

2027 Summary of BENEFITS.

COMMUNITY DUALCARE ALIGNED (HMO D-SNP) 005

This summary of benefits is for our
Community DualCare Aligned (HMO D-SNP)
in the following Texas county: Harris.
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
1.833.276.8306 or 713.295.5007 (TTY 711)

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COMMUNITY
HEALTH CHOICE

Community DualCare Aligned (HMO D-SNP)| 2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Community DualCare Aligned (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Community DualCare Aligned (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Community DualCare Aligned (HMO D-SNP) at 1.833.276.8306 or TTY 711, *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*. The call is free. **For more information**, visit www.communityhealthchoice.org/medicare.

A. Disclaimers



This is a summary of health services covered by Community DualCare Aligned (HMO D-SNP) for January 1, 2027- December 31, 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. Members can *contact Member Services at the phone number below to get a Member Handbook and/or can access the Member Handbook on Community DualCare Aligned (HMO D-SNP)'s website at www.communityhealthchoice.org/medicare.*

This document is available for free in other languages. Call Member Services at 1.833.276.8306 (TTY 711). Free interpreter services are available. This document is also available in Braille, large print, and audio, free of charge. For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1.800.MEDICARE (1.800.633.4227), 24 hours per day, 7 days a week. TTY users should call 1.877.486.2048.

For more information about STAR+PLUS you can check the: STAR+PLUS Medicaid program website www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-Members/starplus or contact the HHS Office of the Ombudsman at 1.866.566.8989 or TTY: 1.800.735.2989, 8 a.m. - 5 p.m., Monday through Friday.

- ❖ Community DualCare Aligned (HMO D-SNP) *provides language assistance services and appropriate auxiliary aids and services free of charge. Please see the insert at the end of this document.*
- ❖ This document is available for free in Spanish.
- ❖ Community DualCare Aligned (HMO D-SNP) will:
 - *request a member's preferred language other than English and/or alternate format,*
 - *keep the member's information as a standing request for future mailings and communications so the member doesn't need to make a separate request each time, and*
 - *change a standing request for preferred language and/or format by calling at the toll-free number at the bottom of this page.*

If you have questions, please call Community DualCare Aligned (HMO D-SNP) at 1.833.276.8306 or TTY 711, *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.* The call is free. **For more information**, visit www.communityhealthchoice.org/medicare.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's an integrated D-SNP?	Community DualCare Aligned (HMO D-SNP) <i>covers both Medicare and STAR+PLUS, drug benefits, to Members that meet eligibility criteria such as living in the plan service area, Full Medicaid eligibility (QMB+, SLMB+, or other FBDEs), copays are listed below for services and medications. This plan integrates care coordination, claims payment, and covers Long Term Services and Supports (LTSS) (through your STAR+PLUS benefits).</i> An integrated dual eligible special needs plan (D-SNP) is where full-benefit dually eligible Members will receive both their Medicare and STAR+PLUS services from a single health care organization.

If you have questions, please call Community DualCare Aligned (HMO D-SNP) at 1.833.276.8306 or TTY 711, *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.* The call is free. **For more information**, visit www.communityhealthchoice.org/medicare.

Frequently Asked Questions	Answers
Will I get the same Medicare and STAR+PLUS benefits in Community DualCare Aligned (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and STAR+PLUS benefits directly from Community DualCare Aligned (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and Service Coordinator's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency, specialty mental health and substance use disorder services, or regional center services. When you enroll in Community DualCare Aligned (HMO D-SNP), you and your Service Coordinator will work together to develop a Service Plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Community DualCare Aligned (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Community DualCare Aligned (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at 1.833.276.8306 and TTY 711.
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Community DualCare Aligned (HMO D-SNP) and have a contract with us, you can keep going to them. Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept Members of our plan and provide services our plan covers. You must use the providers in Community DualCare Aligned (HMO D-SNP)'s network. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs.

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Frequently Asked Questions	Answers
	If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Community DualCare Aligned (HMO D-SNP's) plan. If you're currently under treatment with a provider that's out of Community DualCare Aligned (HMO D-SNP) 's network or have an established relationship with a provider that's out of Community DualCare Aligned (HMO D-SNP' s) network, call Member Services to check about staying connected. To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Community DualCare Aligned (HMO D-SNP)'s <i>Provider and Pharmacy Directory</i> on the plan's website at www.communityhealthchoice.org/medicare.
Can I use the same doctors I use now?	If Community DualCare Aligned (HMO D-SNP) is new for you, we'll work with you to develop an Individual Service Plan or Service Plan to address your needs.
What's a Community DualCare Aligned (HMO D-SNP) Service Coordinator?	A Community DualCare Aligned (HMO D-SNP) Service Coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your Service Coordinator or care team will work with that agency.

