

COMMUNITY FIRST
MEDICARE ADVANTAGE

ALAMO (HMO)

2026

MEDICARE ADVANTAGE ALAMO PLAN (HMO)

MEMBER HANDBOOK



MEMBER SERVICES 1-833-434-2347 (Toll Free)

7 days a week, 8 a.m. to 8 p.m. (October 1 - March 31)
Monday through Friday, 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)

MEDICARE ADVANTAGE ALAMO PLAN (HMO) MEMBER HANDBOOK

**Community First Medicare Advantage Alamo Plan provides coverage to
residents of Bexar County.**

Member Services

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)

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INTRODUCTION

Welcome to Community First Health Plans! We are so happy you chose us for your health care needs. Community First was founded with the health of our local community in mind. We believe that everyone should have access to high-quality health care and are honored that you have put your trust in our hands.

As the only local, non-profit health care plan in your area offering a Medicare Advantage Program, we understand the unique health care needs of our community. We are proud to be your neighbor! We are truly invested in your health and can help you access the health care services you need including doctors, hospitals, and community resources.

Please read this Member Handbook for information about your health plan benefits and to learn what is covered under your Community First Medicare Advantage Alamo Plan (HMO).

Need help? If you need help understanding or reading this handbook, our Member Services Representatives can help you in both English and Spanish. You can also get this handbook in other formats, such as

- Large Print
- Braille
- Audio

A Member Handbook is available in English and Spanish upon request, free of charge, and will be mailed to you within three business days. If you are requesting this handbook in large print, braille, or another language, please contact Member Services at 1-833-434-2347.

NUMBERS TO REMEMBER

NUMBERS TO REMEMBER

If you have any questions, call Community First Member Services toll-free at 1-833-434-2347. Our team is available 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). You can leave a message for our Member Services team after hours, or on weekends and holidays. Messages are returned in one business day. Our staff is bilingual in English and Spanish. If you speak another language, call Member Services and we can arrange an interpreter for you.

Community First Member Services	1-833-434-2347
24-Hour Nurse Advice Line	1-833-434-2347
TTY (Deaf/Hard of Hearing)	711
24-Hour Behavioral Health Crisis Line	1-877-221-7226
Vision and Dental	1-833-434-2347
Pharmacy	1-833-434-2347
Over-the-counter Health and Wellness Products	1-877-205-8005
Non-Emergency Medical Transportation	1-855-932-2335
Emergency (life-threatening emergencies)	911
National Suicide & Crisis Lifeline	988

MEMBER SERVICES

A Member Services Representative can answer your questions about all covered services under your health care plan. Member Services can also:

NUMBERS TO REMEMBER

- Send you a new Member ID card.
- Help you understand your benefits.
- Select or change your primary care provider (PCP).
- Help resolve any health care problems or complaints.
- Help you access services that do not require a referral from your PCP.
- Answer questions about all covered services under your health care plan.

NURSE ADVICE LINE

Members can call the 24-hour Community First Nurse Advice Line at 1-833-434-2347 at any time for help getting care. Registered nurses who speak both English and Spanish are available to help. This call is free. We also have free interpreter services for people who speak a different language. If you're deaf or hard of hearing, call 711. The 24-hour Nurse Advice Line can help you:

- Learn about covered services.
- Answer questions about medications.
- Get a referral to social service resources.
- Get advice on treating minor injuries or illnesses at home.
- Get advice on whether you should go to an emergency room or urgent care.

TTY

If you are deaf or hard of hearing, call 711, 24 hours a day, 7 days a week. This call is free. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

NUMBERS TO REMEMBER

MENTAL HEALTH, SUBSTANCE USE, AND CRISIS SERVICES

You can get behavioral health and/or substance use disorder help by calling Member Services at 210-358-6386. We will help you find the best provider for your needs. You don't need a referral to get these services. If you're experiencing a mental health or substance use crisis, call the Community First Behavioral Health Crisis Line toll-free at 1-877-221-7226, 24 hours a day, 7 days a week, to talk to a trained professional who can help in English or Spanish. We have free interpreter services for people who speak another language. You can also call 988 toll free to reach the National Suicide & Crisis Lifeline or go to the nearest emergency room. The Suicide & Crisis Lifeline 988 can help when someone has:

- Suicidal thoughts or behaviors.
- Substance use or mental health crisis.
- Paranoia or is feeling out of touch with reality.
- Violent or abusive behavior toward oneself or others.

VISION AND DENTAL

Envolve Benefit Options provides routine eye care services and preventive dental services to our Members. Call Member Services at 210-358-6386 if you have questions about eligibility, benefits, claim status, or to find a provider.

PRESCRIPTION DRUG MEDICATIONS

Community First's partner for pharmacy benefits is Navitus Health Solutions. If you have questions about your prescription drug medication benefits, call Member Services at 210-358-6386.

OVER-THE-COUNTER HEALTH & WELLNESS PRODUCTS

Community First partners with NationsBenefit to provide over-the-counter health and wellness products for Community First Medicare Advantage Alamo Plan Members. You will receive a Benefits Mastercard® Prepaid Card to buy various eligible products. If you have questions about your card, call 1-877-205-8005 weekdays, 8 a.m. to 8 p.m. or visit CommunityFirst.NationsBenefit.com.

NON-EMERGENCY MEDICAL TRANSPORTATION

Non-emergency medical transportation (NEMT) services provide transportation to non-emergency health care appointments for Members who have no other transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy, and other places you get Medicare services. Community First's partner for NEMT services is SafeRide Health. To schedule a ride, please call 1-855-932-2335, Monday through Friday, from 8 a.m. to 6 p.m. If you need help after hours or are unable to contact your driver, please call 1-855-932-2335, Monday through Saturday, 4 a.m. to 8 p.m.

Information is available in both English and Spanish. Interpreter services are available if you speak another language. If you are deaf or hard of hearing, call 711. You can find more information about NEMT services in this Member Handbook.

NUMBERS TO REMEMBER

OTHER HELPFUL TOLL-FREE NUMBERS

Medicare Program Help Line	1-800-MEDICARE (1-800-633-4227)
Health Information Counseling and Advocacy Program of Texas	1-800-252-9240
Social Security	1-800-772-1213
Railroad Retirement Board	1-877-772-5772

For emergency services, dial 911 or go to the nearest emergency room.

COMMUNITY FIRST HEALTH PLANS WEBSITE

You can access plan information and resources online 24 hours a day, 7 days a week on our website at CommunityFirstMedicare.com including:

- Secure Member Portal
- Plan documents
- Provider/Pharmacy Directory
- Additional benefits available to you as a Community First Medicare Advantage Alamo Plan Member
- Community First news and events

COMMUNITY FIRST HEALTH PLANS LOCATIONS

Community First Health Plans has two locations to serve you:

Corporate Office

Community First Health Plans
12238 Silicon Drive, Suite 100
San Antonio, TX 78249

Avenida Guadalupe

Community Office
Community First Health Plans
1410 Guadalupe St., Suite 222
San Antonio, TX 78207

OFFICE HOURS

8:30 a.m. to 5:00 p.m. Monday through Friday except state-approved holidays.

Visit our website for more information at CommunityFirstMedicare.com.

UNDERSTANDING YOUR PLAN

Community First Alamo Plan is a Medicare Advantage HMO Plan. Our plan includes Medicare Part A (hospital insurance), Medicare Part B (medical insurance), and Medicare Part D (drug coverage) plus extra benefits.

