including:

- Secure Member Portal
- Added benefits available to you as a Community First Medicare Advantage Alamo Plan Member
- Community First news and events
- Plan documents
- Provider/Pharmacy Directory

COMMUNITY FIRST HEALTH PLANS LOCATIONS

Community First Health Plans has two locations to serve you:

Corporate Office

Community First Health Plans
12238 Silicon Drive, Suite 100
San Antonio, TX 78249

Community Office at Avenida Guadalupe

Community First Health Plans
1410 Guadalupe Street, Suite 222
San Antonio, TX 78207

OFFICE HOURS

8:30 a.m. to 5:00 p.m.

Monday through Friday, with the exception of state-approved holidays

Visit our corporate website for more information at [CommunityFirstHealthPlans.com](https://www.CommunityFirstHealthPlans.com).

UNDERSTANDING YOUR PLAN

Community First Medicare Advantage Alamo Plan is a Medicare Advantage Plan. Our plan includes Medicare Part A (hospital insurance), Medicare Part B (medical insurance), and Medicare Part D (drug coverage).

Community First Medicare Advantage Alamo Plan also includes comprehensive coverage for things Original Medicare does not cover including dental, vision, hearing, and more.

Community First Medicare Advantage Alamo Plan is an HMO plan. This means you generally must get your care and services from providers in our network except for emergency care, out-of-area urgent care, and out-of-area dialysis.

Beginning January 1, you will now get all your covered Medicare services from Community First Medicare Advantage Alamo Plan, including your prescription drugs.

As a Community First Member, you will continue to have all the same rights and protections that you would under Original Medicare, in addition to extra advantages included in your new plan, such as:

- Extra coverage for services like vision, hearing, dental, and over-the-counter medications.
- Protection against high-cost prescription drugs through our offering of various levels of cost coverage for different “tiers” of drugs.
- Affordable coverage through the use of our trusted network of providers.
- The option to have a Care Coordinator and Interdisciplinary Care Team (ICT) who work together to meet your health needs.
- A personal medical alert system with around-the-clock emergency response services
- In-home, same-day urgent care services
- Free YMCA Fitness Membership
- Debit card to purchase over-the-counter health and wellness products
- Post-hospital discharge meal delivery program
- Non-emergency transportation to scheduled health appointments

MEMBER IDENTIFICATION (ID) CARDS

When you sign up to become Community First Health Plans Member, you will receive a Community First Member ID card. If you do not receive a card, please call Member Services.



YOUR COMMUNITY FIRST MEMBER ID CARD

The following information can be found on your Member ID card:

- Your name
- Member ID number
- Group number

- Policy effective date (starting date of coverage under your health care plan)
- Your primary care provider's (PCP) name and phone number
- What to do in the event of an emergency
- How to reach Member Services

Community First Health Plans Member ID Card - Medicare Advantage Alamo Plan

<p>COMMUNITY FIRST HEALTH PLANS</p> <p>MEDICARE ADVANTAGE ALAMO PLAN</p> <hr/> <p>Name: John M. Doe Member ID: AD000000000000 Group No: A0012345678 Policy Effective Date: 01/01/2021 Primary Care Physician: Provider Name MD PCP Phone Number: 001-234-5678 PCP Effective Date: 01/01/2021</p> <p style="text-align: right;"> RxBIN: 610602 RxPCN: NVTD RxGRP: CFFD001 </p> <p>Navitus Health Solutions <small>HS447_10200-00031_C</small></p> <p style="text-align: right;">  </p>	<p>In case of emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible.</p> <p>Member Services: (7 days a week from 8:00 a.m. to 8:00 p.m.) Local 210-358-6386 • Toll Free 1-833-434-2347 TTY 1-800-350-1175 (24 hours a day/7 days a week) Behavioral Health Mental Crisis Hotline (Toll-Free): 1-877-221-2226 (24 hours/7 days a week)</p> <p>Nurse Advice Line: (24 hours/7 days a week) Local 210-358-6386 • Toll Free 1-800-434-2347</p> <p>Website: communityfirstmedicare.com</p> <p>FOR PROVIDERS</p> <p>Notice to Hospitals and Other Providers: All inpatient admissions require pre-authorization, except in the case of emergency. Please call CFHP within 24 hours at (210) 358-6050 or fax to (210) 358-6040.</p> <p>Pharmacist Help Desk: 1-866-270-3877</p> <p>Non-participating providers must obtain prior authorization on all services, except for emergency care.</p> <p>Submit Professional/Other Claims To: Community First Health Plans-Claims P.O. Box 853927 Richardson, TX 75085-3927</p> <p>En caso de emergencia, llame al 911 o vaya a la sala de emergencia mas cercana. Después de recibir cuidado, llame a su PCP dentro de 24 horas o lo antes posible.</p> <p>Servicios para Miembros: (7 días a la semana desde 8:00 a.m. a 8:00 p.m.) Local 210-358-6386 • Línea gratis 1-833-434-2347 TTY 1-800-350-1175 (24 horas al día/7 días a la semana) Línea de crisis de Salud Mental (gratis): 1-877-221-2226 (24 horas al día/7 días a la semana)</p> <p>Línea de consejos de enfermeras: (24 horas al día/7 días a la semana) Local 210-358-6386 • Línea gratis 1-800-434-2347</p> <p>Sitio web: communityfirstmedicare.com</p> <p style="text-align: right;">  </p>
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USING YOUR MEMBER ID CARD

Carry your Community First Member ID card with you at all times. Show this card to your doctor so they know you are covered by a Medicare Advantage Program.

LOST OR STOLEN MEMBER ID CARD

If your Community First Member ID Card is lost or stolen, please call Member Services at 1-833-434-2347 and ask for a new one. You can also log in to our secure [Member Portal](#) at CommunityFirstMedicare.com to print a temporary ID card and/or request a new one.

