2024

COMMUNITY FIRST
MEDICARE ADVANTAGE
ALAMO

SUMMARY OF BENEFITS

OVERVIEW OF YOUR PLAN

Community First
Medicare Advantage Alamo Plan
(HMO) H5447-001

Look inside to take advantage of the benefits, services, and drug coverages the plan provides.

Call Member Services or go online for more information about the plan.

Local 210-358-6386 • Toll-Free 1-833-434-2347
7 days a week, from 8 a.m. to 8 p.m.
(October 1 - March 31)
Monday through Friday, from 8 a.m. to 5 p.m.
(April 1 - September 30)
Message service available on weekends and holidays from April 1 - September 30

TTY 711
(24 hours a day/7 days a week)

Serving residents of Bexar County.
CommunityFirstMedicare.com

H5447_0820A00001_M

Summary of Benefits

The benefit information provided in this summary lists what Community First Health Plans, Inc. covers and what you pay. The summary does not list every service that is covered nor list every limitation or exclusion within the plan. The Evidence of Coverage (EOC) provides a complete list of Medicare Advantage plan services we cover. You can see the EOC online at CommunityFirstMedicare.com or you can call Member Services for assistance. When you enroll in the plan, you will receive information that tells you where you can go online to view your EOC.

Information About This Plan

Community First is a Medicare Advantage organization with a Medicare contract. To enroll in the **Community First Medicare Advantage Alamo Plan (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen, or lawfully present in the United States.

Our service area includes the following county in Texas: Bexar.

Community First Network Providers and Pharmacies

Community First Medicare Advantage Alamo Plan (HMO) uses a network of doctors, hospitals, pharmacies, and other service providers. This plan requires you to choose a primary care provider (PCP) from within the network. Your PCP can help you handle most of your health care needs and is responsible to help you coordinate your care. If you need to see a network specialist or other network provider, in some cases, you may need to get a referral from your PCP. Before selecting your PCP, Community First encourages you to find out which specialists, hospitals, and other care providers your PCP would likely recommend to you for care. If you use providers or pharmacies that are not in the Community First network, the plan may not pay for those services or drugs, and you may pay more than you pay at a network pharmacy.

You can go to CommunityFirstMedicare.com to look up a Community First network provider or pharmacy using the Medicare Advantage online directories. You can also view the plan Drug List (called the Formulary) to see what drugs are covered and if there are any restrictions.

Community First Medicare Advantage Alamo Plan (HMO)

Premiums and Benefits	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 prescription medications.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$4,500 annually for Medicare-covered services you receive from in-network providers.

Community First Medicare Advantage Alamo Plan (HMO)

Benefits	In-Network
***Inpatient Hospital**	$175 copay per day for days 1-6 $0 copay per day for days 7-90
Outpatient Hospital	
*Ambulatory Surgical Center (ASC)	$175 copay
*Outpatient Hospital, including Surgery	$175 copay
Outpatient Hospital Observation	$175 copay
Doctor Visits	
Primary	$0 copay per visit
Specialists	$30 copay per visit

Benefits	In-Network
Preventive Care Medicare-Covered Services	$0 copay: • 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 • Lung cancer with low-dose computed tomography (LDCT) screening • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and counseling • 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 flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 shots • "Welcome to Medicare" preventive visit (one time) Any other additional preventive services approved by Medicare during the year are covered. This plan covers are preventive care screenings and annual physical exams at 100% when you use one of our in-network providers.
Routine Physical	$0 copay (1 physical per year)
Emergency Care	$90 copay per visit If you are admitted to the hospital within 24 hours of your visit, you pay the inpatient copay instead of the emergency care copay
Urgently Needed Services	$25 copay per visit

Benefits	In-Network
Diagnostic Tests, Lab and Radiology Services, and X-rays	
*Outpatient General Diagnostic Radiology	$0 copay
*Outpatient Complex Diagnostic Radiology	$150 copay
*Outpatient Lab Services	$0 copay
*Outpatient Diagnostic Tests and Procedures	$0 copay
*Therapeutic Radiology	$50 copay
*Outpatient X-rays	$0 copay
Hearing Services	
Routine Hearing Test/Evaluation for Hearing Aid	$0 copay (1 per year)
Hearing Exam	$25 copay
Hearing Aids	$3,500 benefit limit each year
Routine Dental Services	
Preventive Care	$0 copay for oral exams, cleanings, fluoride treatments, and dental X-rays
Comprehensive Care	$0 copay for non-routine care, diagnostic services, restorative services, periodontics, extractions, and prosthodontics/oral surgery/other services
Benefit Limit	$1,800 on all covered dental services each year
Vision Services	
Eye Exams to Treat Condition of the Eye	$25 copay
Routine Eye Exam	$0 copay (1 per year)
Eyewear	$200 benefit limit each year
Mental Health	
*Inpatient Care	$175 copay per day for days 1 through 6 $0 copay per day for days 7 through 90
*Outpatient Group Therapy Visit	$30 copay
*Outpatient Individual Therapy Visit	$30 copay
Skilled Nursing Facility (SNF)	$0 copay per day for days 1-20 $170 copay per day for days 21-100 Plan covers up to 100 days in a SNF

Benefits	In-Network
Physical Therapy and Speech/Language Therapy Visits	
*Cardiac Rehabilitation	$30 copay per visit
*Intensive Cardiac Rehabilitation	$35 copay per visit
*Pulmonary Rehabilitation	$15 copay per visit
*Physical and Speech Therapy Services	$25 copay per visit
Comprehensive Outpatient Rehab Facility (CORF)	$30 copay per visit
***Ambulance Services**	
Ground Ambulance	$250 copay
Air Ambulance	20% coinsurance Prior authorization for non-emergency ambulance transportation required
Medicare Part B Drugs	
**Chemotherapy Drugs	20% coinsurance
**Other Part B Drugs	20% coinsurance

*Requires a prior authorization from the plan
**Requires a prior authorization from the plan for drugs >$500 per dose

Prescription Drugs

If you reside in a long-term facility, your prescription costs the same for a 31-day supply as a 30-day supply at a retail pharmacy.

