



2017 Summary of Benefits

Select Counties in: Southeast Texas

Austin, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Walker, Waller, and Wharton.

January 1, 2017 — December 31, 2017

Summary of Benefits

January 1, 2017 - December 31, 2017

This is a summary of drug and health services covered by TexanPlus® Star (HMO SNP).

TexanPlus® Star (HMO SNP) is a Medicare Advantage plan with a Medicare contract and a contract with the State Medicaid Program. Enrollment in TexanPlus® Star (HMO SNP) depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the Evidence of Coverage by calling us or visiting our website. See the back page for contact information.

Who can join?

To join TexanPlus® Star (HMO SNP) you must be entitled to Medicare Part A, be enrolled in Medicare Part B, receive medical assistance from Medicaid through the Texas Health and Human Services Commission (HHSC), and live in our service area. Our service area includes the following counties in Southeast Texas: Austin, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Walker, Waller, and Wharton.

Understanding Dual Eligibility

In order for you to better understand your healthcare options, the following chart provides you with information about the Medicaid portion of your dual eligibility. Medicaid benefits are valuable to you because the State of Texas provides additional healthcare coverage and financial support based on your Medicare Savings Program (MSP) aid level as seen below:

MSP LEVEL	MEDICAID RESPONSIBILITY & DEGREE OF STATE ASSISTANCE
QMB	Medicaid will pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments
QMB+	Medicaid will pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments
SLMB	Medicaid will absorb the cost of your Medicare Part B premiums
SLMB+	Medicaid will absorb the cost of your Medicare Part B premiums
QI	Medicaid will pay costs associated with Medicare Part B
QWDI	Medicaid will pay costs associated with Medicare Part A

Note: Some MSP Levels automatically qualify for “Extra Help” for Medicare prescription drug coverage assistance.

The benefits summary on the following pages describes TexanPlus® Star (HMO SNP) and Texas Medicaid covered medical, hospital, and prescription drug benefits. Always keep in mind that Medicare is the *primary* payer for all the healthcare services you receive and that Medicaid is your *secondary* payer of last resort. For more information about your copayments, Medicaid or Medicare Savings Program aid level, contact the Texas Health and Human Services Commission (HHSC) directly at 1-877-541-7905.

Which doctors, hospitals, and pharmacies can I use?

TexanPlus® Star (HMO SNP) is a Health Maintenance Organization-Special Needs Plan (HMO-SNP). That means you must generally receive care through our network of local doctors, hospitals, and other providers (except emergency care or out-of-area urgently needed services). If you use providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

For more information on our network of doctors, hospitals, pharmacies, and other providers, please call us or visit our website at www.TexanPlusSNP.com. See the back page for contact information.

How will I determine my drug costs?

The amount you pay for medication depends on which drugs you are prescribed and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible during the Initial, Gap and Catastrophic phase.

A Low Income Subsidy (LIS), also referred to as “Extra Help”, may be available to help you with Part D out-of-pocket expenses such as premiums, deductibles, coinsurance or copays. Many people qualify for the “Extra Help” Program and don’t even know it. Keep in mind that assistance may also depend on your Medicare Savings Program (MSP) level and your dual eligible status.

The costs of your medications are based on a combination of four important factors:

- Which medication(s) you are prescribed
- Which stage of the benefit you have reached
- Your Low Income Subsidy (LIS) or “Extra Help” level
- Your Medicare Savings Program (MSP) level

To find out more information and if you qualify for the “Extra Help” Program, call the Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778, 7:00 a.m. to 7:00 p.m., Monday thru Friday.

“Medicare & You” Handbook

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. This document is available in other formats such as braille, large print or audio.

Summary of Benefits

January 1, 2017 - December 31, 2017

TEXANPLUS STAR (HMO SNP)		TEXAS MEDICAID
PLAN BASICS		
Monthly Plan Premium	<p>\$27.30</p> <p>What You Should Know: Your monthly premium may be as low as \$0, depending on your level of “Extra Help”. You must continue to pay your Medicare Part B premium.</p> <p>If you have a limited income you may be able to get “Extra Help” with your Medicare prescription drug plan premiums, deductibles and copays. Many people qualify and don’t even know it.</p> <p>To find out if you qualify, call the Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778, 7 a.m. - 7 p.m., Monday - Friday.</p>	<p>\$0</p> <p>What You Should Know: Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility.</p>
Part B Premium Reduction	\$0	Not Applicable
Annual Deductible	<p>\$0 - \$82</p> <p>What You Should Know: \$0 to \$82 per year for Part D Prescription drugs depending on your level of “Extra Help” .</p> <p>Your Part D deductible is \$400 if you do not receive “Extra Help” .</p> <p>See above for information about “Extra Help” .</p>	Not Applicable

Maximum Out-of-Pocket Responsibility
(does not include prescription drugs)

\$3,400

What You Should Know:

Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

In this plan, you may pay nothing for Medicare-covered services, depending on your level of Texas Medicaid Health and Human Services Commission eligibility.