MEMBER PORTAL

On January 1, when your 2023 Community First Medicare Advantage Alamo Plan becomes effective, you can register for access to your secure Member Portal at CommunityFirstMedicare.com.

To Register:

1. Go to CommunityFirstMedicare.com and click on the Member Portal link.
2. Click "Register Today."
3. Follow the directions to enter information about you and your plan from your Member ID card. It's fast and easy.

Once registered, you can:

- Review your benefits
- See how much of your deductible you've met
- Check claims statuses
- Find Community First Providers in your network
- Print a temporary Member ID card

PRIMARY CARE PROVIDER (PCP)

CHOOSING A PRIMARY CARE PROVIDER

A primary care provider (PCP) is your own doctor or health care clinic. Your PCP will take care of your medical needs and act as your main health care provider. If a specialist or tests are needed, your PCP will request them for you using a referral and tell you how to make an appointment. If you need to be admitted to the hospital, your PCP will also arrange your care.

WELCOME TO MEDICARE PREVENTIVE VISIT

Your plan covers a one-time “Welcome to Medicare” preventive visit. The visit includes a review of your health, as well as education and counseling about the preventive services you need (including certain screenings and shots), and referrals for other care if needed.

ANNUAL PREVENTIVE VISIT

After you’ve been a Member of the plan for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. This is covered once every 12 months.

Remember, your PCP is the most important person on your health care team!

Our Medicare Advantage HMO network includes doctors and hospitals in every community we serve. You can choose a PCP from our Provider Directory at CommunityFirstMedicare.com. You can also call Member Services at 1-833-434-2347 if you need help.

If you do not choose a PCP, one will be selected for you.

WHEN TO SEE YOUR PRIMARY CARE PROVIDER

Your PCP is your best resource for health advice. You should see your PCP regularly, even if you have no health concerns. They can recommend certain screenings depending on health factors and provide needed preventive care.

For routine care, you should always go to your primary care provider. If you go to another doctor who is not your primary care provider, you might be asked to sign a form that says you will pay the bill.

MAKING AN APPOINTMENT

Call your PCP’s office to make an appointment. You can find their number on your Community First Member ID card. Tell your PCP’s office you are a Community First Medicare Advantage Alamo Plan Member and have your Member ID card with you when you call.

What do I need to bring with me to my appointment?

- Your Community First Member ID card
- Information about your health history
- A list of all medications you are currently taking

- Any known health risks
- Community First Health Plan's checkup checklist (see below) or a list of questions you have for your doctor

We care about your health. Preventive care services like regular health checkups with your PCP are essential to helping create better health outcomes. They also help your doctor get to know you so they can help plan for future health care needs.

COMMUNITY FIRST CHECKUP CHECKLIST

What To Ask At Your Health Checkup

5 questions to ask your Primary Care Provider (PCP)

Here are a few important questions you might want to ask your primary care provider at your next health checkup. Print and take this list with you to your appointment or pull it up on your phone while you are waiting to be seen.

- 1 This is how I'm feeling. Do these symptoms seem normal to you?** Tell your primary care provider exactly how you're feeling. Be honest. Ask if what you're feeling is normal.
- 2 What screening tests do I need?** Ask your primary care provider if they recommend certain screenings depending on your age, gender, and family history.
- 3 Am I at a healthy weight?** If you want to lose weight, ask for help creating a diet and exercise plan.
- 4 Are there better treatment options available for my condition?** If you're not happy with your current medication or treatment, ask for other options.
- 5 What should I do before my next visit?** Ask when you should be seen next and what you can work on between appointments.

CHANGING YOUR PRIMARY CARE PROVIDER

A Member Services Representative can help you choose a new primary care provider. Call Member Services toll-free at 1-833-434-2347. You can also submit a request to change your PCP at [CommunityFirstMedicare.com](https://www.communityfirstmedicare.com) through our secure [Member Portal](#) or write to us at:

Community First Health Plans

Attention: Member Services
12238 Silicon Drive, Suite 100
San Antonio, TX 78249

For a list of PCPs in the Community First network, view our Provider Directory at [CommunityFirstMedicare.com](https://www.communityfirstmedicare.com).

TYPES OF MEDICAL CARE

ROUTINE MEDICAL CARE

Routine medical care is the regular care you get from your PCP to help keep you healthy, such as regular checkups. You can call your PCP to make an appointment for routine medical care. Routine medical care includes:

- Regular checkups
- Treatment when you are sick
- Follow-up care when you have medical tests
- Prescriptions

Contact your PCP to make an appointment for routine medical care including regular health checkups.

URGENT MEDICAL CARE

Another type of medical care is urgent care. There are some injuries and illnesses that are probably not emergencies but can turn into emergencies if they are not treated within 24 hours. Some examples are:

- Minor injuries, burns, or cuts
- Minor breathing issues
- Sore throat or stomach pain
- Muscle sprains/strains

For urgent medical care, you should call your doctor's office, even on nights and weekends. Your doctor will tell you what to do.

In some cases, your doctor may tell you to go to an urgent care clinic. If your doctor tells you to go to an urgent care clinic, you don't need to call the clinic before going. You need to go to a clinic that takes Community First Medicare Advantage Alamo Plan.

Community First also offers same-day, in-home urgent care services through our partner, DispatchHealth. In-home urgent care is same-day medical care for adults and children provided in the comfort of your own. DispatchHealth arrives fully equipped to test and treat everything an urgent care center can.

Make an appointment online at Request.DispatchHealth.com, download the mobile app, or call 210-981-5316.

