# 2025 Summary of BENEFITS.

## COMMUNITY HEALTH CHOICE (HMO D-SNP) 002

This summary of benefits is for our segment 002 service area in the following Texas counties: Brazoria, Chambers, Fort Bend, Galveston, Harris, Jefferson, Liberty, and Montgomery
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**
**833-276-8306 or 713-295-5007 (TTY 711)**

H9826_MK_10501_082924_M

COMMUNITY HEALTH CHOICE

524-BR003

# Community Health Choice (HMO D-SNP)

# 2025 Summary of Benefits

## H9826, Plan 002, Segment 002

**January 1, 2025 - December 31, 2025**

**Community Health Choice (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 Health Choice (HMO D-SNP) depends on contract renewal.

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."

To join **Community Health Choice (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, QMB Plus, and SLMB Plus.

Our service area includes the following counties in Texas: **Brazoria, Chambers, Fort Bend, Galveston, Harris, Jefferson, Liberty, Montgomery.**

Except in an emergency or urgently needed situations, if you use the 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 in other languages and formats such as Braille, large print or audio.

For more information, please call us toll-free at 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.

| Community Health Choice (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)** | | $9,150 annually from in-network providers for Medicare-covered services.<br>Texas Medicaid QMB Only, QMB Plus, and SLMB Plus levels will pay nothing for **Medicare-covered** services. Refer to the Texas Medicaid section for **Medicaid-covered** service**s**. |
| | | 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.<br>*Prior authorization may be required.* |
| **Outpatient Hospital / Ambulatory Surgery Center** | | $0 copay<br>*Prior authorization may be required.* |
| **Doctor Visits** | Primary Care Provider | $0 copay |
| | Specialists | $0 copay<br>*Prior authorization may be required.* |
| | Telehealth Services | $0 copay for unlimited PCP visits through Teladoc. |
| **Preventive Care**<br>(e.g., flu vaccine, diabetic screenings) | | $0 copay; includes:<br>Abdominal aortic aneurysm screening<br>Alcohol misuse screenings & counseling<br>Bone mass measurements (bone density)<br>Cardiovascular disease screening<br>Cardiovascular disease (behavioral therapy)<br>Cervical & vaginal cancer screening<br>Colorectal cancer screening<br>Depression screenings<br>Diabetes screenings<br>Diabetes self-management training<br>Glaucoma tests<br>Hepatitis C screening test<br>HIV screening<br>Lung cancer screening<br>Mammograms (screening)<br>Nutrition therapy services<br>Obesity screenings & counseling<br>Prostate cancer screenings<br>Sexually transmitted infections screening & counseling<br>Vaccines including Flu shots, Hepatitis B shots, Pneumococcal shots<br>Tobacco use cessation counseling<br>"Welcome to Medicare" preventive visit |

| Community Health Choice (HMO D-SNP) | | |
|---|---|---|
| **Premiums and Benefits** | | **Cost Sharing and Plan Rules** |
| **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<br>*Prior authorization may be required.* |
| | Lab services | $0 copay<br>*Prior authorization may be required.* |
| | MRI, CAT Scan | $0 copay<br>*Prior authorization may be required.* |
| | X-Rays | $0 copay<br>*Prior authorization may be required.* |
| | Therapeutic radiology | $0 copay<br>*Prior authorization may be required.* |
| **Routine Hearing Services** | Routine hearing exam | $0 copay, one routine hearing exam allowed annually |
| | Hearing Aids | $1,000 allowance every year for hearing aids, both ears combined |
| **Routine Dental Services** | Preventive | $0 copay for covered services (exam, cleaning) two per calendar year; x-ray 1 per calendar year |
| | Comprehensive | $0 copay for Medicare-covered services |
| | Benefit limit | $4,500 limit every year on all covered dental services |
| **Vision Services** | Routine eye exams | $0 copay |
| | Eyewear | $0 copay every year, up to $350 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 general inpatient hospital limit. |
| | Outpatient group therapy | $0 copay<br>*Prior authorization may be required.* |
| | Outpatient individual therapy | $0 copay<br>*Prior authorization may be required.* |
| **Skilled Nursing Facility** | | $0 copay for days 1 through 100<br>*Prior authorization may be required.* |
| **Physical Therapy** | | $0 copay<br>*Prior authorization may be required.* |
| **Ambulance** | | $0 copay for ground and air<br>*Prior authorization may be required.* |
| **Transportation** | | $0 copay; 48 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.<br>*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, seven days a week. |

