



HMO BENEFITS GUIDE 2021



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COMMUNITY FIRST HEALTH PLANS

June 25, 2020

Dear State of Texas GBP Participant:

Community First Health Plans (CFHP) is proud to be the Health Maintenance Organization (HMO) offered through the Texas Employees Group Benefits Program (GBP) in your service area for Plan Year (PY) 2021. For 25 years now, CFHP continues to be the only locally owned and managed HMO based in San Antonio. What this means to you is that our corporate offices are right here, and the people responsible for the services you receive are your neighbors. The fact that we are a non-profit/tax-exempt organization means revenues stay in your community and are used to improve our level of service to you.

You will find detailed information about our benefits on our website at members.cfhp.com. The Certificate of Group Health Care Coverage contains a complete description of how CFHP delivers its medical care and an explanation of our complaints and appeals process. The website also includes an updated Preferred Drug List, which indicates Tier 1, 2, and 3 medications.

To find a primary care physician (PCP) in the CFHP network:

1. visit the CFHP site through the ERS website at members.cfhp.com and
2. click on "Find a Provider" at the top of the page.

Important Announcements:

Value-added vision benefit – You have benefits to receive one eye exam per year. In addition to that benefit, CFHP offers you a value-added benefit which includes discounts on frames, lenses, and more.

A flyer with details on the enhanced benefit is included in the PY 2020 Annual Enrollment materials and is also available at members.cfhp.com.

- Provider Network – You and your covered family members have the option to see a First Health Network provider in an urgent or emergency care situation while traveling outside of the CFHP HMO service area. If you are in need of urgent or emergency care while you are traveling outside of the service area, you may contact First Health at (800) 226-5116 to locate a provider.
- Online Health Risk Assessment Program – CFHP is pleased to present this private and confidential opportunity for you to assess and make healthy behavioral changes to your lifestyle. We are offering you and your eligible dependents the opportunity to complete an online health risk/behavioral assessment at no cost to you.

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.

We look forward to being of service once again to the State of Texas and higher education employees, retirees, and dependents.

Sincerely,

Theresa Scepanski
Interim President and CEO

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 toll-free (877) 698-7032 (TTY: 711) or (210) 358-6262. Member Services hours are Monday to Friday, 8:30 a.m. to 5 p.m. CT 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 seeing you.

Disease and Population Management

CFHP has many programs to help you stay healthy, including:

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.

ERS will conduct Summer Enrollment webinars in place of Summer Enrollment fairs .

CFHP will offer online Benefits Question & Answer (Q&A) Sessions.

The session will include our benefits presentation along with a chat feature for employee interaction with our plan representative. Dates and times of online sessions are listed below. Any additional information can be found at www.ers.texas.gov.

June 25 from 3pm-4pm

July 9 from 1pm-2pm

July 17 from 3pm-4pm

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 (TTY: 711).

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.



PREFERRED DRUG LIST

Three-Tier Preferred Drug List effective September 1, 2020

In an effort to meet the needs of our members, we worked with the P&T Committee to develop this Preferred Drug List and ensure you receive cost-effective prescription benefits, emphasizing quality and safety. The P&T Committee is made up of CFHP physicians and other health care providers. Using this list will allow CFHP to keep its prescription benefits affordable for you. While you can receive any medication your physician chooses to prescribe for you, medications not listed below may not be covered or may be considered a third-tier medication at a higher copay. Information about prior authorization requirements or limitations for certain medications is available to prescribers via the Navitus Web Portal. You may reach Navitus Customer Care toll-free at (866) 333-2757 (TTY: 711), 24 hours a day 7 days a week (Closed Thanksgiving and Christmas Day).

Reading the Drug List

Generic drugs are listed in all lower case letters. Brand name drugs are listed in all upper case letters. Each drug product is assigned a coverage tier, shown to the right of each drug product.

	Relative Cost to Member
Tier 1 Formulary generics and some lower cost brand medications	\$
Tier 2 Formulary, brand products	\$\$
Tier 3 Non-preferred formulary products	\$\$\$

Cases where drug products are followed by parentheses indicate that the entry relates to a certain dosage form, e.g. ESTRACE (vaginal cream) or more than one form of the drug, e.g. ZOMIG (ZMT). Quantity limits are for prescriptions filled at retail pharmacies. Please consult the complete version of the formulary for mail order quantity limits.