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	25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance
	Tier 5: Specialty Tier	30% Coinsurance	N/A	N/A	30% Coinsurance	N/A	N/A
Stage 3: Coverage Gap Stage		After your total drug costs reach **$5,030**, 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 **$8,000**, the plan pays the full cost of your covered, Part D drugs. You pay nothing.					

Additional Benefits

Additional Benefits	In-Network
Chiropractic Services	$20 copay
Diabetes Management	
Diabetes Monitoring Supplies	$0 copay
Diabetes Self-Monitoring Training	$0 copay
Diabetes Nutrition Training	$0 copay
Diabetic Foot Care	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	
***Durable Medical Equipment	20% coinsurance
***Prosthetics	20% coinsurance
Fitness Program	
YMCA Membership	$0 copay
Podiatry Services	
Foot Exams and Treatment	$30 copay
***Home Health Care**	$0 copay
Hospice	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. Hospice is covered by Original Medicare, outside of this plan
***Meal Benefit**	$0 copay (Up to 60 meals provided following an inpatient admission)
***Non-Emergency Medical Transportation**	60 one-way non-emergency medical transportation trips every calendar year
***Occupational Therapy Visit**	$30 copay
Opioid Treatment Services	$0 copay
Outpatient Substance Abuse	
Outpatient Group Therapy Visit	$30 copay
Outpatient Individual Therapy Visit	$30 copay
Over-the-Counter Benefit	Pre-loaded payment card in the amount of $90. Card will be reloaded quarterly, and your benefit amount will rollover.
Renal Dialysis	20% coinsurance

*Requires a prior authorization from the plan
***Requires a prior authorization for purchase or cumulative rental cost >$1,000

Required Information

This plan is insured through Community First Health Plans, Inc., a Medicare Advantage organization with a Medicare contract. Part D of this Medicare Advantage Plan is administered by Navitus Inc., a Medicare-approved Part D pharmacy benefits manager (PBM).

Community First Health Plans, Inc. Medicare Advantage Plans may offer supplemental benefits in addition to Part C and Part D benefits.

If you want to know more about the coverage and associated costs of Original Medicare, review your current "Medicare and You" handbook. View the "Medicare and You" handbook online at www.medicare.gov or get a copy sent to you by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Community First Health Plans, Inc., complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, religion, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-434-2347 TTY 1-800-390-1175.

注意：如果您使用繁體中文，您可以免費獲得語援助服 務。請致電 1-833-434-2347 TTY 1-800-390-1175.

This information is available for free in other languages. Please call our Member Services number listed on the first page of this document.

Esta información está disponible de forma gratuita en otros idiomas. Comuníquese con nuestro número de Servicios para Miembros que se encuentra en la primera página de este documento.

The information in this document is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

The plan formulary, pharmacy network, and/or provider network may change at any time. You will receive notice if this occurs.

NoviXus is the recommended mail order pharmacy for Community First Health Plans, Inc. You are not required to use NoviXus for a supply of your maintenance medication(s). The first order will require registration on the NoviXus website available at www.novixus.com. Medications are shipped within 2 weeks. If you have questions about mail order for maintenance medications and how to get started, please call (877) 668-4987, Monday–Friday, 8:00 a.m. to 8:00 p.m EST and Saturdays 9:00 a.m. to 5:00 p.m. EST.

Participation in Community First Medicare Advantage Alamo Plan (HMO) fitness program is voluntary. Consult your PCP before beginning an exercise program or making changes to your lifestyle or health care routine. The Medicare Advantage Alamo Plan (HMO) fitness program includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location.

Required Information, cont.

Enrollment Checklist

Before making your enrollment decision, it is important that you fully review and understand Community First's plan benefits and rules. If you have any questions, you can call and speak to a Member Services Representative at the number listed on the first page of this document.

Understanding the Benefits

- Review the full list of benefits found in the plan's Evidence of Coverage (EOC), especially for the services that you usually see a doctor for. Call Community First or go online to view a copy of the EOC. Our phone number and website are listed on the first page of this document.
- Review and explore the Provider Directory (or ask your PCP) to make sure the doctors you see now are in the provider network. If they are not listed, it means you most likely have to select a new doctor.
- Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the pharmacy network. If the pharmacy you choose is not listed, you most likely will have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copays/ coinsurance may change on January 1 of each year. Make sure to review plan changes annually.
- Except in emergency or urgent situations, Community First does not cover services by out-of-network providers (doctors who are not listed in the provider directory).

2024
SUMMARY OF BENEFITS
OVERVIEW OF YOUR PLAN

Community First
Medicare Advantage Alamo Plan
(HMO) H5447-001

COMMUNITY FIRST
MEDICARE ADVANTAGE
ALAMO

12238 Silicon Drive, Ste. 100
San Antonio, Texas 78249
CommunityFirstMedicare.com