



# Summary of Benefits

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January 1, 2012 – December 31, 2012

## Physicians Health Choice, Inc.

Physicians Health Choice Select (HMO SNP)  
H4527-015  
Texas: Cameron, Hidalgo, Willacy counties



# Section I - Introduction to Summary of Benefits

Thank you for your interest in Physicians Health Choice Select (HMO SNP). Our plan is offered by PHYSICIANS HEALTH CHOICE OF TEXAS LLC/Physicians Health Choice, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call Physicians Health Choice Select (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Physicians Health Choice Select (HMO SNP) and ask for the "Evidence of Coverage."

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## You Have Choices in Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Physicians Health Choice Select (HMO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call Physicians Health Choice Select (HMO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## How Can I Compare My Options?

You can compare Physicians Health Choice Select (HMO SNP) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

## Where is Physicians Health Choice Select (HMO SNP) Available?

The service area for this plan includes: Cameron, Hidalgo, Willacy Counties, TX. You must live in one of these areas to join the plan.

## Who is Eligible to Join Physicians Health Choice Select (HMO SNP)

You can join Physicians Health Choice Select (HMO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

However, individuals with End-Stage Renal Disease generally are not eligible to enroll in Physicians Health Choice Select (HMO SNP) unless they are members of our organization and have been since their dialysis began.

You must also be enrolled in the STAR+PLUS to join this plan.

Please call the plan to see if you are eligible to join.

## Can I Choose My Doctors?

Physicians Health Choice Select (HMO SNP) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current provider directory. For an updated list, visit us at [www.PHCcares.com](http://www.PHCcares.com). Our customer service number is listed at the end of this introduction.

## What Happens if I go to a Doctor Who's Not in Your Network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

## Where can I Get My Prescriptions if I Join This Plan?

Physicians Health Choice Select (HMO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [www.PHCcares.com](http://www.PHCcares.com). Our customer service number is listed at the end of this introduction.

## Does My Plan Cover Medicare Part B or Part D Drugs?

Physicians Health Choice Select (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

## What is a Prescription Drug Formulary?

Physicians Health Choice Select (HMO SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically

add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [www.PHCcares.com](http://www.PHCcares.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## How Can I Get Extra Help With My Prescription Drug Plan Costs or Get Extra Help With Other Medicare Costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

\* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication Medicare & You.

\* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

\* Your State Medicaid Office.

## What Are My Protections in This Plan?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A

plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Physicians Health Choice Select (HMO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Physicians Health Choice Select (HMO SNP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not

on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

## What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Physicians Health Choice Select (HMO SNP) for more details.

## What Types of Drugs May be Covered Under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Physicians Health Choice Select (HMO SNP) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.

- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.

- Inhalation and Infusion Drugs administered through DME.

## Where Can I Find Information on Plan Ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Physicians Health Choice for more information about

**Physicians Health Choice Select (HMO SNP).**

Visit us at [www.PHCcares.com](http://www.PHCcares.com) or, call us:

**Customer Service Hours:**

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Central

**Current members** should call toll-free **(866)-550-4736** for questions related to the Medicare Advantage Program. **(TTY/TDD 711)**

**Prospective members** should call toll-free **(877)-238-0624** for questions related to the Medicare Advantage Program. **(TTY/TDD 711)**

**Current members** should call locally **(866)-550-4736** for questions related to the Medicare Advantage Program. **(TTY/TDD 711)**

**Prospective members** should call locally **(877)-238-0624** for questions related to the Medicare Advantage Program. **(TTY/TDD 711)**

**Current members** should call toll-free **(866)-550-4736** for questions related to the Medicare Part D Prescription Drug program. **(TTY/TDD 711)**

**Prospective members** should call toll-free **(877)-238-0624** for questions related to the Medicare Part D Prescription Drug program. **(TTY/TDD 711)**

**Current members** should call locally **(866)-550-4736** for questions related to the Medicare Part D Prescription Drug program. **(TTY/TDD 711)**

**Prospective members** should call locally **(877)-238-0624** for questions related to the Medicare Part D Prescription Drug program. **(TTY/TDD 711)**

For more information about **Medicare**, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en un idioma que no sea inglés. Para obtener más información, llame a servicio al cliente al número de teléfono que aparece arriba