If you reach the limit on out-of-pocket costs, you will keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.

Refer to the “Medicare & You” handbook for Medicare-covered services. For Texas Medicaid Health and Human Services Commission-covered services, refer to the Medicaid Coverage section in this document.

Please note that you will still need to pay your monthly premiums and Cost-sharing for your Part D prescription drugs.

Not Applicable

COVERED MEDICAL AND HOSPITAL BENEFITS

- ① Specialty Services may require prior authorization.
- ② Services may require a referral from your doctor.

Inpatient Hospital Coverage

\$0 Copay or \$295 Copay per stay

What You Should Know:

Our plan covers an unlimited number of days for an inpatient hospital stay.

Cost-share depends on level of Medicaid Eligibility.

\$0 Copay for Medicaid-covered services

What You Should Know:

Inpatient hospital stays are a covered benefit. Medicaid pays coinsurance, co-payments, and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice.

<p>Doctor Visits ①② Primary Care Physician Specialist</p>	<p>\$0 Copay \$0 Copay or \$35 Copay What You Should Know: Cost-share depends on level of Medicaid Eligibility.</p>	<p>\$0 Copay for Medicaid-covered services What You Should Know: Medicaid pays for Specialist visits if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>
<p>Preventive Care Abdominal Aortic Aneurysm Screening; Alcohol Misuse Counseling; Bone Mass Measurement; Breast Cancer Screening (mammogram); Cardiovascular Disease (behavioral therapy); Cardiovascular Screenings; Cervical and Vaginal Cancer Screening; Colorectal Cancer Screenings (Colonoscopy, Fecal occult blood test, Flexible Sigmoidoscopy); Depression Screening; Diabetes Screenings; Glaucoma Screening; HIV Screening; Lung Cancer Screening; Medical Nutrition Therapy Services; Obesity Screening and Counseling; Prostate Cancer Screenings (PSA); Sexually Transmitted Infections Screening and Counseling; Tobacco Use Cessation Counseling (counseling for people with no sign of tobacco-related disease); Vaccines, including Flu Shots, Hepatitis B Shots, Pneumococcal Shots; “Welcome to Medicare” Preventive Visit (one-time); Annual Wellness Visit</p>	<p>\$0 Copay What You Should Know: Any additional preventive services approved by Medicare during the contract year will be covered. For Colorectal Cancer Screenings, please note that a colonoscopy or sigmoidoscopy conducted for polyp removal or biopsy is a surgical procedure subject to the outpatient surgery cost sharing described later in this benefit grid.</p>	<p>Bone Mass Measurement (for people who are at risk). Bone density screening is a benefit of Texas Medicaid. For 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 Copay for Medicaid-covered services. Colorectal Screening Exams (for people aged 50 and older). 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. Immunizations. 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. Mammograms (Annual Screening). 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.</p>

TEXANPLUS STAR (HMO SNP)

TEXAS MEDICAID

<p>Diagnostic Services/Labs/Imaging ①② Diagnostic Radiology (MRIs, CT scans) Diagnostic Tests Diagnostic Procedures Lab Services Outpatient X-Rays Therapeutic Radiology Related Medical Supplies</p>	<p>\$0 Copay or 10% of the cost \$0-\$25 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay or 10% of the cost \$0 Copay or 20% of the cost What You Should Know: Prior authorization required to be covered except for x-rays and some lab procedures, when done in free-standing facilities. Cost-share depends on level of Medicaid Eligibility.</p>	<p>\$0 Copay for Medicaid-covered services \$0 Copay for Medicaid-covered services \$0 Copay for Medicaid-covered services \$0 Copay for Medicaid-covered services \$0 Copay for Medicaid-covered services \$0 Copay for Medicaid-covered services \$0 Copay for Medicaid-covered services What You Should Know: Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>
<p>Hearing Services ①② Hearing Exams Medicare Covered Routine Hearing Screening</p>	<p>\$0 Copay or \$35 Copay Not Covered What You Should Know: Exam to diagnose and treat hearing and balance issues. Cost-share depends on level of Medicaid Eligibility.</p>	<p>\$0 Copay for Medicaid-covered services What You Should Know: Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>