All newly approved drugs on the market will NOT be covered initially, pending further review by the Navitus P&T Committee. A complete version of the Navitus Formulary, as well as information on prior authorization and clinical programs, are available at www.navitus.com.

Refer to the legend for more information about the drugs on this list.

LEGEND		generic = lower case letters • BRANDS = CAPITAL LETTERS	
NC	Not Covered	SP	Available through Specialty Pharmacy Program
INF	Infertility	¢	RxCENTS
MSP	Mandatory Specialty Pharmacy Program	LMSP	Lumicera Mandatory Specialty Pharmacy Program
QL	Quantity Limit	PA	Prior Authorization
SMKG	SMOKING CESSATION	SF	Limited to Two 15 Day Fills per Month for the First 3 Months
VAC	VACCINE PROGRAM	ST	Step Therapy
LD	Limited Distribution		
OTC	Over-the-Counter		
RS	Restricted to Specialist		

LEGEND

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**ADHD/ ANTI-NARCOLEPSY/
ANTI-OBESITY/ ANOREXIANTS**

amphetamine/ dextroamphetamine ER cap	QL	1
dexmethylphenidate ER cap		1
dexmethylphenidate tab		1
methylphenidate ER cap		1
methylphenidate tab	QL	1
ADDERALL XR CAP	QL	2
VYVANSE CAP	QL	3

AMINOGLYCOSIDES

TOBI PODHALER	MSP/RS	3
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ANALGESICS – ANTI – INFLAMMATORY

celecoxib cap	QL/ST	1
diclofenac sodium EC tab		1
diclofenac sodium XR tab		1
diclofenac/misoprostol DR tab		1
ibuprofen tab		1
ketorolac tab	QL	1
meloxicam tab		1
meloxicam tab 7.5mg	QL	1
nabumetone tab		1
piroxicam cap		1
sulindac tab		1
ENBREL INJ 25MG	LMSP/PA/QL	2
ENBREL INJ 50MG	LMSP/PA/QL	2
ENBREL SURECLICK INJ 50MG	LMSP/PA/QL	2

ANALGESICS – OPIOID

acetaminophen/codeine tab	QL	1
fentanyl patch	QL	1
hydrocodone/acetaminophen tab		1
morphine sulfate ER tab		1
oxycodone/acetaminophen tab		1
tramadol tab	QL	1
MORPHINE SULFATE ER BEAD CAP		3
OXYCODONE ER TAB,	NC	
OXYCONTIN CR TAB	NC	

ANTI-ANXIETY AGENTS

alprazolam tab	1
bupirone tab	1
hydroxyzine tab	1
lorazepam tab	1

ANTIARRHYTHMICS

MULTAQ TAB	QL	2
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**ANTI-ASTHMATIC AND
BRONCHODILATOR AGENTS**

albuterol neb soln 0.083%	1	
albuterol/ipratropium neb soln	1	
ARNUITY ELLIPTA INHALER	1	
budesonide inh susp	1	
ipratropium neb soln	1	
montelukast chew tab	QL	1
montelukast tab	QL	1
ADVAIR HFA INHALER	QL	2
ASMANEX HFA INHALER	QL	2
ASMANEX INHALER	QL	2
BREO ELLIPTA INHALER	2	
COMBIVENT INHALER	QL	2
COMBIVENT RESPIMAT INHALER	QL	2
DULERA INHALER	QL	2
FLOVENT DISKUS INHALER	QL	2
FLOVENT HFA INHALER	QL	2
FORADIL AEROLIZER	QL	2
INCRUSE ELLIPTA INHALER	2	
SEREVENT DISKUS INHALER	QL	2
VENTOLIN HFA INHALER	QL	2
ANORO ELLIPTA INHALER	3	
PULMICORT FLEXHALER	NC	
QVAR INHALER	NC	
SYMBICORT INHALER	NC	
TUDORZA PRESSAIR INHALER	NC	

ANTICOAGULANTS

warfarin tab	1
PRADAXA CAP	2

ANTICONVULSANTS

carbamazepine ER tab	1	
carbamazepine tab	1	
clonazepam tab	1	
divalproex sodium DR tab	1	
gabapentin cap	QL	1
gabapentin cap 400mg	QL	1
gabapentin tab 600mg	QL	1
gabapentin tab 800mg	QL	1
lamotrigine ER tab	QL	1
lamotrigine tab	QL	1
levetiracetam tab	1	
phenytoin cap	1	
topiramate tab	1	
BANZEL TAB	QL	2
LYRICA CAP	3	