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Frequently Asked Questions	Answers
What happens if I need a service but no one in Community DualCare Aligned (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Community DualCare Aligned (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's Community DualCare Aligned (HMO D-SNP) available?	The service area for this plan includes: Harris County, Texas. You must live in this area to join the plan.
What's prior authorization (PA)?	Prior authorization means an approval from Community DualCare Aligned (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. Community DualCare Aligned (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.

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Frequently Asked Questions	Answers
What's prior authorization?	If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Community DualCare Aligned (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Community DualCare Aligned before the service is provided. Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
Do I pay a monthly amount (also called a premium) under Community DualCare Aligned (HMO D-SNP)?	No. Because you have STAR+PLUS, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Community DualCare Aligned (HMO D-SNP)?	No. You don't pay deductibles in Community DualCare Aligned.

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Frequently Asked Questions	Answers
What’s the maximum out-of-pocket amount that I’ll pay for medical services as a member of Community DualCare Aligned (HMO D-SNP)?	There’s no cost-sharing for medical services in Community DualCare Aligned (HMO D-SNP), so your annual out-of-pocket costs will be \$0.

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C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	\$0 copay for days 1 through 90 with up to 60 lifetime reserve days. Prior authorization may be required.
	Outpatient hospital services, including observation	\$0	\$0 copay Prior authorization may be required.
	Ambulatory surgical center (ASC) services	\$0	\$0 copay Prior authorization may be required.
	Doctor or surgeon care	\$0	\$0 copay Prior authorization may be required.
You want a doctor	Visits to treat an injury or illness	\$0	\$0 copay Prior authorization may be required.

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	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	\$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
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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			Tobacco use cessation counseling
	Wellness visits, such as a physical	\$0	\$0 copay 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.
	“Welcome to Medicare” (preventive visit one time only)	\$0	\$0 copay
	Specialist care	\$0	\$0 copay Prior authorization may be required.
You need emergency care	Emergency room services	\$0	\$0 copay Emergent services can be provided out of network (OON) and without prior authorization requirements
	Urgent care	\$0	\$0 copay <i>Urgent care services can be provided OON and without prior authorization requirements</i>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	\$0 copay Prior authorization may be required.
	Lab tests and diagnostic procedures, such as blood work	\$0	\$0 copay Prior authorization may be required.
You need hearing/auditory services	Hearing screenings	\$0	\$0 copay One routine hearing exam allowed annually
	Hearing aids	\$0	\$3,000 allowance every year for hearing aids, both ears combined
You need dental care	Dental check-ups and preventive care	\$0	<i>\$0 copay for covered services (exam, cleaning) two per calendar year; one x-ray per calendar year \$4,500 limit every year on covered dental services. Additional benefits may be available through STAR+PLUS dental benefits and providers.</i>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Restorative and emergency dental care	\$0	<i>\$0 copay for Medicare-covered services. May be billed through medical depending on the procedure. Additional benefits may be available through STAR+PLUS dental benefits and providers. For more information, visit www.communityhealthchoice.org/texas-starplus</i>
You need eye care	Eye exams	\$0	\$0 copay
	Glasses or contact lenses	\$0	\$0 copay every year, up to \$350 for lenses/frames and contacts
	Other vision care	\$0	\$0 copay Prior authorization may be required.
You need mental or behavioral health services	Mental or behavioral health services	\$0	\$0 copay – Includes individual or group therapy, residential treatment for mental health and/or substance abuse, intensive outpatient and partial hospitalization programs. Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	\$0 copay for 190 days – Lifetime inpatient mental health care limit for 190 days in a psychiatric hospital. This limit does not apply to the general inpatient hospital limit. When the Medicare benefits are exhausted, there are additional benefits available through STAR+PLUS. Prior authorization may be required.
You need substance use disorder services	Substance use disorder services	\$0	\$0 copay – Includes individual or group therapy, residential treatment for substance abuse, intensive outpatient and partial hospitalization programs. Prior authorization may be required.
You need a place to live with people available to help you	Skilled nursing care	\$0	\$0 copay Prior authorization may be required.
	Nursing home care	\$0	\$0 copay for days 1 through 100. Additional days may be covered under the STAR+PLUS plan. Prior authorization may be required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	\$0 copay for days 1 through 100 Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services	Ambulance services	\$0	\$0 copay for ground and air Prior authorization may be required.
	Emergency transportation	\$0	\$0 copay for ground and air Prior authorization may be required.
	Transportation to medical appointments and services	\$0	\$0 copay; 44 one-way trips per year to or from plan-approved health-related locations.
You need drugs to treat your illness or condition	Medicare Part B drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.