Community First Medicare Advantage Alamo Plan also includes comprehensive coverage for things Original Medicare does not cover including dental, vision, hearing, and more.

Community First Medicare Advantage Alamo Plan is an HMO plan. This means you generally must get your care and services from providers in our network except for emergency care, out-of-area urgent care, and out-of-area dialysis.

You will get all your covered Medicare services, including your prescription drugs, from Community First Medicare Advantage Alamo Plan as soon as your plan goes into effect.

As a Community First Medicare Advantage Alamo Plan Member, you will have all of the same rights and protections that you would under Original Medicare, in addition to extra benefits.

MEMBER IDENTIFICATION (ID) CARDS

MEMBER IDENTIFICATION (ID) CARDS

When you sign up to become a Community First Medicare Advantage Alamo Plan Member, you will receive a Community First Health Plans Member ID card. If you do not receive a card, please call Member Services.


YOUR COMMUNITY FIRST MEMBER ID CARD

The following information can be found on your Member ID card:

- Your name
- Member ID number
- Group number
- Policy effective date (starting date of coverage under your health care plan)
- Your primary care provider's (PCP) name and phone number
- What to do in the event of an emergency
- How to reach Member Services

Community First Health Plans Member ID Card - Medicare Advantage Alamo Plan

COMMUNITY FIRST HEALTH PLANS	H5447-001 MEDICARE ADVANTAGE ALAMO
Name: John M. Doe	
Member ID: AD000000000000	
Group No: A0012345678	
Policy Effective Date: 01/01/2021	
Primary Care Physician: Provider Name	
PCP Phone Number: 001-234-5678	
PCP Effective Date: 01/01/2021	
	RxBIN: 610602 RxPCN: NVTD RxGRP: CFD001
Navitus Health Solutions H5447_1020D00031_C	MedicareRx Prescription Drug Coverage

In case of emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible.	En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Después de recibir cuidado, llame a su PCP dentro de 24 horas o lo antes posible.
Member Services: (7 days a week from 8:00 a.m. to 8:00 p.m.) Local 210-358-6386 • Toll-Free 1-833-434-2347 TTY 711 (24 hours a day/7 days a week)	Servicios para Miembros: (7 días a la semana desde 8:00 a.m. a 8:00 p.m.) Local 210-358-6386 • Línea gratis 1-833-434-2347 TTY 711 (24 horas al día/7 días a la semana)
Behavioral Health Services: Toll-Free 1-877-221-2226 (24 hours/7 days a week)	Servicios de Salud Mental: Gratis 1-877-221-2226 (24 horas al día/7 días a la semana)
Nurse Advice Line: (24 hours/7 days a week) Local 210-358-6386 • Toll-Free 1-800-434-2347	Línea de consejos de enfermeras: (24 horas al día/7 días a la semana) Local 210-358-6386 • Línea gratis 1-800-434-2347
Website: CommunityFirstMedicare.com	Sitio web: CommunityFirstMedicare.com
FOR PROVIDERS	
Notice to Hospitals and Other Providers: All inpatient admissions require pre-authorization, except in the case of emergency. Please call Community First within 24 hours at 210-358-6050 or fax to 210-358-6040.	
Pharmacist Help Desk: 1-866-270-3877	
Non-participating providers must obtain prior authorization on all services, except for emergency care.	
Submit Professional/Other Claims To: Community First Health Plans PO Box 240969, Apple Valley, MN 55124	
	

USING YOUR MEMBER ID CARD

Carry your Community First Member ID card with you at all times. Show this card to your doctor so they know you are covered by a Medicare Advantage Program.

LOST OR STOLEN MEMBER ID CARD

If your Community First Member ID Card is lost or stolen, please call Member Services at 1-833-434-2347 and ask for a new one. You can also log in to our secure [Member Portal](#) at [CommunityFirstMedicare.com](#) to print a temporary ID card and ask for a new one.

MEMBER PORTAL

When your Community First Medicare Advantage Alamo Plan becomes effective, you can register for access to your secure Member Portal at [CommunityFirstMedicare.com](#).

To Register:

1. Go to [CommunityFirstMedicare.com](#) and click on the Member Portal link.
2. Click “Register Today.”
3. Follow the directions to enter information about you and your plan from your Member ID card. It’s fast and easy.

Once registered, you can:

- Review your benefits.
- See how much of your deductible you’ve met.
- Check claims statuses.

PRIMARY CARE PROVIDER (PCP)

- Find Community First Providers in your network.
- Print a temporary Member ID card.
- View a to-do list of healthy actions recommended just for you through My Action Plan.
- Access articles and education on various health topics.

PRIMARY CARE PROVIDER (PCP)

CHOOSING A PRIMARY CARE PROVIDER

A primary care provider (PCP) is your own doctor or health care clinic. Your PCP will take care of your medical needs and act as your main health care provider. If a specialist or tests are needed, your PCP will ask for them for you using a referral and tell you how to make an appointment. If you need to be admitted to the hospital, your PCP will also arrange your care.

WELCOME TO MEDICARE PREVENTIVE VISIT

Your plan covers a one-time “Welcome to Medicare” preventive visit. The visit includes a review of your health, as well as education and counseling about the preventive services you need (including certain screenings and vaccinations), and referrals for other care if needed.

ANNUAL PREVENTIVE VISIT

After you’ve been a Member of the plan for longer than 12 months, you can get an annual wellness visit once a year to develop or update a personalized prevention plan based on your current health and risk factors. This is covered once every 12 months.

PRIMARY CARE PROVIDER (PCP)

Remember, your PCP is the most important person on your health care team!

Our Medicare Advantage HMO network includes doctors and hospitals in every community we serve. You can choose a PCP from our Provider Directory at [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com). You can also call Member Services at 1-833-434-2347 if you need help.

If you do not choose a PCP, one will be selected for you.

WHEN TO SEE YOUR PRIMARY CARE PROVIDER

Your PCP is your best resource for health advice. You should see your PCP regularly, even if you have no health concerns. They can recommend certain screenings depending on health factors and provide needed preventive care.

For routine care, you should always go to your primary care provider. If you go to another doctor who is not your primary care provider, you might be asked to sign a form that says you will pay the bill.

MAKING AN APPOINTMENT

Call your PCP's office to make an appointment. You can find their number on your Community First Member ID card. Tell your PCP's office you are a Community First Medicare Advantage Alamo Plan Member and have your Member ID card with you when you call.

What do I need to bring with me to my appointment?

- Your Community First Member ID card
- Information about your health history

PRIMARY CARE PROVIDER (PCP)

- A list of all medications you are currently taking
- Any known health risks
- Community First Health Plan's checkup checklist (see below) or a list of questions you have for your doctor

We care about your health. Preventive care services like regular health checkups with your PCP are essential to helping create better health outcomes. They also help your doctor get to know you so they can help plan for future health care needs.

COMMUNITY FIRST CHECKUP CHECKLIST

What To Ask At Your Health Checkup

5 questions to ask your Primary Care Provider (PCP)

Here are a few important questions you might want to ask your primary care provider at your next health checkup. Print and take this list with you to your appointment or pull it up on your phone while you are waiting to be seen.