ANTIDEPRESSANTS

amitriptyline tab	1	
bupropion ER tab	QL	1
bupropion XL tab	QL	1
citalopram soln	1	
citalopram tab	QL	1
citalopram tab 40mg	QL	1
duloxetine EC cap	1	
escitalopram soln	QL	1
escitalopram tab	QL	1
fluoxetine cap	1	
fluoxetine tab	1	
mirtazapine tab	QL	1
NEFAZODONE TAB	1	
nefazodone tab 50mg, 250mg	1	
nortriptyline cap	1	
paroxetine ER tab	QL	1
paroxetine tab	QL	1
sertraline conc	QL	1
sertraline tab	1	
trazodone tab	1	
venlafaxine ER cap	QL	1
venlafaxine tab	QL	1
venlafaxine ER tab	NC	

ANTIDIABETICS

glipizide ER tab	1	
glipizide tab	1	
glyburide tab	1	
metformin tab	1	
nateglinide tab	QL	1
pioglitazone/metformin tab	QL	1
ACTOPLUS MET XR TAB	ST	2
AVANDAMET TAB	QL	2
AVANDIA TAB	QL	2
AVANDIA TAB 8MG	QL	2
BYDUREON PEN INJ	QL ST	2
FARXIGA TAB	QL	2
HUMULIN MIX PEN INJ	OTC	2
JANUMET TAB	QL	2

JANUMET XR TAB	QL	2
JANUVIA TAB QL	¢	2
JENTADUETO TAB	QL	2
LANTUS INJ		2
LANTUS SOLOSTAR INJ		2
LEVEMIR FLEXTOUCH INJ		2
LEVEMIR INJ		2
NOVOLIN INJ	OTC	2
NOVOLOG FLEXPEN INJ,		2
NOVOLOG INJ,		2
NOVOLOG MIX FLEXPEN INJ		2
NOVOLOG PENFILL INJ		2
TOUJEO SOLOSTAR INJ		2
TRADJENTA TAB	QL	2
TRESIBA FLEXTOUCH INJ		2
VICTOZA INJ	QL/ST	2
AVANDARYL TAB	QL/ST	3
HUMALOG INJ, ADMELOG INJ		3
HUMALOG KWIKPEN INJ,		3
ADMELOG SOLOSTAR INJ		3
HUMALOG MIX INJ		3
HUMALOG MIX KWIKPEN INJ		3
HUMALOG PEN INJ		3
HUMULIN MIX INJ	OTC	3
HUMULIN N INJ	OTC	3
HUMULIN N PEN INJ	OTC	3
HUMULIN R INJ	OTC	3
BASAGLAR INJ	NC	
KOMBIGLYZE XR TAB	NC	
ONGLYZA TAB	NC	

ANTIFUNGALS

fluconazole susp		1
fluconazole tab		1
griseofulvin micro tab		1
griseofulvin susp		1
itraconazole cap	PA	1
ketoconazole tab		1
nystatin tab		1
terbinafine tab		1
voriconazole tab	RS	1

ANTIHISTAMINES

cetirizine tab	OTC/QL	1
desloratadine tab	ST	1
fexofenadine tab	OTC	1
levocetirizine soln	ST	1
loratadine tab	OTC	1

NTIHYPERLIPIDEMICS

cholestyramine powder		1
fenofibric acid DR cap	QL	1
fluvastatin cap 20mg	QL	1
fluvastatin cap 40mg	QL	1
gemfibrozil tab		1
TRILIPIX CAP	QL	1
ALTOPREV TAB		3

ANTIHYPERTENSIVES

amlodipine/benazepril cap	QL	1
amlodipine/valsartan tab		1
benazepril tab		1
benazepril/hydrochlorothiazide tab		1
bisoprolol/hydrochlorothiazide tab		1
captopril tab		1
doxazosin tab		1
enalapril tab		1
enalapril/hydrochlorothiazide tab		1
irbesartan tab	QL	1
irbesartan hydrochlorothiazide tab	QL	1
lisinopril tab		1
lisinopril/hydrochlorothiazide tab		1
losartan tab	QL	1
losartan/hydrochlorothiazide tab	QL	1
metoprolol/hydrochlorothiazide tab		1
perindopril tab	QL	1
phenoxybenzamine cap		1
telmisartan/ hydrochlorothiazide tab	QL	1
terazosin cap		1
valsartan tab	QL	1
VALTURNA TAB	QL	3
candesartan tab	NC	
candesartan/hydrochlorothiazide	NC	