EMERGENCY MEDICAL CARE

Emergency medical care is provided for emergency medical conditions and emergency behavioral health conditions, including:

- Chest pain or pressure that may move out to the arm, neck, back, shoulder, jaw, or wrist
- Severe stomach pain that comes on suddenly
- A sudden decrease in or loss of consciousness
- Severe shortness of breath

For emergency medical care, you should:

- Go to the nearest emergency room.
- Call 9-1-1 if you need help getting to the hospital.
- Call your PCP as soon as possible after your emergency care.
- Your PCP will give you follow-up care.

POST-STABILIZATION

Post-stabilization care services are services covered by Medicare that keep your condition stable following emergency medical care.

EMERGENCY DENTAL CARE

During normal business hours, call your dentist to find out how to get emergency services. If you need emergency dental services after the dentist's office has closed, call us toll-free at 1-833-434-2347 or call 9-1-1.

Community First covers limited emergency dental services in a hospital or ambulatory surgical center, including payment for the following:

- Treatment for dislocated jaw.
- Treatment for traumatic damage to teeth and supporting structures.
- Removal of cysts.
- Treatment of oral abscess of tooth or gum origin.
- Treatment and devices for craniofacial anomalies.
- Hospital, physician, and related medical services such as drugs for any of the above conditions.

SPECIALISTS AND REFERRALS

SPECIALIST

A specialist is a doctor who provides health care for a specific disease or part of the body. There are many kinds of specialists. Here are a few examples:

- Oncologists care for patients with cancer.
- Cardiologists care for patients with heart problems.
- Orthopedists care for patients with bone, joint, or muscle problems.

Your primary care provider (PCP) will send you to see a specialist if you need more care or different services.

REFERRAL

A referral is a written order from your PCP to see a specialist or get certain medical services. Your PCP can help you make an appointment. If you need additional help, call Member Services.

Not all services require a referral, including:*

- Emergency services
- Urgently needed care
- Kidney dialysis services

CARE AWAY FROM HOME

- Flu/COVID-19 vaccinations
- Routine women's health care and family planning services
- Diabetic supplies and therapeutic shoes or inserts
- Chiropractic services
- Visits to an in-network specialist
- Mental health and/or psychiatric services
- Podiatry services
- Opioid treatment program services
- Outpatient substance abuse services
- Outpatient blood services
- Your annual health examination
- Covered supplemental benefits such as our health and fitness programs
- Covered Medicare preventive and education services
- Preventive and comprehensive dental services
- Eye examinations and eyewear
- Hearing exams and hearing aids

**For more information about these services and how to get them, please contact Member Services at 1-833-434-2347.*

CARE AWAY FROM HOME

Our plan covers emergency and urgent care services anywhere in the United States and its territories.

Call Member Services or our 24-hour Nurse Advice Line at 1-833-434-2347 for help deciding where to get care and for details on your coverage.

PAYING FOR YOUR CARE

PREMIUM

There is no premium for Medicare Advantage Alamo Plan.

COPAYMENT & COINSURANCE

A **copayment** or a "copay" is the fixed amount you pay each time you receive certain medical services. You pay a copay at the time you get the medical service.

Coinsurance is the percentage you pay of the total cost of certain medical services. You pay a coinsurance at the time you get the medical service.

OUT-OF-POCKET LIMITS

Because you are enrolled in a Medicare Advantage Plan, there is a limit to how much you have to pay out-of-pocket each year for covered Part A and Part B medical services that are covered by our plan. This limit is called the maximum out-of-pocket amount for medical services.

As a Member of Community First Medicare Advantage Alamo Plan, the most you will have to pay out-of-pocket for in-network covered services is **\$4,500**.

- The amounts you pay for copayments and coinsurance for in-network covered services count toward this maximum out-of-pocket amount.
- The amounts you pay for your Part D prescription drugs do not count toward your maximum out-of-pocket amount.
- If you reach the maximum out-of-pocket amount of **\$4,500**, you will not have to pay any out-of-pocket costs for the rest of the year for in-network covered Part A and Part B services.

PAYMENTS	IN-NETWORK
Monthly Plan Premium	There is no monthly premium for this plan.
Annual Deductible - Part C (Medical)	There is no health deductible for this plan.
Annual Deductible - Part D (Drugs)	There is a \$200 annual deductible for medications.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$4,500 annually for Medicare-covered services you receive from in-network providers.

HEALTH CARE BENEFITS

You can review a list of your health care benefits in the **Benefits Chart** on the following page. It's also a good idea to review your plan's Evidence of Coverage (EOC) for a more detailed look into your benefits. You can find a copy of your EOC at CommunityFirstMedicare.com or contact Member Services if you'd like a printed copy mailed to you.

The Benefits Chart tells you about the services Community First Medicare Advantage Alamo Plan covers, any restrictions or limits on those services, and how much you will pay for each covered service.

Your primary care provider will work with you to make sure you get the health care services you need. These services must be given by your PCP or referred by your PCP to another provider.

Some of the services listed in the Benefits Chart are covered only if your PCP or other network provider gets approval from us first. This is called prior authorization. Covered services that need prior authorization are marked in the Benefits Chart by an asterisk (*).

