

SUMMARY OF BENEFITS

OVERVIEW OF YOUR PLAN

Community First Medicare Advantage Bexar Dual (HMO D-SNP)
H5447-002

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

Community First Medicare Advantage Bexar Dual (HMO D-SNP) | 2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Community First Medicare Advantage Bexar Dual (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a Member of Community First Medicare Advantage Bexar Dual (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Community First Medicare Advantage Bexar Dual at 1-833-434-2347, 7 days a week from 8 a.m. to 8 p.m. (October 1 – March 31); Monday – Friday from 8 a.m. to 8 p.m. (April 1 – September 30). TTY 711 24 hours a day, 7 days a week. The call is free. For more information, visit CommunityFirstMedicare.com.



A. Disclaimers



This is a summary of health services covered by Community First Medicare Advantage Bexar Dual (HMO D-SNP) for, 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. Please contact Member Services at toll 1-833-434-2347 to get a Member Handbook or go to [CommunityFirstMedicare.com](https://www.communityfirstmedicare.com).

- ❖ Community First Health Plans, Inc. is an 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), Community First Medicare Advantage Bexar Dual (HMO D-SNP), and Community First Medicare Advantage Mezquite Dual (HMO D-SNP). This information is not a complete description of benefits. Call 1-833-434-2347 (TTY 711) for more information.
- ❖ Texas D-SNP Members: As a Community First Medicare Advantage Bexar Dual (HMO D-SNP) Member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Community First Health Plans, Inc. and are also eligible to receive additional health care services and coverage through Texas Medicaid.
- ❖ Texas D-SNP prospective enrollees: For detailed information about Texas Medicaid benefits, please visit the Texas Medicaid website at <https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus>. To request a written copy of our Medicaid Provider Directory, please contact us.
- ❖ ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-434-2347 (TTY: 711) or speak to your provider.
- ❖ You can get this Summary of Benefits for free in other formats, such as large print, braille, or audio. The booklet may also be mailed to you in a different format. Once you let us know your preferred format, we will keep that preference on file and use it for future plan communications and mailings, unless you tell us otherwise. Call 1-833-434-2347 (TTY: 711) for more information. The call is free. Representatives are 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

If you have questions, please call Community First Medicare Advantage Bexar Dual at 1-833-434-2347, 7 days a week from 8 a.m. to 8 p.m. (October 1 – March 31); Monday – Friday from 8 a.m. to 8 p.m. (April 1 – September 30). TTY 711 24 hours a day, 7 days a week. The call is free. For more information, visit [CommunityFirstMedicare.com](https://www.communityfirstmedicare.com).



- TTY 711 is available 24/7, to be used by deaf and hard-of-hearing Medicare Members
- ❖ For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.
- ❖ For more information about STAR+PLUS you can check the: STAR+PLUS Medicaid program website www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus or contact the HHS Office of the Ombudsman at 866-566-8989 or TTY: 800-735-2989, 8 a.m. to 5 p.m., Monday through Friday.
- ❖ New Members to Community First Medicare Advantage Bexar Dual (HMO D-SNP): In most instances you'll be enrolled in Community First Medicare Advantage Bexar Dual (HMO D-SNP) for your Medicare benefits the first day of the month after you request to be enrolled in Community First Medicare Advantage Bexar Dual (HMO D-SNP). You may still receive your Medicaid benefits from your previous STAR+PLUS health plan for one additional month. After that, you'll receive your STAR+PLUS services through Community First Medicare Advantage Bexar Dual (HMO D-SNP). There will be no gap in your STAR+PLUS coverage. Please call us at the number at the bottom of the page if you have any questions.
- ❖ This document is available for free in Spanish.
- ❖ This document is available in languages other than English. For additional information, call us at 1-833-434-2347 (TTY: 711). To always get this document and other material in another language or format, now and in the future, please call Member Services at the bottom of this page. We will document your choice. This is called a "standing request". If you later want to change the language and/or format choice, please call Member Services at the phone number on the bottom of this page.
- ❖ Out-of-network/non-contracted providers are under no obligation to treat Plan Members, except in emergency situations. Please call our Member Services number or see your Member Handbook for more information, including the cost-sharing that applies to out-of-network services.
- ❖ Based on a Model of Care review, Community First Medicare Advantage Bexar Dual (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2028.