# Section II - Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Physicians Health Choice for details.

Benefit	Original Medicare	Physicians Health Choice Select (HMO SNP)
<b>Important Information</b>		
<p><b>1 Premium and Other Important Information</b></p>	<p>In 2012 the monthly Part B Premium is \$0 and the annual Part B deductible amount is \$0.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><b>General</b></p> <p>* Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services</p> <p>** Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$0 monthly plan premium*</p> <p><b>In-Network</b></p> <p>\$0 annual deductible.*</p> <p>\$3,350 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.</p>
<p><b>2 Doctor and Hospital Choice</b> (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b></p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>
<b>Summary of Benefits</b>		
<b>Inpatient Care</b>		
<p><b>3 Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>For each benefit period:</p> <ul style="list-style-type: none"> <li>▪ Days 1 - 60: \$0 deductible</li> <li>▪ Days 61 - 90: \$0 per day</li> <li>▪ Days 91 - 150: \$0 per lifetime reserve day</li> </ul> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p>	<p><b>In-Network</b></p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>\$0 annual deductible*</p> <p>\$0 copay*</p> <p>\$0 copay for each additional hospital day.</p>

\*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

\*\* Please consult with your plan about cost sharing when receiving services from out-of-network providers.

Benefit	Original Medicare	Physicians Health Choice Select (HMO SNP)
<b>Inpatient Care (continued)</b>		
	<p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p>	
<p><b>4 Inpatient Mental Health Care</b></p>	<p>For each benefit period:</p> <ul style="list-style-type: none"> <li>▪ Days 1 - 60: \$0 deductible</li> <li>▪ Days 61 - 90: \$0 per day</li> <li>▪ Days 91 - 150: \$0 per lifetime reserve day</li> </ul> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p><b>In-Network</b> \$0 copay*</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>\$0 annual deductible*</p> <p>Plan covers 60 lifetime reserve days. \$0 copay per lifetime reserve day.*</p>
<p><b>5 Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</b></p>	<p>In 2012 the amounts for each benefit period after at least a 3-day covered hospital stay are:</p> <ul style="list-style-type: none"> <li>▪ Days 1 - 20: \$0 per day</li> <li>▪ Days 21 - 100: \$0 per day</li> </ul> <p>100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p>	<p><b>In-Network</b> Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>\$0 annual deductible*</p> <p>\$0 copay for SNF services*</p>

\*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

\*\* Please consult with your plan about cost sharing when receiving services from out-of-network providers.

Benefit	Original Medicare	Physicians Health Choice Select (HMO SNP)
<b>Inpatient Care (continued)</b>		
<b>6 Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<b>In-Network</b> \$0 copay for Medicare-covered home health visits*
<b>7 Hospice</b>	You must get care from a Medicare-certified hospice.	<b>General</b> You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.
<b>Outpatient Care</b>		
<b>8 Doctor Office Visits</b>	0% coinsurance	<b>In-Network</b> \$0 copay for each primary care doctor visit for Medicare-covered benefits.* \$0 copay for the cost of each in-area, network urgent care Medicare-covered visit.* \$0 copay for each specialist doctor visit for Medicare-covered benefits.*
<b>9 Chiropractic Services</b>	Supplemental routine care not covered 0% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	<b>In-Network</b> \$0 copay for Medicare-covered chiropractic visits* Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.
<b>10 Podiatry Services</b>	Supplemental routine care not covered. 0% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<b>In-Network</b> \$0 copay for Medicare-covered podiatry benefits.* Medicare-covered podiatry benefits are for medically-necessary foot care.

\*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

\*\* Please consult with your plan about cost sharing when receiving services from out-of-network providers.