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
*Ambulance services	\$250 copay for ground ambulance 20% coinsurance for air/water ambulance Prior authorization for non-emergency ambulance transportation required
Chiropractic services	\$20 copay

HEALTH CARE BENEFITS

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
Dental services	<p>Preventive dental care: \$0 copay for oral exams, cleanings, fluoride treatments, and dental X-rays</p> <p>Comprehensive dental care: \$0 copay for non-routine care, diagnostic services, restorative services, periodontics, extractions, and prosthodontics/oral surgery/other services</p> <p>\$1,500 on all covered dental services each year</p>
Diabetes management	<p>Diabetes supplies: \$0 coinsurance</p> <p>Diabetes self-management training: \$0</p> <p>Diabetes nutrition training: \$0</p> <p>Diabetic foot care: 20% coinsurance</p>
*Durable medical equipment (DME) and related supplies	<p>20% coinsurance for the following items:</p> <ul style="list-style-type: none"> • Wheelchairs • Crutches • Powered mattress systems • Diabetic supplies • Hospital beds ordered by a provider for use in the home • Intravenous (IV) infusion pumps • Speech generating devices • Oxygen equipment and supplies • Nebulizers • Walkers • Prosthetics <p>DME with a purchase or cumulative rental cost of >\$1,000 requires prior authorization</p>
Emergency care/post-stabilization	<p>\$90 copay</p> <p>If you are admitted to the hospital within 24 hours of your visit, you pay the inpatient copay instead of the emergency care copay</p>
Fitness	<p>Free YMCA membership</p>
Foot care	<p>Exams and treatment: \$30 copay</p>
Hearing services	<p>Routine hearing test, fitting/evaluation for hearing aid: \$0 copay (1 per year)</p> <p>Hearing exam: \$25 copay</p> <p>Hearing aids: \$1,200 benefit limit each year</p>

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
*Home health services	\$0 copay
Hospice care	<p>You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care.</p> <p>Hospice is covered by Original Medicare, outside of this plan.</p>
Immunizations	\$0 copay
*Inpatient hospital care	\$175 copay each day for days 1-6; \$0 copay for days 7-90
*Meal benefit	60 meals delivered following inpatient admission
*Medicare Part B prescription drugs	<p>Chemotherapy drugs: 20% coinsurance</p> <p>Other Part B drugs: 20% coinsurance</p> <p>An authorization is required for drugs with billed charges over \$500 per dose.</p>
*Mental health	<p>Psychiatric/mental health/substance misuse inpatient care: \$175 copay per day for days 1-6; \$0 copay for days 7-90</p> <p>Outpatient group therapy: \$30 copay per visit</p> <p>Outpatient individual therapy: \$30 copay per visit</p>
*Occupational therapy services	\$30 copay
Opioid treatment services	\$0 copay
*Outpatient diagnostic procedures/labs/tests	\$0 copay
*Outpatient hospital services	<p>Preventive: 20% coinsurance</p> <p>Surgery: \$175 copay</p> <p>Observation care: \$175 copay</p> <p>Other: 20% coinsurance</p> <p>Ambulatory Surgical Center services: \$175 copay</p>

HEALTH CARE BENEFITS

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
*Outpatient radiological services	General diagnostic: \$0 copay Complex diagnostic: \$150 copay Therapeutic: \$50 copay X-rays: \$0 copay
Outpatient substance misuse services	\$30 copay
Over-the-counter (OTC) items	You will receive a pre-loaded OTC Benefit card in the amount of \$50 to spend on over-the-counter health and wellness items. Your card will be reloaded four times a year, not to exceed a total balance of \$50
*Partial hospitalization	\$45 copay
*Physical and speech therapy	\$25 copay Comprehensive Outpatient Rehabilitation Facility (CORF): \$30 copay
Physician services	General and complex diagnostic radiology: \$30 copay Therapeutic radiology: \$30 copay X-rays: \$30 copay Office surgery: \$30 copay Inpatient and outpatient surgery: \$30 copay Pathology/lab: \$30 copay

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
Preventive Care	<p>Medicare covered services with a \$0 copay include:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual “Wellness” visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening • Cervical and vaginal cancer screening • Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screening and monitoring • Hepatitis C screening • HIV screening • Kidney disease education services • Lung cancer with low-dose computed tomography (LDCT) screening • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and counseling • Physical exams (annual wellness visit) • Prostate cancer screening (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including COVID-19 shots, flu shots, hepatitis B shots, pneumococcal shots • “Welcome to Medicare” preventive visit (one time)
Primary care	<p>Facility visits: \$0 copay per visit</p> <p>Consult/office visits/home visits: \$0 copay per visit</p>
*Rehabilitation services	<p>Cardiac rehabilitation: \$30 copay</p> <p>Intensive cardiac rehabilitation: \$35 copay</p> <p>Pulmonary rehabilitation: \$25 copay</p>
Renal dialysis	20% coinsurance

HEALTH CARE BENEFITS

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
Specialist services	Facility visits: \$30 copay per visit Consults/office visits/home visits: \$30 copay per visit
*Skilled Nursing Facility (SNF)	\$0 copay per day for days 1-20 \$170 copay per day for days 21-100 Medicare Advantage Alamo Plan covers up to 100 days in a SNF
*Transportation	60 one-way non-emergency trips to health care appointments covered per year
Urgently needed care	\$25 copay
Vision care	Eye exams to treat eye conditions: \$25 copay Routine eye exam: \$0 copay (1 per year) Glasses/contacts: \$200 benefit limit each year

How can I find out more about these services?

To learn more about your benefits as a Community First Medicare Advantage Alamo Plan Member, please review your Evidence of Coverage located at [CommunityFirstMedicare.com](https://www.communityfirstmedicare.com) or call Member Services at 1-833-434-2347.

LIMITS TO COVERED SERVICES

There may be limits to some covered services. If you have questions about limits on any covered service, ask your doctor or call Member Services.

SERVICES NOT COVERED

The following is a list of some of the services **NOT** covered by Community First Medicare Advantage Alamo Plan:

- Services considered not “reasonable and necessary,” according to the standards of Medicare and Texas Medicaid, unless these services are listed by our plan as covered services.
- Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan.
- Experimental treatment and items are those that are not generally accepted by the medical community.
- Surgical treatment for morbid obesity, except when it is medically necessary and Medicare pays for it.
- A private room in a hospital, except when it is medically necessary.
- Private duty nurses.
- Personal items in your room at a hospital or a nursing facility, such as a telephone or a television.
- Full-time nursing care in your home.

