



GBP FACT SHEET

Community First Health Plans (CFHP) is proud to be offered by the Texas Employees Group Benefits Program (GBP). Here are some facts you might want to know about CFHP:

- CFHP is the only local non-profit HMO in San Antonio, TX. We serve the following counties: Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson.
- The administrative staff, including the Member Services Department, is located in San Antonio.
- Our robust provider network includes 23 hospitals, more than 550 primary care physicians (PCPs) and over 1,700 specialists.
- Our Members are our priority. As such, we have a dedicated member services lines for GBP participants. You may call (210) 358-6262 or toll-free, (877) 698-7032. Member Services hours are Monday to Friday, 8:30 a.m. to 5 p.m. After hours, phone calls are routed to CFHP's nurse advice line.
- Our office is located at 12238 Silicon Drive, Suite 100, San Antonio, Texas 78249. For more information, visit members.cfhp.com.
- As a CFHP member, you must select a PCP. To find a PCP, use the CFHP provider directory available on our website. Once you find the PCP you'd like to use, call Member Services at (877) 698-7032 to let us know your PCP choice. If you do not choose a PCP at the time of enrollment, CFHP will assign one to you. You may, however, change the PCP selected for you by calling the CFHP Member Services Department.
- Current members may change their PCP through the secure Member Web Portal on the CFHP website at members.cfhp.com. You may also call Member Services to make this change.
- CFHP is an open access plan. This means that you do not need a referral from your PCP to see a network specialist. However, your specialist may still require a referral as part of their office policy prior to rendering services.

Disease and Population Management

CFHP has developed disease and population management programs for our members:

Asthma Matters – to provide you with some of the tools you need to prevent chronic and troublesome symptoms and improve your well-being. Members who have asthma are encouraged to complete a health survey. Based on the results, you will be enrolled in the asthma program that is right for you.

Healthy Expectations – for pregnancies, provides you with health educators and nurses to work with you and your doctor to provide information and answer questions about your pregnancy.

Diabetes in Control – gives you ongoing information on diabetes education topics.

Behavioral Health – to provide information and assist you with choosing a professional counselor or doctor who can help you.

Case Management – to assist members who have chronic health conditions that require health care services from several different providers. CFHP Case Managers work with you, your family members, your doctors, and other members of your health care team to be sure you are getting the type and level of care you need.

Wellness is Important to CFHP

Our Preventive Health and Disease Management Department provides a variety of avenues to educate and remind members of preventive measures they can take. These include:

- Online Health Assessment Program – This web-based program assists in managing the member's health.
- Flu Shot direct mail campaign.
- Mailed reminders to women who are late getting their mammograms.
- Reminders for Pap smears begin at age 19.

CFHP allows you to seek mental health or substance abuse care without a referral from your PCP. Your treatment may require authorization from CFHP for further services, but the strictest confidentiality is maintained. Unlike most health plans, CFHP manages your behavioral health benefits from the same department that we manage your medical benefits. That means our behavioral health care coordinators are onsite to help you get the assistance you need.

Once you have chosen CFHP, if you or a dependent are interested in enrolling in one of these programs, call our dedicated GBP participant member services line at (210) 358-6262 or toll-free at (877) 698-7032 and they will connect you to our Preventive Health and Disease Management Department. They can explain these programs to you in detail and tell you how to enroll.

Benefits for Plan Year 2020

Please review the Summary of HMO Benefits for detailed information on copays and other cost-sharing. If you need help understanding the Summary of HMO Benefits, please call our Member Services Department at (210) 358-6262 or toll-free at (877) 698-7032.

CFHP Member Resources

Our web-based Member Portal is available to all members. You can look at your eligibility information, check the status of your claims, and communicate in a secure environment with our Member Services Department.

We offer a prescription medication discount card for any of your family members who are not on your GBP coverage and who do not have other pharmacy benefits.

*ERS cannot and does not guarantee the length of time that a specific type of "Value-Added" product shall be offered. Any questions or concerns about these products should be directed to the sponsoring HMO.



