2027 Summary of BENEFITS.

COMMUNITY DUALCARE ACCESS (HMO D-SNP) 006

This summary of benefits is for our Community DualCare Access (HMO D-SNP) in the following Texas county: Harris. October 1 through March 31, 8:00 am to 8:00 pm, 7 days a week and April 1 through September 30, Monday through Friday, 8:00 am to 5:00 pm

CommunityHealthChoice.org/Medicare
1.833.276.8306 or 713.295.5007 (TTY 711)

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COMMUNITY HEALTH CHOICE

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Community DualCare Access (HMO D-SNP)
2027 Summary of Benefits

H9826, Plan 006

January 1, 2027 - December 31, 2027

Community DualCare Access (HMO D-SNP) is an HMO D-SNP with a Medicare contract and a contract with the Texas Medicaid program to coordinate your Medicaid benefits. Enrollment in Community DualCare Access (HMO D-SNP) depends on contract renewal.

Enrollment in this D-SNP does not replace or change your STAR+PLUS Medicaid enrollment. You must remain enrolled in STAR+PLUS to receive your full Medicaid benefits. Leaving the D-SNP will not affect your Medicaid eligibility through STAR+PLUS.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

Maximum Out-of-Pocket Responsibility (does not include prescription drugs): $0 (QMB Only Members pay nothing for Medicare-covered services). For all other Members, $9,850 annually for in-network Medicare-covered services.

To join **Community DualCare Access (HMO D-SNP)**, you must be:

- Entitled to Medicare Part A,
- Enrolled in Medicare Part B,
- Live in our service area.

Texas Medicaid eligible categories: QMB Only.

Our service area includes the following county in Texas: Harris**.** Except in an emergency or urgently needed situations, if you use providers. that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at www.medicare.gov or get a copy by calling 1.800.MEDICARE (1.800.633.4227).
TTY users should call 1.877.486.2048, 24 hours a day, 7 days a week.

This document is available for free in other languages. Call Member Services at 1.833.276.8306 (TTY 711). Free interpreter services are available. This document is also available in Braille, large print, and audio, free of charge.

For more information, please call us toll-free 1.833.276.8306 (TTY users should call 711).
Hours are October 1 through March 31, 8:00 am to 8:00 pm, 7 days a week, and April 1 through September 30, Monday through Friday, 8:00 am to 8:00 pm. For more information, you can also visit us at www.communityhealthchoice.org/medicare.

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Community DualCare Access (HMO D-SNP)		
Premiums and Benefits		**Cost Sharing and Plan Rules**
Monthly Plan Premium		No monthly premium.
Annual Medical Deductible		This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)		$9,850 annually from in-network providers for Medicare-covered services. Texas Medicaid QMB Only levels will pay nothing for **Medicare-covered** services. Refer to the Texas Medicaid section for **Medicaid-covered** services.
		You will still need to pay cost-sharing for your Part D prescription drugs.
Inpatient Hospital		$0 copay for days 1 through 90 with up to 60 lifetime reserve days. *Prior authorization may be required.*
Outpatient Hospital / Ambulatory Surgery Center		$0 copay *Prior authorization may be required.*
Doctor Visits	Primary Care Provider	$0 copay
	Specialists	$0 copay *Prior authorization may be required.*
	Telehealth Services	$0 copay for unlimited PCP visits through Teladoc.
Preventive Care (e.g., flu vaccine, diabetic screenings)		$0 copay; includes: Abdominal aortic aneurysm screening Alcohol misuse screenings & counseling Bone mass measurements (bone density) Cardiovascular disease screening Cardiovascular disease (behavioral therapy) Cervical & vaginal cancer screening Colorectal cancer screening Depression screenings Diabetes screenings Diabetes self-management training Glaucoma tests Hepatitis C screening test HIV screening Lung cancer screening Mammograms (screening) Nutrition therapy services Obesity screenings & counseling Prostate cancer screenings Sexually transmitted infections screening & counseling Vaccines including flu shots, Hepatitis B shots, pneumococcal shots, and COVID-19 shots Tobacco use cessation counseling