- 1 This is how I'm feeling. Do these symptoms seem normal to you?** Tell your primary care provider exactly how you're feeling. Be honest. Ask if what you're feeling is normal.
- 2 What screening tests do I need?** Ask your primary care provider if they recommend certain screenings depending on your age, gender, and family history.
- 3 Am I at a healthy weight?** If you want to lose weight, ask for help creating a diet and exercise plan.
- 4 Are there better treatment options available for my condition?** If you're not happy with your current medication or treatment, ask for other options.
- 5 What should I do before my next visit?** Ask when you should be seen next and what you can work on between appointments.

CHANGING YOUR PRIMARY CARE PROVIDER

A Member Services Representative can help you choose a new primary care provider. Call Member Services toll-free at 1-833-434-2347. You can also submit a request to change your PCP through our secure [Member Portal](#) or write to us at:

Community First Health Plans

Attention: Member Services

12238 Silicon Drive, Suite 100

San Antonio, TX 78249

For a list of PCPs in the Community First network, view our Provider Directory at CommunityFirstMedicare.com.

TYPES OF MEDICAL CARE

ROUTINE MEDICAL CARE

Routine medical care is the regular care you get from your PCP to help keep you healthy, such as regular checkups. You can call your PCP to make an appointment for routine medical care. Routine medical care includes:

- Regular checkups
- Treatment when you are sick
- Follow-up care when you have medical tests
- Prescriptions

Contact your PCP to make an appointment for routine medical care including regular health checkups.

TYPES OF MEDICAL CARE

URGENT MEDICAL CARE

Another type of medical care is urgent care. There are some injuries and illnesses that are probably not emergencies but can turn into emergencies if they are not treated within 24 hours.

Some examples are:

- Minor injuries, burns, or cuts
- Minor breathing issues
- Sore throat or stomach pain
- Muscle sprains and strains

For urgent medical care, you should call your doctor's office, even on nights and weekends. Your doctor will tell you what to do.

In some cases, your doctor may tell you to go to an urgent care clinic. If your doctor tells you to go to an urgent care clinic, you don't need to call the clinic before going. You need to go to a clinic that takes Community First Medicare Advantage Alamo Plan.

EMERGENCY MEDICAL CARE

Emergency medical care is provided for emergency medical conditions and emergency behavioral health conditions, including:

- Chest pain or pressure that may move out to the arm, neck, back, shoulder, jaw, or wrist
- Severe stomach pain that comes on suddenly
- A sudden decrease in or loss of consciousness
- Severe shortness of breath

For emergency medical care, you should:

- Go to the nearest emergency room.
- Call 911 if you need help getting to the hospital.
- Call your PCP as soon as possible after your emergency care.
- Your PCP will give you follow-up care.

POST-STABILIZATION

Post-stabilization care services are services covered by Medicare that keep your condition stable following emergency medical care.

EMERGENCY DENTAL CARE

During normal business hours, call your dentist to find out how to get emergency services. If you need emergency dental services after the dentist's office has closed, call us toll-free at 1-833-434-2347 or call 911.

Community First covers limited emergency dental services in a hospital or ambulatory surgical center, including payment for the following:

- Treatment for dislocated jaw.
- Treatment for traumatic damage to teeth and supporting structures.
- Removal of cysts.
- Treatment of oral abscess of tooth or gum origin.
- Treatment and devices for craniofacial anomalies.
- Hospital, physician, and related medical services such as prescription medications for any of the above conditions.

SPECIALISTS AND REFERRALS

SPECIALISTS AND REFERRALS

SPECIALIST

A specialist is a doctor who provides health care for a specific disease or part of the body. There are many kinds of specialists. Here are a few examples:

- Oncologists care for patients with cancer.
- Cardiologists care for patients with heart problems.
- Orthopedists care for patients with bone, joint, or muscle problems.

Your primary care provider (PCP) will send you to see a specialist if you need more care or different services.

REFERRAL

A referral is a written order from your PCP to see a specialist or get certain medical services. Your PCP can help you make an appointment. If you need more help, call Member Services.

Not all services require a referral, including:*

- Emergency services
- Urgently needed care
- Kidney dialysis services
- Flu and COVID-19 vaccinations
- Routine women's health care and family planning services
- Diabetic supplies and therapeutic shoes or inserts
- Chiropractic services
- Visits to an in-network specialist
- Mental health and psychiatric services

- Podiatry services
- Opioid treatment program services
- Outpatient substance use services
- Outpatient blood services
- Your annual health examination
- Covered supplemental benefits such as our health and fitness programs
- Covered Medicare preventive and education services
- Preventive and comprehensive dental services
- Eye examinations and eyewear
- Hearing exams and hearing aids

**For more information about these services and how to get them, please contact Member Services at 1-833-434-2347.*

CARE AWAY FROM HOME

Our plan covers emergency and urgent care services anywhere in the United States and its territories when you are outside of the plan's service area.

Call Member Services for details about your plan's coverage. Call our 24-hour Nurse Advice Line for help deciding where to get care.

PAYING FOR YOUR CARE

PREMIUM

There is no premium for the Medicare Advantage Alamo Plan.

PAYING FOR YOUR CARE

COPAYMENT AND COINSURANCE

A **copayment** or a “copay” is the fixed amount you pay each time you receive certain medical services. You pay a copay at the time you get the medical service.

Coinsurance is the percentage you pay of the total cost of certain medical services. You pay a coinsurance at the time you get the medical service.

OUT-OF-POCKET LIMITS

Because you are enrolled in a Medicare Advantage Plan, there is a limit to how much you have to pay out-of-pocket each year for covered Part A and Part B medical services that are covered by our plan. This limit is called the maximum out-of-pocket amount for medical services.

As a Member of a Community First Medicare Advantage Alamo Plan, the most you will have to pay out-of-pocket for in-network covered services is **\$3,500**.

- The amounts you pay for copayments and coinsurance for in-network covered services count toward this maximum out-of-pocket amount.
- The amounts you pay for your Part D prescription drugs do not count toward your maximum out-of-pocket amount.
- If you reach the maximum out-of-pocket amount of **\$3,500**, you will not have to pay any out-of-pocket costs for the rest of the year for in-network covered Part A and Part B services.

HEALTH CARE BENEFITS

PAYMENTS	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 medications.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$3,500 annually for Medicare-covered services you receive from in-network providers.

HEALTH CARE BENEFITS

You can review a list of your health care benefits in the **Benefits Chart** below. It's also a good idea to review your plan's Evidence of Coverage (EOC) for a more detailed look into your benefits. You can find a copy of your EOC at [CommunityFirstMedicare.com](https://www.communityfirstmedicare.com) or contact Member Services if you'd like a printed copy mailed to you.

The Benefits Chart tells you about the services Community First Medicare Advantage Alamo Plan covers, any restrictions or limits on those services, and how much you will pay for each covered service.

Your primary care provider will work with you to make sure you get the health care services you need. These services must be given by your PCP or referred by your PCP to another provider.

Some of the services listed in the Benefits Chart are covered only if your PCP or other network provider gets approval from us first. This is called prior authorization. Covered services that need prior authorization are marked in the Benefits Chart by an asterisk (*).

