

You may receive an **Explanation of Benefits (EOB)** from your Community First Medicare Advantage Plan after your visit with a provider. It will show you the total charges for your visit and how much you and your health plan owe. **An EOB is NOT A BILL.** You can use it to track how you and your family use your coverage. You may get a separate bill from your provider.

Here's a sample of what your Community First Medicare Advantage Explanation of Benefits might look like.

1. Member Services Information

Call Member Services if you have questions about your EOB or the services/benefits your coverage includes.

MONTHLY REPORT

Medical and Hospital Claims Processed in November 2024

Member Name
Member Address
Member City, State, Zip code
Member Id

This is not a bill:

- This monthly report of claims we have processed tells what care you have received, what the plan has paid, and how much you have paid out of pocket (or can expect to be billed)
- If you owe anything, your doctors and other health care providers will send you a bill.
- This report covers medical and hospital care only.
- If you notice something suspicious that might be dishonest billing, you can report it by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day.

COMMUNITY FIRST
HEALTH PLANS

Community First Medicare Advantage Alamo Plan HMO

Community First Health Plans, Inc. (Community First is a HMO/HMO SNP with a Medicare and Texas State Medicaid Agency Contract. Enrollment in Community First depends on contract renewal. Community First markets under the names Community First Medicare Advantage Alamo Plan (HMO) and the 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 (TTY 711) for more information. You must continue to pay your Medicare Part B Premium.
<https://communityfirsthealthplans.com/>

Community First Medicare Advantage Alamo Plan HMO Member Services

If you have questions, call us: 800-434-2347 1
TTY: 711

We are here 7 days a week, from 8 a.m. to 8 p.m. (October 1 - March 31) Monday through Friday, from 8 a.m. to 5 p.m. (April 1 - September 30), TTY 711 (24 hours a day/7 days a week)

This information is available for free in other languages. Please

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2. Total Amount of Claims Paid (Month)

The sum of all insurance claims that were paid out by your health plan during a single month.

3. Total Amount of Claims Paid (Year)

The sum of all insurance claims paid out by your health plan throughout the year, up until the date specified.

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TOTALS for medical and hospital claims	Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
2 Totals for this month (for claims processed from 11/01/2024 to 11/30/2024)	\$1,392.06	\$396.31	\$193.68	\$60.00
3 Totals for 2024 (all claims processed through 11/30/2024)	\$2,326.09	\$564.49	\$331.86	\$90.00

4. Out-of-Pocket Costs

The amount you have paid, including deductibles, coinsurance, copayments, that count toward your out-of-pocket max.

YEARLY LIMIT - this limit gives you financial protection

This limit tells the most you will have to pay in "out-of-pocket" costs for medical and hospital services covered by the plan.

This yearly limit is called your "out-of-pocket maximum." It puts a limit on how much you have to pay, but it does not put a limit on how much care you can get.

Your out-of-pocket spending for non-covered services will not count toward your yearly out-of-pocket maximum. This

As of 11/30/2024, **you have had \$0.00 in out-of-pocket costs** that count toward your \$4,500.00 out-of-pocket maximum for covered services. 4

\$0.00
\$0.00

5. Service Description

A description of the health services you received, like a doctor's visit, lab test, or screening.

6. Provider Charges

The amount your provider bills for your visit.

7. Total Cost

The amount your provider will be paid.

8. Plan's Share

The amount your health plan (Community First) will pay your provider.

9. Your Share

The amount you owe after your insurer has paid everything else. You may have already paid part of this amount. Payments made directly to your provider may not be subtracted from this amount.

Member Name Claim Number: (In-network provider)	Date of service	Amount the provider billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
5 OFFICE O/P EST MOD 30 MIN (billing code 99214)	10/27/2024	\$200.00	\$80.21	\$50.21	\$0.00
DIAST BP <80 MM HG (billing code 3078F)	10/27/2024	\$0.01	\$0.00	\$0.00	\$0.00
SYST BP >= 140 MM HG (billing code 3077F)	10/27/2024	\$0.01	\$0.00	\$0.00	\$0.00
HG A1C LEVEL LT 7.0% (billing code 3044F)	10/27/2024	\$0.01	\$0.00	\$0.00	\$0.00
TOTALS:		\$200.03	\$80.21	\$50.21	\$30.00
Things to know about your denied claim:					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> NOTE: We have denied all or part of this claim. However, you are not responsible for paying the billed amount because you received this service from a provider or based on a referral from a provider.</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> If you have questions, you can contact:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Our Member Services (phone numbers are in the box on page 2) <input type="checkbox"/> 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.) </div> </div>					

Important Reminder

Pay your bills and keep all paperwork in a safe place. Some providers will not see you if you have unpaid bills. You may be able to pay your bills online or over the phone. This can vary depending on your health plan and coverage.

Appeals

If you disagree with decision from your health plan about coverage or payment, you may be able to appeal. If you think you were charged for tests or services your plan should pay for, keep the bill. Call Community First Member Services right away.