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Community DualCare Access (HMO D-SNP)		
Premiums and Benefits		**Cost Sharing and Plan Rules**
		"Welcome to Medicare" preventive visit
Preventive Care, continued (e.g., flu vaccine, diabetic screenings)		Additional services that are approved by Medicare will be covered. This plan covers preventive care screenings and annual well-visits when provided by an in-network provider.
Emergency Care		$0 copay
Urgently Needed Services		$0 copay
Diagnostic Services, Labs, Imaging	Diagnostic tests & procedures	$0 copay *Prior authorization may be required.*
	Lab services	$0 copay *Prior authorization may be required.*
	MRI, CAT Scan	$0 copay *Prior authorization may be required.*
	X-Rays	$0 copay *Prior authorization may be required.*
	Therapeutic radiology	$0 copay *Prior authorization may be required.*
Routine Hearing Services	Routine hearing exam	$0 copay, one routine hearing exam allowed annually
	Hearing Aids	$1,500 allowance every year for hearing aids, both ears combined
Routine Dental Services	Preventive	$0 copay for covered services (exam, cleaning) two per calendar year; one x-ray. per calendar year
	Comprehensive	$0 copay for Medicare-covered services
	Benefit limit	$3,500 limit every year on covered dental services
Vision Services	Routine eye exams	$0 copay
	Eyewear	$0 copay every year, up to $250 for lenses/frames and contacts
Mental Health Services	Inpatient visit	$0 copay for 190 days – Lifetime inpatient mental health care limit for 190 days in a psychiatric hospital. This limit does not apply to the general inpatient hospital limit.
	Outpatient group therapy	$0 copay *Prior authorization may be required.*
	Outpatient individual therapy	$0 copay
Skilled Nursing Facility		$0 copay for days 1 through 100 *Prior authorization may be required.*
Physical Therapy		$0 copay *Prior authorization may be required.*
Ambulance		$0 copay for ground and air *Prior authorization may be required.*
Transportation		$0 copay; 44 one-way trips per year to or from plan-approved health-related. locations.
Medicare Part B Drugs		$0 copay for chemotherapy drugs or other Part B drugs.

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Community DualCare Access (HMO D-SNP)	
Premiums and Benefits	**Cost Sharing and Plan Rules**
	Prior authorization may be required.
Meals Benefit	$0 copay; up to 2 meals a day for 7 days following your discharge from the hospital.
Nurse Advice Line	$0 copay for 24-hour access to a nurse line, 7 days a week.
Over-the-Counter Items,	$0 copay; up to $220 every month for approved over-the-counter drugs and health-related items. Unused OTC amounts do not roll over to the next month. For more information on accessing your benefit, refer to the Over-the-Counter insert, which will be mailed to you separately. The $220 debit card credit is a combined purse for SSBCI and OTC. This combined purse can be utilized to assist with housing/rent expenses, utilities, and grocery expenses. See restrictions below under SSBCI.
In-Home Support Services	In-Home Support Services are provided by Papa. Members have up to 60 hours per year for covered services. Papa offers in-home support services with everyday tasks for Members provided by Papa Pals. **Covered services include:** **Companionship Services:** Companionship services include spending quality time, playing board games, sharing memories, enjoying a meal, going for a walk, and engaging in great conversation. **House Tasks:** Papa Pals can provide light surface cleaning, meal prep, organization, physical safety, light gardening, and laundry. **Grocery Shopping:** Papa can assist with grocery shopping and delivery. Papa Pals will pick Members up at their homes, take Members to the supermarket, carry their shopping bags, take Members back home and unload groceries. **Technology Lessons:** Papa can help Members to set up and use devices and applications to stay in touch with loved ones, enjoy games, and more. **Social Transportation:** Provides non-emergency transportation and companionship all the way to and from the Members' destinations. Members can receive rides to the doctor's office, pharmacies, community centers, errands, and other social locations. **Caregiver Support:** Our plan understands caring for a loved one is not always easy. This is why our plan provides caregiver support services through: • In-home support services • Performing errands • Clothes shopping • Meal preparation and/or delivery

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Community DualCare Access (HMO D-SNP)	
Premiums and Benefits	**Cost Sharing and Plan Rules**
	• Respite care • Social interactions through religious and spiritual connections • Community engagements • Rx delivery **Activities of Daily Living Assistance:** Members can receive support from an appropriately qualified caregiver through at least one of the following services: • Bathing • Dressing • Grooming • Toileting • Mobility assistance • Transfers • Light laundry • Non-medical medication reminders **Digital Health Literacy Support:** Papa also offers a digital health literacy program to help you feel confident using digital health tools, like virtual doctor's appointments and online health portals. It starts with a quick phone assessment to understand your knowledge and needs, followed by personalized, in-home support from a friendly Papa Pal. Whether you're new to these services or just need a refresher, Papa is here to help you stay connected to your care.
Annual Physical Exam	One annual physical exam at no charge to the member (no authorization is required).