ANTI - INFECTIVE AGENTS - MISC.

clindamycin cap		1
erythromycin/sulfisoxazole susp		1
metronidazole cap		1
metronidazole tab		1
smz/ tmp (DS) tab		1

ANTIMALARIALS

hydroxychloroquine tab		1
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ANTIMYCOBACTERIAL AGENTS

rifampin cap		1
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ANTINEOPLASTICS

methotrexate tab		1
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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

tamoxifen tab		\$0
bexarotene cap	LMSP/PA/SF	1
letrozole tab		1
AFINITOR DISPERZ	LMSP/PA/QL/SF	3
AFINITOR TAB	LMSP/PA/QL/SF	3
BOSULIF TAB	MSP/PA/QL/SF	3
ERIVEDGE CAP	MSP/PA/SF	3

ANTIPARKINSON AGENTS

amantadine cap		1
carbidopa/ levodopa tab		1
pramipexole ER tab	QL	1
pramipexole tab	QL	1
ropinirole ER tab		1
ropinirole tab	QL	1
selegiline cap		1

ANTIPSYCHOTICS/ ANTIMANIC AGENTS

aripiprazole tab	¢	1
clozapine tab		1
lithium carbonate cap		1
lithium carbonate tab		1
olanzapine	ODT/QL	1
olanzapine tab	QL	1
paliperidone ER tab	PA	1
quetiapine tab	QL	1
quetiapine tab 300mg	QL	1
risperidone ODT	QL	1
risperidone odt 2mg	QL	1
risperidone tab	QL	1
ziprasidone cap	QL	1
ABILIFY DISCMELT	QL	3
ABILIFY SOLN	PA	3

ANTIVIRALS

acyclovir cap		1
acyclovir susp		1
entecavir tab	QL ¢	1
nevirapine tab		1
rimantadine tab		1
valacyclovir tab		1
zidovudine cap		1
FUZEON INJ	LMSP	3
PEG-INTRON INJ	LMSP	3
PEGASYS INJ	LMSP	3
RELENZA DISKHALER	QL	3

ASSORTED CLASSES

azathioprine tab		1
cyclosporine cap		1
mycophenolate mofetil tab		1

BETA BLOCKERS

atenolol tab		1
carvedilol tab	QL	1
carvedilol tab 25mg	QL	1
labetalol tab		1
metoprolol ER tab	QL	1
metoprolol tab		1
propranolol tab		1
LEVATOL TAB		2
BYSTOLIC TAB		3
INDELRAL XL CAP, INNOPRAN XL CAP		3

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CALCIUM CHANNEL BLOCKERS

amlodipine tab	QL	1
diltiazem ER cap		1
diltiazem ER tab		1
diltiazem tab		1
felodipine ER tab		1
nifedipine cap		1
nifedipine ER tab		1
nisoldipine ER tab	QL	1
verapamil SR tab		1
COVERA-HS TAB		3

CARDIOVASCULAR AGENTS - MISC.

CAVERJECT INJ	QL	3
MUSE SUPP	QL	3
STENDRA TAB	QL	3

CEPHALOSPORINS

cefaclor cap		1
cefadroxil cap		1
cefdinir cap		1
cefdinir susp		1
cefepodoxime proxetil tab		1
cefprozil susp		1
cefprozil tab		1
cefuroxime susp		1
cephalexin cap		1

CONTRACEPTIVES

necon tab	\$0
NUVARING	\$0
tri-nessa (LO) tab	\$0

CORTICOSTEROIDS

prednisolone soln	1
PREDNISON TAB	1

COUGH/COLD/ALLERGY

cetirizine/pseudoephedrine 12-hour tab	OTC/QL	1
guaifenesin/codeine syrup	OTC/QL	1

loratadine/pseudoephedrine 12-hour tab	OTC	1
loratadine/pseudoephedrine 24-hour tab	OTC	1