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You need drugs to treat your illness or condition		For a 30-day supply, Tier 1: \$0 copay \$2,400 Tier 2: \$0 copay Tier 3: \$0 copay; or • \$5.00 copay; or • \$14.40 copay; or • 25% coinsurance. Tier 4 \$0 copay; or • \$5.00 copay; or • \$14.40 copay; or • 25% coinsurance Tier 5: Generic:	There may be limitations on the types of drugs covered. Please refer to Community DualCare Aligned (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information. Once you or others on your behalf pay \$2,400 you've reached the catastrophic coverage stage, and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.
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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
		• \$0 copay; or • \$1.60 copay; or • \$5.10 copay; or • 25% coinsurance Brand and others: • \$0 copay; or • \$4.90 copay; or • \$12.65 copay; or • 25% coinsurance Tier 6: \$0 copay	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Over-the-counter (OTC) drugs	You get up to a combined wallet total of \$220 every month pre-loaded on a debit card for OTC items as well as SSBCI funds for groceries, rental assistance, and/or utility bills. Unused balance does not carry over.	There may be limitations on the types of drugs covered. Please refer to Community DualCare Aligned (HMO D-SNP)'s <i>List of Covered OTC</i> for more information. Unused balance does not carry over.
You need help getting better or have special health needs	Rehabilitation services	\$0	\$0 copay Prior authorization may be required.
	Medical equipment for home care	\$0	\$0 copay Prior authorization may be required.
	Dialysis services	\$0	\$0 copay Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	\$0	\$0 copay Prior authorization may be required.
	Orthotic services	\$0	\$0 copay Prior authorization may be required.
You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i> .	Wheelchairs, crutches, and walkers	\$0	\$0 copay Prior authorization may be required.
	Nebulizers	\$0	\$0 copay Prior authorization may be required.
	Oxygen equipment and supplies	\$0	\$0 copay Prior authorization may be required.
You need help living at home	Home health services	\$0	\$0 copay Prior authorization may be required.

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(continued on the next page)	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	\$0 copay In-Home Support Services are provided by Papa. Members have up to 48 hours per year for covered services. Papa offers in-home support services with everyday tasks for Members provided by Papa Pals. Covered services include: 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. House Tasks: Papa Pals can provide light surface cleaning, meal prep, organization, physical safety, light gardening, and laundry. 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. 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. Social Transportation: Provides non-emergency transportation and companionship all the way to and from the Members' destinations. Members
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			can receive rides to the doctor's office, pharmacies, community centers, errands, and other social locations. Caregiver Support: Our plan understands caring for a loved one is not always easy. This is why our plan provides caregiver support services through: • In-home support services • Performing errands • Clothes shopping • Meal preparation and/or delivery • Respite care • Social interactions • Community engagements • Rx delivery Activities of Daily Living Assistance: Members can receive support from appropriately qualified caregiver through at least one of the following services: • Bathing • Dressing • Grooming • Toileting • Mobility assistance
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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			• Transfers • Light laundry • Non-medical medication reminders <i>Members may also qualify through their STAR+PLUS Home and Community Supports. Members should contact their Service Coordinator for more details.</i> <i>Prior authorization may be required.</i>
You need help living at home (continued)	Adult day health (DAHS), Community Based Adult Services (CBAS), or other support services	\$0	\$0 copay <i>Members may also qualify through their STAR+PLUS Home and Community Supports. Members should contact their Service Coordinator for more details.</i> Prior authorization may be required.
	Services to help you live on your own (home health care services or personal care attendant services) (PAS)	\$0	\$0 copay <i>Members may also qualify through their STAR+PLUS Home and Community Supports. Members should contact their Service Coordinator for more details.</i> Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services	Chiropractic services	\$0	\$0 copay Prior authorization may be required.
	Diabetes supplies and services	\$0	\$0 copay Prior authorization may be required.
	Prosthetic services	\$0	\$0 copay Prior authorization may be required.
	Radiation therapy	\$0	\$0 copay Prior authorization may be required.
	Services to help manage your disease	\$0	\$0 copay Prior authorization may be required.
	Home Telemonitoring for Certain Chronic Diseases	\$0	\$0 copay Prior authorization may be required.
STAR+PLUS Home and Community-Based Services (STAR+PLUS HCBS) program	Respite Care (short-term care)	\$0	\$0 copay Prior authorization may be required.
	Adult Foster Care	\$0	\$0 copay Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
(for eligible Members)	Adaptive Aids and Medical Supplies	\$0	\$0 copay Prior authorization may be required.
	Cognitive Rehabilitation Therapy	\$0	\$0 copay Prior authorization may be required.
	Employment Assistance	\$0	\$0 copay Prior authorization may be required.
	Financial Management Services	\$0	\$0 copay Prior authorization may be required.
	Home Delivered Meals	\$0	\$0 copay Prior authorization may be required.
	Minor Home Modifications	\$0	\$0 copay Prior authorization may be required.
	Hearing therapy	\$0	\$0 copay Prior authorization may be required.
		\$0	

