

GET MORE FROM YOUR MEDICARE PLAN

WHEN IT COMES TO MEDICARE, YOU HAVE OPTIONS.

COMMUNITY FIRST
— MEDICARE ADVANTAGE —

ALAMO PLAN

Community First Medicare Advantage Alamo Plan offers the coverage you get from Original Medicare – Part A (hospital insurance) and Part B (medical insurance) – **plus additional benefits**, including Medicare Part D (drug coverage), dental, vision, hearing, over-the counter health items, transportation to health care visits, free fitness membership, 24/7 Nurse Advice Line, and much more.

Review the benefits and value-added services exclusive to Community First Members below!

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
*Ambulance services	Ground: \$250 copay per trip Air/Water: 20% coinsurance Prior authorization for non-emergency ambulance transportation required
Chiropractic services	\$20 copay per visit
Dental services	Preventive dental care: \$0 copay for oral exams, cleanings, fluoride treatments, and dental X-rays Comprehensive dental care: \$0 copay for non-routine care, diagnostic services, restorative services, periodontics, extractions, and prosthodontics/oral surgery/ other services \$1,500 maximum on all covered dental services each year
Diabetes management	Diabetes supplies: 0% coinsurance Diabetes self-management training: \$0 Diabetes nutrition training: \$0 Diabetic foot care: 20% coinsurance
*Durable medical equipment (DME) and related supplies	20% coinsurance for the following items: <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 DME with a purchase or cumulative rental cost of >\$1,000 requires prior authorization
<i>* Health care service may require prior authorization</i>	

 Highlighted rows represent added benefits exclusive to Community First Medicare Advantage Alamo Plan Members only.

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
Emergency care/ post-stabilization	\$90 copay If you are admitted to the hospital within 24 hours of your visit, you pay the inpatient copay instead of the emergency care copay
Fitness	Free YMCA membership
Foot care	Exams and treatment: \$30 copay
Hearing services	Routine hearing test, fitting/evaluation for hearing aid: \$0 copay (1 per year) Hearing exam: \$25 copay Hearing aids: \$1,200 benefit limit each year
*Home health services	\$0 copay
Hospice care	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
Immunizations	\$0 copay
*Inpatient hospital care	\$175 copay each day for days 1-6; \$0 copay for days 7-90
*Meals	Home-delivery meal services following inpatient admission (60 meals)
*Medicare Part B prescription drugs	Chemotherapy drugs: 20% coinsurance Other Part B drugs: 20% coinsurance An authorization is required for drugs with billed charges over \$500 per dose
*Mental health	Psychiatric/mental health/substance misuse inpatient care: \$175 copay per day for days 1-6; \$0 copay for days 7-90 Outpatient group therapy: \$30 copay per visit Outpatient individual therapy: \$30 copay per visit
*Occupational therapy services	\$30 copay
Opioid treatment services	\$0 copay
*Outpatient diagnostic procedures/labs/tests	\$0 copay
*Outpatient hospital services	Preventive: 20% coinsurance Surgery: \$175 copay Observation care: \$175 copay Other: 20% coinsurance Ambulatory Surgical Center services: \$175 copay
*Outpatient radiological services	General diagnostic: \$0 copay Complex diagnostic: \$150 copay Therapeutic: \$50 copay X-rays: \$0 copay

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COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
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
Preventive care	Medicare covered services with a \$0 copay include: <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual wellness visit/physical exam • 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 • Prostate cancer screening (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (for people with no sign of tobacco-related disease) • Vaccines, including COVID-19, flu, hepatitis B, pneumococcal shots • “Welcome to Medicare” preventive visit (one time)

** Health care service may require prior authorization*

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COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
Primary care	Facility visits: \$0 copay Consult/office visits/home visits: \$0 copay
*Rehabilitation services	Cardiac rehabilitation: \$30 copay Intensive cardiac rehabilitation: \$35 copay Pulmonary rehabilitation: \$25 copay
Renal dialysis	20% coinsurance
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 when no other transportation is available.
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
<i>* Health care service may require prior authorization</i>	

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