



Summary of Benefits

PY 2021

Overview of Your Plan

**CFHP Medicare Advantage
with Part D Standard 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.

(Message service available on weekends and holidays from Apr. 1 - Sept. 30)

TTY 1-800-390-1175

(24 hours a day/7 days a week)

Atascosa • Bandera • Bexar • Comal • Guadalupe • Kendall • Medina • Wilson

communityfirstmedicare.com

Summary of Benefits

January 1, 2021 – December 31, 2021

The benefit information provided in this summary lists what Community First Health Plans, Inc. (CFHP) 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 it 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 Evidence of Coverage.

Information About This Plan

CFHP is a Medicare Advantage organization with a Medicare contract. To enroll in the **CFHP Medicare Advantage with Part D Standard 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 counties in Texas: Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, and Wilson.

CFHP Network Providers and Pharmacies

CFHP Medicare Advantage with Part D Standard 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 will be 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, CFHP 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 CFHP 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 online at communityfirstmedicare.com to lookup a CFHP 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.

CFHP Medicare Advantage with Part D Standard 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 \$300 annual deductible for medications.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$7,550 annually for Medicare-covered services you receive from in-network providers.
Estimated Total Yearly Costs	\$3,607 You may expect to pay this amount for care if you're in good health. Actual costs will depend on how much care you end up using.

Benefits	In-Network
Urgently Needed Services	\$30 copay per visit
Diagnostic Tests, Lab and Radiology Services, and X-rays *Diagnostic Radiological Services *Lab Services *Diagnostic Tests and Procedures *Therapeutic Radiology *Outpatient X-rays	\$30-\$200 copay depending on the complexity of the service \$0 copay \$0 copay \$50 copay \$0 copay
Hearing Services Routine Hearing Exams Fitting/Evaluation for Hearing Aid Hearing Aids	\$50 copay (1 per year) \$0 copay (1 per year) \$0 copay (\$750 benefit limit each year)
Routine Dental Services Preventative Care Comprehensive Care Benefit Limit	\$0 copay for oral exams, cleanings, fluoride treatments, and dental X-rays \$0 copay for non-routine care, diagnostic services, restorative services, periodontics, extractions, and prosthodontics/oral surgery/other services \$500 on all covered dental services each year
Vision Services Eye Exams to Treat Condition of the Eye Routine Eye Exam Eyewear	\$50 copay \$0 copay (1 per year) \$0 copay (\$100 benefit limit each year)
Mental Health *Inpatient Visit *Outpatient Group Therapy Visit *Outpatient Individual Therapy Visit	\$325 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90 \$40 copay \$40 copay
Skilled Nursing Facility (SNF)	\$0 copay per day for days 1-20 \$160 copay per day for days 21-100 Our plan covers up to 100 days in a SNF
Physical Therapy and Speech/Language Therapy Visits *Rehab Services (CORF – Comprehensive Outpatient Rehab Facility) *Physical and Speech Therapy Services	\$30 copay per visit \$40 copay per visit
*Ambulance Services	\$300 copay for ground ambulance \$300 copay for air ambulance Prior authorization for non-emergency transportation required
Medicare Part B Drugs **Chemotherapy Drugs **Other Part B Drugs	20% coinsurance 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 \$300 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		27% Coinsurance	N/A	N/A	27% Coinsurance	N/A	N/A
Stage 3: Coverage Gap Stage		After your total drug costs reach \$4,130, 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 \$6,550, you pay the greater of a. 5% coinsurance, or; b. \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs.					

Additional Benefits

Additional Benefits	In-Network
Chiropractic Services	\$20 copay
Diabetes Management Diabetes Monitoring Supplies Diabetes Self-Monitoring Training Diabetic Foot Care	\$0 copay \$0 copay 20% coinsurance
Durable Medical Equipment (DME) and Related Supplies ***Durable Medical Equipment (wheelchairs, oxygen, etc.) ***Prosthetics	20% coinsurance 20% coinsurance
Fitness Program	\$0 copay
Foot Care Foot Exams and Treatment	\$50 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.
*Occupational Therapy Visit	\$40 copay
Opioid Treatment Services	\$0 copay
Outpatient Substance Abuse Outpatient Group Therapy Visit Outpatient Individual Therapy Visit	\$0 copay \$0 copay
*Meal Benefit	\$0 copay (up to 10 meals provided over 7 days following an inpatient admission)
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).

CFHP 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，您可以免費獲得語音援助服務。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 the CFHP Medicare Advantage with Part D Standard 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 CFHP Medicare Advantage with Part D Standard 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 CFHP's plan benefits and rules. If you have any questions, you can call and speak to a Customer Service 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 CFHP 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 CFHP 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, CFHP does not cover services by out-of-network providers (doctors who are not listed in the provider directory).