

2026 Summary of BENEFITS.

COMMUNITY DUALCARE ACCESS (HMO D-SNP)

This summary of benefits is for our Community DualCare Access (HMO D-SNP) in the following Texas counties: Chambers, Hardin, Jasper, Jefferson, Liberty, Newton, Orange, Polk, San Jacinto, Tyler, and Walker. 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_10593_082925_M

COMMUNITY 
HEALTH CHOICE

Community DualCare Access (HMO D-SNP)

2026 Summary of Benefits

H9826, Plan 004

January 1, 2026 - December 31, 2026

Community DualCare Access (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 DualCare Access (HMO D-SNP) depends on contract renewal.

Enrollment in this D-SNP does not replace or change your STAR+PLUS Medicaid enrollment. You must remain enrolled in STAR+PLUS to receive your full Medicaid benefits. Leaving the D-SNP will not affect your Medicaid eligibility through STAR+PLUS.

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."

Maximum Out-of-Pocket Responsibility (does not include prescription drugs): \$0 (QMB Only, QMB Plus, and SLMB Plus members pay nothing for Medicare-covered services). For all other members, \$9,250 annually for in-network Medicare-covered services.

To join **Community DualCare Access (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: **Chambers, Hardin, Jasper, Jefferson, Liberty, Newton, Orange, Polk, San Jacinto, Tyler, Walker.**

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 for free in other languages. Call Member Services at (833) 276-8306 (TTY 711). Free interpreter services are available. This document is also available in Braille, large print, and audio, free of charge..

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.

Community DualCare Access (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) | | \$9,250 annually from in-network providers for Medicare-covered services. 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 services. |
| | | 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. <i>Prior authorization may be required.</i> |
| Outpatient Hospital / Ambulatory Surgery Center | | \$0 copay <i>Prior authorization may be required.</i> |
| Doctor Visits | Primary Care Provider | \$0 copay |
| | Specialists | \$0 copay <i>Prior authorization may be required.</i> |
| | Telehealth Services | \$0 copay for unlimited PCP visits through Teladoc. |
| Preventive Care (e.g., flu vaccine, diabetic screenings) | | \$0 copay; includes: Abdominal aortic aneurysm screening Alcohol misuse screenings & counseling Bone mass measurements (bone density) Cardiovascular disease screening Cardiovascular disease (behavioral therapy) Cervical & vaginal cancer screening Colorectal cancer screening Depression screenings Diabetes screenings Diabetes self-management training Glaucoma tests Hepatitis C screening test HIV screening Lung cancer screening Mammograms (screening) Nutrition therapy services Obesity screenings & counseling Prostate cancer screenings Sexually transmitted infections screening & counseling Vaccines including Flu shots, Hepatitis B shots, Pneumococcal shots Tobacco use cessation counseling "Welcome to Medicare" preventive visit |

Community DualCare Access (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 <i>Prior authorization may be required.</i> |
| | Lab services | \$0 copay <i>Prior authorization may be required.</i> |
| | MRI, CAT Scan | \$0 copay <i>Prior authorization may be required.</i> |
| | X-Rays | \$0 copay <i>Prior authorization may be required.</i> |
| | Therapeutic radiology | \$0 copay <i>Prior authorization may be required.</i> |
| Routine Hearing Services | Routine hearing exam | \$0 copay, one routine hearing exam allowed annually |
| | Hearing Aids | \$1,500 allowance every year for hearing aids, both ears combined |
| Routine Dental Services | Preventive | \$0 copay for covered services (exam, cleaning) 2 per calendar year; 1 x-ray per calendar year |
| | Comprehensive | \$0 copay for Medicare-covered services |
| | Benefit limit | \$3,500 limit every year on covered dental services |
| Vision Services | Routine eye exams | \$0 copay |
| | Eyewear | \$0 copay every year, up to \$250 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 <i>Prior authorization may be required.</i> |
| | Outpatient individual therapy | \$0 copay <i>Prior authorization may be required.</i> |
| Skilled Nursing Facility | | \$0 copay for days 1 through 100 <i>Prior authorization may be required.</i> |
| Physical Therapy | | \$0 copay <i>Prior authorization may be required.</i> |
| Ambulance | | \$0 copay for ground and air <i>Prior authorization may be required.</i> |
| 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. <i>Prior authorization may be required.</i> |
| 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 DualCare Access (HMO D-SNP)