DERMATOLOGICALS

adapalene cream	PA	1
adapalene gel	PA	1
calcipotriene cream		1
clindamycin gel		1
clindamycin/benzoyl peroxide gel		1
clotrimazole/betamethasone cream		1
erythromycin gel		1
imiquimod cream		1
isotretinoin cap		1
ketoconazole cream		1
lidocaine patch	QL	1
lidocaine/prilocaine cream		1
metronidazole cream		1
metronidazole gel		1
mupirocin oint		1
pimecrolimus cream	QL/ST	1
tacrolimus oint	ST	1
tretinoin cream	PA	1
tretinoin gel	PA	1
ELIDEL CREAM	QL/ST	2
AZELEX CREAM	PA	3
TAZORAC CREAM		3
nystatin/triamcinolone oint	NC	

DIAGNOSTIC PRODUCTS

ACCU-CHECK TESTOTC STRIP	20%
FREESTYLE LITE TEST STRIP	OTC 20%
FREESTYLE TEST STRIP	OTC 20%
PRECISION XTRA TEST STRIP	OTC 20%
TEST STRIP (all other test strips)	OTC/NC

DIURETICS

acetazolamide ER cap	1
amiloride/hydrochlorothiazide tab	1
CHLORTHALIDONE TAB	1
furosemide tab	1

hydrochlorothiazide tab	1
spironolactone tab	1
triamterene hydrochlorothiazide cap	1
triamterene/hydrochlorothiazide tab	1

ENDOCRINE AND METABOLIC AGENTS - MISC.

raloxifene tab	QL	\$0
alendronate tab	QL	1
alendronate tab 10mg	QL	1
alendronate tab 5mg	QL	1
ibandronate tab 150mg	QL	1
risedronate tab 150mg		1
FORTICAL NASAL SPRAY		2
FOSAMAX+D TAB	QL	2
FORTEO INJ	LMSP	3
MIACALCIN INJ	LMSP	3

ESTROGENS

estradiol patch	QL	1
estradiol tab		1
estradiol/norethindrone tab		1
CLIMARA PRO PATCH	QL	2
PREMARIN TAB		2
PREMPHASE TAB, PREMPRO TAB		2
ALORA PATCH	QL	3
MENOSTAR PATCH	QL	3

FLUOROQUINOLONES

ciprofloxacin tab		1
levofloxacin tab	QL	1
moxifloxacin tab		1
ofloxacin tab		1

GASTROINTESTINAL AGENTS - MISC.

AMITIZA CAP	PA	3
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GENITOURINARY AGENTS - MISC.

finasteride tab		1
tamsulosin cap	QL	1

GOUT AGENTS

allopurinol tab		1
ULORIC TAB	ST	3

HEMATOLOGICAL AGENTS - MISC.

clopidogrel tab 75 mg	QL	1
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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

phenobarbital tab		1
temazepam cap 15mg		1

temazepam cap 30mg	1
zaleplon cap	1
zolpidem ER tab	QL ST 1
ROZEREM TAB	NC

MACROLIDES

azithromycin susp	1
azithromycin tab	1
clarithromycin tab	QL 1
DIFICID TAB	QL/ST 2

MEDICAL DEVICES AND SUPPLIES

ACCU-CHEK AVIVA PLUS METER	OTC \$0
FREESTYLE FREEDOM LITE METER	OTC \$0
FREESTYLE LITE METER	OTC \$0
PRECISION XTRA METER	OTC \$0
B-D INSULIN SYRINGE	OTC 2
B-D PEN NEEDLE	OTC 2
FREESTYLE INSULIN SYRINGE	OTC 2
NOVOFINE PEN NEEDLE	OTC 2
NOVOTWIST PEN NEEDLE	OTC 2
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC 2
PRECISION INSULIN SYRINGE	OTC 2

MIGRAINE PRODUCTS

almotriptan tab	QL 1
naratriptan tab	QL 1
rizatriptan	ODT/QL 1
rizatriptan tab	QL 1
sumatriptan inj	QL 1
SUMATRIPTAN INJ 6MG/0.5ML	QL 1
sumatriptan tab	QL 1
sumatriptan vial inj	QL 1
zolmitriptan 5mg tab	QL 1
zolmitriptan ODT tab 2.5mg	QL 1
zolmitriptan ODT tab 5mg	QL 1
zolmitriptan tab 2.5mg	QL 1
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	QL 2
TREXIMET TAB	QL 2
ZOMIG NASAL SPRAY	QL 2
SUMAVEL DOSEPRO INJ	NC

