

September 30, 2022

**Community First Medicare Advantage Alamo Plan offered by
Community First Health Plans**

Annual Notice of Changes for 2023

You are currently enrolled as a member of Community First Medicare Advantage Alamo Plan. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 2.1 and 2.2 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 2.3 for information about our *Provider Directory*.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area.
 - Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
 - Review the list in the back of your *Medicare & You 2023* handbook.
 - Look in Section 3.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will be enrolled in Community First Medicare Advantage Alamo Plan.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. ENROLL: To change plans, join a plan between **October 15** and **December 7, 2022**

- If you don't join another plan by **December 7, 2022**, you will be enrolled in Community First Medicare Advantage Alamo Plan.
- If you join another plan by **December 7, 2022**, your new coverage will start on **January 1, 2023**. You will be automatically disenrolled from your current plan.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Community First Health Plans Member Services number at 1-833-434-2347 for additional information. (TTY 711, 24/7, to be used by deaf and hard of hearing Medicare Members). Between October 1 and March 31, representatives are available Monday-Sunday, 8:00 a.m. to 8:00 p.m.
 - This booklet is also available in different formats, including braille and large print. Please contact our Member Services number at 1-833-434-2347 for additional information. (TTY 711) if you'd like this booklet mailed to you in a different format.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Community First Medicare Advantage Alamo Plan

- Community First Medicare Advantage Alamo Plan is an HMO plan with a Medicare contract. Enrollment in our plan depends on contract renewal.

- When this booklet says “we,” “us,” or “our,” it means Community First Health Plans. When it says “plan” or “our plan,” it means Community First Medicare Advantage Alamo Plan.

Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Community First Medicare Advantage Alamo Plan in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at CommunityFirstMedicare.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium	\$0	\$0 <i>There are no changes to the 2023 monthly premium</i>
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part B services. (See Section 2.2 for details.)	\$4,500	\$4,500
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$30 per visit	Primary care visits: \$0 per visit Specialist visits: \$30 per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day.	You pay a \$175 copay per day for days 1-6 and a \$0 copay for days 7 and beyond. Cost share applies per admission or per stay.	You pay a \$175 copay per day for days 1-6 and a \$0 copay for days 7 and beyond. Cost share applies per admission or per stay.

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SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Community First Medicare Advantage Alamo Plan in 2023

If you do nothing to change your Medicare coverage by December 7, 2022, we will automatically enroll you in our Community First Medicare Advantage Alamo Plan. This means starting January 1, 2023, you will be getting your medical coverage through Community First Medicare Advantage Alamo Plan. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare. If you want to change plans, you can do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

The information in this document tells you about the differences between your current benefits in Community First Medicare Advantage Alamo Plan and the benefits you will have on January 1, 2023 as a member of Community First Medicare Advantage Alamo Plan.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium	\$0	\$0
<i>There are no changes to the monthly premium.</i> (You must also continue to pay your Medicare Part B premium.)		

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
<p>Maximum out-of-pocket amount Your costs for covered medical services (such as copays count toward your maximum out-of-pocket amount).</p>	\$4,500	<p>Once you have paid \$4,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>

Section 2.3 – Changes to the Provider Network

There are no changes to our Provider Network. An updated *Provider Directory* is located on our website at CommunityFirstMedicare.com. You may also call Member Services at 1-833-434-2347 for updated provider information or to ask us to mail you a *Provider Directory*.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage including, limitations, referrals, prior authorizations, and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2023 Evidence of Coverage*.

Changes to Prescription Drug Cost

- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.
- **Important Message About What You Pay for Insulin** - *You won't pay more than \$35* for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you have not met your deductible.
- **Getting Help from Medicare** - **If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800- MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.**
- **Additional Resources to Help** – Please contact our Member Services number at 1-833-434-2347 for additional information. (TTY 711, 24/7, to be used by deaf and hard of hearing Medicare Members). Between October 1 and March 31, representatives are available Monday-Sunday, 8:00 a.m. to 8:00 p.m.

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Telehealth services

Members of our plan can choose telehealth services by contacting the plan. Telehealth allows members with mobility limitations, or those in rural areas who don't have access to local doctors or clinics to enhance the continuity of care.

Emergency Response System (ERS) services

Members of our plan have an option for Emergency Response System (ERS) services as needed. Emergency Response System (ERS) services ensures peace of mind and a renewed sense of safety with in-home monitoring.

