

SUMMARY OF BENEFITS

2023



OVERVIEW OF YOUR PLAN

**Community First
Medicare Advantage
Dual Eligible Special Needs Plan D-SNP
(HMO D-SNP) H5447-002**

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 April 1 - September 30)

TTY 711

(24 hours a day/7 days a week)

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 Dual Eligible Special Needs Plan D-SNP (HMO D-SNP)**, you must live within our service area listed below, be a United States citizen, or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan D-SNP (HMO D-SNP) for people who have Medicare and Medicaid. As a member in a D-SNP plan, you don't pay anything for covered medical services. The amount that Medicaid covers depends on your income, available resources, and other factors. You can enroll in **Community First Medicare Advantage Dual Eligible Special Needs Plan D-SNP (HMO D-SNP)** if you are entitled to Medicare Part A, enrolled in Medicare Part B, and enrolled in the Texas Health and Human Services Medicaid program.

Members enrolled in the Texas Health and Human Services Medicaid program are either Qualified Medicare Beneficiaries (QMB) or Qualified Medicare Beneficiaries – Plus (QMB +).

Our service area includes the following counties in Texas: Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, and Wilson.

Community First Network Providers and Pharmacies

Community First Medicare Advantage Dual Eligible Special Needs Plan D-SNP (HMO D-SNP) 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 for coordinating 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 online at CommunityFirstMedicare.com to lookup 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 Dual Eligible Special Needs Plan D-SNP (HMO D-SNP)

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 \$505 annual deductible for medications.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$8,300 annually for Medicare-covered services you receive from in-network providers. Texas Medicaid QMB and QMB+ levels will pay nothing for Medicare-covered services . Refer to the Texas Medicaid section for Medicaid-covered services .

Community First Medicare Advantage Dual Eligible Special Needs Plan D-SNP (HMO D-SNP)

Benefits	In-Network
*Inpatient Hospital	\$0 copay (Days 1-90)
Outpatient Hospital	
*Ambulatory Surgical Center (ASC)	\$0 copay
*Outpatient Hospital, including Surgery	\$0 copay
Outpatient Hospital Observation	\$0 copay
Doctor Visits	
Primary	\$0 copay per visit
Specialists	\$0 copay per visit
Preventive Care	
Medicare-Covered Services	\$0 copay <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 • 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 • “Welcome to Medicare” preventive visit (one-time) <p>Any other additional preventive services approved by Medicare during the year is covered. This plan covers preventive care screenings and annual physical exams at 100% when you use one of our in-network providers.</p>
Routine Physical	\$0 copay (1 physical per year)

Benefits	In-Network
Emergency Care	\$0 copay per visit
Urgently Needed Services	\$0 copay per visit
Diagnostic Tests, Lab and Radiology Services, and X-rays	
*Diagnostic Radiological Services	\$0 copay
*Lab Services	\$0 copay
*Diagnostic Tests and Procedures	\$0 copay
*Therapeutic Radiology	\$0 copay
*Outpatient X-rays	\$0 copay
Hearing Services	
Routine Hearing Exams	\$0 copay (1 per year)
Fitting/Evaluation for Hearing Aid	\$0 copay (1 per year)
Hearing Aids	\$0 copay (\$1,500 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	\$1,500 on all covered dental services each year
Vision Services	
Eye Exams to Treat Condition of the Eye	\$0 copay
Routine Eye Exam	\$0 copay (1 per year)
Eyewear	\$0 copay (\$275 benefit limit each year)
Mental Health	
*Inpatient Visit	\$0 copay
*Outpatient Group Therapy Visit	\$0 copay
*Outpatient Individual Therapy Visit	\$0 copay
Skilled Nursing Facility (SNF)	\$0 copay
Physical Therapy and Speech/Language Therapy Visits	
*Rehab Services	\$0 copay per visit
(CORF – Comprehensive Outpatient Rehab Facility)	\$0 copay per visit
*Physical and Speech Therapy Services	\$0 copay per visit
*Ambulance Services	\$0 copay for ground ambulance \$0 copay for air ambulance Prior authorization for non-emergency air transportation required
Medicare Part B Drugs	
**Chemotherapy Drugs	\$0 copay per visit
**Other Part B Drugs	\$0 copay per visit

*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		\$505 per year for All Tiers 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	25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance
	Tier 2: Generic Drugs	25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance
	Tier 3: Preferred Brand Drugs	25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance
	Tier 4: Non-preferred Drugs	25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance
	Tier 5: Specialty Tier	25% Coinsurance	N/A	N/A	25% Coinsurance	N/A	N/A
Stage 3: Coverage Gap Stage		After your total drug costs reach \$4,660, 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: <ul style="list-style-type: none"> 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. 					