- Homemaker services, including basic household assistance, light cleaning or making meals.
- Fees charged by your immediate relatives or members of your household.
- Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.
- Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.
- Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines.
- Routine foot care, except for the limited coverage provided according to Medicare guidelines.
- Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.
- Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease.
- Radial keratotomy, LASIK surgery, and other low-vision aids.
- Reversal of sterilization procedures and non-prescription contraceptive supplies.
- Naturopath services (the use of natural or alternative treatments).
- Services provided to veterans in Veterans Affairs (VA) facilities. However, when a veteran gets emergency services at a VA hospital and the VA cost sharing is more than the cost sharing under our plan, we will reimburse the veteran for the difference

If you have questions about whether or not a service is covered, please call Member Services at 1-833-434-2347.

ADDED BENEFITS

What extra benefits do I get as a Member of Community First Health Plans?

Community First offers the most added benefits to our Medicare Advantage Alamo Plan Members. Members receive the following at no cost:

ADDED BENEFITS
24-Hour Nurse Advice Line
Same-day, in-home urgent care services through DispatchHealth
Personal medical alert system with around-the-clock emergency response services
Free YMCA Membership including wellness consultations; free group exercises such as Zumba, Yoga, and Pilates; child care while you work out; and family events
Pre-loaded payment card to purchase over-the-counter health and wellness products
Post-hospital discharge at-home meal delivery program
Non-emergency transportation to health appointments
Gift card incentives, giveaways, and more for participating in our Health & Wellness Programs

ADDED BENEFITS

Telehealth: Virtual visits as an alternative to an in-person visit for consultations, follow-up appointments, management of chronic conditions or medication, and more.

How can I get these benefits?

To learn how you can receive these benefits as a Community First Medicare Advantage Alamo Plan Member, visit [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com) or call Member Services.

HEALTH EDUCATION PROGRAMS

In addition to added benefits, Community First also offers no-cost health education programs to help you stay healthy. Our **Health & Wellness Programs** include:

DIABETES IN CONTROL: DIABETES MANAGEMENT PROGRAM

If you are among the millions of Americans who have diabetes, we want to help you learn all that you can to help manage your disease.

Diabetes in Control was developed to manage your diabetes more effectively by checking blood sugar regularly, eating healthy food, being active, taking medicines as prescribed, and handling stress effectively.

ASTHMA MATTERS: ASTHMA MANAGEMENT PROGRAM

Asthma is a chronic lung condition that causes inflammation and swelling of the airways, sensitivity to things that make swelling worse, and decreased airflow in the lungs. There is no cure for asthma, but you can learn to manage it so you can maintain a normal activity level and minimize the need for emergency treatment.

Asthma Matters was developed to provide you with the tools needed to prevent chronic and troublesome symptoms and improve your well-being.

Program goals include:

- Help you understand the causes or triggers of your asthma
- Achieve normal or near-normal lung function
- Participate in physical activity without symptoms
- Decrease the frequency and severity of flare-ups

HEALTHY MIND: BEHAVIORAL HEALTH PROGRAM

Community First is committed to helping improve the behavioral health and wellness of our Members. If you are struggling, it is important to remember you are not alone. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Healthy Mind can help you determine the type of behavioral health assistance you may need and provide information to help you choose a professional counselor or doctor who can best assist you with the following:

- Aggressive behavior
- Family violence
- Anxiety and depression

- Grief
- Autism
- Suicidal behavior
- Physical, sexual, or emotional abuse
- Divorce or marital problems
- Drug and alcohol abuse
- Stress
- Eating disorders
- Hyperactivity disorders

HEALTHY HEART: BLOOD PRESSURE MANAGEMENT PROGRAM

High blood pressure, also known as hypertension, often has no symptoms. However, it can significantly increase your risk for serious health conditions such as heart attack, stroke, heart failure, and kidney disease.

Healthy Heart can help you learn how to manage your blood pressure by taking medication and implementing healthy lifestyle changes.

HEALTHY LIVING: HEALTHY LIFESTYLE MANAGEMENT PROGRAM

Achieving and maintaining a healthy lifestyle is never beyond reach. **Healthy Living** is designed for Members who are ready to take the first step toward a healthier life.

Healthy Living offers the knowledge and resources needed to understand how to incorporate healthy habits into your everyday life that can last a lifetime.

For more information about Community First Health & Wellness Programs or to join, please visit CommunityFirstHealthPlans.com/Health-and-Wellness-Programs and take the online Health Assessment. You can also contact a Health Educator to learn more or to take the assessment over the phone at 210-358-6055 or email healthyhelp@cfhp.com.

PRESCRIPTION DRUG BENEFITS

Medicare pays for most of the medication your doctor says you need. Your doctor will write a prescription so you can take it to the drug store, or may be able to send the prescription for you.

PRESCRIPTION DRUG FORMULARY

The Prescription Drug Formulary, also called the “Drug List,” is a list of all prescription drugs that Community First Medicare Advantage Alamo Plan covers. To find out if a drug you are taking is on the Drug List, you can:

- Check the most recent Drug List we sent you in the mail.
- Visit our website at CommunityFirstMedicare.com. The Drug List on our website is always the most current and up-to-date list.
- Call Member Services to find out if a drug is on the plan’s Drug List or to ask for a copy of the list be mailed to you.

PRESCRIPTION DRUG BENEFITS

If you need assistance with finding a pharmacy, please call Member Services at 1-833-434-2347 or visit [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com) to use the [Pharmacy Locator](#).

What do I bring with me to the drug store?

You should bring your Community First Health Plans Member ID card.

Who do I call if I have problems getting my medication?

If you have problems getting your covered medications, please call Member Services at 1-833-434-2347. We can work with you and your pharmacy to make sure you get the medication(s) you need.

What if I can't get the medication my doctor ordered approved?