MOUTH/THROAT/DENTAL AGENTS

clotrimazole troches	1
nystatin susp	1

MULTIVITAMINS

PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	2
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NASAL AGENTS – SYSTEMIC AND TOPICAL

fluticasone nasal spray	QL 1
VERAMYST NASAL SPRAY	QL/ST 3
BECONASE AQ NASAL SPRAY	NC
budesonide nasal spray	NC

OPHTHALMIC AGENTS

azelastine ophth soln	1
bacitracin/polymyxin b ophth oint	1
ciprofloxacin ophth soln	1
dorzolamide/timolol ophth soln	1
gentamicin ophth soln	1
ketorolac ophth soln	1
latanoprost ophth soln	QL 1
neomycin/polymyxin/ hydrocortisone ophth soln	1
ofloxacin ophth soln	1
pilocarpine ophth soln	1
timolol maleate ophth soln	1
tobramycin ophth soln	1
tobramycin/dexamethasone ophth soln	QL 1
ACUVAIL OPHTH SOLN	2
ALPHAGAN P OPHTH SOLN 0.1%	2
AZOPT OPHTH SUSP	2
BETIMOL OPHTH SOLN	2
LUMIGAN OPHTH SOLN	QL 2
NATACYN OPHTH SOLN	2
PROLENSA OPHTH SOLN	2
RESTASIS OPHTH EMULSION	RS 2
TOBRADEX OPHTH OINT	2
TRAVATAN Z OPHTH SOLN	QL 2
ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP	3
DUREZOL OPHTH EMULSION	QL 3

OTIC AGENTS

acetic acid otic soln	1
neomycin/polymyxin/ hydrocortisone otic susp	1
ofloxacin otic soln	1
CIPRODEX OTIC SUSP	3

PENICILLINS

amoxicillin cap	1
amoxicillin/clavulanate ER tab	1
amoxicillin/clavulanate tab	1
penicillin vk tab	1

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS – MISC.

bupropion SR tab	QL/SMKG \$0
CHANTIX PAK	QL/SMKG \$0
CHANTIX TAB	QL/SMKG \$0
nicotine gum	OTC/QL/SMKG \$0

nicotine lozenge	OTC/QL/SMKG \$0
nicotine patch	OTC/QL/SMKG \$0
NICOTROL INHALER	QL/SMKG \$0
NICOTROL NASAL SPRAY	QL/SMKG \$0
donepezil ODT	QL 1
donepezil tab	QL 1
galantamine ER cap	1
galantamine tab	¢ 1
memantine tab	1
rivastigmine cap	1
NAMENDA XR TITRATION PACK	3

TETRACYCLINES

doxycycline hyclate cap	1
minocycline cap	1

THYROID AGENTS

liothyronine tab	1
methimazole tab	1
SYNTHROID TAB	1
THYROLAR TAB	2

ULCER DRUGS

cimetidine tab	1
famotidine susp	1
famotidine tab	1
misoprostol tab	1
pantoprazole EC tab	QL 1
PREVACID OTC CAP	OTC/QL 3
rabeprazole EC tab	1
DEXILANT CAP	NC

URINARY ANTI – INFECTIVES

nitrofurantoin monohydrate cap	1
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URINARY ANTISPASMODICS

oxybutynin ER tab	QL 1
oxybutynin ER tab 5mg	QL 1
oxybutynin tab	1
tolterodine SR cap	QL 1
tolterodine tab	QL 1
TOVIAZ TAB	NC

VAGINAL PRODUCTS

vcf vaginal gel	OTC \$0
PREMARIN VAGINAL CREAM	2

SUMMARY OF HMO BENEFITS

Benefit Description Plan

Year out-of-pocket coinsurance maximum (per person)
 Total plan year out-of-pocket maximum (per person)
 Total plan year out-of-pocket maximum (per family)
 Lifetime maximum

Member's Copayment

\$2,000
 \$6,750
 \$13,500
 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 mammography	No charge
*Diagnostic x-rays 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%

BENEFIT DESCRIPTION (PLAN YEAR 2020)	MEMBERS COST SHARE YOU PAY:
Home health	20%
Private duty nursing	20%
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%

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.