HEALTH CARE BENEFITS

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
*Ambulance services	<p>\$250 copay for ground ambulance</p> <p>20% coinsurance for air or water ambulance</p> <p>Prior authorization for non-emergency ambulance transportation required</p>
Chiropractic services	<p>\$20 copay</p>
Dental services	<p>Preventive dental care: \$0 copay for oral exams, cleanings, fluoride treatments, and dental X-rays</p> <p>Comprehensive dental care: \$0 copay for non-routine care, diagnostic services, restorative services, periodontics, extractions, and prosthodontics, oral surgery, and other services</p> <p>\$1,500 on all covered dental services each year</p>
Diabetes management	<p>Diabetes supplies: 0% coinsurance</p> <p>Diabetes self-management training: \$0</p> <p>Diabetes nutrition training: \$0</p> <p>Diabetic foot care: 20% coinsurance</p>

HEALTH CARE BENEFITS

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
<p>*Durable medical equipment (DME) and related supplies</p>	<p>20% coinsurance for the following items:</p> <ul style="list-style-type: none"> • Wheelchairs • Crutches • Powered mattress systems • Diabetic supplies • Hospital beds ordered by a provider for use in the home • Intravenous (IV) infusion pumps • Speech generating devices • Oxygen equipment and supplies • Nebulizers • Walkers • Prosthetics <p>DME with a purchase or cumulative rental cost of >\$1,000 requires prior authorization.</p>
<p>Emergency care/post-stabilization</p>	<p>\$90 copay</p> <p>If you are admitted to the hospital within 24 hours of your visit, you pay the inpatient copay instead of the emergency care copay.</p>
<p>Fitness</p>	<p>Free YMCA membership</p>

HEALTH CARE BENEFITS

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
Hearing services	<p>Routine hearing test, fitting, and evaluation for hearing aid: \$0 copay (1 per year)</p> <p>Hearing exam: \$25 copay</p> <p>Prescription Hearing aids: \$0 copay, \$3,500 benefit limit each year</p>
*Home health services	\$0 copay
Hospice care	<p>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.</p> <p>Hospice is covered by Original Medicare outside of this plan.</p>
Immunizations	\$0 copay
*Inpatient hospital care	<p>\$170 copay each day for days 1-6; \$0 copay for days 7-90</p>
*Meal benefit	\$0 copay, 60 meals delivered following inpatient admission

HEALTH CARE BENEFITS

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
*Medicare Part B prescription drugs	<p>Chemotherapy drugs: 20% coinsurance</p> <p>Other Part B drugs: 20% coinsurance</p> <p>An authorization is required for drugs with billed charges over \$500 per dose.</p>
*Mental health	<p>Psychiatric, mental health, and substance use inpatient care: \$170 copay per day for days 1-6; \$0 copay for days 7-90</p> <p>Group sessions: \$15 copay per visit</p> <p>Individual sessions: \$15 copay per visit</p>
*Occupational therapy visit	\$30 copay
Opioid treatment services	\$0 copay
*Outpatient diagnostic procedures/labs/tests	\$0 copay
*Outpatient hospital services	<p>Preventive: 20% coinsurance</p> <p>Surgery: \$175 copay</p> <p>Observation care: \$175 copay</p> <p>Other: 20% coinsurance</p> <p>Ambulatory Surgical Center services: \$175 copay</p>

HEALTH CARE BENEFITS

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
*Outpatient radiological services	General diagnostic: \$0 copay Complex diagnostic: \$150 copay Lab services: \$0 copay Diagnostic tests and procedures: \$0 copay Therapeutic: \$50 copay X-rays: \$0 copay
Outpatient substance use services	\$30 copay per visit
Over-the-counter (OTC) items	Pre-loaded payment card in the amount of \$155. Card reloaded quarterly, and balance rolls over to the next quarter within the same plan year. All funds must be used by end of plan year (December 31).
*Partial hospitalization	\$45 copay
Podiatry Services	Exams and treatment: \$30 copay
*Physical and speech/language therapy visits	Physical and speech therapy services: \$25 copay per visit Comprehensive Outpatient Rehabilitation Facility (CORF): \$30 copay per service

HEALTH CARE BENEFITS

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
Physician services	Office surgery: \$15 copay Inpatient and outpatient surgery: \$0 copay Pathology and lab: \$0 copay
Preventive Care	Medicare covered services with a \$0 copay include: <ul style="list-style-type: none">• Abdominal aortic aneurysm screening• Alcohol use counseling• 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

HEALTH CARE BENEFITS

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
Preventive Care, continued:	<p>Medicare covered services with a \$0 copay include:</p> <ul style="list-style-type: none">• Kidney disease education services• Lung cancer with low-dose computed tomography (LDCT) screening• Medical nutrition therapy services• Medicare Diabetes Prevention Program (MDPP)• Obesity screening and counseling• Physical Exams (Initial Exam and Annual Wellness Visit)• 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 COVID-19 shots, flu shots, hepatitis B shots, pneumococcal shots• “Welcome to Medicare” preventive visit (one time)

HEALTH CARE BENEFITS

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
Primary care	Facility visits: \$0 copay per visit Consultations, office visits, and home visits: \$0 copay per visit
*Rehabilitation services	Cardiac rehabilitation: \$30 copay Intensive cardiac rehabilitation: \$35 copay Pulmonary rehabilitation: \$15 copay
Renal dialysis	20% coinsurance
Specialist services	Facility visits: \$15 copay per visit Consultations, office visits, and home visits: \$15 copay per visit
*Skilled Nursing Facility (SNF)	\$0 copay per day for days 1-20 \$170 copay per day for days 21-100 The Medicare Advantage Alamo Plan covers up to 100 days in a SNF.
*Transportation	50 one-way non-emergency trips to health care appointments covered per year
Urgently needed care	\$25 copay

HEALTH CARE BENEFITS

COVERED HEALTH CARE SERVICE	WHAT YOU MUST PAY
Vision care	Eye exams to treat eye conditions: \$25 copay Routine eye exam: \$0 copay (1 per year) Glasses or contacts: \$300 benefit limit each year

How can I find out more about these services?

To learn more about your benefits as a Community First Medicare Advantage Alamo Plan Member, please review your Evidence of Coverage located at [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com) or call Member Services at 1-833-434-2347.

LIMITS TO COVERED SERVICES

There may be limits to some covered services. If you have questions about limits on any covered service, ask your doctor or call Member Services.

SERVICES NOT COVERED

The following is a list of some of the services **NOT** covered by Community First Medicare Advantage Alamo Plan:

- Services considered not “reasonable and necessary,” according to the standards of Medicare and Texas Medicaid, unless these services are listed by our plan as covered services.
- Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan.

HEALTH CARE BENEFITS

- Experimental treatment and items are those that are not generally accepted by the medical community.
- Surgical treatment for morbid obesity, except when it is medically necessary and Medicare pays for it.
- A private room in a hospital, except when it is medically necessary.
- Private duty nurses.
- Personal items in your room at a hospital or a nursing facility, such as a telephone or a television.
- Full-time nursing care in your home.
- Homemaker services, including basic household assistance, light cleaning, or making meals.
- Fees charged by your immediate relatives or members of your household.
- Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging, and mental performance), except when medically necessary.
- Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.
- Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines.
- Routine foot care, except for the limited coverage provided according to Medicare guidelines.

ADDED BENEFITS

- Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.
- Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease.
- Radial keratotomy, LASIK surgery, and other low-vision aids.
- Reversal of sterilization procedures and non-prescription contraceptive supplies.
- Naturopath services (the use of natural or alternative treatments).
- Services provided to veterans in Veterans Affairs (VA) facilities. However, when a veteran gets emergency services at a VA hospital and the VA cost sharing is more than the cost sharing under our plan, we will reimburse the veteran for the difference.