Additional Benefits

Additional Benefits	In-Network
Chiropractic Services	\$0 copay
Diabetes Management Diabetes Monitoring Supplies Diabetes Self-Monitoring Training Diabetic Foot Care	\$0 copay \$0 copay \$0 copay
Durable Medical Equipment (DME) and Related Supplies ***Durable Medical Equipment (wheelchairs, oxygen, etc.) ***Prosthetics	\$0 copay \$0 copay
Fitness Program	No-cost YMCA membership
Foot Care Foot Exams and Treatment	\$0 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
Kidney Disease Education	\$0 copay
*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	\$0 copay
Opioid Treatment Services	\$0 copay
Over-The-Counter (OTC) Drug Benefit	Pre-loaded payment card in the amount of \$240. Card will be reloaded four times per year, not to exceed a balance of \$240.
Outpatient Substance Abuse Outpatient Group Therapy Visit Outpatient Individual Therapy Visit	\$0 copay \$0 copay
Renal Dialysis	\$0 copay

*Requires a prior authorization from the plan

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

Summary of Medicaid Covered Benefits

Your Texas Medicaid Program is administered by the Texas Health and Human Services Commission (HHSC). If you have questions about Medicaid, call the number listed on your Texas Medicaid ID card for information.

When a person is entitled to both Medicare and medical assistance through a Medicaid plan, they are called dual-eligible. Remember that your Medicaid coverage varies depending on your income, available resources, and other factors. Benefits may include the full array of Medicaid benefits and include payment for some or all of your Medicare cost-shares. Cost-shares include any due premiums, deductibles, coinsurance, or copays.

The specific dual eligibility coverage categories for beneficiaries who may enroll in the Community First Medicare Advantage Dual Eligible Special Needs Plan D-SNP (HMO D-SNP) are listed below:

- **Qualified Medicare Beneficiary (QMB):** Medicaid pays Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only. Your Medicaid covers the Medicare cost-shares, but you are not otherwise eligible for full Medicaid benefits.
- **Qualified Medicare Beneficiary – Plus (QMB +):** Medicaid pays Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only. Your Medicaid covers the Medicare cost-shares, and you are eligible for full Medicaid benefits.

As a QMB or QMB + beneficiary enrolled in this plan, your cost share is 0%. This does not include your Part D prescription copays (if applicable).

The chart below shows what services are covered by this plan and by Texas Medicaid:

Benefit Category	Community First Medicare Advantage HMO D-SNP	Texas Medicaid
Acupuncture	Not Covered	Not Covered
Ambulance Services (medically necessary)	\$0 copay Prior authorization may be required	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Assistive Communication Devices	Not Covered	For members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Bone Mass Measurement	\$0 copay for Medicare preventive services	Bone density screening is a benefit of Texas Medicaid. For members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services

Benefit Category	Community First Medicare Advantage HMO D-SNP	Texas Medicaid
Cardiac Rehabilitation	\$0 copay Prior authorization required	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Chiropractic Services	\$0 copay for Medicare covered chiropractic services Prior authorization required	Chiropractic manipulative treatment (CMT) performed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Colorectal Screening Exams (for those 50 and older)	\$0 copay for Medicare preventive services	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Dental Services (for people who are 20 or younger or 21 and older in an ICF or IDD waiver)	Preventive: \$0 copay for covered services (exam, cleaning, X-rays) Comprehensive: \$0 copay for covered services Benefit limit: \$1,500 limit on all covered dental services	For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Diabetic Supplies (includes coverage for test strips, lancets, and screening tests)	\$0 copay	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Diagnostic Tests, X-rays, Lab Services, and Radiology Services	\$0 copay Prior authorization required	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Doctor and Hospital Choice	In-network You must go to network doctors, specialists, and hospitals, which may require a prior authorization	Members should follow Medicare guidelines related to hospital and doctor choice.

Benefit Category	Community First Medicare Advantage HMO D-SNP	Texas Medicaid
Doctor Office Visits	Primary Care Provider \$0 copay Specialist \$0 copay	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Dialysis	\$0 copay	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Durable Medical Equipment (DME) (includes wheelchairs and oxygen)	\$0 copay Prior authorization may be required	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Emergency Care (Any emergency room visit when the member believes he/she needs emergency care)	\$0 copay	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Health/Wellness Education (nutritional counseling for children, smoking cessation for pregnant women, adult annual exam, kidney disease education)	\$0 copay Programs to help you learn about and manage your health conditions including education, materials, advice and care tips	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Hearing Services	\$0 copay Benefit limit: \$1,500 per year	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Home Health Care	\$0 copay Prior authorization required	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services

Benefit Category	Community First Medicare Advantage HMO D-SNP	Texas Medicaid
Hospice	Covered under Original Medicare Not covered by Community First Health Plans	Medicaid pays for this service for certain Waiver Members if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services <i>Note: When adult clients elect hospice services, they waive their rights to all other Medicaid services related to their terminal illness. They do not waive their rights to Medicaid services unrelated to their terminal illness.</i>
Immunizations	\$0 copay for Medicare preventive services that include flu shots and other vaccines	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Inpatient Hospital Care	\$0 copay for days 1 through 90 Prior authorization required	Inpatient hospital stays are a covered benefit. Medicaid pays coinsurance, co-payments, and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice. \$0 copay for Medicaid-covered services
Inpatient Mental Health Care	\$0 copay for 190 days – Lifetime inpatient mental health care limit for 190 days in a psychiatric hospital. This limit does not apply to mental health services provided in a general hospital.	Inpatient psychiatric hospital stays are a covered benefit for members under the age 21, and members 65 years of age and older. Inpatient acute care hospital stays for psychiatric treatment are a covered benefit for members 21 through 64 years of age, in accordance with 42 CFR §438.6(e), although Medicaid MCOs may choose to cover stays at psychiatric facilities in lieu of acute care hospitals. Medicaid pays coinsurance, copayments, and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice. \$0 copay for Medicaid-covered services
Mammograms (Annual Screening)	\$0 copay for Medicare preventive services	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services

