



2027 SUMMARY of BENEFITS

MedCare Classic (HMO) H5767-001

Harris County, Texas

Benefits effective January 1, 2027 – December 31, 2027

MedCare Classic (HMO)

H5767-001

January 1, 2027 - December 31, 2027

MedCare Partners Health Plan of Texas is an HMO with a Medicare contract. Enrollment in MedCare Partners Health Plan of Texas depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-866-MCP-TX01 (1-866-627-8901) (TTY 711) and request the “Evidence of Coverage” or access it online at www.mcpartnerstx.com.

To join **MedCare Classic (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following county in Texas: Harris.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7-days a week, 24-hours a day. TTY users should call 1-877-486-2048.

This document is available in other languages such as Spanish and Vietnamese, and in other formats such as Braille, large print or audio.

For more information, please call us at 1-866-MCP-TX01 (1-866-627-8901) (TTY users should call 711) 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 – March 31 (except Thanksgiving and Christmas Day) and 8:00 a.m. to 8:00 p.m. Monday – Friday from April 1 – September 30 (except for federal holidays). Messages received on holidays and outside of our business hours will be returned within one business day. You may also visit us at www.mcpartnerstx.com.

Premiums and Benefits	MedCare Classic (HMO) (H5767-001)
Monthly Plan Premium <i>(includes both medical and drugs)</i>	You pay \$0 You must continue to pay your Medicare Part B premium.
Deductible	No deductible.
Maximum out-of-pocket responsibility <i>(Does not include prescription drug costs)</i>	You pay no more than \$1,500 annually for in-network Medicare-covered benefits.
Inpatient Hospital	\$200 copay per day for days 1 - 4. \$0 copay per day for days 5 - 90. Services may require prior authorization and/or a referral.

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Outpatient Hospital - Outpatient services - Observation services	\$150 copay per outpatient hospital visit \$0 copay per observation stay Services may require prior authorization and/or a referral.
Ambulatory Surgery Center (ASC)	\$100 copay Services may require prior authorization and/or a referral.
Doctor visits - Primary care providers - Specialists	\$0 copay per visit \$15 copay per visit Specialist services may require prior authorization and/or a referral.
Preventive care <i>Including but not limited to:</i> - Vaccinations (flu shots, pneumococcal, COVID, etc.) - Cancer screenings - Glaucoma screening - Diabetes screenings - Annual wellness visit - Diabetes self-management training	\$0 copay for all Medicare-covered preventive services
Emergency Care - Emergency services - Worldwide emergency coverage	\$150 copay per visit \$0 copay for up to \$10,000 in worldwide emergency coverage
Urgently needed services	\$0 copay per visit

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Diagnostic Services/Labs/Imaging • Diagnostic tests & procedures • Lab services • MRI, CAT Scan • X-Rays	For Medicare-covered services, you pay the amounts below. If you receive multiple services on the same day, only the maximum copay applies. • \$200 copay • \$0 copay • \$200 copay • \$0 copay Diagnostic procedures, tests, and lab services may require prior authorization and/or a referral.
Hearing Services • Medicare-covered benefits • Routine hearing exam • Hearing aid fittings and evaluations • Hearing aids (all types)	• \$0 copay • \$0 copay for up to one exam per year • \$0 copay for unlimited hearing aid evaluations/fittings • \$149 copay per TruHearing Advanced hearing aid for up to one hearing aid per ear every three years
Dental services Medicare-covered services Preventive Dental • Oral exams, cleanings, fluoride treatments, x-rays, and other diagnostic services Comprehensive Dental • Restorative services • Endodontic services • Periodontic services • Prosthodontics services • Maxillofacial Prosthetics • Oral and Maxillofacial Surgery	You receive a \$2,000 benefit allowance every year for preventive and comprehensive dental benefits combined. • \$0 copay • \$0 copay for preventive services • 20% - 50% of the cost • 20% of the cost • 20% of the cost • 50% of the cost • 20% of the cost • 20% of the cost Comprehensive dental services require prior authorization and/or a referral.

