



Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 833.276.8306 toll-free or 713.295.5007 local (711 for TTY).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.CommunityHealthChoice.org/Medicare or call 833.276.8306 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. To enroll you must be QMB (Qualified Medicare Beneficiary), QMB+, or SLMB+ (Specified Low-Income Medicare Beneficiary) Medicaid status.

Community Health Choice Texas, Inc. is a (HMO D-SNP) plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

ATTENTION: If you speak Spanish, language assistance services, free of charge are available to you. Call 833.276.8306 or TTY users can call 711.

This information is not a complete description of benefits. Call 833.276.8306 or 711 TTY for more information.