ROUTINE VISION MEMBER BENEFITS

Community First Health Plans (CFHP) is pleased to offer vision benefits administered by Envolve Vision Inc.

Routine Vision Benefits

Vision Exam: Comprehensive eye exam from our network of opticians, optometrists, & ophthalmologists at independent and retail locations.

Value-Added Benefits

Frames: Any frame up to the retail allowance of \$125. If the frame exceeds plan limits, you simply pay the difference.

Lenses: Plastic single vision, flat top bifocal, and flat top trifocal lenses are covered in full.

Elective Contact Lenses: In lieu of eyeglasses, benefits may be used for the fitting, follow-up, and/or purchase of contact lenses.

Medically Necessary Contact Lenses: Covered in full, in lieu of eyeglasses.

LASIK Surgery: 15% off LASIK procedures via LasikPlus Vision Centers – www.lasikplus.com/involve-members or (866) 293-1414.

Online Discounts: Discounts on contacts and eyeglasses are available to Envolve members at www.framesdirect.com.

Benefits	Network Doctor (after copayment)
Eye Exam	Paid in Full
Lenses (per pair)	
Single	Paid in Full
Bifocal	Paid in Full
Trifocal	Paid in Full
Lenticular	Paid in Full
Frame - Retail Value	\$125.00 allowance
Contact Lenses	
Fitting, follow-up, & lenses (in lieu of glasses)	\$125.00 allowance
LASIK	15% off at LasikPlus

Plan Frequencies

You Are Eligible for the Following Plan Benefits & Frequencies

- Exam every 12 months
- Lenses every 24 months
- Frames every 24 months
- Contacts every 24 months

Using Your Benefits

Locate a network provider at <https://visionbenefits.envolvehealth.com/cfhp/> by selecting “Community First Health Plans (Commerical).”

Make an appointment with a provider and provide your Member ID. The network provider takes care of the rest.

Limitations

Vision Exam and Vision Materials – Fees charged by a provider for services other than Vision Exam or Covered Vision Materials must be paid in full by the covered person to the provider. Such fees or materials are not covered under this policy.

Copay

Exam: \$40.00

Hardware: \$0 up to the retail allowance

Member Maximum Ophthalmic Lens Add-On Liabilities (Per Pair)	
Polycarbonate (V2784)	\$ 35.00
UV Treatment (V2755)	\$ 15.00
Progressive Lens (V2781)	\$ 85.00
High Index (V2782, V2783)	\$ 50.00
Photochromatic / Transition (V2744)	\$ 40.00
Scratch Resistance (V2760)	\$ 15.00
Anti-Reflective Treatment (V2750)	\$ 40.00
Tint (Solid or Gradient) (V2745)	\$ 15.00
80% of Usual and Customary for miscellaneous add-ons.	

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.



Administered by Envolve Vision Inc.
<https://visionbenefits.envolvehealth.com/>
 Community First Health Plans Member Services: (877) 698-7032

Exclusions

No benefits will be paid for services or materials connected with, or charges arising from, orthoptic or vision training, subnormal vision aids, and any associated supplemental testing. Medical and/or surgical treatment of the eye(s) or supporting structures. Any eye or vision examination, or any corrective eye wear, required by an employer as a condition of employment.

Services provided as a result of Worker's Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state, or subdivisions thereof.

Plano (non-prescription) lenses, non-prescription sunglasses, or two pair of glasses in lieu of bifocals.

Lost or broken lenses, frames, glasses, or contact lenses cannot be replaced within the same plan year in which they were purchased..

VISION BENEFIT FREQUENTLY ASKED QUESTIONS

Do I need to give Community First Health Plans the name of the provider I have selected to receive my vision care services?

No. Unlike some benefit plans, it is not necessary to preselect your provider or to give Community First Health Plans the name of your provider prior to receiving services. You need only to select your provider, make your appointment, and identify yourself as a CFHP Commercial member to the provider.

Can I get my eye examination at one location and the materials at another?

Yes. Each provider will contact CFHP to verify your eligibility.

Do I need to obtain authorization prior to receiving services?

There are no preauthorization requirements for this program.

Can I combine this insurance with sales offered by the provider?

Your insurance benefits remain the same regardless of the sales offered by the provider. However, some providers prohibit the combination of insurance plans with sales or discounts.

Is there an Envolve website?