If you have questions about whether or not a service is covered, please call Member Services at 1-833-434-2347.

ADDED BENEFITS

What extra benefits do I get as a Member of Community First Health Plans?

Community First offers the most added benefits to our Medicare Advantage Alamo Plan Members. Members receive the following at no cost:

ADDED BENEFITS
24-Hour Nurse Advice Line
Personal medical alert system with around-the-clock emergency response services

HEALTH EDUCATION PROGRAMS

ADDED BENEFITS

Free YMCA Membership providing older adults an opportunity to increase their physical activity, enjoy social interaction, learn healthy lifestyle skills, and improve their health by participating in free classes and programs designed for seniors
Pre-loaded payment card to purchase specific over-the-counter health and wellness products
Post-hospital discharge at-home meal delivery program
Non-emergency transportation to health appointments
Gift card incentives, giveaways, and more for participating in our Health & Wellness Programs
Virtual visits as an alternative to in-person visits for consultations, follow-up appointments, management of chronic conditions or medication, and more

How can I get these benefits?

To learn how you can receive these benefits as a Community First Medicare Advantage Alamo Plan Member, visit [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com) or call Member Services.

HEALTH EDUCATION PROGRAMS

In addition to added benefits, Community First also offers no-cost health education programs to help you stay healthy. Our **Health & Wellness Programs** include:

DIABETES IN CONTROL: DIABETES MANAGEMENT PROGRAM

If you are among the millions of Americans who have diabetes, we want to help you learn all that you can to help manage your disease.

HEALTH EDUCATION PROGRAMS

Diabetes in Control was developed to manage your diabetes more effectively by checking blood sugar regularly, eating healthy food, being active, taking medicines as prescribed, and handling stress effectively.

ASTHMA MATTERS: ASTHMA MANAGEMENT PROGRAM

Asthma is a chronic lung condition that causes inflammation and swelling of the airways, sensitivity to things that make swelling worse, and reduced airflow in the lungs. There is no cure for asthma, but you can learn to manage it so you can maintain a normal activity level and minimize the need for emergency treatment.

Asthma Matters was developed to provide you with the tools needed to prevent chronic and troublesome symptoms and improve your well-being.

Program goals include:

- Help you learn the causes or triggers of your asthma
- Achieve normal or near-normal lung function
- Participate in physical activity without symptoms
- Reduce the frequency and severity of flare-ups

HEALTHY MIND: BEHAVIORAL HEALTH PROGRAM

Community First is committed to helping improve the behavioral health and wellness of our Members. If you are struggling, it is important to remember you are not alone. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Healthy Mind can help you decide the type of behavioral health assistance you may need and provide information to help you choose a professional counselor or doctor who can best help you with the following:

- Aggressive behavior
- Family violence
- Anxiety and depression
- Grief
- Autism
- Suicidal behavior
- Physical, sexual, or emotional abuse
- Divorce or marital problems
- Substance and alcohol use disorders
- Stress
- Eating disorders
- Hyperactivity disorders

HEALTHY HEART: BLOOD PRESSURE MANAGEMENT PROGRAM

High blood pressure, also known as hypertension, often has no symptoms. However, it can significantly increase your risk for serious health conditions such as heart attack, stroke, heart failure, and kidney disease.

Healthy Heart can help you learn how to manage your blood pressure by taking medication and starting healthy lifestyle changes.

PRESCRIPTION DRUG BENEFITS

HEALTHY LIVING: HEALTHY LIFESTYLE MANAGEMENT PROGRAM

Achieving and maintaining a healthy lifestyle is never beyond reach. **Healthy Living** is designed for Members who are ready to take the first step toward a healthier life.

Healthy Living offers the knowledge and resources needed to understand how to incorporate healthy habits into your everyday life that can last a lifetime.

For more information about Community First Health & Wellness Programs or to join, please visit CommunityFirstHealthPlans.com/Health-and-Wellness-Programs and take the online Health Assessment. You can also contact a Health Educator to learn more or to take the assessment over the phone at 210-358-6055 or email healthyhelp@cfhp.com.

PRESCRIPTION DRUG BENEFITS

Medicare pays for most of the medication your doctor says you need. Your doctor will write a prescription so you can take it to the drug store, or may be able to send the prescription for you.

PRESCRIPTION DRUG FORMULARY

The Prescription Drug Formulary, also called the “Drug List,” is a list of all prescription drugs that Community First Medicare Advantage Alamo Plan covers. To find out if a drug you are taking is on the Drug List, you can:

- Check the most recent Drug List we sent you in the mail.
- Visit our website at CommunityFirstMedicare.com. The Drug List on our website is always the most current and up-to-date list.

PRESCRIPTION DRUG BENEFITS

- Call Member Services to find out if a drug is on the plan's Drug List or to ask for a copy of the list be mailed to you.

If you need assistance with finding a pharmacy, please call Member Services at 1-833-434-2347 or visit CommunityFirstMedicare.com to use the [Pharmacy Locator](#).

What do I bring with me to the drug store?

You should bring your Community First Health Plans Member ID card.

Who do I call if I have problems getting my medication?

If you have problems getting your covered medications, please call Member Services at 1-833-434-2347. We can work with you and your pharmacy to make sure you get the medication(s) you need.

What if I can't get the medication my doctor ordered approved?

If your doctor cannot be reached to approve a prescription, you may be able to get a three-day emergency supply of your medication. Call Community First at 1-833-434-2347 for help with your medications and refills.

What if I lose my medication?

If you lose your medication, call your doctor for help. If your doctor's office is closed, the pharmacy where you got your medications may be able to help you. You can also call Member Services for help at 1-833-434-2347.

PRESCRIPTION DRUG BENEFITS

NETWORK DRUG STORES

Community First has a large pharmacy network that includes most major chain pharmacies. You can call Member Services for help finding a network drug store. You can also find a list of network drug stores at [CommunityFirstHealthPlans.com](https://www.communityfirsthealthplans.com).

What if I go to a drug store not in the network?

If you go to a drug store that is not in the network, your prescription may not be covered. You may be responsible for the charges of the prescription medication. You will need to take your prescription to a pharmacy that accepts Community First Health Plans.

How do I transfer my prescriptions to a different network pharmacy?

If you need to transfer your prescription(s), take the following steps:

1. Call the new network pharmacy you'd like to transfer your prescription(s) to and give the needed information to the pharmacist; or
2. Bring your prescription container to the new network pharmacy.

How do I get my medicine if I am traveling?

Community First Health Plans has network pharmacies in all 50 states.

MEDICATION DELIVERY

What if I need my medications delivered to me?

For certain kinds of medications, you can use the plan's network mail-order services. Our mail-order partner is Birdi. Generally,

PRESCRIPTION DRUG TIERS

the medications available through mail-order are medications that you take on a regular basis for a chronic or long-term medical condition.

To get order forms and information about filling your prescriptions by mail, please call Birdi at 1-855-247-3479 (TTY 711), Monday–Friday, 8 a.m. to 8 p.m. EST and Saturdays 9 a.m. to 5 p.m. EST. You can also visit Birdirx.com/Mail-Order/How-It-Works for more information.

PRESCRIPTION DRUG TIERS

Every drug on the plan's Drug List is in one of five cost sharing tiers. A tier is a group of drugs of generally the same type (for example, brand name, generic, or over-the-counter medications). In general, the higher the cost sharing tier, the higher your cost for the medication.