If you have questions, please call Community DualCare Aligned (HMO D-SNP) at 1.833.276.8306 or TTY 711, *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*. The call is free. **For more information**, visit www.communityhealthchoice.org/medicare.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
STAR+PLUS Home and Community-Based Services (STAR+PLUS HCBS) program (for eligible Members)	Supported Employment Services (assistance provided to sustain competitive employment)	\$0	\$0 copay Prior authorization may be required.
	Transition Assistance Services	\$0	\$0 copay Prior authorization may be required.
Community First Choice (CFC) services (for eligible Members)	Personal Assistance Services (PAS)	\$0	\$0 copay Prior authorization may be required.
	Habilitation Services	\$0	\$0 copay Prior authorization may be required.
	Emergency Response Services (ERS)	\$0	\$0 copay Prior authorization may be required.
	Support Management (training for Members/authorized representatives on how to manage and dismiss their attendants)	\$0	\$0 copay Prior authorization may be required.

If you have questions, please call Community DualCare Aligned (HMO D-SNP) at 1.833.276.8306 or TTY 711, *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*. The call is free. **For more information**, visit www.communityhealthchoice.org/medicare.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Day Activity and Health Services (DAHS)	Nursing and personal assistance services	\$0	\$0 copay Prior authorization may be required.
	Therapy extension services	\$0	\$0 copay Prior authorization may be required.
	Nutrition services	\$0	\$0 copay Prior authorization may be required.
	Transportation services	\$0	\$0 copay Prior authorization may be required.
	Other supportive personal assistance services	\$0	\$0 copay Prior authorization may be required.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Community DualCare Aligned (HMO D-SNP) *Member Handbook*. If you don't have a *Member Handbook*, call Community DualCare Aligned (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit www.communityhealthchoice.org/medicare.

D. Benefits covered outside of Community DualCare Aligned (HMO D-SNP)

There are some services that you can get that aren't covered by Community DualCare Aligned (HMO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

If you have questions, please call Community DualCare Aligned (HMO D-SNP) at 1.833.276.8306 or TTY 711, *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*. The call is free. **For more information**, visit www.communityhealthchoice.org/medicare.

Other services covered by Medicare, Medicaid, or a State or County Agency	Your costs
Specialty mental health (including Targeted Case Management and Mental Health Rehab)	\$0
Certain hospice care services covered outside of Community DualCare Aligned (HMO D-SNP)	\$0
Substance use disorder services (including individual or group therapy, IOP, PHP, or detox)	\$0
Community-based waiver services (ask your service coordinator for more details)	\$0
Long Term Support Services (ask your service coordinator for more details)	\$0

E. Services that Community DualCare Aligned (HMO D-SNP), Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Community DualCare Aligned (HMO D-SNP), Medicare, and Medicaid don't cover	
Foreign Travel for Care	Not Covered
Elective or cosmetic procedures	Not Covered
Alternative Therapies (such as acupuncture, naturopathy, and massage)	Not Covered

F. Your rights as a member of the plan

As a member of Community DualCare Aligned (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but aren't limited to, the following:

You have a right to respect, fairness, and dignity. This includes the right to:

If you have questions, please call Community DualCare Aligned (HMO D-SNP) at 1.833.276.8306 or TTY 711, *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*. The call is free. **For more information**, visit www.communityhealthchoice.org/medicare.

- Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, national origin, race, color, religion, creed, or public assistance
- Get information in other languages and formats (for example, large print, braille, or audio) free of charge
- Be free from any form of physical restraint or seclusion

You have the right to get information about your health care. This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:

- Description of the services we cover
- How to get services
- How much services will cost you
- Names of health care providers and service coordinator

You have the right to make decisions about your care, including refusing treatment. This includes the right to:

- Choose a primary care provider (PCP) and change your PCP at any time during the year
- Use a women's health care provider without a referral
- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they're covered
- Refuse treatment, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. Community DualCare Aligned (HMO D-SNP) will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive

You have the right to timely access to care that doesn't have any communication or physical access barriers. This includes the right to:

- Get timely medical care

If you have questions, please call Community DualCare Aligned (HMO D-SNP) at 1.833.276.8306 or TTY 711, *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.* The call is free. **For more information**, visit www.communityhealthchoice.org/medicare.

- Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
- Have interpreters to help with communication with your health care providers and your health plan

You have the right to seek emergency and urgent care when you need it. This means you have the right to:

- Get emergency services without prior authorization in an emergency
- Use an out-of-network urgent or emergency care provider, when necessary

You have a right to confidentiality and privacy. This includes the right to:

- Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
- Have your personal health information kept private
- Have privacy during treatment

You have the right to make complaints about your covered services or care. This includes the right to:

- File a complaint or grievance against us or our providers.
- Ask for an IMR of STAR+PLUS services or items that are medical in nature
- Appeal certain decisions made by HHSC
- Ask for a State Fair Hearing
- Get a detailed reason for why services were denied
- If you've tried to resolve your complaint with Community DualCare Aligned (HMO D-SNP) and believe the matter remains unresolved, you can contact the HHS Office of the Ombudsman at 1.866.566.8989 and TTY: 1.800.735.2989.

For more information about your rights, you can read Chapter 9 of the *Member Handbook*. If you have questions, you can call Community DualCare Aligned (HMO D-SNP) Member Services at the numbers in the footer of this document.

You can also call the HHS Office of the Ombudsman at 1.866.566.8989, 8 a.m. to 5 p.m. Central Time, Monday through Friday.

G. How to file a complaint or appeal a denied service

If you have questions, please call Community DualCare Aligned (HMO D-SNP) at 1.833.276.8306 or TTY 711, *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*. The call is free. **For more information**, visit www.communityhealthchoice.org/medicare.

If you have a complaint or think Community DualCare Aligned (HMO D-SNP) should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call Community DualCare Aligned (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

A coverage decision is a decision we make about your benefits and coverage or about the amount we pay for your medical services or drugs. For example, if your plan network provider refers you to a medical specialist outside of the network, this referral is considered a favorable decision unless either your network provider can show that you received a standard denial notice for this medical specialist, or the referred service is never covered under any condition (refer to **Chapter 4, Section H** of this *Member Handbook*).

You or your doctor can also contact us and ask for a coverage decision. You or your doctor may be unsure whether we cover a specific medical service or if we may refuse to provide medical care you think you need. **If you want to know if we'll cover a medical service before you get it, you can ask us to make a coverage decision for you.**

We make a coverage decision whenever we decide what's covered for you and how much we pay. In some cases, we may decide a service or drug isn't covered or is no longer covered for you by Medicare or STAR+PLUS. If you disagree with this coverage decision, you can make an appeal.

G1. Appeals

If we make a coverage decision and you aren't satisfied with this decision, you can "appeal" the decision. An appeal is a formal way of asking us to review and change a coverage decision we made.

Community Health Choice Texas, Inc.
Medical Appeals Department-Medical Affairs
4888 Loop Central Drive, Suite 600
Houston, TX 77081

Phone: 713.295.2300 or toll-free at 1.888.435.2850
Fax: 713.295.7033 Or call toll-free at 1.888.435.2850

When you appeal a decision for the first time, this is called a Level 1 Appeal. In this appeal, we review the coverage decision we made to check if we followed all rules properly. Different reviewers than those who made the original unfavorable decision handle your appeal.

If you have questions, please call Community DualCare Aligned (HMO D-SNP) at 1.833.276.8306 or TTY 711, *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*. The call is free. **For more information**, visit www.communityhealthchoice.org/medicare.

When we complete the review, we give you our decision. Under certain circumstances, explained later in this chapter, you can ask for an expedited or “fast coverage decision” or “fast appeal” of a coverage decision.

If we say **No** to part or all of what you asked for, we’ll send you a letter. If your problem is about coverage of a Medicare medical care, the letter will tell you that we sent your case to the Independent Review Organization (IRO) for a Level 2 Appeal. If your problem is about coverage of a Medicare Part D or STAR+PLUS service or item, the letter will tell you how to file a Level 2 Appeal yourself. Refer to **Section F4** for more information about Level 2 Appeals. If your problem is about coverage of a service or item covered by both Medicare and STAR+PLUS, the letter will give you information regarding both types of Level 2 Appeals.