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Vision services • Medicare-covered benefits • Routine Eye Exam • Routine eyewear (eyeglass lenses, eyeglass frames, and contact lenses)	• \$0 copay, including one pair of Medicare-covered eyewear after cataract surgery • \$0 copay for unlimited routine eye exams every year • \$200 allowance for eyeglass frames and contact lenses (in lieu of eyeglass frames) every year. • Eyeglass lenses are unlimited and include single vision, lined trifocal, lenticular and standard progressives. Any costs above the annual allowance is the member's responsibility.
Mental Health Services • Inpatient psychiatric services • Mental health specialty services, including psychiatric services ○ Individual sessions ○ Group sessions	• \$200 copay per day for days 1 – 4 • \$0 copay for days 5 – 90 • \$0 for days 1 – 60 lifetime reserve days • Up to 190 days of inpatient psychiatric care for lifetime. • \$15 copay for individual sessions • \$0 copay for group sessions Services may require prior authorization and/or a referral.
Skilled Nursing Facility	\$0 copay for days 1 – 20 \$221 copay per day for days 21 – 100 100% of all costs for each day after day 100 of the benefit period. Services may require prior authorization and/or a referral.
Outpatient Rehabilitation • Physical therapy • Occupational therapy • Speech therapy	\$0 copay Services may require prior authorization and/or a referral.

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Ambulance • Ground ambulance • Air ambulance	• \$0 copay for non-emergency transports • \$200 copay for all other ground transports • 20% of the cost Non-emergency transport services may require prior authorization.
Transportation (routine)	\$0 copay for up to 36 one-way trips to plan-approved health-related locations
Medicare Part B drugs • Insulin • Chemotherapy & other drugs	0% - 20% of the cost for Part B drugs \$30.00 copay for a 30-day supply of Part B insulins 0% - 20% of the cost for other Part B drugs, including chemotherapy
Medical Equipment & Supplies • Durable medical equipment (DME) • Prosthetics • Diabetic therapeutic shoes or inserts • Diabetic monitors	20% of the cost for all DME, prosthetics, and diabetic shoes/inserts, supplies and monitors DME and prosthetics services may require prior authorization.
Chiropractic • Medicare-covered services • Routine chiropractic services	• \$0 copay for Medicare-covered services • \$0 copay for routine chiropractic services. See Combined Benefit Package for Chiropractic & Acupuncture below.
Acupuncture • Medicare-covered services • Routine acupuncture services	• \$0 copay for Medicare-covered services • \$0 copay for routine acupuncture services. See Combined Benefit Package for Chiropractic & Acupuncture below.

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Combined Benefit Package: Chiropractic & Acupuncture	\$0 copay for up to 30 total visits per year that can be used for either routine chiropractic services or routine acupuncture services.
Outpatient Substance Abuse - Individual sessions - Group sessions	\$15 copay per session \$0 copay per session Services may require prior authorization and/or a referral.
Renal Dialysis	20% of the cost
Podiatry - Medicare-covered - Routine podiatry	\$0 copay \$0 copay for up to 6 routine foot care visits per year Services may require prior authorization and/or a referral.
Annual Physical Exam	\$0 copay for a routine annual physical exam Services may require prior authorization. There may be costs associated with any diagnostic radiology services performed with the annual exam.
Flex Card	You pay \$0 for a \$265 quarterly combined allowance to use for any of the following: - Over-the-Counter (OTC) items - Routine Chiropractic Care - Routine Acupuncture Treatments - Therapeutic Massage - Comprehensive dental services - Vision eyewear - Prescription Hearing Aids (all types)
Meals	\$0 copay for up to 3 meals per day for up to 7 calendar days after each inpatient facility discharge.
Fitness	\$0 copay for up to \$25 per month reimbursement on a gym membership or fitness classes.