If your doctor cannot be reached to approve a prescription, you may be able to get a three-day emergency supply of your medication. Call Community First at 1-833-434-2347 for help with your medications and refills.

What if I lose my medication?

If you lose your medication, call your doctor for help. If your doctor's office is closed, the pharmacy where you got your medications may be able to help you. You can also call Member Services for help at 1-833-434-2347.

NETWORK DRUG STORES

Community First has a large pharmacy network that includes most major chain pharmacies. You can call Member Services for help finding a network drug store. You can also find a list of network drug stores at [CommunityFirstHealthPlans.com](https://www.CommunityFirstHealthPlans.com).

What if I go to a drug store not in the network?

If you go to a drug store that is not in the network, your prescription may not be covered. You may be responsible for the charges of the prescription medication. You will need to take your prescription to a pharmacy that accepts Community First Health Plans.

How do I transfer my prescriptions to a different network pharmacy?

If you need to transfer your prescription(s), take the following steps:

1. Call the new network pharmacy you'd like to transfer your prescription(s) to and give the needed information to the pharmacist; or
2. Bring your prescription container to the new network pharmacy.

How do I get my medicine if I am traveling?

Community First Health Plans has network pharmacies in all 50 states.

MEDICATION DELIVERY

What if I need my medications delivered to me?

For certain kinds of drugs, you can use the plan's network mail-order services. Our mail-order partner is NoviXus. Generally, the drugs available through mail-order are drugs that you take on a regular basis for a chronic or long-term medical condition.

To get order forms and information about filling your prescriptions by mail, please call NoviXus at 1-877-668-4987, Monday–Friday, 8 a.m. to 8 p.m. EST and Saturdays 9 a.m. to 5 p.m. EST. You can also visit www.novixus.com for more information.

PRESCRIPTION DRUG TIERS

Every drug on the plan's Drug List is in one of five cost sharing tiers. A tier is a group of drugs of generally the same type (for example, brand name, generic, or over-the-counter drugs). In general, the higher the cost sharing tier, the higher your cost for the drug.

Tier 1 is the lowest tier and Tier 5 is the highest tier.

- Tier 1: Preferred Generic Drugs. Includes lower-cost, commonly used generic drugs.
- Tier 2: Generic Drug. Includes many generic drugs.
- Tier 3: Preferred Brand Drugs. Includes common brand name drugs, called preferred brands, and some higher-cost generic drugs.
- Tier 4: Non-Preferred Brand Drugs. Includes non-preferred generic and non-preferred brand name drugs.
- Tier 5: Specialty Drugs. Includes unique and/or very high-cost drugs.

To find out which cost sharing tier your drug is in, look for the drug in the plan's Drug List located at CommunityFirstMedicare.com.

OUT-OF-POCKET COSTS

There are different types of out-of-pocket costs you may pay for your prescription drugs. The amount that you pay for a drug is called "cost sharing" and there are three ways you may be asked to pay.

- The "**deductible**" is the amount you must pay for drugs before our plan begins to pay its share.
- "**Copayment**" means that you pay a fixed amount each time you fill a prescription.
- "**Coinsurance**" means that you pay a percent of the total cost of the drug each time you fill a prescription.

You can contact Member Services to find out how much your copay or coinsurance is for any covered drug.

DRUG PAYMENT STAGES

There are four drug payment stages for your Medicare Part D prescription drug coverage under Community First Medicare Advantage Alamo Plan. How much you pay depends on which stage you are in when you get a prescription filled or refilled.

PRESCRIPTION DRUG TIERS

Stage 1: Annual Prescription Deductible	\$0 per year for Tier 1 and Tier 2, and \$200 per year for Tier 3, Tier 4, and Tier 5 Part D Prescription Drugs					
Stage 2: Initial Coverage (after you pay your deductible, if applicable)	RETAIL			MAIL ORDER		
	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic Drugs	\$7 copay	\$14 copay	\$17.50 copay	\$7 copay	\$14 copay	\$17.50 copay
Tier 3: Preferred Brand Drugs	\$30 copay	\$60 copay	\$75 copay	\$30 copay	\$60 copay	\$75 copay
Tier 4: Non-preferred Drugs	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Tier 5: Specialty Tier	29% coinsurance	29% coinsurance	29% coinsurance	29% coinsurance	29% coinsurance	29% coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,460 , you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.					
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400 , you pay the greater of a. 5% coinsurance, or; b. \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs					

All amounts are for 2023 and are subject to change each year. Please see your Evidence of Coverage (EOC) located at [CommunityFirstMedicare.com](https://www.communityfirstmedicare.com) to review further details of your plan's drug tiers and drug payment stages.

VISION SERVICES

Community First Health Plans partners with Envolve to provide routine eye care services to our Members. You can call Member Services at 1-833-434-2347 for help finding an Envolve provider near you.

You can also look up Envolve providers by visiting VisionBenefits.EnvolveHealth.com.

envolve
Benefit Options

Map Satellite

Current Location
Change address or Zip code

Localizador en español

Find a Vision Provider

State Dropdown
North Carolina

Plan Dropdown
Select Plan

Product Dropdown
Select Product

Provider Name Text Field
Enter Practitioner or Provider Name

City Text Field
City

Search

[Additional Search Options](#)

If you believe there is an inaccuracy in the Provider Directory, you have three (3) ways to report the potential inaccuracy:

- You may send an email to visionproviderdirectory@EnvolveHealth.com
- Call (800) 531-2818, or
- Complete and submit this [online form](#).

Vision benefits include:

- One routine eye exam per year.
- Eyewear, including eyeglasses or contact lenses.
- One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens.

The plan will also pay for outpatient doctor services for the diagnosis and treatment of diseases and injuries of the eye, including:

- Diabetic retinopathy for people with diabetes.
- Treatment for age-related macular degeneration.