Benefit Category	Community First Medicare Advantage HMO D-SNP	Texas Medicaid
Monthly Premium	No monthly plan premium Medicare Part B Premium may be covered based on your level of Medicaid eligibility	Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility.
Orthotic and Prosthetic Devices (braces, artificial limbs, etc.)	\$0 copay Prior authorization required	For Members birth through age 20 (CCP), Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Medicaid pays for breast prostheses for Members of all ages if not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Outpatient Mental Health Care	\$0 copay Prior authorization required	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Outpatient Rehabilitation Services	\$0 copay Prior authorization required	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Outpatient Services/Surgery	\$0 copay Prior authorization required	For Members birth through age 20, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Pap Smears and Pelvic Exams	\$0 copay for Medicare preventive services	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Podiatry Services	\$0 copay for Medicare-covered services only; diabetes-related nerve damage; or medically necessary treatment for foot injuries or diseases	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services

Benefit Category	Community First Medicare Advantage HMO D-SNP	Texas Medicaid
Prescription Drugs	<p>Medicare Part B Drugs: \$0 copay for chemotherapy drugs or other Part B drugs. Prior authorization required</p> <p>Medicare Part D Drugs: 25% coinsurance on all Tiers (Tiers 1-5)</p>	<p>Medicaid pays for Part B drugs if it is not covered by Medicare.</p> <p>Medicaid will not cover any Medicare Part D drug.</p>
Prostate Cancer Screening Exams	\$0 copay for Medicare preventive services	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services</p>
Skilled Nursing Facility (SNF) (in a Medicare certified Skilled Nursing Facility)	\$0 copay for days 1 through 100 Prior authorization required	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services</p>
Telemedicine Services	\$0 copay for routine and urgent care	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services</p>
Transportation (routine)	\$0 copay (up to 60 one-way trips every year) Prior authorization required (minimum 48 hours prior to travel)	<p>The Medicaid Medical Transportation Program (MTP) provides nonemergency transportation, if it is not covered by Medicare.</p> <p>\$0 copay for Medicaid-covered services</p>
Urgently Needed Care	\$0 copay	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services</p>
Vision Services	\$0 copay Benefit limit: \$275 per year	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services</p> <p>Services by an optician are limited to fitting and dispensing medically necessary eyeglasses and contact lenses.</p>

For information about additional Texas Medicaid services (not covered by **Community First Medicare Advantage Dual Eligible Special Needs Plan D-SNP (HMO D-SNP)**), contact the Texas Health and Human Services Commission (HHSC) at 1-877-541-7905 or TTY users can call 711.

Medicaid Home and Community Based Waiver Services (1915c)

Those members meeting the QMB requirements and the financial criteria for full Medicaid coverage, may be eligible to receive all Medicaid services not covered by Medicare. This includes Medicaid 1915c waiver services. Waiver services are limited to individuals who meet additional Medicaid waiver eligibility criteria related to Intellectuals and Developmental Disabilities (IDD) program requirements or other quality improvement program waivers.

Waiver Program	Information
Community Living Assistance and Support Services (CLASS) Waiver	<p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage:</p> <p>https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/community-living-assistance-support-services-class</p>
Deaf Blind with Multiple Disabilities Waiver (DBMD)	<p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage:</p> <p>https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/deaf-blind-multiple-disabilities-dbmd</p>
Home and Community Services (HCS) Waiver	<p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage:</p> <p>https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/home-community-based-services-hcs</p>
STAR+PLUS Program (operating under the Texas Healthcare Transformation and Quality Improvement Program Waiver)	<p>Programs include: Adult Foster Care, Assisted Living, Cognitive Rehabilitation Therapy, Financial Management Services, Home Delivered Meals, Minor Home Modifications and Support Consultation.</p> <p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage:</p> <p>https://hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus</p>
Texas Home Living Waiver (CXML)	<p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage:</p> <p>https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/texas-home-living-txhml</p>

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 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 711.

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 711。

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 two 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 Community First Medicare Advantage Dual Eligible Special Needs Plan D-SNP (HMO D-SNP) fitness program is voluntary. Consult your PCP before beginning an exercise program or making changes to your lifestyle or health care routine. The Community First Medicare Advantage Dual Eligible Special Needs Plan D-SNP (HMO D-SNP) fitness program includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location.

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 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 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 Community First 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).