Benefit	Original Medicare	Physicians Health Choice Select (HMO SNP)
<b>Outpatient Care (continued)</b>		
<b>11 Outpatient Mental Health Care</b>	0% coinsurance for most outpatient mental health services 0% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program. "Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.	<b>In-Network</b> \$0 copay for Medicare-covered Mental Health visits* \$0 copay for each Medicare-covered visit with a psychiatrist* \$0 copay for Medicare-covered partial hospitalization program services*
<b>12 Outpatient Substance Abuse Care</b>	0% coinsurance	<b>In-Network</b> \$0 copay for Medicare-covered visits*
<b>13 Outpatient Services/Surgery</b>	0% coinsurance for the doctor's services 0% coinsurance for ambulatory surgical center facility services	<b>In-Network</b> \$0 copay for each Medicare-covered ambulatory surgical center visit* \$0 copay for each Medicare-covered outpatient hospital facility visit*
<b>14 Ambulance Services (medically necessary ambulance services)</b>	0% coinsurance	<b>In-Network</b> \$0 copay for Medicare-covered ambulance benefits.*
<b>15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</b>	0% coinsurance for the doctor's services 0% outpatient hospital facility emergency services. Not covered outside the U.S. except under limited circumstances.	<b>General</b> \$0 copay for Medicare-covered emergency room visits* Worldwide coverage. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.

\*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

\*\* Please consult with your plan about cost sharing when receiving services from out-of-network providers.

Benefit	Original Medicare	Physicians Health Choice Select (HMO SNP)
<b>Outpatient Care (continued)</b>		
<b>16 Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)	0% coinsurance NOT covered outside the U.S. except under limited circumstances.	<b>General</b> \$0 copay for Medicare-covered urgently-needed-care visits*
<b>17 Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	0% coinsurance	<b>In-Network</b> \$0 copay for Medicare-covered Occupational Therapy visits*  \$0 copay for Medicare-covered Physical and/or Speech and Language Therapy visits*
<b>Outpatient Medical Services and Supplies</b>		
<b>18 Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	0% coinsurance	<b>In-Network</b> \$0 copay for Medicare-covered items*
<b>19 Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	0% coinsurance	<b>In-Network</b> \$0 copay for Medicare-covered items*
<b>20 Diabetes Programs and Supplies</b>	0% coinsurance for diabetes self-management training 0% coinsurance for diabetes supplies 0% coinsurance for diabetic therapeutic shoes or inserts	<b>In-Network</b> \$0 copay for Diabetes self-management training* \$0 copay for: ▪ Diabetes monitoring supplies* ▪ Therapeutic shoes or inserts*
<b>21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	0% coinsurance for diagnostic tests and x-rays \$0 copay for Medicare-covered lab services Lab Services: Medicare covers medically necessary diagnostic lab services that	<b>In-Network</b> \$0 copay for Medicare-covered: ▪ lab services* ▪ diagnostic procedures and tests* ▪ X-rays* ▪ diagnostic radiology services (not including X-rays)*

\*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

\*\* Please consult with your plan about cost sharing when receiving services from out-of-network providers.

Benefit	Original Medicare	Physicians Health Choice Select (HMO SNP)
<b>Outpatient Medical Services and Supplies (continued)</b>		
	<p>are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<ul style="list-style-type: none"> <li>▪ therapeutic radiology services*</li> </ul>
<p><b>22 Cardiac and Pulmonary Rehabilitation Services</b></p>	<p>0% coinsurance for Cardiac Rehabilitation services</p> <p>0% coinsurance for Pulmonary Rehabilitation services</p> <p>0% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p><b>In-Network</b> \$0 copay for:</p> <ul style="list-style-type: none"> <li>▪ Medicare-covered Cardiac Rehabilitation Services*</li> <li>▪ Medicare-covered Intensive Cardiac Rehabilitation Services*</li> <li>▪ Medicare-covered Pulmonary Rehabilitation Services*</li> </ul>
<b>Preventive Services</b>		
<p><b>23 Preventive Services and Wellness/ Education Programs</b></p>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> <li>▪ Abdominal Aortic Aneurysm Screening</li> <li>▪ Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> <li>▪ Cardiovascular Screening</li> <li>▪ Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> <li>▪ Colorectal Cancer Screening</li> <li>▪ Diabetes Screening</li> <li>▪ Influenza Vaccine</li> <li>▪ Hepatitis B Vaccine for people with Medicare who are at risk</li> </ul>	<p><b>General</b> \$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> <li>▪ Abdominal Aortic Aneurysm screening</li> <li>▪ Bone Mass Measurement</li> <li>▪ Cardiovascular Screening</li> <li>▪ Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)</li> <li>▪ Colorectal Cancer Screening</li> <li>▪ Diabetes Screening</li> <li>▪ Influenza Vaccine</li> <li>▪ Hepatitis B Vaccine</li> <li>▪ HIV Screening</li> <li>▪ Breast Cancer Screening (Mammogram)</li> <li>▪ Medical Nutrition Therapy Services</li> </ul>

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\*\* Please consult with your plan about cost sharing when receiving services from out-of-network providers.