For people at high risk of glaucoma, the plan will also pay for one glaucoma screening each year. People at high risk of glaucoma include:

- People with a family history of glaucoma.
- People with diabetes.
- African-Americans who are age 50 and older.
- Hispanic Americans who are 65 or older.

DENTAL SERVICES

We offer comprehensive dental benefits for our Medicare Advantage Alamo Plan Members.

The plan will pay for the following services:

Preventive Dental Services

- Oral exams
- Fluoride treatments
- Cleanings
- Dental X-rays

Comprehensive Dental Services

- Non-routine services
- Diagnostic services
- Restorative services
- Periodontics
- Extractions
- Prosthodontics
- Other oral/maxillofacial surgery
- Other services

Call Member Services for help making a routine dental appointment or for more information.

HEARING SERVICES

The plan pays for hearing and balance tests done by your provider. These tests tell you whether you need medical treatment. They are covered as outpatient care when you get them from a physician, audiologist, or other qualified provider.

The plan will also pay for:

- Routine hearing exams
- Fitting/evaluation for a hearing aid
- Hearing aids

BEHAVIORAL HEALTH

Behavioral Health Services including mental health and substance misuse support are available to all Community First Medicare Advantage Alamo Plan Members.

Behavioral Health services include:

- Mental health care, including care in a partial hospitalization program
- Preventive screenings and services
- Labs and diagnostic tests
- Observation services

The plan will also pay for mental health care services that require a hospital stay including residential/inpatient substance misuse services.

Members can call the Community First Behavioral Health & Substance Abuse hotline at 1-877-221-2226, 24 hours, 7 days a week. The phone line is staffed by trained personnel. Call to talk to someone if you need help right away. If you have a behavioral health emergency, call or text the Suicide and Crisis Lifeline at 9-8-8.

For other questions related to Behavioral Health Services, please call Community First

Medicare Advantage Alamo Plan at 1-833-434-2347.

OVER-THE-COUNTER MEDICATIONS

Incomm Healthcare provides over-the-counter benefit for our Medicare Advantage Alamo Plan Members. As a Community First Member, you will receive a \$50 pre-loaded payment card for the purchase of select over-the-counter products.

You can use your card to purchase health and wellness products, including:

- Pain relievers
- Cold and flu medication
- Dental care supplies
- First aid supplies
- Sun and skin care products
- Allergy medication
- Digestive aids and laxatives
- Sleep aids
- Support braces and assistive devices

Your card will be reloaded four times a year, not to exceed a total balance of \$50.

If you have questions about your over-the-counter benefits, call 1-844-268-9789 or the toll-free number on the back of your over-the-counter payment card.

NON-EMERGENCY MEDICAL TRANSPORTATION

Medicare Advantage Alamo Plan offers Members non-emergency medical transportation (NEMT) to health care appointments if you have no other transportation options.

Medicare Advantage Alamo Plan Members are covered for 60 one-way non-emergency trips every calendar year. Trips include rides to the doctor, dentist, hospital, pharmacy, and other places you get health care services. Trips do not include ambulance trips.

NEMT services include:

- Passes or tickets for transportation, such as mass transit within Bexar County.
- Demand response (curb-to-curb) transportation services in private buses, vans, or sedans (including wheelchair-accessible vehicles, if necessary).
- Mileage reimbursement for an individual transportation participant (ITP) for a verified completed trip to a covered health care service.
 - The ITP can be a responsible party, a family member, a friend, or a neighbor (requires prior clearance through transportation vendor).

To schedule your ride, call: 1-888-444-1496 (TTY 711), Monday through Friday from 8 a.m. to 5 p.m. or visit [MedicalTrip.net](https://www.MedicalTrip.net).

MEMBER BILLING

Schedule rides as early as possible, and at least two business days before you need the ride. If you have questions after hours or about the status of your scheduled ride, call 1-888-444-1473, 24 hours a day, 7 days a week.

MEMBER BILLING

If you get a bill for the full cost of health care or drugs, send the bill to us.

- If the services or drugs are covered, we will pay the provider directly.
- If the services or drugs are covered and you already paid more than your share of the cost, it is your right to be paid back.
- If the services or drugs are not covered, we will tell you.

Here are examples of times when you may need to ask our plan to pay you back or to pay a bill you got:

- When you get emergency or urgently needed health care from an out-of-network provider.
- When you use an out-of-network pharmacy to get a prescription filled.
- When you pay the full cost for a prescription because you do not have your Member ID card with you.

REIMBURSEMENT

- You must submit your Part C (medical) claim to us within 12 months of the date you got the service, item, or drug.
- You must submit your Part D (prescription drug) claim to us within 36 months of the date you got the service, item, or drug.

Send us your bill and proof of any payment you have made. To make sure you are giving us all the information we need to make a decision, you can fill out our claim form to make your request for payment. You can get a copy of the form on our website [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com) or you can call Member Services at 1-833-434-2347.

You can also mail your request for payment together with any bills or receipts to us at this address:

Community First Health Plans

Medical or Prescription Drug Payment Requests
12238 Silicon Drive, Suite 100
San Antonio, Texas 78249

Contact Member Services if you have any questions. If you don't know what you should have paid, or you receive bills and you don't know what to do about those bills, we can help.

COMPLAINTS

If you have a complaint, we want to help.

You can make a complaint about Community First Health Plans, any provider (including an out-of-network or network provider), and any pharmacy (including a complaint

about your prescription drugs). You can submit your complaint orally, through the [Member Portal](#), or via mail.

You can also send a complaint about Community First Medicare Advantage Alamo Plan right to Medicare by using the online form located at www.medicare.gov/MedicareComplaintForm/home.aspx. Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.