| Community Health Choice (HMO D-SNP) | |
|---|---|
| **Premiums and Benefits** | **Cost Sharing and Plan Rules** |
| **Over-The-Counter Items** | $0 copay; up to $105 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. |
| **In-Home Support Services** | In-Home Support Services are provided by Papa. Members have up to 48 hours per year for covered services.<br><br>Papa offers in-home support services with everyday tasks for members provided by Papa Pals.<br><br>**Covered services include:**<br>**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.<br>**House Tasks:** Pals can provide light surface cleaning, meal prep, organization, physical safety, light gardening, and laundry.<br>**Grocery Shopping:** Papa can assist with grocery shopping and delivery. Pals will pick members up at their homes, take members to the supermarket, carry their shopping bags, take member back home and unload groceries.<br>**Technology Lessons:** Papa can help members to setup and use devices, log in to telehealth appointments, and provide social media assistance.<br>**Social Transportation:** Provides non-emergency transportation and companionship all the way to and from the member's destinations. Members can receive rides to the doctor's office, pharmacies, community centers, errands, and other social locations.<br>**Caregiver Support:** Our plan understands caring for a loved one is not always easy. This is why our plan provides caregiver support services through:<br>• In-home support services<br>• Performing errands<br>• Clothes shopping<br>• Meal preparation delivery<br>• Respite care<br>• Social interactions through religious and spiritual connections<br>• Community engagements<br>• Rx delivery |

| Community Health Choice (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.<br>**Eligible Chronic Medical Conditions:**<br>• Chronic alcohol and other drug dependence<br>• Autoimmune disorders<br>• Cancer<br>• Cardiovascular disorders<br>• Chronic heart failure<br>• Dementia<br>• Diabetes<br>• End-stage liver disease<br>• End-stage renal disease (ESRD)<br>• Severe hematologic disorders<br>• HIV/AIDS<br>• Chronic lung disorders<br>• Chronic and disabling mental health conditions<br>• Neurologic disorders<br>• Stroke | |
| **Flex Card Benefit** | Our plan provides up to $130 every month for rent, groceries, and utility assistance.<br>The benefits are part of a special supplemental program for the chronically ill. Not all members qualify. |
| **Services Supporting Self-Direction** | Our self-directed care program assists in managing all aspects of personal healthcare delivery.<br>We also offer counseling services regarding community-based programs to assist with home repair, applications for subsidies for utility bills, etc.<br>The benefits are part of a special supplemental program for the chronically ill. Not all members qualify. |
| **Social Needs Benefits** | Eligible members get access to community or plan-sponsored programs and events to address enrollee social needs, providing adult education, activity, and resources to promote physical, mental and spiritual wellness.<br>The benefits are part of a special supplemental program for the chronically ill. Not all members qualify. |

| Community Health Choice (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** | Generic Drugs | $0 copay; or $1.60 copay; or $4.90 copay; or 25% coinsurance |
| | All Other Drugs | $0 copay; or $4.80 copay; or $12.15 copay; or 25% coinsurance<br>You may get your drugs at network retail pharmacies or mail order pharmacies at the same cost.<br>If you reside in long-term care facility your cost is the same as retail pharmacy. |
| **Stage 3: Catastrophic Coverage** | | In 2025, the out-of-pocket drug costs are $2,000. After your out-of-pocket drug costs for the year from retail and mail order pharmacies reach $2,000, you pay nothing for all drugs for the remainder of the year. |

## Summary of Medicaid Covered Benefits

Your Texas Medicaid or 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 Health Choice (HMO D-SNP) Plan:**

- **Qualified Medicare Beneficiary (QMB):** Medicaid pays 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.
- **QMB +:** Medicaid pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts. You receive Medicaid coverage of Medicare cost share and are eligible for full Medicaid benefits.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally, your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