Benefit	Original Medicare	Physicians Health Choice Select (HMO SNP)
Preventive Services (continued)		
	<ul style="list-style-type: none"> <li>▪ HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</li> <li>▪ Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.</li> <li>▪ Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease</li> <li>▪ Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>▪ Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</li> <li>▪ Prostate Cancer Screening ' Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</li> <li>▪ Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>▪ Pneumococcal Vaccine</li> <li>▪ Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)</li> <li>▪ Smoking Cessation (Counseling to stop smoking)</li> <li>▪ Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)</li> </ul> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p><b>In-Network</b> The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> <li>▪ Health Club Membership/Fitness Classes</li> </ul>

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Benefit	Original Medicare	Physicians Health Choice Select (HMO SNP)
Preventive Services (continued)		
	<ul style="list-style-type: none"> <li>▪ Welcome to Medicare Physical Exam (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</li> </ul>	
<b>24</b> Kidney Disease and Conditions	0% coinsurance for renal dialysis 0% coinsurance for kidney disease education services	<b>In-Network</b> \$0 copay for renal dialysis* \$0 copay for kidney disease education services*
<b>25</b> Outpatient Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<b>Drugs covered under Medicare Part B General</b> \$0 annual deductible for Part B-covered drugs.* \$0 copay for Part B covered chemotherapy drugs and other Part-B covered drugs.* <b>Drugs covered under Medicare Part D General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.PHCcares.com">www.PHCcares.com</a> on the web. Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> <li>▪ have limited incomes,</li> <li>▪ live in long term care facilities, or</li> <li>▪ have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's

\*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

\*\* Please consult with your plan about cost sharing when receiving services from out-of-network providers.

Benefit	Original Medicare	Physicians Health Choice Select (HMO SNP)
Preventive Services (continued)		
		<p>service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Physicians Health Choice Select (HMO SNP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>
In-Network		You pay a \$0 annual deductible.
Initial Coverage		<p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>▪ A \$0 copay or</li> <li>▪ A \$1.10 copay or</li> <li>▪ A \$2.60 copay</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>▪ A \$0 copay or</li> <li>▪ A \$3.30 copay or</li> <li>▪ A \$6.50 copay.</li> </ul>

\*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

\*\* Please consult with your plan about cost sharing when receiving services from out-of-network providers.

Benefit	Original Medicare	Physicians Health Choice Select (HMO SNP)
Preventive Services (continued)		
Retail Pharmacy		<p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> <li>▪ one-month (31-day) supply</li> <li>▪ three-month (90-day) supply</li> </ul>
Mail Order		<p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> <li>▪ three-month (90-day) supply</li> </ul>
Catastrophic Coverage		<p>You pay a \$0 copay.</p>
Out-of-Network		<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Physicians Health Choice Select (HMO SNP).</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> <li>▪ one-month (31-day) supply</li> </ul>
Out-of-Network Initial Coverage		<p>Depending on your income and institutional status, you will be reimbursed by Physicians Health Choice Select (HMO SNP) up to the plan's cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>▪ A \$0 copay or</li> <li>▪ A \$1.10 copay or</li> <li>▪ A \$2.60 copay</li> </ul> <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> <li>▪ A \$0 copay or</li> <li>▪ A \$3.30 copay or</li> <li>▪ A \$6.50 copay.</li> </ul>

\*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

\*\* Please consult with your plan about cost sharing when receiving services from out-of-network providers.