TEXAS MEDICAID	TEXANPLUS STAR (HMO SNP)	
<p>\$0 Copay for Medicaid-covered services</p> <p>\$0 Copay for Medicaid-covered services</p> <p>What You Should Know: For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>	<p>\$0 Copay or \$35 Copay</p> <p>\$0 Copay</p> <p>\$5 Copay</p> <p>What You Should Know: Cost-share depends on level of Medicaid Eligibility. Medicare covers dental services related to medical treatment. Our plan covers a maximum of \$500 for comprehensive dental services and \$500 for preventive dental services each year.</p>	<p>Dental Services ①②</p> <p>Comprehensive Dental Visits Medicare Covered Periodontics, Oral Surgery and Restorative Services Preventive Dental Visits Oral Exams, Prophylaxis (Cleaning), Fluoride Treatment and Dental X-Rays</p>
<p>\$0 Copay for Medicaid-covered services</p> <p>What You Should Know: Medicaid pays for eyewear after cataract surgery if it is not covered by Medicare or when the Medicare benefit is exhausted. Note: Services by an optician are limited to fitting and dispensing of medically necessary eyeglasses and contact lenses.</p>	<p>\$0 Copay</p> <p>\$0 Copay</p> <p>\$0 Copay</p> <p>\$0 Copay</p> <p>\$0 Copay (covered up to \$100 every two years)</p> <p>What You Should Know: Our plan covers up to 1 routine eye exam (refraction) every year. Enhanced benefits for eyewear to include coverage for contact lenses, eye glasses (lenses and frames), eye glass lenses and eye glass frames up to a maximum benefit of \$100.00 every two years, not related to post cataract surgery.</p>	<p>Vision Services ①</p> <p>Eye Exams Medicare Covered Routine Eye Exams (Refraction) Glaucoma Screenings Eyewear Medicare Covered Contact Lenses, Eye Glasses, Eye Glass Lenses, Eye Glass Frames</p>

TEXAS MEDICAID	TEXANPLUS STAR (HMO SNP)	
<p>\$0 Copay for Medicaid-covered services</p> <p>What You Should Know: Inpatient psychiatric hospital stays are a covered benefit for children. Inpatient hospital stays for acute psychiatric treatment are a covered benefit for adults. Medicaid pays coinsurance, co-payments, and deductibles for Medicare covered services.</p> <p>Members should follow Medicare guidelines related to hospital choice.</p>	<p>\$0 Copay or \$295 Copay per stay \$0 Copay or \$35 Copay \$0 Copay or \$20 Copay \$0 Copay or \$35 Copay</p> <p>What You Should Know: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p>	<p>Mental Health Services Inpatient Hospital Visit Outpatient Individual Therapy Outpatient Group Therapy Partial Hospitalization</p>
<p>\$0 Copay for Medicaid-covered services</p> <p>What You Should Know: Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>	<p>\$0 Copay per day (Days 1 - 20) \$0 Copay or \$100 Copay per day (Days 21 - 100)</p> <p>What You Should Know: Our plan covers up to 100 days per Benefit Period in a SNF. A Benefit Period begins the first day you go into a facility (acute inpatient, long term care acute or SNF) and ends when you haven't received any inpatient facility care for 60 consecutive days. There is no limit to the number of Benefit Periods you may have.</p> <p>Cost-share depends on level of Medicaid Eligibility.</p>	<p>Skilled Nursing Facility (SNF) ①②</p>
<p>\$0 Copay for Medicaid-covered services</p> <p>What You Should Know: Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>	<p>\$0 Copay or \$35 Copay \$0 Copay or \$35 Copay \$0 Copay or \$35 Copay \$0 Copay or \$30 Copay</p> <p>What You Should Know: Cost-share depends on level of Medicaid Eligibility.</p>	<p>Rehabilitation Services ①② Outpatient Services: Cardiac (Heart) Rehab Services Occupational Therapy Visit Physical, Speech, Language Therapy Pulmonary Rehabilitation</p>