As a QMB, QMB+, or SLMB+ 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 Health Choice (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 Health Choice (HMO D-SNP) | Texas Medicaid |
|---|---|---|
| **Acupuncture** | $0 copay up to 24 visits a year | Not covered |
| **Ambulance Services**<br>(medically necessary ambulance services) | $0 copay<br>Prior authorization may be required. | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services |

| Benefit Category | Community Health Choice (HMO D-SNP) | Texas Medicaid |
|---|---|---|
| **Assistive Communication Devices**<br>(also known as Augmentative Communication Device (ACD) System) | Not covered | For Members who meet the criteria, Medicaid may pay for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services.<br>Prior authorization may be required. |
| **Bone Mass Measurement**<br>(for people who are at risk) | $0 copay for Medicare preventive services | Bone density screening is a benefit of Texas Medicaid.<br>For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services.<br>Prior authorization may be required. |
| **Cardiac Rehabilitation** | $0 copay<br>Prior authorization may be required. | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services.<br>Prior authorization may be required. |
| **Chiropractic Services** | $0 copay up to 24 visits a year<br>Prior authorization may be required. | Chiropractic manipulative treatment (CMT) performed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid.<br>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services |
| **Colorectal Screening Exams**<br>(for people aged 45 and older) | $0 copay for Medicare preventive services | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services |
| **Dental Services**<br>(for people who are 20 years of age or younger; or 21 years of age or older in an ICF-IID) | Preventive: $0 copay for covered services (exam, cleaning) two per year, and x-ray one per year<br>Comprehensive: $0 copay for Medicare-covered services<br>Benefit limit: $4,500 limit on all covered dental services | For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services |

| Benefit Category | Community Health Choice (HMO D-SNP) | Texas Medicaid |
|---|---|---|
| **Diabetic Supplies**<br>(includes coverage for test strips, lancets, and screening tests) | $0 copay<br>Prior authorization may be required. | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services |
| **Diagnostic Tests, X-Rays, Lab Services, and Radiology Services** | $0 copay<br>Prior authorization may be required. | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services |
| **Doctor and Hospital Choice** | In-Network<br>You must go to network doctors, specialist and hospitals which may require a prior authorization | Members should follow Medicare guidelines related to hospital and doctor choice. |
| **Doctor Office Visits** | Primary Care Provider: $0 copay<br><br>Specialist: $0 copay; prior authorization may be required. | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services |
| **Durable Medical Equipment**<br>(includes wheelchairs, oxygen) | $0 copay<br>Prior authorization may be required. | Medicaid may pay for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services.<br>Prior authorization may be required. |
| **Emergency Care**<br>(Any emergency room visit if the member reasonably believes he or she needs emergency care.) | $0 copay | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services |
| **End-Stage Renal Disease** | $0 copay | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services |
| **Health/Wellness Education**<br>(nutritional counseling for children, smoking cessation for pregnant women, and adult annual exam) | $0 copay; Programs to help you manage your health conditions including education, materials, advice and care tips. | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services |

| Benefit Category | Community Health Choice (HMO D-SNP) | Texas Medicaid |
|---|---|---|
| **Hearing Services** | $0 copay, one routine hearing exam allowed annually: $1,000 allowance every year for hearing aids, both ears combined | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services.<br>Prior authorization may be required. |
| **Home Health Care**<br>(includes medically necessary intermittent skilled nursing care, home health aide services, private duty nursing services, and personal care services) | $0 copay<br>Prior authorization may be required. | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services.<br>Prior authorization may be required. |
| **Hospice** | Covered under Original Medicare<br>Not covered by Community Health Choice | Medicaid pays for this service for certain Waiver Members if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services<br>*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 it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services |
| **Inpatient Hospital Care** | $0 copay for days 1 through 90<br>Prior authorization may be required. | Inpatient hospital stays are a covered benefit. Medicaid pays coinsurance, co-payments, and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice.<br>$0 co-pay for Medicaid-covered services.<br>Prior authorization may be required. |