Tier 1 is the lowest tier and Tier 5 is the highest tier.

- Tier 1: Preferred Generic Drugs. Includes lower-cost, commonly used generic drugs.
- Tier 2: Generic Drugs. Includes many generic drugs.
- Tier 3: Preferred Brand Drugs. Includes common brand name drugs, called preferred brands, and some higher-cost generic drugs.
- Tier 4: Non-Preferred Brand Drugs. Includes non-preferred generic and non-preferred brand name drugs.
- Tier 5: Specialty Drugs. Includes unique or very high-cost drugs.

PRESCRIPTION DRUG TIERS

To find out which cost sharing tier your medication is in, look for the drug in the plan's Drug List located at [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com).

OUT-OF-POCKET COSTS

There are different types of out-of-pocket costs you may pay for your prescription drugs. The amount that you pay for a drug is called “cost sharing” and there are three ways you may be asked to pay.

- The “**deductible**” is the amount you must pay for medications before our plan begins to pay its share.
- “**Copayment**” means that you pay a fixed amount each time you fill a prescription.
- “**Coinsurance**” means that you pay a percent of the total cost of the medication each time you fill a prescription.

You can contact Member Services to find out how much your copay or coinsurance is for any covered medication.

DRUG PAYMENT STAGES

There are three drug payment stages for your Medicare Part D prescription drug coverage: Prescription Deductible, Initial Coverage, and Catastrophic Coverage under Community First Medicare Advantage Alamo Plan. How much you pay depends on which stage you are in when you get a prescription filled or refilled.

Please see your Evidence of Coverage (EOC) located at [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com) to review further details of your plan's drug tiers and drug payment stages.

VISION SERVICES

Community First Health Plans partners with Envolve to provide routine eye care services to our Members. You can call Member Services at 1-833-434-2347 for help finding an Envolve provider near you.

You can also look up Envolve providers by visiting [VisionBenefits.EnvolveHealth.com](https://www.visionbenefits.envolvehealth.com).

Vision benefits include:

- One routine eye exam per year.
- Eyewear, including eyeglasses or contact lenses.
- One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens.

The plan will also pay for outpatient doctor services for the diagnosis and treatment of diseases and injuries of the eye, including:

- Diabetic retinopathy for people with diabetes.
- Treatment for age-related macular degeneration.

For people at high risk of glaucoma, the plan will also pay for one glaucoma screening each year. People at high risk of glaucoma include:

- People with a family history of glaucoma.
- People with diabetes.
- African-Americans who are age 50 and older.
- Hispanic Americans who are 65 or older.

HEARING SERVICES

DENTAL SERVICES

We offer comprehensive dental benefits for our Medicare Advantage Alamo Plan Members.

The plan will pay for the following services:

Preventive Dental Services

- Oral exams
- Cleanings
- Fluoride treatments
- Dental X-rays

Comprehensive Dental Services

- Non-routine services
- Diagnostic services
- Restorative services
- Periodontics
- Extractions
- Prosthodontics
- Other oral or maxillofacial surgery
- Other services

Call Member Services for help making a routine dental appointment or for more information.

HEARING SERVICES

The plan pays for hearing and balance tests done by your provider. These tests tell you whether you need medical treatment. They are covered as outpatient care when you get them from a physician, audiologist, or other qualified provider.

The plan will also pay for:

- Routine hearing exams
- Fitting and evaluation for a hearing aid
- Hearing aids

BEHAVIORAL HEALTH

Behavioral Health Services, including mental health and substance use support, are available to all Community First Medicare Advantage Alamo Plan Members.

Behavioral Health Services include:

- Mental health care, including care in a partial hospitalization program
- Preventive screenings and services
- Labs and diagnostic tests
- Observation services

The plan will also pay for mental health care services that require a hospital stay including residential or inpatient substance use services.

Members can call the Community First Behavioral Health and Substance Use hotline at 1-877-221-2226, 24 hours, 7 days a week. The phone line is staffed by trained personnel. Call to talk to someone if you need help right away. If you have a behavioral health emergency, call or text the Suicide and Crisis Lifeline at 988.

For other questions related to Behavioral Health Services, please call Community First Medicare Advantage Alamo Plan at 1-833-434-2347.

NON-EMERGENCY MEDICAL TRANSPORTATION

OVER-THE-COUNTER HEALTH & WELLNESS PRODUCTS

NationsBenefit is the vendor for over-the-counter health and wellness products for Community First Medicare Advantage Alamo Plan. As a Member of our plan, you will receive a Benefits Mastercard® Prepaid Card to buy various eligible products.

To activate your card:

- Visit CommunityFirst.NationsBenefits.com/Activate or
- Call 1-877-205-8005

To use your card:

- Visit a participating retailer.
- Download the Benefits Pro app.
- Shop online through NationsBenefit at CommunityFirst.NationsBenefits.com and get free home delivery.

For more information, go to CommunityFirstMedicare.com or call Member Services.

NON-EMERGENCY MEDICAL TRANSPORTATION

Medicare Advantage Alamo Plan offers Members non-emergency medical transportation (NEMT) to health care appointments if you have no other transportation options.

Medicare Advantage Alamo Plan Members are covered for 50 one-way, non-emergency trips every calendar year.

Trips include rides to the doctor, dentist, hospital, pharmacy, and other places you get health care services. Trips do not include ambulance trips.

NON-EMERGENCY MEDICAL TRANSPORTATION

NEMT services include:

- Passes or tickets for transportation, such as mass transit within Bexar County.
- Demand response (curb-to-curb) transportation services in private buses, vans, or sedans (including wheelchair-accessible vehicles, if necessary).
- Mileage reimbursement for an individual transportation participant (ITP) for a verified completed trip to a covered health care service.
 - The ITP can be a responsible party, a family member, a friend, or a neighbor (requires prior clearance through transportation vendor).

To schedule your ride, call: 1-855-932-2335 (TTY 711), Monday through Friday from 8 a.m. to 6 p.m. or visit CommunityFirst.Member.SafeRideHealth.com/login.

Schedule rides as early as possible, at least two business days before you need the ride. If you have questions after hours or about the status of your scheduled ride, call 1-855-932-2335, Monday through Saturday, 4:00 a.m. to 8:00 p.m.

MEMBER BILLING

MEMBER BILLING

If you get a bill for the full cost of health care or drugs, send the bill to us.

- If the services or drugs are covered, we will pay the provider directly.
- If the services or drugs are covered and you already paid more than your share of the cost, it is your right to be paid back.
- If the services or drugs are not covered, we will tell you.

Here are examples of times when you may need to ask our plan to pay you back or to pay a bill you got:

- When you get emergency or urgently needed health care from an out-of-network provider.
- When you use an out-of-network pharmacy to get a prescription filled.
- When you pay the full cost for a prescription because you do not have your Member ID card with you.

REIMBURSEMENT

- You must submit your Part C (medical) claim to us within 12 months of the date you got the service, item, or drug.
- You must submit your Part D (prescription drug) claim to us within 36 months of the date you got the service, item, or drug.

Send us your bill and proof of any payment you have made. To make sure you are giving us all the information we need to make a decision, you can fill out our claim form to make your request for payment. You can get a copy of the form on our website

[CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com) or you can call Member Services at 1-833-434-2347.