Benefit	Original Medicare	Physicians Health Choice Select (HMO SNP)
<b>Preventive Services (continued)</b>		
Out-of-Network Catastrophic Coverage		You will be reimbursed in full for drugs purchased out-of-network.
<b>26</b> Dental Services	Preventive dental services (such as cleaning) not covered.	<p><b>In-Network</b>            \$0 copay for Medicare-covered dental benefits*</p> <ul style="list-style-type: none"> <li>▪ \$0 copay for up to 1 oral exam(s) every year</li> <li>▪ \$0 copay for up to 1 cleaning(s) every six months</li> <li>▪ \$0 copay for up to 1 fluoride treatment(s) every year</li> <li>▪ \$0 copay for up to 1 dental x-ray(s) every year</li> </ul>
<b>27</b> Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>0% coinsurance for diagnostic hearing exams.</p>	<p><b>In-Network</b>            \$0 copay for Medicare-covered diagnostic hearing exams*</p> <ul style="list-style-type: none"> <li>▪ \$0 copay for up to 1 supplemental routine hearing exam(s) every year</li> <li>▪ \$0 copay per hearing aid</li> </ul> <p>\$300 plan coverage limit for hearing aids every two years.</p>
<b>28</b> Vision Services	<p>0% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><b>In-Network</b>            \$0 copay for diagnosis and treatment for diseases and conditions of the eye*</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> <li>▪ one pair of eyeglasses or contact lenses after cataract surgery *</li> <li>▪ \$0 copay for up to 1 supplemental routine eye exam(s) every year</li> <li>▪ \$0 copay for glasses</li> <li>▪ \$0 copay for contacts</li> </ul> <p>\$225 plan coverage limit for eye wear every two years.</p>
Over-the-Counter Items	Not covered.	<p><b>General</b>            Please visit our plan website to see our list of covered Over-the-Counter items.</p> <p>OTC items may be purchased only for the enrollee.</p>

\*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

\*\* Please consult with your plan about cost sharing when receiving services from out-of-network providers.

Benefit	Original Medicare	Physicians Health Choice Select (HMO SNP)
<b>Preventive Services (continued)</b>		
		Please contact the plan for specific instructions for using this benefit.
Transportation (Routine)	Not covered.	<b>In-Network</b> \$0 copay for up to 60 one-way trip(s) to plan approved location every year
Acupuncture	Not covered.	<b>In-Network</b> This plan does not cover Acupuncture.

\*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

\*\* Please consult with your plan about cost sharing when receiving services from out-of-network providers.

# Section IV - Information for People with Medicare and Medicaid

People who qualify for Medicare and Medicaid are known as **dual eligibles**. As a dual eligible, you are eligible for benefits under both the federal Medicare program and the state-operated Medicaid program. The Original Medicare and benefits you receive as a member of this plan are listed in Section II.

The kind of Medicaid benefits you receive are determined by your state and may vary based upon your income and resources. With the assistance of Medicaid, some dual eligibles do not have to pay for certain Medicare costs. The Medicaid benefit categories and type of assistance are listed below:

- **Full Benefit Dual Eligible (FBDE):** Payment of your Medicare Part A premiums, in some cases Medicare Part B premiums and full Medicaid benefits.
- **Qualified Disabled and Working Individual (QDWI):** Payment of your Medicare Part A premiums.
- **Qualifying Individual (QI):** Payment of your Medicare Part B premiums.
- **Specified Low Income Medicare Beneficiary (SLMB):** Payment of your Medicare Part B premiums.
- **SLMB-Plus:** Payment of your Medicare Part B premiums and full Medicaid benefits.
- **Qualified Medicare Beneficiary (QMB Only):** Payment of your Medicare Part A and Part B premiums, deductibles and cost-sharing (excluding Part D copayments).
- **QMB-Plus:** Payment of your Medicare Part A and Part B premiums, deductibles, cost-sharing (excluding Part D copayments) and full Medicaid benefits.

If you are a QMB or QMB-Plus, you pay \$0 for Medicare-covered services as shown in Section II, except any copayments for Part D prescription drugs.

If you are not a QMB or QMB-Plus but qualify for full Medicaid benefits, you may have to pay some copayments, coinsurance, and deductibles, depending on your Medicaid coverage.

The following chart describes Medicaid benefits that may be available to you under your state Medicaid program, depending on your Medicaid coverage. The chart also explains if a similar benefit is available under our plan.

It is important to understand that Medicaid benefits can vary based on your income level and other standards. Also, your Medicaid benefits can change throughout the year. Depending on your current status, you may not be qualified for all Medicaid benefits. However, while a member of our plan, you can access plan benefits regardless of your Medicaid status.

Please contact your state Medicaid program at 1-800-252-8263 for the most current and accurate information regarding your eligibility and benefits.

