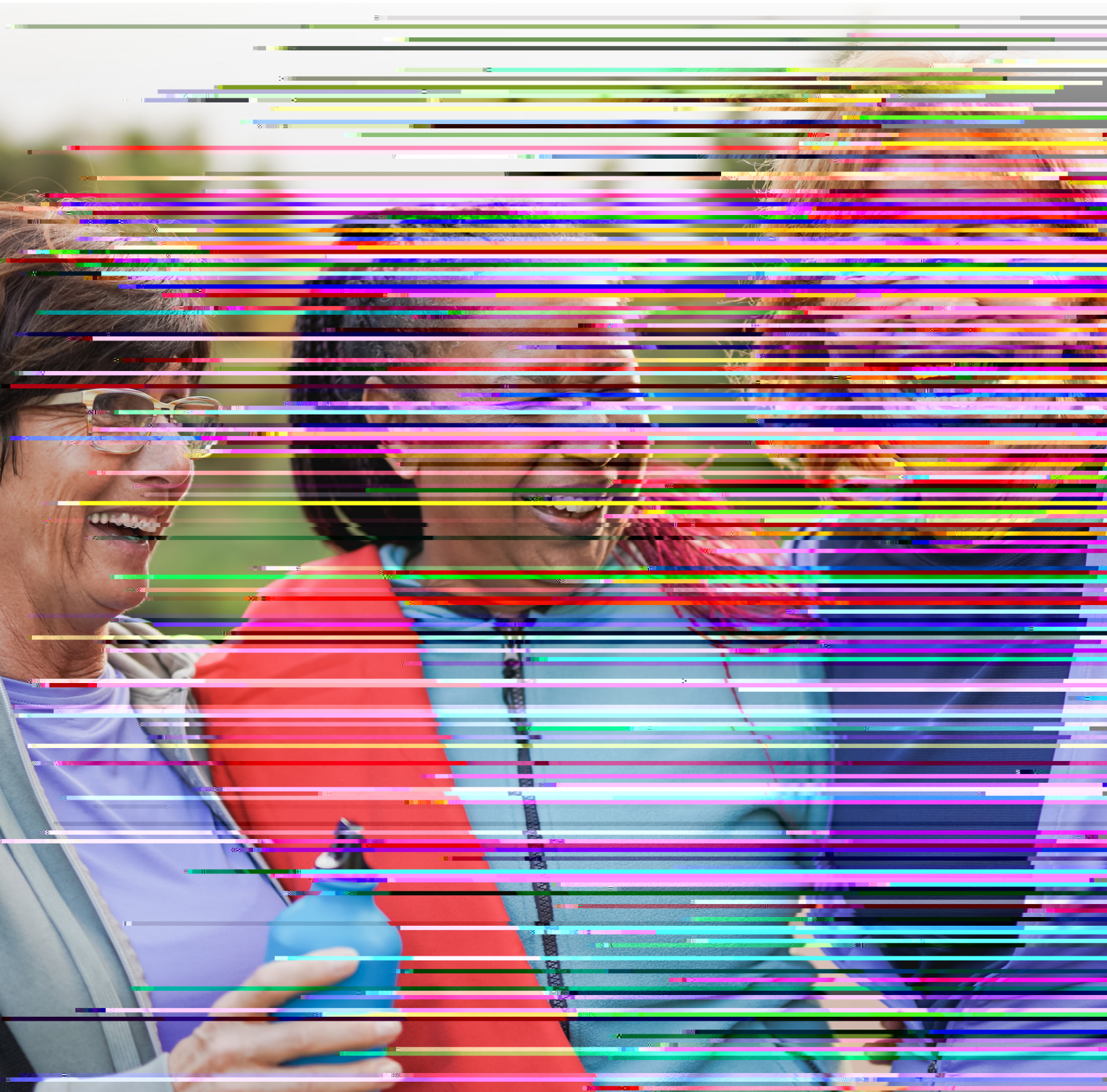
Summary of



Community Health Choice		
Premiums and Benefits		**Cost S**
Preventive Care, continued (e.g., flu vaccine, diabetic screenings)		Additional services covered. This plan annual well-visits w
Emergency Care		$0 copay
Urgently Needed Services		$0 copay
Diagnostic Services, Labs, Imaging	Diagnostic tests & procedures	$0 copay *Prior authorization*
	~~Lab services Imaging (x-ray)~~	~~$0 copay~~

Community Health Choice (HMO D-SNP)	
Premiums and Benefits	**Cost Sharing and Plan Rules**
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; 4 one-way trips per month or 48 one-way trips per year to or from plan approved health related locations.
Meals Benefit	$0 copay; up to 2 meals a day for 7 days following your discharge from the hospital.
Medicare Part B Drugs	$0 copay for chemotherapy drugs or other Part B drugs. *Prior authorization may be required.*
Over-The-Counter Items	$0 copay; Up to $265 for approved over-the-counter drugs and health-related items. Unused OTC amounts do not roll over to the next quarter. For more information on accessing your benefit, refer to the Over-the-Counter insert, which will be mailed to you separately.

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	Tier 1 - Generic drugs	$0 copay; or $1.55 copay; or $4.50 copay; or 25% of total
	Tier 1 - All Other Drugs	$0 copay; or $4.60 copay; or $11.20 copay or 25% of total You may get your drugs at network retail pharmacies or mail If you reside in long-term care facility your cost is the same as

Benefit Category	Community Health Choice (HMO D-SNP)	Texas Medicaid
Colorectal Screening Exams (for people aged 50 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. $0 co-pay for Medicaid-covered services
Dental Services (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, x-rays) two per year Comprehensive: $0 copay for Medicare-covered services 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. $0 co-pay for Medicaid-covered services
Diabetic Supplies (includes coverage for test strips, lancets, and screening tests)	$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. $0 co-pay for Medicaid-covered services
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	$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. $0 co-pay for Medicaid-covered services
Doctor and Hospital Choice	In-Network 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 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. $0 co-pay for Medicaid-covered services
Durable Medical Equipment (includes wheelchairs, oxygen)	$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. $0 co-pay 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 if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services

Benefit Category	Community Health Choice (HMO D-SNP)	Texas Medicaid
		hospital choice. $0 co-pay 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 21, and Members 65 years of age and older. Inpatient

Benefit Category	Community Health Choice (HMO D-SNP)	Texas Medicaid
Outpatient Mental Health Care	$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. $0 co-pay for Medicaid-covered services
Outpatient Rehabilitation Services	$0 copay 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. $0 co-pay for Medicaid-covered services
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 co-pay 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 it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services
Pap Smears and Pelvic Exams (for women)	pay for Medicaid-covered [illegible]	[illegible]

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Benefit Category	Community Health Choice (HMO D-SNP)	Texas Medicaid
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. $0 co-pay for Medicaid-covered services

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..
Deaf Blind with Multiple Disabilities Waiver (DBMD)	Information on waiver services and eligibility for

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