You can also mail your request for payment together with any bills or receipts to us at this address:

Community First Health Plans

Medical or Prescription Drug Payment Requests

12238 Silicon Drive, Suite 100

San Antonio, Texas 78249

Contact Member Services if you have any questions. If you don't know what you should have paid, or you receive bills and you don't know what to do about those bills, we can help.

COMPLAINTS

If you have a complaint, we want to help.

You can make a complaint about Community First Health Plans, any provider (including an out-of-network or network provider), and any pharmacy (including a complaint about your prescription drugs). You can submit your complaint orally, through the [Member Portal](#), or via mail.

You can also send a complaint about Community First Medicare Advantage Alamo Plan right to Medicare by using the online form located at [Medicare.gov/MedicareComplaintForm/Home.aspx](https://www.Medicare.gov/MedicareComplaintForm/Home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.

Finally, you can make a complaint about the quality of the care you got to either Community First or to the Quality Improvement

ENROLLMENT

Organization (QIO) by calling 1-888-316-0636 or visiting [Acentraqio.com/Bene/StatePages/Texas/](https://www.Acentraqio.com/Bene/StatePages/Texas/).

If your complaint is about a coverage decision about your health care or prescription drugs, you can make an appeal.

APPEAL PROCESS

An appeal is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake.

The appeals process is a formal process with detailed procedures and important deadlines. You can find more information about the appeal and expedited appeal process on our website at [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com).

A Member Services Representative can help you file an appeal by calling 1-833-434-2347.

ENROLLMENT

INITIAL ENROLLMENT PERIOD

The Initial Enrollment Period is your first chance to sign up for Medicare. Once you become eligible, you have these seven months to enroll:

- 3 months before the month you turn 65
- The month you turn 65
- 3 months after the month you turn 65

ANNUAL ENROLLMENT PERIOD (OPEN ENROLLMENT)

The Annual Enrollment Period (also known as “Open Enrollment”) lasts from October 15 through December 7 and is for anyone with Original Medicare wanting to join a Medicare Advantage plan, or anyone with a Medicare Advantage plan wanting to make changes.

If you choose a new plan during this period, your membership in Community First Medicare Advantage Alamo Plan will end on December 31 and your membership in the new plan will start on January 1.

During Open Enrollment, you can:

- Choose to keep your current coverage or make changes to your coverage for the upcoming year. If you decide to change to a new plan, you can choose any of the following types of plans:
 - Another Medicare health plan. (You can choose a plan that covers prescription drugs or one that does not cover prescription drugs.)
 - Original Medicare with a separate Medicare prescription drug plan.
 - Original Medicare without a separate Medicare prescription drug plan.

MEDICARE ADVANTAGE OPEN ENROLLMENT

The Medicare Advantage Open Enrollment Period is for people who already have a Medicare Advantage Plan and want to enroll in a different Medicare Advantage Plan or go back to Original Medicare.

ENROLLMENT

Medicare Advantage Open Enrollment is January 1 through March 31. Any Medicare Advantage changes to coverage selected during this period will go into effect on the first day of the month after the plan gets your request.

RENEWING YOUR PLAN

Your plan will renew automatically each year. Community First Health Plans will send you a “Plan Annual Notice of Change” (ANOC) each fall. The ANOC includes any changes in coverage, costs, and more that will be effective the following January. It’s important to review any changes to your plan to make sure the plan still meets your needs.

ENDING YOUR MEMBERSHIP

Usually, to end your membership in our plan, you simply enroll in another Medicare plan during one of the enrollment periods. However, if you want to switch from our plan to Original Medicare without a Medicare prescription drug plan, you must ask to be disenrolled from our plan. There are two ways you can ask to leave the plan:

- You can ask by writing to us. (Contact Member Services if you need more information on how to do this), or
- You can contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

These are the cases when Community First Medicare Advantage Alamo Plan must end your membership in our plan:

- If there is a break in your Medicare Part A and Part B coverage.

MEMBER RIGHTS AND RESPONSIBILITIES

- If you are required to pay the extra Part D amount because of your income and you do not pay it.
- If you move out of our service area.
- If you are away from our service area for more than six months.
- If you go to jail or prison for a criminal offense.
- If you lie about or withhold information about other insurance you have for prescription drugs.
- If you are not a United States citizen or are not lawfully present in the United States.

MEMBER RIGHTS AND RESPONSIBILITIES

MEMBER RIGHTS

As a Community First Medicare Advantage Alamo Plan Member:

1. You have the right to be treated fairly, understand the information you get, and keep your personal information safe.
2. You have the right to be:
 - a) Treated with courtesy, dignity, and respect at all times.
 - b) Protected from discrimination. Every company or agency that works with Medicare must obey the law. They can't treat you differently because of your race, color, national origin, disability, age, religion, or sex.
3. You have the right to have:
 - a) Your personal and health information kept private.
 - b) Access to doctors, specialists, and hospitals for medically necessary services.

MEMBER RIGHTS AND RESPONSIBILITIES

4. You have the right to get:
 - a) Medicare-covered services in an emergency.
 - b) Information in a way you understand from Medicare health care providers and, under certain circumstances, contractors.
 - c) Information about your treatment choices in clear language that you can understand so that you can participate in treatment decisions.
 - d) Medicare information and health care services in a language you understand.
 - e) Your Medicare information in an accessible format, like braille or large print.
 - f) Answers to your Medicare questions.
 - g) A decision about health care payment, coverage of items and services, or drug coverage.

If you need plan information in a language other than English, or in an accessible format, call Member Services at 1-833-434-2347.

When you or your provider files a claim, you'll get a notice letting you know what will and won't be covered. This notice may come from:

- Medicare
- Community First Medicare Advantage Alamo Plan
- Your Community First Medicare Advantage Alamo drug plan

If you disagree with the decision on your claim, you have the right to file an appeal. You may:

- Ask for a review (appeal) of certain decisions about health care payment, coverage of items and services, or drug coverage.

MEMBER RIGHTS AND RESPONSIBILITIES

- File complaints (sometimes called “grievances”), including complaints about the quality of your care. You may decide to do this if you have concerns about the quality of care and other services you get from a Medicare provider.
- Work with End-Stage Renal Disease (ESRD) Networks and State Survey Agencies to help you with complaints (grievances) about your dialysis or kidney transplant care.

Access to your personal health information

By law, you or your legal representative generally have the right to view and get copies of your personal health information from these groups:

- Health care providers who treat you and bill Medicare for your care
- Health plans that pay for your care, including Medicare
- These types of personal health information include:
 - Claims and billing records
 - Information related to your enrollment in health plans, including Medicare
 - Medical and case management records
 - Other records that doctors or health plans use to make decisions about you

Generally, you can get your information on paper or electronically. If your providers or plans store your information electronically, they generally must give you electronic copies if you ask for them. You have the right to get your information in a timely manner, but it may take up to 30 days to get a response. Keep in mind, if your

MEMBER RIGHTS AND RESPONSIBILITIES

information is electronic, you also have the right to have it sent to a third party of your choosing. A third party may be a:

- Health care provider who treats you
- Family member
- Researcher

You may have to fill out a form to ask for copies of your information and pay a fee. This fee can't be more than the total cost of:

- Labor for copying the information asked for
- Supplies for creating the copy
- Postage (if you ask your health care provider to mail you a copy)

In most cases, you won't be charged for viewing, searching, downloading, or sending your information through an electronic portal.