Benefit Category	Texas Medicaid	Physicians Health Choice Select (HMO SNP)
Acupuncture	This is not a Medicaid benefit.	No coverage

Benefit Category	Texas Medicaid	Physicians Health Choice Select (HMO SNP)
Ambulance Services (medically necessary ambulance services)	For those who meet QMB requirements, Medicaid pays coinsurance, copayments and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital and doctor choice.  \$0 copay for Medicaid-covered services.	Additional information available in Section 2
Assistive Communication Devices  Also known as Augmentative Communication Device (ACD) System – Home Health	An ACD system is a benefit of Texas Medicaid Title XIX Home Health Services.  Prior authorization is required for ACD systems provided through Texas Medicaid Title XIX Home Health Services.  The prior authorization also includes all related accessories and/or supplies.  For Dual-eligible Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.  \$0 co-pay for Medicaid-covered services.	Additional information available in Section 2
<b>Bone Mass Measurement</b>  (for people with Medicare who are at risk)	Bone density screening is a benefit of Texas Medicaid.  Texas Medicaid covers only the Single Photon Absorptiometry Test.  \$0 co-pay for Medicaid-covered services.	In-Network \$0 copay
Cardiac Rehabilitation	Outpatient cardiac rehabilitation is covered for members meeting specific diagnostic criteria for a limited number of sessions.  For Dual-eligible Members, 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.	Additional information available in Section 2

Benefit Category	Texas Medicaid	Physicians Health Choice Select (HMO SNP)
Chiropractic Services	<p>Chiropractic manipulative treatment (CMT) performed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid.</p> <p>CMT is reimbursed only for a diagnosis of subluxation of the spine.</p> <p>Diagnostic, therapeutic services, or adjunctive therapies furnished by a chiropractor or by others under his or her orders or direction are not a benefit of Texas Medicaid</p> <p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>Additional information available in Section 2</p>
<p>Colorectal Screening Exams</p> <p>(for people with Medicare age 50 and older)</p>	<p>Fecal occult blood tests, barium enemas, screening colonoscopies and sigmoidoscopies are a benefit of Texas Medicaid.</p> <p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>In-Network \$0 copay</p>
Dental Services	<p>Dental Services are benefits of Texas Medicaid for Medicaid-eligible clients who are 20 years of age or younger through the THSteps program and for clients who are 21 years of age or older in an ICF-MR.</p> <p>For Dual-eligible Members who meet the above criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>Additional information available in Section 2</p> <p>Non-Medicare-covered services: Includes oral exams, routine x-rays, and routine cleanings. Please see Section 2 for additional benefit details.</p>

Benefit Category	Texas Medicaid	Physicians Health Choice Select (HMO SNP)
<p>Diabetes Supplies (includes coverage for glucose monitors, test strips, lancets, and screening tests)</p>	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>In-Network \$0 copay</p>
<p>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>Medically necessary diagnostic tests, lab and radiological services are a benefit. CT/MRI requires prior authorization.</p> <p>Each procedure is subject to limitations.</p> <p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>In-Network \$0 copay</p>
<p>Doctor and Hospital Choice</p>	<p>Inpatient hospital stays are a covered benefit for those who meet QMB requirements, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital and doctor choice.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>In-Network \$0 copay</p>
<p>Doctor Office Visits</p>	<p>Texas Medicaid reimburses physician evaluation and management office visits.</p> <p>Group visits are limited to a maximum of 4 per year.</p> <p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>In-Network \$0 copay</p>

Benefit Category	Texas Medicaid	Physicians Health Choice Select (HMO SNP)
<p>Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)</p>	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>In-Network \$0 copay</p>
<p>Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>\$0 copay</p>
<p>End-Stage Renal Disease</p>	<p>Texas Medicaid covers both the Composite Rate and the Dealing Direct methods of reimbursement.</p> <p>Physician services for the management of dialysis are also covered. Prior authorization is not required.</p> <p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>In-Network \$0 copay</p>
<p>Health/Wellness Education</p> <ul style="list-style-type: none"> <li>▪ Written health education materials, including Newsletters</li> <li>▪ Nutritional Training</li> <li>▪ Additional Smoking Cessation</li> <li>▪ Other Wellness Benefits</li> </ul>	<p>This is not a Texas Medicaid benefit but is available in some of the pilot programs like the Diabetes and Asthma projects.</p> <p>For Dual-eligible Members participating in the Diabetes and Asthma pilot programs, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>In-Network \$0 copay</p> <p>Non-Medicare-covered services: Includes a fitness benefit. Please see Section 2 for additional benefit details.</p>
<p>Hearing Services</p>	<p>Hearing screening and both monaural and binaural hearing aids are a benefit.</p>	<p>Additional information available in Section 2</p>