If you have questions, please call Community First Medicare Advantage Bexar Dual at 1-833-434-2347, 7 days a week from 8 a.m. to 8 p.m. (October 1 – March 31); Monday – Friday from 8 a.m. to 8 p.m. (April 1 – September 30). TTY 711 24 hours a day, 7 days a week. The call is free. For more information, visit CommunityFirstMedicare.com.



B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's an integrated D-SNP?	An integrated dual eligible special needs plan (D-SNP) is where full-benefit dually eligible Members will receive both their Medicare and STAR+PLUS services from a single health care organization. The plan includes Medicare medical benefits, Medicare Part D prescription drug coverage, and STAR+PLUS Medicaid benefits, helping Members receive comprehensive and coordinated care. To be eligible, you must live in Bexar County, be entitled to Medicare Part A and B, and meet Texas Medicaid eligibility requirements for STAR+PLUS. The plan also covers Long-Term Services and Supports (LTSS) available through the STAR+PLUS program for Members who qualify. LTSS may include services such as personal assistance services, nursing services, medical supplies, home modifications, adult day health care, respite services, and other home and community-based services designed to help Members live as independently as possible in their homes and communities. In addition to Medicare-covered services, STAR+PLUS benefits may include covered behavioral health services, nursing facility services, Community First Choice (CFC) services, Day Activity and Health Services (DAHS), service coordination, non-medical transportation, and Home and Community-Based Services (HCBS). Covered services are based on medical necessity and may require assessment and prior authorization, as applicable. Members work with a Service Coordinator to identify and access medically necessary services and supports.

If you have questions, please call Community First Medicare Advantage Bexar Dual at 1-833-434-2347, 7 days a week from 8 a.m. to 8 p.m. (October 1 – March 31); Monday – Friday from 8 a.m. to 8 p.m. (April 1 – September 30). TTY 711 24 hours a day, 7 days a week. The call is free. For more information, visit [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com).



Frequently Asked Questions	Answers
Will I get the same Medicare and STAR+PLUS benefits in Community First Medicare Advantage Bexar Dual (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and STAR+PLUS benefits directly from Community First Medicare Advantage Bexar Dual (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and Service Coordinator's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from state agencies or community programs, including specialty behavioral health services, substance use disorder services, and other Medicaid-covered programs available through the Texas Health and Human Services Commission (HHSC). When you enroll in Community First Medicare Advantage Bexar Dual (HMO D-SNP), you and your Service Coordinator will work together to develop a Service Plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Community First Medicare Advantage Bexar Dual (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Community First Medicare Advantage Bexar Dual (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers in the footer of this document.
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Community First Medicare Advantage Bexar Dual (HMO D-SNP) and have a contract with us, you can keep going to them. Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept Members of our plan and provide services our plan covers. You must use the providers in Community First Medicare Advantage Bexar Dual's (HMO D-SNP) network. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs.

If you have questions, please call Community First Medicare Advantage Bexar Dual at 1-833-434-2347, 7 days a week from 8 a.m. to 8 p.m. (October 1 – March 31); Monday – Friday from 8 a.m. to 8 p.m. (April 1 – September 30). TTY 711 24 hours a day, 7 days a week. The call is free. For more information, visit [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com).



Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued)	If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Community First Medicare Advantage Bexar Dual's (HMO D-SNP) plan. Emergency services are covered without prior authorization when a prudent layperson would reasonably believe that immediate medical attention is needed for an emergency medical condition. Continuity of Care: If you are currently receiving medically necessary services from a provider who is not in our network, or if your provider leaves our network, you may be able to continue receiving care from that provider for a limited time while we arrange for a safe transition to a participating provider. This may apply to Members receiving treatment for acute conditions, serious chronic conditions, pregnancy, terminal illness, scheduled procedures, or Long-Term Services and Supports (LTSS). Contact Member Services for assistance and to determine whether you qualify for continuity of care services. To find out if your providers are in the plan's network, call Member Services at the numbers listed in the footer of this document or read the Community First Medicare Advantage Bexar Dual's (HMO D-SNP) Provider and Pharmacy Directory on the plan's website at CommunityFirstMedicare.com. Community First can review the possibility for Members' out-of-network providers to contract with the plan. If Community First Medicare Advantage Bexar Dual (HMO D-SNP) is new for you, we'll work with you to develop a Service Plan to address your needs.
What's a Community First Medicare Advantage Bexar Dual (HMO D-SNP) Service Coordinator?	A Community First Medicare Advantage Bexar Dual (HMO D-SNP) Service Coordinator also known as a Care Coordinator is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need.