Cost	2022 (this year)	2023 (next year)
Inpatient Hospital	\$175/Days 1-6 \$0 Days 7 and beyond	\$175/Days 1-6 \$0 Days 7 and beyond
Inpatient Psychiatric	\$175/Days 1-6 \$0 Days 7 and beyond	\$175/Days 1-6 \$0 Days 7 and beyond
Skilled Nursing Facility	\$170/Days 21-100 \$0 Days 101 and beyond	\$170/Days 21-100 \$0 Days 101 and beyond
Emergency Care	\$90/Visit	\$90/Visit
Urgent Care	\$25/Visit	\$25/Visit
Partial Hospitalization	\$45/Visit	\$45/Visit
Home Health Services	\$0 Visit	\$0/Visit
Primary Care	\$0 Visit	\$0/Visit
Specialist Services	\$30/Visit	\$30/Visit
X-Rays	\$0 Service	\$0/Service
Complex Radiology	\$150/Service	\$150/Service
Outpatient surgery	\$175/Procedure	\$175/Procedure
Podiatry	\$30/Visit	\$30 Visit
Prosthetics/Medical Supplies	20% coinsurance	20% coinsurance
Psychiatric Services	\$40/Visit	\$40/Visit

Physical and Speech Therapy	\$25/Visit	\$25/Visit
Lab/Tests	\$0 Service	\$0 Service
Ground Ambulance	\$250/Trip	\$250/Trip
Durable Medical Equipment	20% coinsurance	20% coinsurance
Dialysis	20% coinsurance	20% coinsurance
Hearing Exams	\$25/Exam	\$25/Exam
Routine Hearing Test	\$0/Screening 1 per year	\$0/Screening 1 per year
Hearing Aids	\$1,200/Year	\$1,200/Year
Vision Exams	\$25/Exam	\$25/Exam
Routine Eye Screening	\$0/Screening 1 per year	\$0/Screening 1 per year
Glasses/Contacts	\$200/Year	\$200/Year
Transportation	60 One-Way Trips/Year	60 One-Way Trips/Year
Over-the-Counter Items	\$50/Quarter	\$50/Quarter
Meal Benefit	60 Meals Post Admission/30 Days Max	60 Meals Post Admission/30 Days Max
Fitness Benefit	YMCA Fitness Benefit	YMCA Fitness Benefit
Preventive/Comprehensive Dental	\$1,500 Max Benefit	\$1,800 Max Benefit
Part D Deductible	\$200 (only applies to Tier 3-5 Drugs)	\$200 (only applies to Tier 3-5 Drugs)
Tier 1 – 30 Day	\$0	\$0
Tier 1 – 90 Day	\$0	\$0
Tier 1 – Mail 90 Day	\$0	\$0

Tier 2 – 30 Day	\$7.00	\$7.00
Tier 2 – 90 Day	\$17.50	\$17.50
Tier 2 – Mail 90 Day	\$17.50	\$17.50

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Community First Medicare Advantage Alamo Plan

- **To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Community First Medicare Advantage Alamo Plan.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- **To change to a different Medicare health plan,** enroll in the new plan. You will automatically be disenrolled from Community First Medicare Advantage Alamo Plan.
- **To change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Community First Medicare Advantage Alamo Plan.

- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP).

The HICAP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HICAP at 1-800-252-9240 and TTY, 1-800-735-2989. You can learn more about HICAP by visiting their website at (<https://hhs.texas.gov/services/health/medicare>).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
 - **Area Agency on Aging (AAA):** Benefits counselors can help you understand Medicare prescription drug coverage and assist you with other insurance issues. Call Texas Health and Human Services at 800-252-9240.
- **Help from your state’s pharmaceutical assistance program.** Texas has a program called Kidney Health Care (KHC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are Kidney Health Care (KHC) at 1-800-222-3986 or 1-512-776-7150).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Texas HIV Medication Program (THMP). Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Contact THMP at 1-888-311-7632.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call THMP at 1-888-311-7632.

SECTION 7 Questions?

Section 7.1 – Getting Help from Community First Medicare Advantage Alamo Plan

Questions? We're here to help. Please call Member Services at 1-833-434-2347. (TTY 711, 24/7). Between October 1 – March 31, representatives are available Monday – Sunday, 8:00 a.m. to 8:00 p.m.

Read your 2023 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 *Evidence of Coverage* for Community First Medicare Advantage Alamo Plan. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at CommunityFirstMedicare.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at CommunityFirstMedicare.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read *Medicare & You 2023*

You can read the *Medicare & You 2023* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.