SUMMARY OF HMO BENEFITS

Benefit Description Plan

Year out-of-pocket coinsurance maximum (per person)	\$2,000
Total plan year out-of-pocket maximum (per person)	\$6,750
Total plan year out-of-pocket maximum (per family)	\$13,500
Lifetime maximum	None

Member's Copayment

Year out-of-pocket coinsurance maximum (per person)	\$2,000
Total plan year out-of-pocket maximum (per person)	\$6,750
Total plan year out-of-pocket maximum (per family)	\$13,500
Lifetime maximum	None

BENEFIT DESCRIPTION (PLAN YEAR 2020)	MEMBERS COST SHARE YOU PAY:
Physicians and Lab Services	
*Physician office visit Primary Care Physician (if applicable)	\$25
*Specialist office visit	\$40
*Routine preventive care – One per calendar year or as directed by the primary care physician (if applicable) <ul style="list-style-type: none"> • Children and Well Baby periodic exams • Well Woman exam (to include Cervical Cancer Screening) • Men's Health Exam 	No charge
Chiropractic Coverage	\$40 plus 20%, \$75 per visit max, 30 visits per calendar year per participant
*Diagnostic x-rays, mammography, and lab tests	20%
High Tech Radiology (CT Scan, MRI, and Nuclear Medicine) Outpatient testing only	\$100 copayment plus 20%
*Immunizations - For children and adults	No charge
*Vision, speech, and hearing screenings – For all enrolled Participants	20% without office visit, \$40 plus 20% with office visit
Speech and hearing testing – For all enrolled Participants	20% without office visit, \$40 plus 20% with office visit
*Colorectal Cancer Screening (Zero cost sharing for certain preventative services under the Affordable Care Act)	No charge
*Exam for Detection and Prevention of Osteoporosis (Zero cost sharing for certain preventative services under the Affordable Care Act)	No charge
*Cervical Cancer Screening (Zero cost sharing for certain preventative services under the Affordable Care Act)	No charge
*Tubal Ligation (zero cost sharing for certain preventative services under the Affordable Care Act)	No charge
Speech therapy and rehabilitative therapy, including physical and occupational therapy – Covered as any other illness and not subject to any maximum	20% without office visit, \$40 plus 20% with office visit
Allergy testing	20%
Allergy serum	20%
Allergy serum administration – When allergy shot is administered without an office visit	20%
*Routine eye exam – One per plan year	\$40
Office surgery and procedures (all office surgeries, excluding vasectomies and tubal ligations)	20%
*Maternity care (physician services only) – Pre and post-natal care, and network obstetrician delivery charges (including delivery by C-section) see "Hospital Services" for inpatient charges (Does not include complications of pregnancy)	Pre-natal office visit and obstetrician delivery: No charge Post-natal office visit: \$25 copayment primary care physician, \$40 copayment specialist
Family planning	No charge
Vasectomy	20%
Hospital Services	
Inpatient hospital – Semi-private room and board or intensive care units; other inpatient charges, including medically necessary surgical procedures. Includes orthognatic surgery. Personal items not covered as follows: Guest trays, cots, telephone, maternity kits, and paternity kits.	\$150 per day copayment per admission, up to \$750 copayment max. per admission, \$2,250 copayment max. per person per year plus 20%
Outpatient day surgery	\$100 copayment plus 20%
Blood and blood products – Inpatient and outpatient	20%
Outpatient facilities, including pre-admission testing and/or treatment room	20%
Emergency care – In-area and out-of-area covered at listed copayment. If hospitalized, copayment is applied to hospital confinement	\$150 copayment plus 20%
Urgent care – Includes physician's after-hours care or at an urgent care facility	\$50 copayment plus 20%
Extended Care Services (Based on Medical Necessity)	
Skilled nursing facility (based on medical necessity)	20%
Hospice care – Inpatient and outpatient (based on medical necessity)	20%
Home health	20%
Private duty nursing	20%

