BROKER USE ONLY
Community Health Choice- [001]

[(Austin, Matagorda, Waller, Wharton)]

[2023] Highlights

Health and Wellbeing	Your cost and benefit amounts
Flex Card[1]	Up to [$150]* quarterly allowance which may be used for groceries, rent assistance, and/or utility bills. Unused allowances do not roll over.
Over-the-counter items	Approved over-the-counter drugs and health-related items, up to [$220]* every quarter. Unused dollars do not roll over.
In-Home Support Services[1]	Up to 48 hours (4 hours per month) annually of assistance with daily activities, including housekeeping, shopping, meal preparation, dressing and grooming, managing medications, companionship services and more.
PCP Virtual Care Service	[$0] copay; PCP services only.
Transportation	[4] one-way trips per month; 48 trips per year
Technology services to support isolation[1]	Technology services to support social isolation, which includes a tech-enabled human intervention program available 24/7.
Acupuncture	[$0] copay; up to 24 visits per year
Chiropractic services	[$0] copay; up to 24 visits per year

Hearing services	Routine hearing exam	[$0] copay; one exam per year
	Hearing aids	[$1,000] allowance every two years (Both ears combined)
Dental services	Preventive	[$0] copay for covered services (exam, cleaning, X-rays)
	Comprehensive	[$0] pay for comprehensive dental services
	Benefit allowance	[$3,500] annually for all covered dental services including crowns, extractions, and dentures
Vision services	Routine eye exams	[$0] copay
	Eyewear	[$0] copay; up to [$350] for lenses/frames and contacts per year; Payment will not be made for both.

Medical Benefits	Your Cost	Medical Benefits	Your Cost
Plan Premium	[$0]	Inpatient hospital care	[$0]
Deductible Plan (in-network)	[$0]	Urgent care visits	[$0]
Prescription drug deductible*	[$0]	Medical equipment	[$0]
In-network primary care doctor visits	[$0]	X-rays and tests	[$0]
In-network specialist visit (no referral required)	[$0]	Diabetic supplies	[$0]

Prescription Drugs	Your Cost (based on income and institutional status)
Tier 1 – generic drugs	[$0, $1.45, $4.15], or 15% of total
Tier 1 – all other drugs	[$0, $4.30, $10.35], or 15% of total

This information is not a complete description of benefits. Contact the plan for more information.

* **Benefit amount varies depending on where you live**

[1] **The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.**

Community Health Choice Texas, Inc. is a Medicare Advantage (HMO D-SNP) with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare and a contract with the State Medicaid Program.

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BROKER USE ONLY
Community Health Choice- [002]

[(Brazoria, Chambers, Fort Bend, Galveston, Harris, Jefferson, Liberty, Montgomery)]

[2023] Highlights

COMMUNITY HEALTH CHOICE

Health and Wellbeing	Your cost and benefit amounts
Flex Card[1]	Up to [$250]* quarterly allowance which may be used for groceries, rent assistance, and/or utility bills. Unused allowances do not roll over.
Over-the-counter items	Approved over-the-counter drugs and health-related items, up to [$220]* every quarter. Unused dollars do not roll over.
In-Home Support Services[1]	Up to 48 hours (4 hours per month) annually of assistance with daily activities, including housekeeping, shopping, meal preparation, dressing and grooming, managing medications, companionship services and more.
PCP Virtual Care Service	[$0] copay; PCP services only.
Transportation	[4] one-way trips per month; 48 trips per year
Technology services to support isolation[1]	Technology services to support social isolation, which includes a tech-enabled human intervention program available 24/7.
Acupuncture	[$0] copay; up to 24 visits per year
Chiropractic services	[$0] copay; up to 24 visits per year

Hearing services	Routine hearing exam	[$0] copay; one exam per year
	Hearing aids	[$1,000] allowance every two years (Both ears combined)
Dental services	Preventive	[$0] copay for covered services (exam, cleaning, X-rays)
	Comprehensive	[$0] pay for comprehensive dental services
	Benefit allowance	[$3,500] annually for all covered dental services including crowns, extractions, and dentures
Vision services	Routine eye exams	[$0] copay
	Eyewear	[$0] copay; up to [$350] for lenses/frames and contacts per year; Payment will not be made for both.

Medical Benefits	Your Cost	Medical Benefits	Your Cost
Plan Premium	[$0]	Inpatient hospital care	[$0]
Deductible Plan (in-network)	[$0]	Urgent care visits	[$0]
Prescription drug deductible*	[$0]	Medical equipment	[$0]
In-network primary care doctor visits	[$0]	X-rays and tests	[$0]
In-network specialist visit (no referral required)	[$0]	Diabetic supplies	[$0]

Prescription Drugs	Your Cost (based on income and institutional status)
Tier 1 – generic drugs	[$0, $1.45, $4.15], or 15% of total
Tier 1 – all other drugs	[$0, $4.30, $10.35], or 15% of total

This information is not a complete description of benefits. Contact the plan for more information.

* **Benefit amount varies depending on where you live**

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H9826_MK_10295_061022_M

BROKER USE ONLY
Community Health Choice- [003]

[(Hardin, Jasper, Newton, Orange, Polk, San Jacinto, Tyler, Walker)]

[2023] Highlights

COMMUNITY HEALTH CHOICE

Health and Wellbeing	Your cost and benefit amounts
Flex Card[1]	Up to[$100]* quarterly allowance which may be used for groceries, rent assistance, and/or utility bills. Unused allowances do not roll over.
Over-the-counter items	Approved over-the-counter drugs and health-related items, up to [$220]* every quarter. Unused dollars do not roll over.
In-Home Support Services[1]	Up to 48 hours (4 hours per month) annually of assistance with daily activities, including housekeeping, shopping, meal preparation, dressing and grooming, managing medications, companionship services and more.
PCP Virtual Care Service	[$0] copay; PCP services only.
Transportation	[4] one-way trips per month; 48 trips per year
Technology services to support isolation[1]	Technology services to support social isolation, which includes a tech-enabled human intervention program available 24/7.
Acupuncture	[$0] copay; up to 24 visits per year
Chiropractic services	[$0] copay; up to 24 visits per year

Hearing services	Routine hearing exam	[$0] copay; one exam per year
	Hearing aids	[$1,000] allowance every two years (Both ears combined)
Dental services	Preventive	[$0] copay for covered services (exam, cleaning, X-rays)
	Comprehensive	[$0] pay for comprehensive dental services
	Benefit allowance	[$3,500] annually for all covered dental services including crowns, extractions, and dentures
Vision services	Routine eye exams	[$0] copay
	Eyewear	[$0] copay; up to [$350] for lenses/frames and contacts per year; Payment will not be made for both.

Medical Benefits	Your Cost	Medical Benefits	Your Cost
Plan Premium	[$0]	Inpatient hospital care	[$0]
Deductible Plan (in-network)	[$0]	Urgent care visits	[$0]
Prescription drug deductible*	[$0]	Medical equipment	[$0]
In-network primary care doctor visits	[$0]	X-rays and tests	[$0]
In-network specialist visit (no referral required)	[$0]	Diabetic supplies	[$0]

Prescription Drugs	Your Cost (based on income and institutional status)
Tier 1 – generic drugs	[$0, $1.45, $4.15], or 15% of total
Tier 1 – all other drugs	[$0, $4.30, $10.35], or 15% of total

This information is not a complete description of benefits. Contact the plan for more information.

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