| Premiums and Benefits | Cost Sharing and Plan Rules |
|--|--|
| <p>Over-The-Counter Items</p> | <p>\$0 copay; up to \$100 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.</p> |
| <p>In-Home Support Services</p> | <p>In-Home Support Services are provided by Papa. Members have up to 48 hours per year for covered services.</p> <p>Papa offers in-home support services with everyday tasks for members provided by Papa Pals.</p> <p>Covered services include:</p> <p>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.</p> <p>House Tasks: Papa Pals can provide light surface cleaning, meal prep, organization, physical safety, light gardening, and laundry.</p> <p>Grocery Shopping: Papa can assist with grocery shopping and delivery. Papa Pals will pick members up at their homes, take members to the supermarket, carry their shopping bags, take members back home and unload groceries.</p> <p>Technology Lessons: Papa can help members to set up and use devices and applications to stay in touch with loved ones, enjoy games, and more.</p> <p>Social Transportation: Provides non-emergency transportation and companionship all the way to and from the members' destinations. Members can receive rides to the doctor's office, pharmacies, community centers, errands, and other social locations.</p> <p>Caregiver Support: Our plan understands caring for a loved one is not always easy. This is why our plan provides caregiver support services through:</p> <ul style="list-style-type: none"> • In-home support services • Performing errands • Clothes shopping • Meal preparation delivery • Respite care • Social interactions through religious and spiritual connections • Community engagements • Rx delivery <p>Digital Health Literacy Support: Papa also offers a digital health literacy program to help you feel confident using digital health tools, like virtual doctor's appointments and online health portals. It starts with a quick phone assessment to understand your</p> |

Community DualCare Access (HMO D-SNP)

| Premiums and Benefits | Cost Sharing and Plan Rules |
|-----------------------|---|
| | knowledge and needs, followed by personalized, in-home support from a friendly Papa Pal. Whether you're new to these services or just need a refresher, Papa is here to help you stay connected to your care. |

Community DualCare Access (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.

Eligible Chronic Medical Conditions:

- Chronic alcohol use disorder and other substance use disorders (SUDs)
- Autoimmune disorders
- Cancer
- Cardiovascular disorders
- Chronic heart failure
- Dementia
- Diabetes mellitus
- Overweight obesity and metabolic syndrome
- Chronic gastrointestinal disease
- Chronic kidney disease (CKD)
- Severe hematologic disorders
- HIV/AIDS
- Chronic lung disorders
- Chronic and disabling mental health conditions
- Neurologic disorders
- Stroke
- Post-organ transplantation
- Immunodeficiency and Immunosuppressive disorders
- Conditions associated with cognitive impairment
- Conditions with functional challenges
- Chronic conditions that impair vision hearing (deafness) taste touch and smell
- Conditions that require continued therapy services in order for individuals to maintain or retain functioning

Flex Card Benefit

Our plan provides up to \$125 every month for rent, groceries, and utility assistance.

The benefits are part of a special supplemental program for the chronically ill. **Not all members will qualify. Eligibility is based on having one or more qualifying chronic conditions.**

Community DualCare Access (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 Preferred Generic | \$0 copay | |
| | Tier 2 Generic | \$0 copay; or \$1.60 copay; or \$5.10 copay; or 25% coinsurance | |
| | Tier 3 Preferred Brand | \$0 copay; or \$4.90 copay; or \$12.65 copay; or 25% coinsurance | |
| | Tier 4 Non-Preferred Drug | Generic Drugs: \$0 copay; or \$1.60 copay; or \$5.10 copay; or 25% coinsurance | All Other Drugs: \$0 copay; or \$4.90 copay; or \$12.65 copay; or 25% coinsurance |
| | Tier 5 Specialty Tier | Generic Drugs: \$0 copay; or \$1.60 copay; or \$5.10 copay; or 25% coinsurance | All Other Drugs: \$0 copay; or \$4.90 copay; or \$12.65 copay; or 25% coinsurance |
| | Tier 6 Select Care Drugs | \$0 copay 3-month supply for Select Care Drugs is up to 100-day. | |
| | You may get your drugs at network retail pharmacies or mail order pharmacies at the same cost. If you reside in a long-term care facility, your cost is the same as a retail pharmacy. | | |
| Stage 3: Catastrophic Coverage | | In 2026, the out-of-pocket drug costs are \$2,100. After your out-of-pocket drug costs for the year from retail and mail order pharmacies reach \$2,100, you pay nothing for all drugs for the remainder of the year. | |