TEXAS MEDICAID	TEXANPLUS STAR (HMO SNP)	
<p>Ambulance ①</p> <p>\$0 Copay for Medicaid-covered services</p> <p>What You Should Know: Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>	<p>\$0 Copay or \$50 Copay</p> <p>What You Should Know: The cost share is not waived if you are admitted for inpatient hospital care.</p> <p>Cost-share depends on level of Medicaid Eligibility.</p>	
<p>Transportation ①</p> <p>\$0 Copay for Medicaid-covered services</p> <p>What You Should Know: The Medicaid Medical Transportation Program (MTP) provides non-emergency transportation, if it is not covered by Medicare.</p>	<p>\$0 Copay</p> <p>What You Should Know: 30 one-way trips per plan year for non-emergency, scheduled appointments to and from approved locations in the plan's service area. Routine transportation services must be scheduled 3 days in advance of needed services. Transportation to a pharmacy immediately after your appointment if needed.</p>	
<p>Foot Care (podiatry services)</p> <p>\$0 Copay for Medicaid-covered services</p> <p>What You Should Know: Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>	<p>\$0 Copay or \$35 Copay</p> <p>What You Should Know: Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p>Cost-share depends on level of Medicaid Eligibility.</p>	
<p>Medical Equipment/Supplies ① ②</p> <p>Diabetes Monitoring Supplies</p> <p>Diabetes Self-Management Training</p> <p>Therapeutic Shoes or Inserts</p> <p>Durable Medical Equipment</p> <p>Prosthetic Devices</p> <p>\$0 Copay for Medicaid-covered services</p> <p>What You Should Know: Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>	<p>0%-20% of the cost</p> <p>\$0 Copay</p> <p>\$0 Copay or 20% of the cost</p> <p>\$0 Copay or 10% of the cost</p> <p>\$0 Copay or 20% of the cost</p> <p>What You Should Know: Covered diabetes supplies include: blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions. The plan maintains a list of the preferred brand diabetic monitoring supplies that are subject to lower Cost-sharing.</p> <p>Cost-share depends on level of Medicaid Eligibility.</p>	

Wellness Programs

Silver&Fit® Fitness Program
 Fitness Facility Membership
 Home Fitness Kit
 Enhanced Disease Management
 24/7 Health Line

\$25 Copay
 \$10 Copay
 \$0 Copay
 \$0 Copay

What You Should Know:

The Silver&Fit® Exercise and Healthy Aging Program offers Members the option of a fitness facility membership or a home fitness kit for those who cannot get to a fitness facility or prefer to work out at home. Copays are for an annual membership fee. Limit 2 home fitness kits per year.

Services that call for an added fee are not part of the Silver&Fit program. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein.

\$0 Copay for Medicaid-covered services

What You Should Know:

Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.

Medicare Part B Drugs ^①

Part B Drugs such as Chemotherapy
Other Part B Drugs

\$0 Copay or 10% of the cost
0% - 10% of the cost

What You Should Know:

\$0 Cost-share for respiratory compound medications administered through a nebulizer provided by a preferred vendor. 0%-10% for all other Medicare Part B drugs depending on level of Medicaid Eligibility.

Not Applicable

PRESCRIPTION DRUG BENEFITS

DEDUCTIBLE

\$400 or "Extra Help" Cost-share.¹

"EXTRA HELP" COST-SHARE LEVELS¹	
"Extra Help"	Deductible
Level 1	\$0.00
Level 2	\$0.00
Level 3	\$0.00
Level 4	\$82.00

What You Should Know:
The deductible you pay is based on your level of "Extra Help" from Medicare.

If you have a limited income you may be able to get "Extra Help" with your Medicare prescription drug plan premiums, deductibles and copays. Many people qualify and don't even know it.

To find out if you qualify, call the Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778, 7 a.m. - 7 p.m., Monday - Friday.

\$0 Copay for Medicaid covered prescription drugs not covered by Medicare Part D.

Note: Medicaid will not cover any Medicare Part D drug.

INITIAL COVERAGE STAGE

"EXTRA HELP" COST-SHARE LEVELS²		
"Extra Help"	Generic Copay	Brand Copay
Level 1	\$3.30	\$8.25
Level 2	\$1.20	\$3.70
Level 3	\$0.00	\$0.00
Level 4	15%	15%

Depending on your income and institutional status, you pay the following:

- All Formulary Drugs: "Extra Help" Cost-share² OR 25% Coinsurance
- Mail Order Also Available: "Extra Help" Cost-share² OR 25% Coinsurance

What You Should Know:

You may get your drugs at network retail pharmacies and mail order pharmacies.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

You will be reimbursed up to the plan's cost of the drug minus Copays or co-insurance for drugs purchased out-of-network until the total yearly drug cost reaches \$3,700. You will have to pay in full for the drugs and submit documentation to receive reimbursement.