As a Community First Medicare Advantage Alamo Plan Member, you have the same rights and protections as all people with Medicare (listed above). You also have the right to:

- Choose health care providers within the Community First Medicare Advantage Alamo Plan network.
- Get a treatment plan from your doctor.
 - If you have a complex or serious medical condition, a treatment plan lets you directly see a specialist within the plan as many times as you and your doctor think you need.
- Women have the right to go directly to a women's health care specialist without a referral within the plan for routine and preventive health care services.

MEMBER RIGHTS AND RESPONSIBILITIES

- Know how your doctors are paid.
 - When you ask your plan how it pays its doctors, the plan must tell you.
 - Medicare doesn't allow a plan to pay doctors in a way that could interfere with you getting the care you need.
- Ask for an appeal to resolve differences with your plan.
- File a complaint (called a "grievance") with the plan.
 - A grievance is a complaint about the way your Medicare health or drug plan is giving care.
- Get a coverage decision or coverage information from your plan before getting services.
- Get a written explanation for drug coverage decisions (called a "coverage determination") from your Medicare drug plan.
 - A coverage determination is the first decision your Medicare drug plan (not the pharmacy) makes about your benefits. This can be a decision about if your medication is covered, if you met the plan's requirements to cover the drug, or how much you pay for the medication.
 - You'll also get a coverage determination decision if you ask your plan to make an exception to its rules to cover your medication.
- Have the privacy of your Medicare health and drug information protected.

MEMBER RIGHTS AND RESPONSIBILITIES

MEMBER RESPONSIBILITIES

As a Community First Medicare Advantage Alamo Plan Member, you are responsible for:

1. Learning and understanding your rights under the Medicare and your health plan.
2. Asking questions if you do not understand your rights.
3. Learning and following your health plan's rules and Medicare's rules.
4. Knowing when you must sign up or change plans.
5. Reading all letters from Medicare and your health plan.
6. Protecting your Medicare card and number.
7. Asking your doctors and other health care providers if they take Community First Medicare Advantage Alamo Plan before you accept services.
8. Calling Medicare if you feel a doctor, insurance agent, or plan has misled you.
9. Making any changes in your primary care provider in the ways set up by your health plan.
10. Keeping your scheduled appointments.
11. Canceling appointments in advance when you cannot keep them.
12. Always contacting your primary care provider first for your non-emergency medical needs.
13. Making sure you have approval from your primary care provider before going to a specialist.

MEMBER RIGHTS AND RESPONSIBILITIES

14. Understanding when you should and should not go to the emergency room.
15. Telling your primary care provider about your health.
16. Talking to your providers about your health care needs and asking questions about the different ways your health care problems can be treated.
17. Helping your providers get your medical records.
18. Working as a team with your providers in deciding what health care is best for you.
19. Knowing how the things you do can affect your health.
20. Doing the best you can to stay healthy.
21. Treating providers and staff with respect.
22. Talking to your provider about all of your medications.

When requesting non-emergency medical transportation (NEMT) services, you have the responsibility to:

- Provide the information asked for by the person arranging or verifying your transportation.
- Follow all rules and regulations affecting your NEMT services.
- Return unused advanced funds. You must provide proof that you kept your medical appointment before receiving future advanced funds.
- Not verbally, sexually, or physically abuse or harass anyone while asking for, or receiving, NEMT services.
- Not lose bus tickets or tokens and return any bus tickets or tokens that you do not use. You must use the bus tickets or tokens only to go to your medical appointment.

MEMBER RIGHTS AND RESPONSIBILITIES

- Only use NEMT services to travel to and from your medical appointments.
- Contact the person who helped you arrange your NEMT transportation or service as soon as possible if something changes and you no longer need that service.

Non-Discrimination Notice

Community First Health Plans, Inc. (Community First) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Community First does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

Community First provides free aids and services to people with disabilities to communicate effectively with our organization, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, and other formats)

Community First also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please contact Community First Member Services at the number on the back of your Member ID card or 1-800-434-2347. If you're deaf or hard of hearing, please call 711.

If you feel that Community First failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a complaint with Community First by phone,

Aviso sobre no discriminación

Community First Health Plans, Inc. (Community First) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, u orientación sexual. Community First no excluye o trata de manera diferente a las personas debido a su raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, u orientación sexual.

Community First proporciona asistencia y servicios gratuitos a personas con discapacidades para comunicarse efectivamente con nuestra organización, como:

- Intérpretes calificados de lenguaje de señas
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, y otros formatos)

Community First también ofrece servicios gratuitos lingüísticos a personas cuyo idioma principal no es el inglés, como:

- Intérpretes calificados
- Información escrita en otros idiomas

Si usted necesita recibir estos servicios, comuníquese al Departamento de Servicios para Miembros de Community First al 1-800-434-2347. TTY (para personas con problemas auditivos) al 711.

Si usted cree que Community First no proporcionó servicios lingüísticos gratuitos o se siente que fue discriminado/a de otra manera por motivos de su raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, u orientación sexual, usted puede comunicarse con Community

fax, or email at:

Community First Compliance Coordinator

Phone: 210-227-2347 | TTY: 711

Fax: 210-358-6014

Email: DL_CFHP_Regulatory@cfhp.com

If you need help filing a complaint, Community First is available to help you. If you wish to file a complaint regarding claims, eligibility, or authorization, please contact Community First Member Services at 1-800-434-2347.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

You may also file a complaint by mail or phone at:

U.S. Department of Health
and Human Services

200 Independence Avenue, SW, Room 509F,
HHH Building

Washington, D.C. 20201

Phone: 1-800-368-1019 | TTY: 1-800-537-7697

Complaint forms are available at:
<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

First por teléfono, fax, o correo electrónico a:

Community First Compliance Coordinator

Teléfono: 210-227-2347

Línea de TTY gratuita: 711

Fax: 210-358-6014

Correo electrónico:

DL_CFHP_Regulatory@cfhp.com

Si usted necesita ayuda para presentar una queja, Community First está disponible para ayudarlo. Si usted desea presentar una queja sobre reclamos, elegibilidad o autorización, comuníquese con Servicios para Miembros de Community First llamando al 1-800-434-2347.

Usted también puede presentar una queja de derechos civiles ante el departamento de salud y servicios humanos de los Estados Unidos de manera electrónica a través del portal de quejas de derechos civiles, disponible en: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

También puede presentar una queja por correo o por teléfono al:

U.S. Department of Health
and Human Services

200 Independence Avenue, SW, Room 509F,
HHH Building

Washington, D.C. 20201

Teléfono: 1-800-368-1019

Línea de TTY gratuita: 1-800-537-7697

Los formularios de queja están disponibles en:
<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

GERMAN: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-434-2347 (TTY: 711).

GUJARATI: ધ્યાન દે: યદી આપ હિંદી બોલતે હૈ તો આપકે લેપિ મુફ્ત મેં ભાષા સહાયતા સેવાએં ઉપલબ્ધ હૈ। 1-800-434-2347 (TTY: 711) પર કૉલ કરેં।

RUSSIAN: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-434-2347 (телетайп: 711).

JAPANESE: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-434-2347 (TTY:711)まで、お電話にてご連絡ください。

LAOTIAN: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-434-2347 (TTY: 711).

**MEDICARE ADVANTAGE
ALAMO PLAN (HMO)
MEMBER HANDBOOK**

COMMUNITY FIRST
— MEDICARE ADVANTAGE —

ALAMO (HMO)

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