| Benefit Category | Community Health Choice (HMO D-SNP) | Texas Medicaid |
|---|---|---|
| **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 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, co- payments, and deductibles for Medicare covered services.<br>Members should follow Medicare guidelines related to hospital choice.<br>$0 co-pay for Medicaid-covered services.<br>Prior authorization may be required. |
| **Mammograms (Annual Screening)** | $0 copay for Medicare preventive services | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services |
| **Monthly Premium** | No monthly plan premium<br>Medicare Part B Premium may be covered based on your level of Medicaid eligibility | Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility. |
| **Orthotic and Prosthetic Devices**<br>(includes braces, artificial limbs and eyes, etc.) | $0 copay<br>Prior authorization may be required. | For Members birth through age 20 (CCP), Medicaid may pay for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>Medicaid pays for breast prostheses for Members of all ages if not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services.<br>Prior authorization may be required. |
| **Outpatient Mental Health Care** | $0 copay<br>Prior authorization may be required | Medicaid may pay for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services.<br>Prior authorization may be required. |

| Benefit Category | Community Health Choice (HMO D-SNP) | Texas Medicaid |
|---|---|---|
| **Outpatient Rehabilitation Services** | $0 copay<br>Prior authorization may be required. | For Members birth through age 20, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>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.<br>$0 co-pay for Medicaid-covered services.<br>Prior authorization may be required. |
| **Outpatient Services/Surgery** | $0 copay<br>Prior authorization may be required. | Medicaid may pay for certain surgical services if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services.<br>Prior authorization may be required. |
| **Outpatient Substance Use Disorder**<br>(assessment, ambulatory treatment/detox, and MAT) | $0 copay<br>Prior authorization may be required. | Medicaid may pay for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services.<br>Prior authorization may be required. |
| **Pap Smears and Pelvic Exams**<br>(for women) | $0 copay for Medicare preventive services | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services |
| **Podiatry Services** | $0 copay for; Medicare covered services only, Diabetes-related nerve damage or Medically necessary treatment for foot injuries or diseases. | Medicaid may pay for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services.<br>Limitations apply. |

| Benefit Category | Community Health Choice (HMO D-SNP) | Texas Medicaid |
|---|---|---|
| **Prescription Drugs** | Medicare Part B Drugs: $0 copay for chemotherapy drugs or other Part B drugs. Prior authorization may be required.<br>Medicare Part D Drugs:<br>Generic: $0 copay; or $1.60 copay; or $4.90 copay; or 25% coinsurance.<br>Others: $0 copay; or $4.80 copay; or $12.15 copay; or 25% coinsurance. | Medicaid pays for this service if it is not covered by Medicare. 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 it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services |
| **Skilled Nursing Facility (SNF)**<br>(in a Medicare-certified Skilled Nursing Facility) | $0 copay for days 1 through 100<br>Prior authorization may be required. | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services.<br>Prior authorization may be required. |
| **Telemedicine Services** | Not covered | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services |
| **Transportation**<br>(routine) | $0 copay; 48 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.<br>$0 co-pay for Medicaid-covered services |
| **Urgently Needed Care**<br>(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.<br>$0 co-pay for Medicaid-covered services |

| Benefit Category | Community Health Choice (HMO D-SNP) | Texas Medicaid |
|---|---|---|
| **Vision Services** | $0 copay for routine eye exams; $0 copay every year, up to $350 for lenses/frames and contacts | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.<br>$0 co-pay for Medicaid-covered services<br>Services by an optician are limited to fitting and dispensing of medically necessary eyeglasses and contact lenses. |

**ADDITIONAL TEXAS MEDICAID SERVICES (not covered by Community Health Choice (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.**

| HOME AND COMMUNITY BASED WAIVER SERVICES | |
|---|---|
| Those who meet QMB requirements and also meet 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 the Texas Health and Human Services Commission (HHSC). |
| **Home and Community-based 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 the Texas Health and Human Services Commission (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 the Texas Health and Human Services Commission (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 the Texas Health and Human Services Commission (HHSC). |

| HOME AND COMMUNITY BASED WAIVER SERVICES | |
|---|---|
| **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 the Texas Health and Human Services Commission. |

COMMUNITY
HEALTH CHOICE
COMMUNITY CARES.