



# Community Health Choice (HMO D- SNP)

## 2024 Summary of Benefits

H9826, Plan 002, Segment 002

January 1, 2024 - December 31, 2024

Community Health Choice (HMO D -SNP) is an HMO D-SNP with a Medicare contract. 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:

- x Entitled to Medicare Part A,
- x Enrolled in Medicare Part B,
- x Live in our service area.
- x 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, and 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](http://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 (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](http://www.communityhealthchoice.org/medicare).



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 Prior authorization may be required.
	<del>Lab services Imaging</del>	<del>\$0 copay</del>

**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 \$240 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)**

Premiums and Benefits	Cost Sharing and Plan Rules
<b>Special Supplemental Benefit for the Chronically Ill</b>	

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 Medical Conditions:

- x Chronic alcohol and other drug dependence
- x Autoimmune disorders such as Crohn’s Disease, Rheumatoid Arthritis and Lupus for example
- x Cancer
- x Cardiovascular disorders such as hypertension, Angina, Atrial Fibrillation, Coronary Artery Disease, Heart Failure, Heart Transplant, Heart Valve Disease, Peripheral Vascular Disease, Stroke, and other cardiovascular conditions.

Special Supplemental Benefit for the Chronically Ill

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## 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

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
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. \$0 co-pay for Medicaid-covered services
Health/Wellness Education (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. \$0 co-pay for Medicaid-covered services

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

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.	

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
Skilled Nursing Facility (SNF) (in a Medicare-certified Skilled Nursing Facility)	\$0 copay for days 1 through 100 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
Telemedicine Services	Not covered	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
Transportation (routine)	\$0 copay; 4 one-way trips per month or 48 one-way trips per year to or from plan approved health related locations.	The Medicaid Medical Transportation Program (MTP) provides non-emergency transportation, if it is not covered by Medicare. \$0 co-pay for Medicaid-covered services
Urgent ly 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 co-pay for Medicaid-covered services
Vision Services	\$0 copay for routine eye exams; \$0 copay every year, up to \$350 for either lenses/frames and contacts	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  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->