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Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your Service Coordinator or care team will work with that agency.
What happens if I need a service but no one in Community First Medicare Advantage Bexar Dual's (HMO D-SNP) network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Community First Medicare Advantage Bexar Dual (HMO D-SNP) will pay for the cost of an out-of-network provider. Contact Member Services at the number in the footer of this document.
Where's Community First Medicare Advantage Bexar Dual (HMO D-SNP) available?	The service area for this plan includes: Bexar County, Texas. You must live in Bexar County to join the plan.
What's prior authorization (PA)?	Prior authorization means an approval from Community First Medicare Advantage Bexar Dual (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. Community First Medicare Advantage Bexar Dual (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Community First Medicare Advantage Bexar Dual (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Community First Medicare Advantage Bexar Dual (HMO D-SNP) before the service is provided.

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Frequently Asked Questions	Answers
What's prior authorization (PA)? (continued)	Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers in the footer of this document for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that isn't your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Community First Medicare Advantage Bexar Dual (HMO D-SNP) may not cover the services. Community First Medicare Advantage Bexar Dual (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. You don't need a referral to use certain specialists, such as women's health specialists. Refer to the <i>Member Handbook</i> to learn more about when you'll need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under Community First Medicare Advantage Bexar Dual (HMO D-SNP)?	No. Because you have STAR+PLUS you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a Member of Community First Medicare Advantage Bexar Dual (HMO D-SNP)?	No. You don't pay deductibles in Community First Medicare Advantage Bexar Dual (HMO D-SNP).

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Frequently Asked Questions	Answers
What's the maximum out-of-pocket amount that I'll pay for medical services as a Member of Community First Medicare Advantage Bexar Dual (HMO D-SNP)?	There's no cost-sharing for medical services in Community First Medicare Advantage Bexar Dual (HMO D-SNP) so your annual out-of-pocket costs will be \$0.

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C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization required.
	Inpatient hospital psychiatric	\$0	Prior authorization required.
	Outpatient hospital services	\$0	Covers Ambulatory Surgical Center (ASC), outpatient hospital surgery, and outpatient hospital observation. Prior authorization required.
	Partial Hospitalization Program	\$0	Prior authorization required.
	Doctor or surgeon care	\$0	During an authorized hospital stay, doctor and surgeon care are covered.
You want a doctor	Visits to treat an injury or illness in a physician's office by a primary care provider	\$0	None

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	None
	Wellness visits, such as a physical	\$0	None
	“Welcome to Medicare” (preventive visit one time only)	\$0	None
	Specialist care	\$0	None
You need emergency care	Emergency room services	\$0	Emergency services necessary to screen and stabilize Members are covered by Community First without prior authorization in cases where a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed. Community First provides, arranges for, or otherwise facilitates all needed emergency services, including appropriate coverage of costs without regard to whether the provider providing services has a contract with Community First. Members will pay the in-network cost.

If you have questions, please call Community First Medicare Advantage Bexar Dual at 1-833-434-2347, 7 days a week from 8 a.m. to 8 p.m. (October 1 – March 31); Monday – Friday from 8 a.m. to 8 p.m. (April 1 – September 30). TTY 711 24 hours a day, 7 days a week. The call is free. For more information, visit [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com).



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued)	Urgent care	\$0	Emergency services necessary to screen and stabilize Members are covered by Community First without prior authorization in cases where a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed. Community First provides, arranges for, or otherwise facilitates all needed emergency services, including appropriate coverage of costs without regard to whether the provider providing services has a contract with Community First. Members will pay the in-network cost.
You need medical tests	Diagnostic radiology services (for example, therapeutic radiology, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization may be required.
	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization may be required.
You need hearing/auditory services	Routine Hearing Exams	\$0	1 visit every year
	Prescription Hearing aids	\$0	\$2,500 both ears combined per year.
	Fitting/Evaluation for Hearing Aids	\$0	1 visit every year

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	\$0	For Members who qualify to receive dental benefits through the state, see the following link for more dental coverage information: https://www.hhs.texas.gov/handbooks/starplushandbook/6500-dental-services Our plan covers routine dental care under the Medicare benefit for the following preventive services: • Oral exam – 2 every year • Dental X-rays – 1 every year • Other diagnostic services • Prophylaxis Cleaning – 2 every year • Fluoride Treatment – 1 every year • Other preventive services