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Home & Bathroom Safety Devices & Modifications	\$0 copay for a shower chair.
Personal Emergency Response System (PERS)	\$0 copay for the PERS benefit to receive emergency alert services from ADT Security Services (ADT). Members will have access to a customizable PERS offering, including three (3) emergency alert solutions: • Medical Alert Basic (PERS Basic): an in-home unit with range of up to 300-feet • Medical Alert Plus (PERS Plus): an in-home unit with 600-foot pendant range • On-The-Go (PERS On-The-Go): Mobile base unit with optional Fall Detection All solutions feature: • Two-way voice communication to ADT monitoring center • Water resistant pendants or wristbands • 24/7/365 monitoring service • The optional Fall Detection system pairs with the Medical Alert Plus and On-The-Go solutions and enables members to send an alert to ADT's customer monitoring center automatically when a fall is detected, even if the button is not pressed as well as when the help button is pressed.
Nursing Hotline	\$0 copay for 24 hours a day/7 day a week access to a nursing hotline for health-related questions or concerns.

Part D Prescription Drugs			
Part D Deductible	\$0		
Initial Coverage	In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,400 .		
	Standard Retail cost sharing (30-day supply)	Standard Retail cost sharing (90-day supply)	Mail Order cost sharing (90-day supply)
Tier 1 - Preferred Generic (including insulins)	\$0 copay	\$0 copay	\$0 copay
Tier 2 – Generic	\$3 copay	\$9 copay	\$6 copay
Insulins	\$3 copay or 25% of the cost	\$9 copay or 25% of the cost	\$6 copay or 25% of the cost
Tier 3 - Preferred Brand	\$35 copay	\$105 copay	\$70 copay
Insulins	\$35 copay or 25% of the cost	\$105 copay or 25% of the cost	\$70 copay or 25% of the cost
Tier 4 - Non-Preferred Drug	\$100 copay	\$300 copay	\$200 copay
Insulins	\$35 copay or 25% of the cost	\$105 copay or 25% of the cost	\$70 copay or 25% of the cost
Tier 5 - Specialty Tier	33% of the cost		
Insulins	\$35 copay or 25% of the cost	Long-term supply not available	Long-term supply not available
Tier 6 - Select Care Drugs (including insulins)	\$0 copay	\$0 copay	\$0 copay
Catastrophic Coverage (after you or others on your behalf pay \$2,400)	In this stage, you pay nothing for your covered Part D drugs and drugs offered under our enhanced drug benefit. You generally stay in this stage for the rest of the calendar year.		
Cost sharing may change depending on point-of-service (mail-order, retail, LTC, home infusion), the pharmacy you choose and when you enter a new phase of the drug stages.			
Important message about what you pay for insulin	At a retail pharmacy, you won't pay more than 25% of the cost or \$35 for a one-month supply of each insulin product covered by our plan (whichever is less).		
Important message about what you pay for vaccines	Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.		
Your cost share may differ depending on when you enter another phase of the drug benefit and if you qualify for "Extra Help." To find out if you qualify for “Extra Help,” please contact the Social Security Office at 1.800.772.1213 Monday through Friday, 7 a.m. – 7 p.m. TTY users should call 1.800.325.0778.			

Additional Details and Contact Information

Who can join?

You must:

- have both Medicare Part A and Part B
- live in the plan service area (Harris County Texas)
- be a United States citizen or be lawfully present in the United States

Member Services Phone Number

1-866-MCP-TX01 (1-866-627-8901)

TTY

711

Hours of Operation

October 1 to March 31:

8 am to 8 pm, 7 days a week (except Thanksgiving and Christmas Day)

April 1 to September 30:

8 am to 8 pm, Monday through Friday (except for federal holidays)

Messages received on holidays and outside of our business hours will be returned within one business day.

Website

www.mcpartnerstx.com