\$0 Copay for Medicaid covered prescription drugs not covered by Medicare Part D

Note: Medicaid will not cover any Medicare Part D drug

GAP COVERAGE STAGE

"EXTRA HELP" COST-SHARE LEVELS²		
"Extra Help"	Generic Copay	Brand Copay
Level 1	\$3.30	\$8.25
Level 2	\$1.20	\$3.70
Level 3	\$0.00	\$0.00
Level 4	15%	15%

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,700.

After your total yearly drug costs reach \$3,700, you will pay "Extra Help" Cost-Share² OR receive a discount and generally pay no more than:

- 40% of the plan's costs for brand drugs
- 51% of the plan's costs for generic drugs

\$0 Copay for Medicaid covered prescription drugs not covered by Medicare Part D.

Note: Medicaid will not cover any Medicare Part D drug.

CATASTROPHIC COVERAGE STAGE

"EXTRA HELP" COST-SHARE LEVELS³		
"Extra Help"	Generic Copay	Brand Copay
Level 1	\$0.00	\$0.00
Level 2	\$0.00	\$0.00
Level 3	\$0.00	\$0.00
Level 4	\$3.30	\$8.25

After your yearly out-of-pocket drug costs reach \$4,950, you pay "Extra Help" Cost-Share³ OR the greater of:

- \$3.30 Copay for generics (including brand drugs treated as generic), OR
- \$8.25 Copay for all other drugs, OR
- 5% Coinsurance

\$0 Copay for Medicaid covered prescription drugs not covered by Medicare Part D.

Note: Medicaid will not cover any Medicare Part D drug.

<p>OTHER INFORMATION</p>	<p>If you receive “Extra Help” to pay for your prescription drugs, your costs for covered drugs will depend on the level of “Extra Help” you receive during the initial coverage and the coverage gap stages.</p>	
<p>ADDITIONAL COVERED BENEFITS</p>		
<p>Chiropractic Care ① ②</p>	<p>\$0 Copay or \$20 Copay What You Should Know: Our plan only covers manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position). Cost-share depends on level of Medicaid Eligibility.</p>	<p>\$0 Copay for Medicaid-covered services What You Should Know: Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. 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>Home Health Care ① ②</p>	<p>\$0 Copay What You Should Know: Covered services include part-time or intermittent Skilled Nursing and home health-aide services including physical therapy, occupational therapy, and speech therapy, medical and social services, medical equipment and supplies.</p>	<p>\$0 Copay for Medicaid-covered services What You Should Know: Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>
<p>Hospice</p>	<p>What You Should Know: You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</p>	<p>\$0 Copay for Medicaid-covered services What You Should Know: Medicaid pays for this service for certain Waiver Members if it is not covered by Medicare or when the Medicare benefit is exhausted. The Cost-share for hospice consultation services is the same as the Cost-share you pay for physician services, including doctor office visits. Note: When adult clients elect hospice services, they waive their rights to all other Medicaid services related to their terminal illness. They do not waive their rights to Medicaid services unrelated to their terminal illness.</p>