BENEFIT DESCRIPTION (PLAN YEAR 2020)	MEMBERS COST SHARE YOU PAY:
Other Medical Services	
Hearing aids (repairs not covered) – For covered members over the age of 18	Plan pays \$1,000 per ear every 3 years
Hearing aid batteries – Not subject to any maximum amounts	20%
Accidental Dental – Restoration or replacement of dental work that was in place at the time of the injury, including, but not limited to, crowns, veneers, bridges, and implants, occurring while covered under the plan for services provided within 24 months of the date of the accident. Certain oral surgeries are covered.	20%
Durable Medical Equipment – Includes medically necessary purchase and/or rental. Benefits for rental are limited to, and will not exceed, the purchase price of the equipment. (Repairs are covered if not due to neglect or abuse.) This benefit also includes diabetic supplies other than insulin, diabetic oral agent(s), and syringes as specified in Section 1358.051(2), Tex. Ins. Code.	20%
Prostheses – Artificial devices, surgical or non-surgical, which replace body parts, including arms, legs, eyes and cochlear implants are covered. Replacements and repairs are covered by medical necessity. Prosthetic devices, orthotic devices, and professional services related to the fitting and use of these devices are included, if services are pre-authorized and provided by a contracted provider.	20%
Organ Transplants – Covered as any other illness for kidney, cornea, liver, heart, heart-lung, lung, pancreatic-kidney, bone marrow, and other organ transplants that the HMO determines to be not experimental and/or not investigational according to current medical plan guidelines. Donor expenses are covered. Artificial organs (e.g. heart) not covered.	\$150 per day copayment per admission, up to \$750 copayment max. per admission, \$2,250 copayment max. per person per year plus 20%
Ambulance – Professional local ground or air ambulance transportation services to the nearest hospital, appropriately equipped and staffed for the treatment of the participant's condition	20%
Behavioral Health Care Benefits	
Inpatient mental health	\$150 per day copayment per admission, up to \$750 copayment max. per admission, \$2,250 copayment max. per person per year plus 20%
Inpatient serious mental illness – Covered as any other illness	\$150 per day copayment per admission, up to \$750 copayment max. per admission, \$2,250 copayment max. per person per year plus 20%
Inpatient chemical dependency – Covered as any other illness (based on medical necessity)	\$150 per day copayment per admission, up to \$750 copayment max. per admission, \$2,250 copayment max. per person per year plus 20%
Outpatient mental health therapy	\$25
Outpatient serious mental illness therapy – Covered as any other illness	\$25
Outpatient chemical dependency therapy – Same as any other illness and not subject to any maximums	\$25
Prescription Drugs	
Plan Year Deductible	\$50
If a brand-name medication is dispensed when a generic is available, member will be responsible for the generic copayment plus the cost difference between the generic and the brand-name medication.	
Participating Retail Pharmacy - Tier 1, Tier 2, & Tier 3	
Non-Maintenance medication up to a 30-day supply	\$10/\$35/\$60
Maintenance medication up to a 30-day supply	\$10/\$45/\$75
Maintenance medication 31 to 60-day supply	\$20/\$70/\$120
Maintenance medication 61 to 90-day supply	\$30/\$105/\$180
Infertility drugs	50%
Up to a 30-day supply of insulin for one copayment	\$10/\$35/\$60
Up to a 30-day supply of each diabetic oral agent for one copayment	\$10/\$35/\$60
The supply of necessary disposable syringes for the insulin supply for one copayment	\$35
Diabetic supplies other than insulin, diabetic oral agent(s), and syringes as specified in Section 1358.051(2), Tex. Ins. Code up to a 30-day supply.	20%
Mail Order Pharmacy – Tier 1, Tier 2, & Tier 3	
Up to a 90-day supply per prescription or refill for one mail order copayment	\$30/\$105/\$180
Infertility drugs	50%
Up to a 90-day supply of insulin for one mail order copayment	\$30/\$105/\$180
Up to a 90-day supply of each diabetic oral agent for one mail order copayment	\$30/\$105/\$180
The supply of necessary disposable syringes for the insulin supply for one mail order copayment	\$105
Diabetic supplies other than insulin, diabetic oral agent(s), and syringes as specified in Section 1358.051(2), Tex. Ins. Code up to a 90-day supply.	20%

Lifetime benefit maximums are unlimited.

*Under the Affordable Care Act, certain preventive and women's health services are paid at 100% (i.e., at no cost to the member) dependent upon physician billing and diagnosis. In some cases, you will be responsible for payment of some services.

CFHP's Pharmacy Benefit Manager is Navitus. The mail-order service is through NoviXus. You may reach Navitus Customer Care toll-free at (866) 333-2757. You can reach NoviXus through the CFHP website at members.cfhp.com - see the Pharmacy link in the menu on the right. Our offices are located at 12238 Silicon Drive, Suite 100, San Antonio, Texas 78249.