Finally, you can make a complaint about the quality of the care you got to either Community First or to the Quality Improvement Organization (QIO) by calling 1-888-316-0636 or visiting <https://www.keproqio.com/bene/statepages/texas>.

If your complaint is about a coverage decision about your health care or prescription drugs, you can make an appeal.

APPEAL PROCESS

An appeal is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake.

The appeals process is a formal process with detailed procedures and important deadlines. You can find more information about the appeal and expedited appeal process on our website at CommunityFirstMedicare.com.

A Member Services Representative can help you file an appeal by calling 1-833-434-2347.

ENROLLMENT

INITIAL ENROLLMENT PERIOD

The Initial Enrollment Period is your first chance to sign up for Medicare. Once you become eligible, you have these seven months to enroll:

- 3 months before the month you turn 65
- The month you turn 65
- 3 months after the month you turn 65

OPEN ENROLLMENT

The Annual Enrollment Period (also known as “Open Enrollment”) lasts from October 15 through December 7. If you choose a new plan during this period, your membership in Community First Medicare Advantage Alamo Plan will end on December 31 and your membership in the new plan will start on January 1.

During Open Enrollment, you can:

- Choose to keep your current coverage or make changes to your coverage for the upcoming year. If you decide to change to a new plan, you can choose any of the following types of plans:
 - Another Medicare health plan. (You can choose a plan that covers prescription drugs or one that does not cover prescription drugs),

ENROLLMENT

- Original Medicare with a separate Medicare prescription drug plan, or
- Original Medicare without a separate Medicare prescription drug plan.

MEDICARE ADVANTAGE OPEN ENROLLMENT

The Medicare Advantage Open Enrollment Period is for Members who already have a Medicare Advantage Plan and want to enroll in a different Medicare Advantage Plan or go back to Original Medicare. Medicare Advantage Open Enrollment is from January 1 through March 31.

RENEWING YOUR PLAN

Your plan will renew automatically each year. Community First Health Plans will send you a “Plan Annual Notice of Change” (ANOC) each fall. The ANOC includes any changes in coverage, costs, and more that will be effective the following January. It’s important to review any changes to your plan to make sure the plan still meets your needs.

ENDING YOUR MEMBERSHIP

Usually, to end your membership in our plan, you simply enroll in another Medicare plan during one of the enrollment periods. However, if you want to switch from our plan to Original Medicare without a Medicare prescription drug plan, you must ask to be disenrolled from our plan. There are two ways you can ask to be disenrolled:

- You can make a request in writing to us. (Contact Member Services if you need more information on how to do this), or
- You can contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

These are the cases when Community First Medicare Advantage Alamo Plan must end your membership in our plan:

- If there is a break in your Medicare Part A and Part B coverage.
- If you are required to pay the extra Part D amount because of your income and you do not pay it.
- If you move out of our service area.
- If you are away from our service area for more than six months.
- If you go to jail or prison for a criminal offense.
- If you lie about or withhold information about other insurance you have for prescription drugs.
- If you are not a United States citizen or are not lawfully present in the United States.

Non-Discrimination Notice

Community First Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Community First Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

Community First Health Plans provides free auxiliary aids and services to people with disabilities to communicate effectively with our organization, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, and other written formats)

Community First Health Plans also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these auxiliary services, please contact Community First Member Services at 1-800-434-2347. TTY (for hearing impaired) at 210-358-6080 or toll free 1-800-390-1175.

If you wish to file a complaint regarding claims, eligibility, or authorization, please contact Community First Member Services at 1-800-434-2347.

If you feel that Community First Health Plans failed to provide free language services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can contact the Chief Compliance & Quality Officer by phone, fax, or email at:

Susan Lomba
Chief Compliance & Quality Officer
Phone: 210-510-2463, TTY number: 1-800-390-1175
Fax: 210-358-6014
Email: slomba@cfhp.com

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

You may also file a complaint by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019, TDD number: 1-800-537-7697

Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>

Aviso de no discriminación

Community First Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, u orientación sexual. Community First Health Plans no excluye o trata de manera diferente a las personas debido a raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, u orientación sexual.

Community First Health Plans proporciona asistencia y servicios gratuitos a personas con discapacidades para comunicarse efectivamente con nuestra organización, como:

- Intérpretes calificados de lenguaje de señas
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

Community First Health Plans también ofrece servicios gratuitos lingüísticos a personas cuyo idioma principal no es el inglés, como:

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita recibir estos servicios auxiliares, comuníquese al Departamento de Servicios para Miembros de Community First al 1-800-434-2347. TTY (para personas con problemas auditivos) al 210-358-6080 o al número gratuito 1-800-390-1175.

Si desea presentar una queja sobre reclamos, elegibilidad, o autorización, comuníquese al Departamento de Servicios para Miembros de Community First al 1-800-434-2347.

Si cree que Community First Health Plans no proporcionó servicios lingüísticos gratuitos o fue discriminado de otra manera por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, u orientación sexual, puede comunicarse con la directora del calidad y cumplimiento por teléfono, fax, o correo electrónico al:

Susan Lomba
Directora de calidad y cumplimiento
Teléfono: 210-510-2463, línea de TTY gratuita: 1-800-390-1175
Fax: 210-358-6014
Correo electrónico: slomba@cfhp.com

También puede presentar un queja de derechos civiles ante el Departamento de Salud y Servicios Humanos de los Estados Unidos de manera electrónica a través del portal de quejas de derechos civiles, disponible en: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

También puede presentar una queja por correo o por teléfono al:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
Teléfono: 1-800-368-1019, línea de TDD gratuita: 1-800-537-7697

Los formularios de queja están disponibles en:
<http://www.hhs.gov/ocr/office/file/index.html>.

2023

MEDICARE ADVANTAGE ALAMO PLAN
Member Handbook



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