Summary of Medicaid Covered Benefits

Your Texas Medicaid 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 DualCare Access (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 DualCare Access (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 DualCare Access (HMO D-SNP) | Texas Medicaid |
|---|---|---|
| Acupuncture | \$0 copay up to 24 visits a year | Not covered |
| Ambulance Services (Emergent and non-emergent medically necessary ambulance 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. |
| Assistive Communication Devices (Also known as Augmentative Communication Device (ACD) Systems) | 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. |

| Benefit Category | Community DualCare Access (HMO D-SNP) | Texas Medicaid |
|--|---|---|
| Bone Mass Measurement | \$0 copay for Medicare preventive services | Bone density screening is a benefit of Texas Medicaid. 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. |
| Cardiac Rehabilitation | \$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. |
| Chiropractic Services | \$0 copay up to 24 visits a year Prior authorization may be required. | Chiropractic manipulative treatment (CMT) of the spine performed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid. 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. |
| Colorectal Screening Exams (For people aged 45 years 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 Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF-IID)) | Preventive: \$0 copay for covered services (exam, cleaning) two per year, and one x-ray per year Comprehensive: \$0 copay for Medicare-covered services Benefit limit: \$3,500 limit on all covered dental 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. |
| Diabetic Supplies (Includes 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, Laboratory 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. |

| Benefit Category | Community DualCare Access (HMO D-SNP) | Texas Medicaid |
|--|---|---|
| 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 doctor and hospital 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. |
| 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 exams) | \$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. |
| Hearing Services | \$0 copay, one routine hearing exam allowed annually: \$1,500 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. \$0 co-pay for Medicaid-covered services. |
| Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, private duty nursing, personal attendant services, respite care, adaptive aids, and other LTSS provided through STAR+PLUS.) | \$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. |

| Benefit Category | Community DualCare Access (HMO D-SNP) | Texas Medicaid |
|-------------------------------------|--|--|
| Hospice | Covered under Original Medicare Not covered by Community DualCare Access (HMO D-SNP) | Medicaid pays for this service for certain Waiver members if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services <i>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.</i> |
| 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. \$0 co-pay for Medicaid-covered services. |
| Inpatient Hospital Care | \$0 copay for days 1 through 90 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. \$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 of 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. Members should follow Medicare guidelines related to hospital choice. \$0 co-pay for Medicaid-covered services. |

| Benefit Category | Community DualCare Access (HMO D-SNP) | Texas Medicaid |
|---|---|---|
| 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. \$0 co-pay for Medicaid-covered services. |
| Monthly Premium | No monthly plan premium Medicare Part B Premium may be covered based on your level of Medicaid eligibility | Medicaid assistance with premium payments varies based on the level of Medicaid eligibility. |
| Orthotic and Prosthetic Devices (Includes braces, artificial limbs, eyes, etc.) | \$0 copay Prior authorization may be required. | For members aged 0-20 (CCP), Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Medicaid pays for breast prostheses for members of all ages if not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. |
| 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 aged 0-20, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. 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. \$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. |

| Benefit Category | Community DualCare Access (HMO D-SNP) | Texas Medicaid |
|---|---|---|
| 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) | \$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. |
| Podiatry Services | \$0 copay for; Medicare covered services only, Diabetes-related nerve damage or Medically necessary treatment for foot injuries or diseases. | 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. |
| Prescription Drugs | Medicare Part B Drugs: \$0 copay for chemotherapy drugs or other Part B drugs. Prior authorization may be required. Medicare Part D Drugs: see Prescription Drugs table. | 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. \$0 co-pay for Medicaid-covered services. |
| Skilled Nursing Facility (SNF) (In a Medicare-certified SNF) | \$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 | \$0 copay Limitation applies | 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. |
| Teledentistry 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. |
| Telehealth Services | \$0 copay Additional telehealth services for PCP virtual visits provided by Teladoc. | 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 DualCare Access (HMO D-SNP) | Texas Medicaid |
|--|---|---|
| Home Telemonitoring Services | \$0 copay Limitation applies | 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; 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. \$0 co-pay for Medicaid-covered services. |
| Urgently 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 \$250 for 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 medically necessary eyeglasses and contact lenses. |

ADDITIONAL TEXAS MEDICAID SERVICES (not covered by Community DualCare Access (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 | |
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| Those who meet both QMB requirements and 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 HHSC. |

HOME AND COMMUNITY BASED WAIVER SERVICES

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| Home and Community 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 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 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 HHSC. |
| 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-txhtml . For additional information, contact HHSC. |



**COMMUNITY
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COMMUNITY CARES.