If you aren’t satisfied with the Level 2 Appeal decision, you may be able to go through additional levels of appeal.

G2. Help with coverage decisions and appeals

You can ask for help from any of the following:

Member Services at the numbers at the bottom of the page.

The Health Information Counseling & Advocacy Program (HICAP). The HICAP phone number is 1.800.252.3439.

The Texas Health and Human Services (HHS) Ombudsman's Office. The HHS Ombudsman's Office helps people enrolled in STAR+PLUS with service or billing problems. The phone number is 1.866.566.8989.

Your doctor or other provider. Your doctor or other provider can ask for a coverage decision or appeal on your behalf.

A friend or family member. You can name another person to act for you as your “representative” and ask for a coverage decision or make an appeal.

A lawyer. You have the right to a lawyer, but **you aren’t required to have a lawyer** to ask for a coverage decision or make an appeal.

Call your own lawyer or get the name of a lawyer from the local bar association or other referral service. Some legal groups will give you free legal services if you qualify.

If you have questions, please call Community DualCare Aligned (HMO D-SNP) at 1.833.276.8306 or TTY 711, *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.* The call is free. **For more information**, visit www.communityhealthchoice.org/medicare.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

Call us at Community DualCare Aligned (HMO D-SNP) Member Services. Phone numbers are listed at the bottom of this page.

Or, call Medicare at 1.800.MEDICARE (1.800.633.4227). TTY users may call 1.877.486.2048. You can call these numbers for free.

Or, call the Office of Inspector General (OIG) Hotline at 1.800.436.6184; or visit oig.hhs.texas.gov/ and click “Report Fraud” to complete the online form.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Community DualCare Aligned (HMO D-SNP) Member Services:

1.833.276.8306 (TTY: 711)

Calls to this number are free. 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. Member Services also has free language interpreter services available for non-English speakers.

711: This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. *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.*

If you have questions, please call Community DualCare Aligned (HMO D-SNP) at 1.833.276.8306 or TTY 711, *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.* The call is free. **For more information**, visit www.communityhealthchoice.org/medicare.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

- If your PCP's office is closed, you can also call 1.833.276.8306. A nurse will listen to your problem and tell you how to get care. (*Example:* urgent care, emergency room). The numbers for the Nurse Line are:

1.833.276.8306

Calls to this number are free. 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.

Community DualCare Aligned (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY number: 711

Calls to this number are free. 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.

If you have questions, please call Community DualCare Aligned (HMO D-SNP) at 1.833.276.8306 or TTY 711, *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*. The call is free. **For more information**, visit www.communityhealthchoice.org/medicare.

NOTICE OF AVAILABILITY

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



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: 1.833.276.8306

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>.

NOTICE OF AVAILABILITY

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



Arabic

نبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات مساعدة لغوية مجانية. كما تتوفر مجاناً وسائل مساعدة وخدمات مناسبة لتقديم المعلومات 6038.672.338.1 بتسويات سهلة الوصول. اتصل على الرقم 117 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 પદાર્થ 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)

न दें: यद आप हिंदी बोलते हैं, तो नःशु भाषा सहायता सेवाएँ उपलब्ध हैं। हमारे पास सुलभ प्रारूप में जानकारी प्रदान करने के लिए नःशु सहायक उपकरण और सेवाएँ भी उपलब्ध हैं। 1.833.276.8306 (TTY 711) पर कॉल करें या अपने प्रदाता से बात करें।

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 دستیاب ہیں۔ ہمارے پاس قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مفت معاون امداد اور خدمات بھی دستیاب ہیں۔ (پر کال کریں یا اپنے فراہم کنندہ 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 na-access na format. Tumawag sa 1.833.276.8306 (TTY 711) o makipag-usap sa iyong provider.

Khonlav (Laotian)

kho khuang 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.

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)

کنید، خدمات کمک زبانی رایگا نتوجه: اگر به زبان فارسی صحبت می های کمکی رایگان و خدماتی برا یدر دسترس است. ما همچنین کمک دهیم. با شمار ههای قابل دسترس ارائه می ارائه اطلاعات در قالب (دهنده تماس بگیرد یا با ارائه 1.833.276.8306 (TTY 711) خدمات خود صحبت کنید.



COMMUNITY
HEALTH CHOICE