Benefit Category	Texas Medicaid	Physicians Health Choice Select (HMO SNP)
	<p>Hearing aids do not require prior authorization for the initial hearing aid(s), except beyond stated limitations.</p> <p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>Non-Medicare-covered services: Includes routine hearing exam and credit for hearing aids. Please see Section 2 for additional benefit details.</p>
<p>Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>Home health skilled nursing (SN) and home health aide (HHA) visits are a benefit of Texas Medicaid Title XIX Home Health Services</p> <p>Private Duty Nursing services are a benefit of the Texas Health Steps-Comprehensive Care Program (THSteps-CCP) for Medicaid clients 20 years of age or younger.</p> <p>Personal Care Services (PCS) is a benefit of the Texas Health Steps-Comprehensive Care Program (THSteps-CCP) for Texas Medicaid clients birth through 20 years of age, who are not an inpatient or a resident of a hospital, in a nursing facility or ICF/MR, or in an institution for mental disease.</p> <p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>In-Network \$0 copay</p>
<p>Hospice</p>	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p><i>Note: When clients elect hospice services, they waive their rights to all other Medicaid services related to their</i></p>	<p>In-Network \$0 copay</p>

Benefit Category	Texas Medicaid	Physicians Health Choice Select (HMO SNP)
	<p><i>terminal illness. They do not waive their rights to Medicaid services unrelated to their terminal illness. Medicare and Medicaid clients must elect both the Medicare and Medicaid Hospice programs</i></p>	
<p>Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>In-Network \$0 copay</p>
<p>Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>Prior authorization is required for inpatient substance abuse treatment.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p><i>Note: Age restrictions are 13 years of age and above. Admissions for the single diagnosis of chemical dependency or abuse without an accompanying medical complication are not a benefit of Texas Medicaid.</i></p>	<p>In-Network \$0 copay</p>
<p>Inpatient Mental Health Care</p>	<p>Inpatient admissions to acute care hospitals for adults and children for psychiatric conditions are a benefit of Texas Medicaid.</p> <p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p><i>Note: Inpatient psychiatric treatment is subject to applicable requirements.</i></p>	<p>In-Network \$0 copay</p>
<p>Mammograms (Annual Screening)</p>	<p>The following breast imaging studies are a benefit of Texas Medicaid:</p>	<p>In-Network \$0 copay</p>

Benefit Category	Texas Medicaid	Physicians Health Choice Select (HMO SNP)
(for women with Medicare age 40 and older)	<ul style="list-style-type: none"> <li>▪ Screening mammogram</li> <li>▪ Diagnostic mammogram</li> <li>▪ Diagnostic breast ultrasound</li> </ul> Prior authorization is not required.  For Dual-eligible Members, 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	Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility.	Additional information available in Section 2
Mammograms	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.  \$0 copay for Medicaid-covered services.	In-Network \$0 copay
Outpatient Mental Health Care	Outpatient mental Health Care is a benefit of Texas Medicaid.  For Dual-eligible Members, 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.  <i>Note: Age limit of 13 years of age and older.</i>  <i>Prior authorization is optional; however, outpatient behavioral health services without prior authorization are limited to 30 encounters/visits per client, for each calendar year.</i>	In-Network \$0 copay
Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	For Dual-eligible Members, 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.	In-Network \$0 copay

Benefit Category	Texas Medicaid	Physicians Health Choice Select (HMO SNP)
Outpatient Services/ Surgery	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	In-Network \$0 copay
Outpatient Substance Abuse Care	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p><i>Note: Tobacco, caffeine and occupational therapy as part of detoxification or treatment program are not covered. Therapy hour limitations do apply.</i></p>	In-Network \$0 copay
Pap Smears and Pelvic Exams (for women with Medicare)	<p>Gynecological examinations, surgical procedures, and treatments are benefits of Texas Medicaid</p> <p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	In-Network \$0 copay
Physical Exams	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	In-Network \$0 copay
Podiatry Services	Podiatry and related services are a benefit of Texas Medicaid.	In-Network \$0 copay