Rewards and Incentives	Members get rewards and incentives up to $245 per year for engaging in targeted healthy behaviors:
	• Get $25 loaded to the debit card purse for each acute care follow-up. Members who see their Primary Care Physician (PCP) within 7 days of an ER visit or overnight hospital visit. Max 2 times annually.
	• Get $25 loaded to the debit card purse for performing an annual physical or wellness exam with your doctor. Max 1 time per year.
	• Get $25 loaded to the debit card purse for talking with the doctor at a visit and getting their signature (attestation) for discussing all of the following topics:
	  • Improve Bladder Control
	  • Falls Prevention
	  • Mental Health Check Up
	  • Get Moving
	• Get a $5 credit up to $10 per month and $120 annually

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Community DualCare Access (HMO D-SNP)	
Premiums and Benefits	**Cost Sharing and Plan Rules**
	loaded to the debit card purse by attending social events outside the home. They can include health talks, social clubs, classes, religious gatherings, BakerRipley, etc. • Get $25 loaded to the debit card purse by completing a Health Risk Assessment (HRA) with Community.

Community DualCare Access (HMO D-SNP)	
Premiums and Benefits	**Cost Sharing and Plan Rules**
Special Supplemental Benefit for the Chronically Ill	
SSBCI services are non-health-related. benefits for the chronically ill. Members must have a condition related to one of the following chronic medical conditions. **Eligible Chronic Medical Conditions:** • Chronic alcohol use disorder and other substance use disorders (SUDs) • Autoimmune disorders • Cancer • Cardiovascular disorders • Chronic heart failure • Dementia • Diabetes mellitus • Overweight, obesity, and metabolic syndrome • Chronic gastrointestinal disease • Chronic kidney disease (CKD) • Severe hematologic disorders • HIV/AIDS • Chronic lung disorders • Chronic and disabling mental health conditions • Neurologic disorders • Stroke • Post-organ transplantation • Immunodeficiency and Immunosuppressive disorders • Conditions associated with cognitive impairment • Conditions with functional challenges • Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell • Conditions that require continued therapy services for individuals. to maintain or retain functioning	
Flex Card Benefit	$0 copay; up to $220 every month for approved over-the-counter drugs and health-related items. Unused OTC amounts do not roll over to the next month. For more information on accessing your benefit, refer to the Over-the-Counter insert, which will be mailed to you separately. The $220 debit card credit is a combined purse for SSBCI and OTC. This combined purse can be utilized to assist with housing/rent expenses, utilities, and grocery expenses. See restrictions below under SSBCI.

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Community DualCare Access (HMO D-SNP)			
Prescription Drugs			
Depending on your income and institutional status, you pay the following:			
Stage 1: Part D Deductible		The Stage 1 Part D deductible does not apply to you because you get Extra Help from Medicare.	
Stage 2: Initial Coverage	Tier 1 Preferred Generic	$0 copay	
	Tier 2 Generic	$0 copay; or $1.65 copay; or $5.80 copay; or 25% coinsurance	
	Tier 3 Preferred Brand	$0 copay; or $5.00 copay; or $14.40 copay; or 25% coinsurance	
	Tier 4 Non-Preferred Drug	Generic Drugs: $0 copay; or $1.65 copay; or $5.80 copay; or 25% coinsurance	All Other Drugs: $0 copay; or $4.90 copay; or $12.65 copay; or 25% coinsurance
	Tier 5 Specialty Tier	Generic Drugs: $0 copay; or $1.60 copay; or $5.10 copay; or 25% coinsurance	All Other Drugs: $0 copay; or $5.00 copay; or $14.40 copay; or 25% coinsurance
	Tier 6 Select Care Drugs	$0 copay A 3-month supply for Select Care Drugs is up to 100 days.	
	You may get your drugs at network retail pharmacies or mail order pharmacies at the same cost. If you reside in a long-term care facility, your cost is the same as a retail pharmacy.		
Stage 3: Catastrophic Coverage		In 2027, the out-of-pocket drug costs are $2,400. After your out-of-pocket drug costs for the year from retail and mail order pharmacies reach $2,400, you pay nothing for all drugs for the remainder of the year.	