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Restorative and emergency dental care	\$0	\$2,500 maximum allowance every year. For Members who qualify to receive dental benefits through the state, see the following link for more dental coverage information: https://www.hhs.texas.gov/handbooks/starplushandbook/6500-dental-services • Restorative services • Endodontics • Periodontics • Prosthodontics • Maxillofacial Prosthetics • Implant Services • Oral and Maxillofacial Surgery • Adjunctive general services • Orthodontics • Adjunctive General Services
	Diagnostic and Preventive Dental	\$0	\$2,500 maximum allowance every year.
You need eye care	Eye exams	\$0	1 every year

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued)	Glasses or contact lenses	\$0	\$275 allowance every year
You need mental or behavioral health services	Mental or behavioral health services	\$0	This service covers: • Individual Sessions for Mental Health Specialty Services • Group Sessions for Mental Health Specialty Services • Individual Sessions for Psychiatric Services • Group Sessions for Psychiatric Services • Care coordination and case management

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental or behavioral health services (continued)	Mental or behavioral health services (continued)	\$0	This service covers outpatient mental health and behavioral health services, including psychiatric evaluation, medication management, individual and group therapy, and care coordination. Some specialty behavioral health services may be available through Texas Health and Human Services (HHSC) programs or Community-Based providers. Contact your Service Coordinator or Member Services for assistance accessing behavioral health services.
	Opioid Treatment Program	\$0	
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	Includes inpatient psychiatric services, outpatient mental health and behavioral health services, psychiatric services, substance use disorder treatment services, partial hospitalization programs, intensive outpatient programs, and other medically necessary behavioral health services covered by Medicare or STAR+PLUS. Additional community-based behavioral health services may be available through STAR+PLUS when medically necessary and authorized. Prior authorization may be required for certain services. Your Services Coordinator can help arrange medically necessary behavioral health services.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Individual sessions for outpatient substance abuse	\$0	This service covers medically necessary assessment, counseling, individual and group therapy, mediation-assisted treatment, and other outpatient substance use disorder services covered by Medicare or STAR+PLUS. Services are provided based on medical necessity and may require prior authorization. Additional substance use disorder treatment services may be available through Texas Health and Human Services Commission (HHSC) programs or community providers. Contact your Service Coordinator or Member Services for assistance accessing substance use disorder services.
	Group sessions for outpatient substance abuse	\$0	
You need a place to live with people available to help you	Skilled nursing facility	\$0	Plan does not allow less than 3-day inpatient hospital stay prior to skilled nursing facility admission. Prior authorization required.
	Nursing home care	\$0	Nursing facility services are covered for Members who meet medical necessity and nursing facility level of care criteria. Services are subject to assessment and authorization, as applicable. Your Service Coordinator can help coordinate nursing facility services and transition between care settings.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Rehab services, comprehensive outpatient rehab facility (CORF). Prior authorization required.
You need help getting to health services	Ground ambulance services	\$0	Emergency transportation is covered when medically necessary for the treatment of an emergency medical condition. Prior authorization is not required for emergency services.
	Air ambulance services	\$0	
	Transportation to medical appointments and services	\$0	Non-emergency medical transportation 30 one-way rides every year. Members may also qualify for non-emergency medical transportation through STAR+PLUS benefits.
You need drugs to treat your illness or condition	Medicare Part B Insulin Drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.
	Medicare Part B Chemotherapy/ Radiation drugs	\$0	
	Other Medicare Part B Drugs	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Medicare Part D drugs	Below is for Retail and Mail Order for a 30-, 60- or 90-day supply	There may be limitations on the types of drugs covered. Please refer to Community First Medicare Advantage Bexar Dual (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information. Once you or others on your behalf pay \$2,400, you've reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage. Specialty only comes in a 30-day supply.
	Tier 1: Preferred Generic	0%	
	Tier 2: Generic	25%	
	Tier 3: Preferred Brand	25%	
	Tier 4: Non-Preferred Drugs	25%	
	Tier 5: Specialty Drugs	25%	

If you have questions, please call Community First Medicare Advantage Bexar Dual at 1-833-434-2347, 7 days a week from 8 a.m. to 8 p.m. (October 1 – March 31); Monday – Friday from 8 a.m. to 8 p.m. (April 1 – September 30). TTY 711 24 hours a day, 7 days a week. The call is free. For more information, visit [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com).



