Broker Reference Sheet
PY 2027

COMMUNITY FIRST
MEDICARE ADVANTAGE PLANS (HMO)
ALAMO DUAL (D-SNP)

Important! The following product details are for broker use only and are confidential and proprietary information of Community First Health Plans. 2027 benefits are subject to final regulatory approval and may not be communicated to consumers or members prior to October 1, 2026.

Network & Premiums	Alamo (HMO)	Mezquite Dual (HMO D-SNP)	Bexar Dual (HMO D-SNP)
Service Area	Bexar County only	Atascosa, Bandera, Comal, Guadalupe, Kendall, Medina, Wilson	Bexar County only
Network	Network of over 8,000 PCPs and specialists, 400 clinics, 25 hospitals, and 48 urgent care centers.	Network of over 8,000 PCPs and specialists, 400 clinics, 37 hospitals, and 60 urgent care centers.	Network of over 8,000 PCPs and specialists, 400 clinics, 37 hospitals, and 60 urgent care centers.
Monthly Plan Premium	There is no monthly premium for this plan.	There is no monthly premium for this plan.	There is no monthly premium for this plan.
Annual Deductible – Part C (Medical)	There is no health deductible for this plan.	There is no health deductible for this plan.	There is no health deductible for this plan.
Annual Deductible – Part D (Drugs)	There is a $700 annual deductible for prescription medications.	There is a $700 annual deductible for prescription medications.	There is a $700 annual deductible for prescription medications.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$9,850 annually for Medicare-covered Part A and Part B services you receive from in-network providers.	$9,850 annually for Medicare-covered Part A and Part B services you receive from in-network providers. Texas Medicaid QMB and QMB+ levels will pay nothing for **Medicare-covered services**. Refer to the Texas Medicaid section for **Medicaid-covered services**.	$9,850 annually for Medicare-covered Part A and Part B services you receive from in-network providers. Texas Medicaid QMB and QMB+ levels will pay nothing for **Medicare-covered services**. Refer to the Texas Medicaid section for **Medicaid-covered services**.

Benefits	Alamo (HMO)	Mezquite Dual (HMO D-SNP)	Bexar Dual (HMO D-SNP)
Doctor Visits			
Primary	$0 copay	$0 copay	$0 copay
Specialists	$15 copay	$0 copay	$0 copay
Inpatient Hospital	$255 copay per day for days 1-6 $0 copay per day for days 7-90	$0 copay	$0 copay
Urgently Needed Services	$25 copay per visit	20% coinsurance /$40 maximum per visit	20% coinsurance /$40 maximum per visit
Routine Dental Services			
Preventive Care (oral exams, cleanings, fluoride treatments, and dental x-rays)	$0 copay	$0 copay	$0 copay
Comprehensive Care (non-routine care, diagnostic/restorative services, periodontics, extractions, prosthodontics, oral surgery)	$0 copay	$0 copay	$0 copay
Benefit Limit	$1,000 on all covered dental services each year	$2,500 on all covered dental services each year	$2,500 on all covered dental services each year
Vision Services			
Routine Eye Exam	$0 copay (1 per year)	$0 copay (1 per year)	$0 copay (1 per year)
Eyewear	$0 copay ($200 benefit limit each year)	$0 copay ($275 benefit limit each year)	$0 copay ($275 benefit limit each year)
Hearing Services			
Fitting/Evaluation for Hearing Aid	$0 copay (1 per year)	$0 copay (1 per year)	$0 copay (1 per year)
Routine Hearing Exams	$0 copay	$0 copay (1 per year)	$0 copay (1 per year)
Prescription Hearing Aids	$0 copay ($2,000 benefit limit per year)	$0 copay ($2,500 benefit limit each year)	$0 copay ($2,500 benefit limit each year)

Extra Perks	Alamo (HMO)	Mezquite Dual (HMO D-SNP)	Bexar Dual (HMO D-SNP)
Over-the-Counter Benefit and Special Supplemental Benefits for the Chronically Ill (SSBCI)	$15/quarter ($60 annually) Allowance to be used only for over-the-counter purchases.	$200 quarterly combined OTC/SSBCI allowance. If Member qualifies for SSBCI, they may use allowance on SSBCI eligible expenses (i.e., food, utilities).	$200 quarterly combined OTC/SSBCI allowance. If Member qualifies for SSBCI, they may use allowance on SSBCI eligible expenses (i.e., food, utilities).
Non-Emergency Medical Transportation	10 one-way non-emergency medical transportation trips every calendar year	30 one-way non-emergency medical transportation trips every calendar year	30 one-way non-emergency medical transportation trips every calendar year
Fitness Program	$0 YMCA membership fee	$0 YMCA membership fee	$0 YMCA membership fee
Diabetes Management			
Diabtetic Supplies	0% coinsurance	$0 copay	$0 copay
Diabetes Self-Management Training	$0 copay	$0 copay	$0 copay
Diabetic Foot Care	20% coinsurance	$0 copay	$0 copay

NEW! Bexar Dual now offers qualifying Bexar County residents fully integrated coverage as a FIDE-SNP (Fully Integrated Dual Eligible Special Needs Plan).

WHAT THIS MEANS FOR OUR MEMBERS: Community First Medicare Advantage Bexar Dual manages Medicare and Medicaid (STAR+PLUS) benefits. Members will receive a single Member ID card and point of contact, dedicated care coordination, and long-term services and support and behavioral health integration.

Bexar Dual Value-Added Services*

- Up to $250 for preventive dental care (non-waiver Members)
- Up to $5,000 for dental care (waiver Members)
- Allowance for a walker seat attachment
- Gift card for completing kidney screening (for Members with diabetes)
- Insulted insulin cooler bag (for Members with diabetes)
- Full-length foot insoles (for Members with diabetes)
- Smart mat to check foot temperature (for Members with diabetes)
- Gift card for completing a colorectal screening

** Limitations and restrictions apply.*

CONFIDENTIAL: This document is only for brokers contracted with Community First Health Plans and contains preliminary 2027 Medicare Advantage plan information and is subject to change. Final 2027 plan information will be available after the CMS rebid process.