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Summary of Medicaid Covered Benefits

Your Texas Medicaid program is through the Texas Health and Human Services Commission (HHSC). Refer to your Texas Medicaid ID Card for contact information.

When a person is entitled to both Medicare and medical assistance from a State Medicaid plan, they are considered dual eligible. As a dual eligible beneficiary, your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage varies depending on your income, resources, and other factors. Benefits may include full Medicaid benefits and/or payment of some or all of your Medicare cost-share (premiums, deductibles, coinsurance, or copays).

Below is a list of dual eligibility coverage categories for beneficiaries who may enroll in the Community DualCare Access (HMO D-SNP) Plan:

- **Qualified Medicare Beneficiary (QMB):** Medicaid pays for your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only. You receive Medicaid coverage of Medicare cost-share but are not otherwise eligible for full Medicaid benefits.

As a QMB beneficiary enrolled in this Plan, your cost-share is 0%, except for Part D prescription drug copays. (See previous Summary of Benefits table for an overview of your **Community DualCare Access (HMO D-SNP)** Plan benefits and cost-sharing responsibilities.)

How to Read the Medicaid Benefit Chart

The chart below shows what services are covered by Medicare and Medicaid. The chart applies only if you are entitled to benefits under Texas Medicaid or are receiving Medicaid benefits through enrollment with a STAR+PLUS HMO plan.

Texas Medicaid covers the following benefits if the Member meets all applicable requirements.

Benefit Category	Community DualCare Access (HMO D-SNP)	Texas Medicaid
Acupuncture	$0 copay up to 24 visits a year	Not covered.
Ambulance Services (Emergent and non-emergent medically necessary ambulance services)	$0 copay Prior authorization may be required.	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Assistive Communication Devices (Also known as Augmentative Communication Device (ACD) Systems)	Not covered.	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Bone Mass Measurement	$0 copay for Medicare preventive services	Bone density screening is a benefit of Texas Medicaid. Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.

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Benefit Category	Community DualCare Access (HMO D-SNP)	Texas Medicaid
Cardiac Rehabilitation	$0 copay Prior authorization may be required.	Medicaid pays for this service if Medicare does not cover it. or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Chiropractic Services	$0 copay up to 24 visits a year Prior authorization may be required.	Chiropractic manipulative treatment (CMT) of the spine performed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid. Medicaid pays for this service if Medicare does not cover it. e or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Colorectal Screening Exams (For people aged 45 years and older)	$0 copay for Medicare preventive services	Medicaid pays for this service if Medicare does not cover it. or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Dental Services (For people who are 20 years of age or younger, or 21 years of age or older in Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF-IID),)	Preventive: $0 copay for covered services (exam, cleaning) two per year, and one x-ray per year Comprehensive: $0 copay for Medicare-covered services Benefit limit: $3,500 limit on all covered dental services	Medicaid pays for this service if Medicare does not cover it. or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Diabetic Supplies (Includes test strips, lancets, and screening tests)	$0 copay Prior authorization may be required.	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Diagnostic Tests, X-Rays, Laboratory Services, and Radiology Services	$0 copay Prior authorization may be required.	Medicaid pays for this service Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Doctor and Hospital Choice	In-network You must go to network doctors, specialists, and hospitals, which may require prior authorization..	Members should follow Medicare guidelines related to doctor and hospital choice.

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Benefit Category	Community DualCare Access (HMO D-SNP)	Texas Medicaid
Doctor Office Visits	Primary Care Provider: $0 copay Specialist: $0 copay; prior authorization may be required.	Medicaid pays for this service Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Durable Medical Equipment (Includes wheelchairs, oxygen)	$0 copay Prior authorization may be required.	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Emergency Care (Any emergency room visit if the member reasonably believes he or she needs emergency care)	$0 copay	Medicaid pays for this service Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
End-Stage Renal Disease	$0 copay	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Health/Wellness Education (Nutritional counseling for children, smoking cessation for pregnant women, and adult annual exams)	$0 copay; Programs to help you manage your health conditions including education, materials, advice, and care tips.	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Hearing Services	$0 copay, one routine hearing exam allowed annually; $1,500 allowance every year for hearing aids, both ears combined	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, private duty nursing, personal attendant services, respite care, adaptive aids, and other LTSS provided through STAR+PLUS.)	$0 copay Prior authorization may be required.	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.

