

## IMPORTANT INFORMATION:

### 2026 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



#### Community Health Choice - H9826

For 2026, Community Health Choice - H9826 received the following Star Ratings from Medicare:

|                                |                            |
|--------------------------------|----------------------------|
| <b>Overall Star Rating:</b>    | Not enough data available* |
| <b>Health Services Rating:</b> | Not enough data available  |
| <b>Drug Services Rating:</b>   | ★★★☆☆                      |

*\*Some plans do not have enough data to rate performance.*

Every year, Medicare evaluates plans based on a 5-star rating system.

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

#### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

#### Questions about this plan?

Contact Community Health Choice 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 833-276-8306 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. Current members please call 833-276-8306 (toll-free) or 711 (TTY).

The number of stars show how well a plan performs.

|       |               |
|-------|---------------|
| ★★★★★ | EXCELLENT     |
| ★★★★☆ | ABOVE AVERAGE |
| ★★★☆☆ | AVERAGE       |
| ★★☆☆☆ | BELOW AVERAGE |
| ★☆☆☆☆ | POOR          |

# NOTICE OF AVAILABILITY

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



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## 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:** 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>.

## Arabic

تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات مساعدة لغوية مجانية. كما تتوفر مجانًا وسائل مساعدة وخدمات مناسبة لتقديم المعلومات 1.833.276.8306 (TTY 711) 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 માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. **1.833.276.8306 (TTY 711)** પર કોલ કરો અથવા તમારા પદાતિર 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.

## हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको निम्नलिखित जानकारी के लिए 1.833.276.8306 (TTY 711) पर कॉल करना चाहिए।

## 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.

## اردو (Urdu)

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

## 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.

## Tagalog (Tagalog)

PAUNAWA: Kung nagsasalita ka ng Tagalog, 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.

## 日本語 (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)

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی رایگان در دسترس است. ما همچنین کمک های کمی رایگان و خدماتی برای اطلاعات در قالب دهیم. با شماره های قابل دسترس ارائه یا با ارائه دهنده تماس **1.833.276.8306 (TTY 711)** می ارائه بگیرید. خدمات خود صحبت کنید