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Over-the-counter (OTC) drugs and SSBCI benefit	\$200 plan allowance per quarter (with rollover between each quarter). All funds are loaded on a debit card and must be used by end of plan year (December 31).	There may be limitations on the types of drugs covered. Please refer to Community First Medicare Advantage Bexar Dual (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information. Over-the-counter and SSBCI are now covered as a combined benefit allowance. If you qualify for SSBCI then you may use this allowance on SSBCI eligible expenses. To meet SSBCI eligibility, you must meet a three-tier eligibility requirement. Call your Service Coordinator for qualifications. SSBCI can be used to purchase, food, produce, and utilities. If you do not qualify for SSBCI, you will still receive the \$200 allowance, but may only use it to purchase eligible over-the-counter expenses.
	Cardiac Rehabilitation	\$0	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services Prior authorization required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs (continued)	Intensive Cardiac Rehabilitation	\$0	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services Prior authorization required.
	Pulmonary Rehabilitation	\$0	Prior authorization required
	SET for PAD Services	\$0	Prior authorization required
	Outpatient Rehabilitation Services	\$0	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services Prior authorization required
	Intensive Outpatient Program Services	\$0	Prior authorization required
	Medical equipment for home care	\$0	Medically necessary durable medical equipment (DME), medical supplies, prosthetics, orthotics, and other medically necessary equipment for home use or covered when ordered by a provider. Coverage is subject to medical necessity. Prior authorization required.
	Dialysis services	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	\$0	
	Orthotic services	\$0	Orthotic devices and related services are covered when medically necessary and ordered by a provider. Coverage is subject to medical necessity. Additional adaptive equipment may be available through STAR+PLUS Home and Community-Based Services (HCBS) for Members who meet program eligibility requirements. Prior authorization required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i> .	Wheelchairs, crutches, and walkers	\$0	Prior authorization required
	Nebulizers	\$0	Prior authorization required
	Oxygen equipment and supplies	\$0	Prior authorization required
You need help living at home	Home health services	\$0	Prior authorization required
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Home modifications may be available through STAR+PLUS Community First Choice (CFC), STAR+PLUS HCBS for Members who meet eligibility and medical necessity requirements. Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	Prior authorization required
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Home health and personal assistance services are available when medically necessary and authorized by the plan, as applicable. Personal assistance may be provided through Community First Choice (CFC), STAR+PLUS Home and Community-Based Services (HCBS), or other STAR+PLUS programs for Members who meet eligibility requirements. Your Service Coordinator can help assess your needs, develop a service plan, and coordinate services that support your ability to live safely and independently in your home and community.
	Chiropractic services	\$0	
	Prosthetic services	\$0	Prior authorization required.
	Radiation therapy	\$0	Prior authorization required
	Services to help manage your disease	\$0	Includes kidney disease education

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Telehealth Benefits	\$0	Urgently needed services, primary care physician services, and physician specialist services may have additional telehealth benefits
STAR+PLUS Home and Community-Based Services Program (HCBS) (for eligible Members)	Respite Care (short-term care)	\$0	
	Adult Foster Care	\$0	
	Adaptive Aids and Medical Supplies	\$0	
	Cognitive Rehabilitation Therapy	\$0	
	Employment Assistance	\$0	
	Financial Management Services	\$0	
	Home Delivered Meals	\$0	Immediately following surgery or inpatient hospitalization. 60 meals per admission, for an unlimited number of admissions during the plan year. Prior authorization required
	Personal Emergency Response System (PERS)	\$0	No-cost YMCA Membership

If you have questions, please call Community First Medicare Advantage Bexar Dual at 1-833-434-2347, 7 days a week from 8 a.m. to 8 p.m. (October 1 – March 31); Monday – Friday from 8 a.m. to 8 p.m. (April 1 – September 30). TTY 711 24 hours a day, 7 days a week. The call is free. For more information, visit [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com).