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Benefit Category	Community DualCare Access (HMO D-SNP)	Texas Medicaid
Hospice	Covered under Original Medicare Not covered by Community DualCare Access (HMO D-SNP)	Medicaid pays for this service for certain Waiver Members if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services *Note: When adult Members elect hospice services, they waive their rights to all other Medicaid services related to their terminal illness. They do not waive their rights to Medicaid services unrelated to their terminal illness.*
Immunizations	$0 copay for Medicare preventive services that include flu shots and other vaccines	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Inpatient Hospital Care	$0 copay for days 1 through 90 Prior authorization may be required.	Inpatient hospital stays are a covered benefit. Medicaid pays coinsurance, copayments, and deductibles for Medicare-covered services. Members should follow Medicare guidelines related to hospital choice. $0 copay for Medicaid-covered services.
Inpatient Mental Health Care	$0 copay for 190 days – Lifetime inpatient mental health care limit for 190 days in a psychiatric hospital. This limit does not apply to mental health services provided in a general hospital.	Inpatient psychiatric hospital stays are a covered benefit for Members under the age of 21 and Members 65 years of age and older. Inpatient acute care hospital stays for psychiatric treatment are a covered benefit for Members 21 through 64 years of age, in accordance with 42 CFR §438.6(e), although Medicaid MCOs may choose to cover stays at psychiatric facilities in lieu of acute care hospitals. Medicaid pays coinsurance, copayments, and deductibles for Medicare-covered services. Members should follow Medicare guidelines related to hospital choice. $0 copay for Medicaid-covered services.

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Benefit Category	Community DualCare Access (HMO D-SNP)	Texas Medicaid
Mammograms (Annual Screening)	$0 copay for Medicare preventive services	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Monthly Premium	No monthly plan premium The Medicare Part B premium may be covered based on your level of Medicaid eligibility.	Medicaid assistance with premium payments varies based on the level of Medicaid eligibility.
Orthotic and Prosthetic Devices (Includes braces, artificial limbs, eyes, etc.)	$0 copay Prior authorization may be required.	For Members aged 0-20 (CCP), Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. Medicaid pays for breast prostheses for Members of all ages if Not covered. by Medicare or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Outpatient Mental Health Care	$0 copay Prior authorization may be required	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Outpatient Rehabilitation Services	$0 copay Prior authorization may be required.	For Members aged 0-20, Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. Physical therapy (PT), occupational therapy (OT), and speech therapy (ST) services are benefits of Texas Medicaid for the medically necessary short-term treatment of an acute medical condition or an acute exacerbation of a chronic medical condition for Members who are 20 years of age and older. $0 copay for Medicaid-covered services.

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Benefit Category	Community DualCare Access (HMO D-SNP)	Texas Medicaid
Outpatient Services/Surgery	$0 copay Prior authorization may be required.	Medicaid pays for certain surgical services if it is Not covered. by Medicare or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Outpatient Substance Use Disorder (Assessment, ambulatory treatment/detox, and MAT)	$0 copay Prior authorization may be required.	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Pap Smears and Pelvic Exams (For women)	$0 copay for Medicare preventive services	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Podiatry Services	$0 copay for Medicare-covered services only, including diabetes-related nerve damage or medically necessary treatment for foot injuries or diseases.	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Prescription Drugs	Medicare Part B Drugs: $0 copay for chemotherapy drugs or other Part B drugs. Prior authorization may be required. Medicare Part D Drugs: see Prescription Drugs table.	Medicaid pays for this service if Medicare does not cover it. Medicaid will not cover any Medicare Part D drug.
Prostate Cancer Screening Exams	$0 copay for Medicare preventive services	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Skilled Nursing Facility (SNF) (In a Medicare-certified SNF)	$0 copay for days 1 through 100 Prior authorization may be required.	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Telemedicine Services	$0 copay Limitation applies	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.