Visit visionbenefits.envolvehealth.com/cfhp/ for information about your vision benefits and providers.

HOW TO USE YOUR BENEFITS

Do I need to show an ID card to the provider to receive my benefits?

Your CFHP ID card identifies you as a member and identifies the plan under which you are covered. We recommend that you show the provider your ID card. However, you may receive services without the ID card. Simply identify yourself as CFHP member with proper personal identification, social security number, and the name of your employer. The provider will verify your eligibility and benefits.

Do my covered dependents need to have ID cards?

No. To use the vision benefits it is not necessary for dependents to use personal ID cards. However, for member convenience, an individual personal CFHP ID card is issued to each covered member.

Do I need to bring any forms with me to the provider?

Forms are not required.

Under what situations do I make payment directly to the provider?

You will pay the provider for the following: Your plan copayment; any charges over and above your plan allowance; any ophthalmic lens add-ons; any service or item that is listed as non-covered by your routine vision plan.

ADDITIONAL BENEFITS

First Health Network

Community First Health Plans (CFHP) is pleased to offer an enhanced travel network provided to you through First Health Network. With this expanded network, you and your covered family members have the option to see a First Health provider in an urgent or emergency care situation while traveling outside of the CFHP HMO service area.

When accessing urgent or emergency care through First Health, you will be required to pay your usual copays as described in the Schedule of Benefits at the time of service. (Schedule of Benefits can be found on our website members.cfhp.com) If you are admitted to a hospital, you or your representative need to notify CFHP as soon as possible so we can issue an authorization for your benefits, and we can begin to assist in the guidance on how benefits can be applied to the charges associated with the care. The information needed is noted on the back of your ID card.

To view a list of First Health providers and hospitals, please contact First Health at (800) 226-5116 or visit www.myfirsthealth.com. If you have any questions about how this travel option works, please contact our Member Services Department at (210) 358-6262 or toll-free at (877) 698-7032.



Women's Preventive Services

Under the Affordable Care Act, certain women's preventive services are covered at no cost to you. Below is a list of items which are included:

- Well-woman exam
- Cervical cancer screening
- Breast cancer screening
- Oral contraceptives – birth control pills
- Emergency contraception - Next Choice and Plan B One-Step (when presented with a prescription)
- Implantable devices and vaginal ring – Implanon (subdermal rod), Mirena (IUD), Nuva Ring (vaginal ring)
- Injectables – depo Provera
- Other birth control items – Diaphragm, cervical cap, spermicide, foam, female condoms, transdermal patch

Please call Member Services at (210) 358-6262 or toll-free at (877) 698-7032 for more information, as some restrictions may apply.

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.

Online Health Risk/Behavioral Assessment

CFHP is pleased to present this private and confidential opportunity for you to assess your current health behaviors and identify areas that you could make healthy lifestyle changes. We are offering you and your dependents, who are 18 years and older, the opportunity to complete an online personal health assessment (PHA), offered in partnership with Get Healthy with CFHP at no cost.


We understand your privacy is very important. Please be assured that the Get Healthy with CFHP PHA is confidential. Your personal health information will be protected and is not shared with your employer. As a member of CFHP, you have the opportunity to receive a personalized guide to a healthy and vibrant life. The programs are easy to understand, are interactive, and best of all, they work.

Our commitment to our families and ourselves is simple: Getting and staying healthy means longer, happier lives.

Get Healthy with CFHP HRA Login Instructions

- 1 Link to Cerner through the Community First Health Plans Website at members.cfhp.com.
- 2 If you need to register for a CFHP online account, click "MEMBER LOGIN" and "click here". Then, follow the directions to create your account.
- 3 Once you are logged in, you will see your CFHP Welcome page. Click on "Get Healthy!"
- 4 Next you'll need to create a Get Healthy account. Click "Get Healthy" and "Register new account." Once you've created your Get Healthy account, click "Personal Health Assessment" and follow the directions. If you need assistance, call our Health Educators, at (210) 358-6155 or toll-free at (800) 434-2347.
- 5 You are on the Get Healthy with Community First Login Page. Click on "Register new account" and follow the directions.
- 6 Then, you will see – Start Here.
- 7 Then click on Personal Health Assessment and follow the directions.
- 8 If you need assistance, call our Health Educators, at (210) 358-6155 or toll-free at (800) 434-2347.



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