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
STAR+PLUS Home and Community-Based Services Program (HCBS) (for eligible Members) (continued)	Fitness Benefits	\$0	
	Minor Home Modifications	\$0	
	Hearing therapy	\$0	
	Support Consultation (optional service that offers practical skills training and assistance)	\$0	
	Supported Employment Services (assistance provided to sustain competitive employment)	\$0	
	Transition Assistance Services	\$0	
Community First Choice (CFC) services (for eligible Members)	Personal Assistance Services (PAS)	\$0	
	Habilitation Services	\$0	
	Emergency Response Services (ERS)	\$0	
	Support Management (training for Members/authorized representatives on how to manage and dismiss their attendants)	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Day Activity and Health Services (DAHS)	Nursing and personal assistance services	\$0	
	Therapy extension services	\$0	
	Nutrition services	\$0	
	Transportation services	\$0	30 one-way rides every year

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Community First Medicare Advantage Bexar Dual (HMO D-SNP): *Member Handbook*. If you don't have a *Member Handbook*, call Community First Medicare Advantage Bexar Dual (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com).

D. Benefits covered outside of Community First Medicare Advantage Bexar Dual (HMO D-SNP)

There are some services that you can get that aren't covered by Community First Medicare Advantage Bexar Dual (HMO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers in the footer of this document to find out about these services.

Other services covered by Medicare, Medicaid, or a State or County Agency	Your costs
Certain hospice care services covered outside of Community First Medicare Advantage Bexar Dual (HMO D-SNP)	\$0

E. Services that Community First Medicare Advantage Bexar Dual (HMO D-SNP), Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers in the footer of this document to find out about other excluded services.

If you have questions, please call Community First Medicare Advantage Bexar Dual at 1-833-434-2347, 7 days a week from 8 a.m. to 8 p.m. (October 1 – March 31); Monday – Friday from 8 a.m. to 8 p.m. (April 1 – September 30). TTY 711 24 hours a day, 7 days a week. The call is free. For more information, visit [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com).



Services Community First Medicare Advantage Bexar Dual (HMO D-SNP), Medicare, and Medicaid don't cover

Services that are not medically necessary

Experimental or investigational items and services not approved under Medicare or STAR+PLUS coverage guidelines

Personal convenience items and services that are not primarily for medical or health related purposes

Private duty nursing services when not covered under Medicare or STAR+PLUS program requirements

Cosmetic procedures that are not medically necessary

Home and Community-Based Services (HCBS) that are not authorized through the service planning process or for which program eligibility requirements have not been met

F. Your rights as a Member of the plan

As a Member of Community First Medicare Advantage Bexar Dual (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but aren't limited to, the following:

You have a right to respect, fairness, and dignity. This includes the right to:

- Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, national origin, race, color, religion, creed, or public assistance
- Get information in other languages and formats (for example, large print, braille, or audio) free of charge
- Be free from any form of physical restraint or seclusion

You have the right to get information about your health care. This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:

- Description of the services we cover
- How to get services

If you have questions, please call Community First Medicare Advantage Bexar Dual at 1-833-434-2347, 7 days a week from 8 a.m. to 8 p.m. (October 1 – March 31); Monday – Friday from 8 a.m. to 8 p.m. (April 1 – September 30). TTY 711 24 hours a day, 7 days a week. The call is free. For more information, visit [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com).



- How much services will cost you
- Names of health care providers and service coordinator

You have the right to make decisions about your care, including refusing treatment. This includes the right to:

- Choose a primary care provider (PCP) and change your PCP at any time during the year
- Use a women's health care provider without a referral
- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they're covered
- Refuse treatment, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. Community First Medicare Advantage Bexar Dual (HMO D-SNP) will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive

If you have questions, please call Community First Medicare Advantage Bexar Dual at 1-833-434-2347, 7 days a week from 8 a.m. to 8 p.m. (October 1 – March 31); Monday – Friday from 8 a.m. to 8 p.m. (April 1 – September 30). TTY 711 24 hours a day, 7 days a week. The call is free. For more information, visit [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com).



You have the right to timely access to care that doesn't have any communication or physical access barriers. This includes the right to:

- Get timely medical care
- Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
- Have interpreters to help with communication with your health care providers and your health plan

You have the right to seek emergency and urgent care when you need it. This means you have the right to:

- Get emergency services without prior authorization in an emergency
- Use an out-of-network urgent or emergency care provider, when necessary

You have a right to confidentiality and privacy. This includes the right to:

- Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
- Have your personal health information kept private
- Have privacy during treatment

You have the right to make complaints about your covered services or care. This includes the right to:

- File a complaint or grievance against us or our providers.
- Ask for an Internal Medical Review (IMR) of STAR+PLUS services or items that are medical in nature
- Appeal certain decisions made by HHSC or our providers
- Ask for a State Fair Hearing
- Get a detailed reason for why services were denied
- If you've tried to resolve your complaint with Community First Medicare Advantage Bexar Dual (HMO D-SNP): and believe the matter remains unresolved, you can contact the HHS Office of the Ombudsman at 1-866-566-8989 and TTY: 1-800-735-2989.