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Benefit Category	Community DualCare Access (HMO D-SNP)	Texas Medicaid
Teledentistry Services	Not covered.	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. There are strict limitations and exclusions on this benefit. $0 copay for Medicaid-covered services.
Telehealth Services	$0 copay Additional telehealth services for PCP virtual visits provided by Teladoc.	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Home Telemonitoring Services	$0 copay Limitation applies	Medicaid pays for this service if Medicare does not cover it or when the Medicare benefit is exhausted. $0 copay for Medicaid-covered services.
Transportation (Routine)	$0 copay; 44 one-way trips per year to or from plan-approved health-related. locations.	Medicaid pays for Non-Emergency Medical Transportation (NEMT) Services, defined as non-emergency transportation-related services available under the Medicaid state plan. $0 copay. for Medicaid-covered services.
Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area)	$0 copay	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.
Vision Services	$0 copay for routine eye exams; $0 copay every year, up to $250 for lenses/frames and contacts	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. Services by an optician are limited to fitting and dispensing medically necessary eyeglasses and contact lenses.

ADDITIONAL TEXAS MEDICAID SERVICES (Not covered. by Community DualCare Access (HMO D-SNP)). For additional information, contact the Texas Health and Human Services Commission (HHSC) at 1.877.541.7905 or TTY users can call 711.

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HOME AND COMMUNITY BASED WAIVER SERVICES	
Those who meet both QMB requirements and the financial criteria for full Medicaid coverage may be eligible to receive all Medicaid services not covered. by Medicare, including Medicaid waiver services. Waiver services are limited to individuals who meet additional Medicaid waiver eligibility criteria.	
Community Living Assistance and Support Services (CLASS) Waiver	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/community-living-assistance-support-services-class. For additional information, contact the Texas Health and Human Services Commission (HHSC).
Deaf Blind with Multiple Disabilities Waiver (DBMD)	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/deaf-blind-multiple-disabilities-dbmd. For additional information, contact HHSC.
Home and Community Services (HCS) Waiver	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/home-community-based-services-hcs. For additional information, contact HHSC.
Medically Dependent Children Program (MDCP)	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/medically-dependent-children-program-mdcp. For additional information, contact HHSC.
STAR+PLUS Program (operating under the Texas Healthcare Transformation and Quality Improvement Program Waiver)	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. https://hhs.texas.gov/services/health/medicaid-chip/programs/starplus. For additional information, contact HHSC.
Texas Home Living Waiver (TxHmL)	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/texas-home-living-txhml. For additional information, contact HHSC.

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NOTICE OF AVAILABILITY

Community Health Choice Texas, Inc. is required by federal law to provide the following information.

NON-DISCRIMINATION STATEMENT

Community Health Choice Texas, Inc. complies with applicable Federal civil rights laws and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Community Health Choice, Inc. provides free aids and services to people with disabilities to communicate effectively with us, such as:

- qualified sign language interpreters,
- written information in other formats (large print, audio, accessible electronic formats, other formats).

Community Health Choice Texas, Inc. provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the Community Health Choice Texas, Inc. Member Service Care Center at 1.833.276.8306.

If you believe that Community Health Choice Texas, Inc. has failed to provide these services and you need help understanding your Medicare rights and how to exercise them, including around Medicare appeals, there is free information and assistance available. You can reach out to your local SHIP, 1.800.MEDICARE, and the Medicare Rights free national helpline at 1.800.333.4114.

If you believe that Community Health Choice Texas, Inc. has discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance:

Service Improvement Department

4888 Loop Central Drive
Ste. 600
Houston, Texas 77081

Phone: 1.833.276.8306
Fax: 713.295.7036
TTY: 711

Email:
ServiceImprovement@Community HealthChoice.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, one of our Member Advocates will be available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

http://www.hhs.gov/ocr/office/file/index.html.

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NOTICE OF AVAILABILITY

Community Health Choice Texas, Inc. is required by federal law to provide the following information.

COMMUNITY HEALTH CHOICE

Arabic

نبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات مساعدة لغوية مجانية. كما تتوفر مجانًا وسائل مساعدة وخدمات مناسبة لتقديم المعلومات 6038.672.338.1بتنسيقات سهلة الوصول. اتصل على الرقم)117 أو تواصل مع مقدم الخدمة

Français (French)
ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir de l'information dans des formats accessibles sont également disponibles gratuitement. Composez le 1.833.276.8306 (ATS 711) ou parlez-en à votre fournisseur**.**

ગુજરાતી (Gujarati)
ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માિહતી પૂરી પાડવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. **1.833.276.8306 (TTY 711)** પર કૉલ કરો અથવા તમારા પદાર્તા સાથે વાત કરો.