TEXAS MEDICAID	TEXANPLUS STAR (HMO SNP)	
<p>\$0 Copay for Medicaid-covered services \$0 Copay for Medicaid-covered services What You Should Know: Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>	<p>\$0 Copay or \$35 Copay \$0 Copay or \$20 Copay What You Should Know: Cost-share depends on level of Medicaid Eligibility.</p>	<p>Outpatient Substance Abuse ①② Individual Therapy Group Therapy</p>
<p>\$0 Copay for Medicaid-covered services \$0 Copay for Medicaid-covered services What You Should Know: Medicaid pays for certain surgical services if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>	<p>\$0 Copay or \$50 Copay \$0 Copay or \$145 Copay What You Should Know: Cost-share depends on level of Medicaid Eligibility.</p>	<p>Outpatient Surgery and Services ①② Ambulatory surgical center Outpatient hospital</p>
<p>\$0 Copay for Medicaid-covered services What You Should Know: Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>	<p>\$0 Copay or \$30 Copay What You Should Know: Cost-share depends on level of Medicaid Eligibility.</p>	<p>Renal Dialysis ①②</p>
<p>HOME AND COMMUNITY BASED WAIVER SERVICES 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 Medicaid waiver services. Waiver services are limited to individuals who meet additional Medicaid waiver eligibility criteria.</p>		
<p>For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).</p>	<p>Contact your Texas Health and Human Services Commission Medicaid Case Manager</p>	<p>Community Living Assistance and Support Services (CLASS) Waiver</p>
<p>For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).</p>	<p>Contact your Texas Health and Human Services Commission Medicaid Case Manager</p>	<p>Deaf Blind with Multiple Disabilities Waiver (DB-MD)</p>
<p>For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).</p>	<p>Contact your Texas Health and Human Services Commission Medicaid Case Manager</p>	<p>Home and Community Services (HCS) Waiver</p>
<p>For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).</p>	<p>Contact your Texas Health and Human Services Commission Medicaid Case Manager</p>	<p>Medically Dependent Children Program (MDCP)</p>

TEXANPLUS STAR (HMO SNP)		TEXAS MEDICAID
STAR+PLUS Program (operating under the Texas Healthcare Transformation and Quality Improvement Program Waiver)	Contact your Texas Health and Human Services Commission Medicaid Case Manager	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).
Texas Home Living Waiver (TxHmL)	Contact your Texas Health and Human Services Commission Medicaid Case Manager	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).

TexanPlus® Star (HMO SNP) is a Medicare Advantage plan with a Medicare contract and a contract with the State Medicaid Program. Enrollment in TexanPlus® Star (HMO SNP) depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party).

ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call 1-888-736-7442 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-736-7442 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-736-7442 (TTY: 711)。

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Premium, co-pays, co-insurance, and deductibles may vary based on the level of “Extra Help” you receive. Please contact the plan for further details.

Multi-language Interpreter Services

ATTENTION:

If you speak other languages, language assistance services, free of charge, are available to you. Call 1-888-736-7442 (TTY: 711).

Spanish:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-736-7442 (TTY: 711).

Chinese:

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-736-7442 (TTY: 711)。

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-736-7442 (телетайп: 711).

French:

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-736-7442 (ATS: 711).

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-736-7442 (TTY: 711).

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-736-7442 (TTY: 711) 번으로 전화해 주십시오.

Arabic:

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Italian:

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Yiddish:

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Multi-language Interpreter Services

Bengali:

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পিরম্ববা উপলব্ধ আছে। ফোন করুন ১-৪৪৪-৭৩৬-৭৪৪২ (TTY: ৭১১)।

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Tagalog:

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Hindi:

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Discrimination is Against the Law

TexanPlus® HMO, TexanPlus® HMO-POS, TexanPlus® Star (HMO SNP), Today's Options® PFFS, and Today's Options® PPO (hereinafter, the Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Plan:

- 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)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Your Plan Name, P.O. Box 18200, Austin, TX 78760-8200, c/o Appeals and Grievances, 1-866-422-1690 (TTY users call 711), Fax: 1-800-817-3516, Email: AGMailbox@UniversalAmerican.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is 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, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Spanish:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-736-7442 (TTY: 711).

Chinese:

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-736-7442 (TTY: 711)。

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-736-7442 (телетайп: 711).

French:

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-736-7442 (ATS: 711).

Vietnamese:

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TexanPlus® Star (HMO SNP)

Contact Us



For more information, please call us at the phone number below or visit us at www.TexanPlusSNP.com.

- Not yet a member? Please call us toll-free at 1-866-556-4607, TTY users should call 711. Your call may be answered by a licensed agent.
- Already a member? Please call us at Member Services at 1-844-879-4367, TTY users should call 711.



Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central Time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central Time.



Formularies and Directories

- You can find our plan's complete formulary (list of Part D prescription drugs) and online Find a Drug search tools, along with any restrictions, on our website at www.Universal-American-Medicare.com/TexanPlusSNPFindADrug. Or, call us and we will send you a copy.
- You can find our plan's online Find a Pharmacy search tool on our website at www.Universal-American-Medicare.com/TexanPlusSNPFindAPharmacy.
- You can find our plan's Provider Directory and online Find a Provider search tool on our website at www.Universal-American-Medicare.com/TexanPlusSNPFindAProvider. Or, call us and we will send you a copy of the Provider Directory.