Benefit Category	Texas Medicaid	Physicians Health Choice Select (HMO SNP)
	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p><i>Note: Prior authorization requirements applied to services provided by physicians (M.D. or D.O.) also apply to services provided by a podiatrist</i></p>	
Prescription Drugs	<p>Outpatients prescribed medications are a benefit to eligible clients when obtained through a pharmacy contracted with the Medicaid Vendor</p> <p><i>Note: Drug Program or Dual-eligible Members, Medicaid will not cover any Medicare Part D drug.</i></p> <p><i>\$0 copayment for Medicaid covered prescription drugs not covered by Medicare Part D.</i></p>	<p>Depending on your income and institutional status, you pay the following:</p> <p>For Part D generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>▪ A \$0 copay or</li> <li>▪ A \$1.10 copay or</li> <li>▪ A \$2.50 copay</li> </ul> <p>For all other Part D drugs, either:</p> <ul style="list-style-type: none"> <li>▪ A \$0 copay or</li> <li>▪ A \$3.30 copay or</li> <li>▪ A \$6.30 copay</li> </ul>
Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	<p>Prostate cancer screening is a benefit of Texas Medicaid for men who are 50 through 64 years of age.</p> <p>For Dual-eligible Members, Medicaid managed care pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	In-Network \$0 copay
Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	<p>For Dual-eligible Members under age 21 (CCP), Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>Prior authorization required</p> <p>For all Dual-eligible Members, Medicaid pays for breast prostheses if not covered by Medicare or when the Medicare benefit is exhausted. Quantity limitations apply, and vary with each device. Prior</p>	In-Network \$0 copay

Benefit Category	Texas Medicaid	Physicians Health Choice Select (HMO SNP)
	<p>authorization will NOT be required within limitations, except for miscellaneous codes.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	
<p>Skilled Nursing Facility (SNF) (in a Medicare-certified Skilled Nursing Facility)</p>	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>In-Network \$0 copay</p>
<p>Telemedicine Services</p>	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>In-Network \$0 copay</p>
<p>Transportation (Routine)</p>	<p>For Dual-eligible Members, the Medicaid Medical Transportation Program (MTP) provides non-emergency transportation, if it is not covered by Medicare.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>In-Network \$0 copay</p> <p>Non-Medicare-covered services: Includes 60 one-way trips to plan approved locations. Please see Section 2 for additional benefit information.</p>
<p>Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>	<p>\$0 copay</p>
<p>Vision Services</p>	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p><i>Note: Services by an optician are limited to fitting and dispensing of medically</i></p>	<p>Additional information available in Section 2</p> <p>Non-Medicare-covered services: Includes routine eye exam and credit for eyeglasses or contacts. Please see Section 2 for additional benefit details.</p>

Benefit Category	Texas Medicaid	Physicians Health Choice Select (HMO SNP)
	<i>necessary eyeglasses and contact lenses.</i>	
<p><b>Home and Community Based Waiver Services</b>  Those who meet QMB requirements, and also meet the financial criteria for full Medicaid coverage, may be eligible to receive all Medicaid Services not covered by Medicare, including Waiver services. Waiver services are limited to individuals who meet additional waiver eligibility criteria.</p>		
Community Based Alternatives (CBA) Waiver	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).	No coverage beyond Original Medicare
Community Living Assistance and Support Services (CLASS) Waiver	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).	No coverage beyond Original Medicare
Consolidated Waiver Program (CWP) - Bexar County/San Antonio Only	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).	No coverage beyond Original Medicare
Deaf Blind with Multiple Disabilities Waiver (DB-MD)	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).	No coverage beyond Original Medicare
Home and Community Services (HCS) Waiver	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).	No coverage beyond Original Medicare
Medically Dependent Children Program (MDCP)	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).	No coverage beyond Original Medicare
STAR+PLUS Waiver	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).	No coverage beyond Original Medicare
Texas Home Living Waiver (TxHmL)	For information on waiver services and eligibility for this waiver, contact the	No coverage beyond Original Medicare

Benefit Category	Texas Medicaid	Physicians Health Choice Select (HMO SNP)
	Department of Aging and Disability Services (DADS).	

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