한국어 **(Korean)**
주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 또한, 접근 가능한 형식으로 정보를 제공하는 적절한 보조도구 및 서비스도 무료로 이용하실 수 있습니다. 1.833.276.8306(TTY 711)번으로 전화하시거나 담당 의료 서비스 제공자에게 문의하세요.

िहंदी (Hindi)
न दें: य□द आप िहंदी बोलते हैं, तो □नःशु□ भाषा सहायता सेवाएँ उपल□ध हैं। हमारे पास सुलभ प्रारूप में जानकारी प्रदान करने के □लए □नःशु□ सहायक उपकरण और सेवाएँ भी उपल□ध हैं। 1.833.276.8306 (TTY 711) पर कॉल करें या अपने प्रदाता से बात करें।

Español (Spanish)
ATENCIÓN: Si habla español, dispone de servicios gratuitos de asistencia lingüística. También disponemos de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al **1.833.276.8306 (TTY 711)** o hable con su proveedor.

Русский (Russian)
ВНИМАНИЕ: Если вы говорите по-русски, мы предлагаем бесплатную языковую поддержку. Мы также предлагаем бесплатные вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по номеру 1.833.276.8306 (TTY 711) или обратитесь к своему оператору.

(Urdu) اردو
دھیان دیں: اگر آپ اردو بولتے ہیں تو مفت زبان کی مدد کی خدمات
دستیاب ہیں۔ ہمارے پاس قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مفت معاون امداد اور خدمات بھی دستیاب ہیں۔
1.833.276.8306 (TTY پر کال کریں یا اپنے فراہم کنندہ) 711
سے بات کریں۔

English
ATTENTION: If you speak another language, free language assistance services are available. We also have free auxiliary aids and services available to provide information in accessible formats. Call 1.833.276.8306 (TTY 711) or speak to your provider.

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中文（**Chinese**）
注意：如果您讲中文，我们提供免费的语言协助服务。我们还提供免费的辅助工具和服务，以无障碍的格式提供信息。请致电 1.833.276.8306（TTY 711）或联系您的服务提供商。

Tiếng Việt (Vietnamese)
LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Chúng tôi cũng có các thiết bị hỗ trợ và dịch vụ miễn phí để cung cấp thông tin ở các định dạng dễ tiếp cận. Hãy gọi số 1.833.276.8306 (TTY 711) hoặc liên hệ với nhà cung cấp dịch vụ của bạn.

Tagolog (Tagolog)
PAUNAWA: Kung nagsasalita ka ng Tagolog, magagamit ang mga libreng serbisyo sa tulong sa wika. Mayroon din kaming mga libreng pantulong na tulong at serbisyong magagamit upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1.833.276.8306 (TTY 711) o makipag-usap sa iyong provider.

Khonlav (Laotian)
kho khuan lavang thathan vaophasalav mi bolikan suanyheu danphasa fri phuak hao nyang mi kan suany heu lae kan bo li kan fri thi mi hai pheu hai kho mun nai hub aebb thi sa mad khao thoeng dai othha 18332768306 TTY 711 ru lomkab phuhaibolikan khongthan

Deutsch (German)
ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen eine kostenlose Sprachunterstützung zur Verfügung. Wir bieten außerdem kostenlose Hilfsmittel und Dienste an, um Informationen in barrierefreien Formaten bereitzustellen. Rufen Sie 1.833.276.8306 (TTY 711) an oder wenden Sie sich an Ihren Anbieter.

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本語（Japanese）
ご注意：日本語を話される方は、無料の言語支援サービスをご利用いただけます。また、アクセシブルな形式で情報を提供するための無料の補助機器やサービスもご用意しております。1.833.276.8306（TTY 711）までお電話いただくか、プロバイダーにお問い合わせください

。**فارسی (Persian)**
کنید، خدمات کمک زبانی رایگا نتوجه: اگر به زبان فارسی صحبت می
های کمکی رایگان و خدماتی برا یدر دسترس است. ما همچنین کمک
دهیم. با شمار ههای قابل دسترس ارائه می ارائه اطلاعات در قالب
1.833.276.8306 (TTY دهنده تماس بگیرید یا با ارائه) 711
خدمات خود صحبت کنید.

COMMUNITY
HEALTH CHOICE

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