For more information about your rights, you can read Chapter 9 of the *Member Handbook*. If you have questions, you can call Community First Medicare Advantage Bexar Dual (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call the HHS Office of the Ombudsperson at 1-866-566-8989, 8 a.m. to 6 p.m. Central Time, Monday through Friday.

If you have questions, please call Community First Medicare Advantage Bexar Dual at 1-833-434-2347, 7 days a week from 8 a.m. to 8 p.m. (October 1 – March 31); Monday – Friday from 8 a.m. to 8 p.m. (April 1 – September 30). TTY 711 24 hours a day, 7 days a week. The call is free. For more information, visit [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com).



G. How to file a complaint or appeal a denied service

If you have a complaint or think Community First Medicare Advantage Bexar Dual (HMO D-SNP) should cover something we denied, call Member Services at the numbers in the footer of this document. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call Community First Medicare Advantage Bexar Dual (HMO D-SNP) Member Services at the numbers in the footer of this document.

Members may file a complaint (grievance) if they are dissatisfied with services, quality of care, or other aspects of their coverage. If Community First denies, reduces, suspends, or terminates a STAR+PLUS service, Members have a right to request an appeal. Members may also have the right to request a State Fair Hearing and, for certain medical necessary determinations, an Independent Medical Review (IMR). Member Services can help Members understand and access these rights.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

Call us at Community First Medicare Advantage Bexar Dual (HMO D-SNP) Member Services. Phone numbers are at the bottom of this page.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

Or, call the Office of Inspector General (OIG) Hotline at 1-800-436-6184; or visit and click “Report Fraud” at oig.hhs.texas.gov to complete the online form.

If you have questions, please call Community First Medicare Advantage Bexar Dual at 1-833-434-2347, 7 days a week from 8 a.m. to 8 p.m. (October 1 – March 31); Monday – Friday from 8 a.m. to 8 p.m. (April 1 – September 30). TTY 711 24 hours a day, 7 days a week. The call is free. For more information, visit CommunityFirstMedicare.com.



COMMUNITY FIRST
— MEDICARE ADVANTAGE PLAN —
BEXAR DUAL

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Community First Medicare Advantage Bexar Dual (HMO D-SNP) Member Services:

1-833-434-2347 (toll-free) 210-358-6386 (local)

7 days a week from 8 a.m. to 8 p.m. (October 1 – March 31); Monday – Friday from 8 a.m. to 8 p.m. (April 1 – September 30)

Calls to this number are free. Member Services also has free language interpreter services available for non-English speakers.

TTY 711

24 hours a day, 7 days a week.

Calls to this number are free.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call the **Community First 24/7 Nurse Advice Line**. A nurse will listen to your problem and tell you how to get care. Registered nurses who speak both English and Spanish are available to help. The number for the 24/7 Nurse Advice Line is:

1-833-434-2347

Calls to this number are free. 24 hours a day, 7 days a week

Community First Medicare Advantage Bexar Dual (HMO D-SNP) also has free language interpreter services available for non-English speakers.

If you're deaf or hard of hearing, call 711.

Calls to this number are free. 24 hours a day, Seven days a week.

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line: 1-844-541-2347

Calls to this number are free. 24 hours a day, 7 days a week.

Community First Medicare Advantage Bexar Dual (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free. 24 hours a day, 7 days a week.

If you have questions, please call Community First Medicare Advantage Bexar Dual at 1-833-434-2347, 7 days a week from 8 a.m. to 8 p.m. (October 1 – March 31); Monday – Friday from 8 a.m. to 8 p.m. (April 1 – September 30). TTY 711 24 hours a day, 7 days a week. The call is free. For more information, visit [CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com).



2027

SUMMARY OF BENEFITS

OVERVIEW OF YOUR PLAN

Community First Medicare Advantage

Bexar Dual (HMO D-SNP)

H5447-002

COMMUNITY FIRST
— MEDICARE ADVANTAGE PLAN —

BEXAR DUAL

12238 Silicon Drive, Ste. 100
San Antonio, Texas 78249
[CommunityFirstMedicare.com](https://www.CommunityFirstMedicare.com)