

COMMUNITY FIRST

MEDICARE ADVANTAGE

2025

ALAMO (HMO)

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 coverage your plan provides.

Call Member Services or go online for more information.

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 8 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

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 review 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 HMO plan 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 directory. 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)	\$3,500 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 *Preventive Outpatient Hospital Services *Ambulatory Surgical Center (ASC) *Outpatient Hospital, Surgery Outpatient Hospital Observation Other Outpatient Hospital Services	20% coinsurance \$175 copay \$175 copay \$175 copay 20% coinsurance
Doctor Visits Primary Specialists Other Health Care Professional	 \$0 copay per visit \$15 copay per visit \$15 copay per visit

Benefits	In-Network
Diagnostic Tests, Lab and Radiology Services, and X-rays *Outpatient General Diagnostic Radiology *Outpatient Complex Diagnostic Radiology *Outpatient Lab Services *Outpatient Diagnostic Tests and Procedures *Therapeutic Radiology *Outpatient X-rays	\$0 copay \$150 copay \$0 copay \$0 copay \$50 copay \$0 copay
Hearing Services Routine Hearing Test/Hearing Aid Evaluation Hearing Exam Prescription Hearing Aids	\$0 copay (1 per year) \$25 copay \$0 copay (\$3,500 benefit limit per year)
Routine Dental Services Preventive 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 \$2,500 on all covered dental services each year
Vision Services Routine Eye Exam Eye Exams to Treat Eye Conditions Eyewear	\$0 copay (1 per year) \$25 copay \$300 benefit limit each year
Mental Health *Inpatient Care *Group sessions *Individual sessions	\$175 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90 \$15 copay \$15 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 an SNF
Physical Therapy and Speech/Language Therapy Visits *Cardiac Rehabilitation *Intensive Cardiac Rehabilitation *Pulmonary Rehabilitation *Physical and Speech Therapy Services Comprehensive Outpatient Rehab Facility	\$30 copay per visit \$35 copay per visit \$15 copay per visit \$25 copay per visit \$30 copay per service

Benefits	In-Network
<p>*Ambulance Services</p> <p>Ground Ambulance</p> <p>Air Ambulance</p>	<p>\$250 copay per trip</p> <p>20% coinsurance per trip</p> <p>Prior authorization for non-emergency ambulance transportation required</p>
<p>Medicare Part B Drugs</p> <p>**Chemotherapy Drugs</p> <p>**Other Part B Drugs</p>	<p>20% coinsurance</p> <p>20% coinsurance</p>

*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.

Important change to your 2025 Part D benefits: The Coverage Gap stage, or “donut hole”, has been eliminated. There are now 3 drug payment stages: Deductible, Initial Coverage, and Catastrophic. Your yearly out-of-pocket cost is now **\$2,000**. This means more protection from high drug costs.

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: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,000 , 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 Diabetes Self-Monitoring Training Diabetes Nutrition Training Diabetic Foot Care	0% coinsurance \$0 copay \$0 per service 20% coinsurance
Durable Medical Equipment (DME) and Related Supplies ***Durable Medical Equipment ***Prosthetics	20% coinsurance 20% coinsurance
Fitness Program YMCA Membership	\$0 membership fee
Podiatry Services Foot Exams and Treatment	\$30 copay
*Home Health	\$0 copay per visit
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	70 one-way non-emergency medical transportation trips every calendar year
*Occupational Therapy Visit	\$30 copay
Opioid Treatment Services	\$0 copay
Outpatient Substance Use Services Outpatient Group Sessions Outpatient Individual Sessions	\$30 copay per visit \$30 copay per visit
Over-the-Counter Benefit	Pre-loaded payment card in the amount of \$175. 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 HMO 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 [Medicare.gov](https://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.

我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-434-2347 TTY 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

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.

Birdi is the recommended mail order pharmacy for Community First Health Plans, Inc. You are not required to use Birdi for a supply of your maintenance medication(s). The first order will require registration on the Birdi website available at BirdiRx.com/Mail-order/How-it-works. Medications are shipped within two weeks. If you have questions about mail order for maintenance medications and how to get started, please call 1-855-247-3479 (TTY 711), 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).

Community First Health Plans, Inc. is a HMO/HMO SNP with a Medicare and Texas State Medicaid Agency Contract. Enrollment in Community First Health Plans, Inc. depends on contract renewal. Community First markets under the names Community First Medicare Advantage Alamo Plan (HMO) and Community First Medicare Advantage Dual Eligible Special Needs Plan (HMO D-SNP). This information is not a complete description of benefits. Call 1-833-434-2347 or 711 for more information. You must continue to pay your Medicare Part B premium.

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