



2027 SUMMARY of BENEFITS

MedCare Choice (HMO C-SNP) H5767-003

Harris County, Texas

Benefits effective January 1, 2027 – December 31, 2027

MedCare Choice (HMO C-SNP)

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MedCare Partners Health Plan of Texas is an HMO C-SNP 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 Choice (HMO C-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and be diagnosed with one of the following: diabetes mellitus, chronic heart failure, or cardiovascular disorders. 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 Choice (HMO C-SNP) (H5767-003)
Monthly Plan Premium <i>(includes both medical and drugs)</i>	You pay \$6 You must continue to pay your Medicare Part B premium.
Deductible	\$283 deductible per year for in-network medical services. This is the 2026 Part B deductible amount and may change for 2027. MedCare Partners Health Plan of Texas will provide the updated amount as soon as it is released. See the Part D Prescription Drugs section for the Part D deductible.
Maximum out-of-pocket responsibility <i>(Does not include prescription drug costs)</i>	You pay no more than \$9,850 annually for in-network Medicare-covered benefits.

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Inpatient Hospital	\$1,736 deductible per benefit period \$0 copay for days 1 - 60 \$434 copay per day for days 61 - 90. \$868 copay per day for lifetime reserve days after day 90 Services may require prior authorization and/or a referral. These are 2026 cost-sharing amounts and may change for 2027. MedCare Partners Health Plan of Texas will provide updated amounts as soon as they are released.
Outpatient Hospital - Outpatient services - Observation services	20% of the cost Services may require prior authorization and/or a referral.
Ambulatory Surgery Center (ASC)	20% of the cost Services may require prior authorization and/or a referral.
Doctor visits - Primary care providers (PCP) - Specialists	\$0 copay applies to PCP office visits 20% of the cost applies to PCP services in a facility 20% of the cost 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

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Emergency Care - Emergency services - Worldwide emergency coverage	\$115 copay per visit \$0 copay for up to \$10,000 in worldwide emergency coverage
Urgently needed services	\$0 copay per visit
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. 20% of the cost \$0 copay 20% of the cost 20% of the cost 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

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Dental services Medicare-covered services Preventive Dental • Oral exams, cleanings, fluoride treatment, x-rays and other diagnostic services Comprehensive Dental • Restorative Services • Endodontic Services • Periodontic Services • Prosthodontic 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 may require prior authorization and/or a referral.
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	• \$1,736 deductible per benefit period • \$0 copay for days 1 – 60 • \$434 copay per day for days 61 - 90. • \$868 copay per day for lifetime reserve days after day 90 These are 2026 cost-sharing amounts and may change for 2027. MedCare Partners Health Plan of Texas will provide updated amounts as soon as they are released.

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• Mental health specialty services, including psychiatric services (individual and group sessions)	• 20% of the cost 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	20% of the cost Services may require prior authorization and/or a referral.
Ambulance • Ground and air ambulance	20% of the cost Non-emergent transport services may require prior authorization.
Transportation (routine)	\$0 copay for up to 60 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 • \$20.00 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 DME, prosthetics and diabetic monitors \$0 copay for diabetic supplies and diabetic therapeutic shoes or inserts DME and prosthetics services may require prior authorization and/or a referral.

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Chiropractic • Medicare-covered services • Routine chiropractic care	• 20% of the cost for Medicare-covered services • \$0 copay for routine chiropractic care. See Combined Benefit Package for Chiropractic & Acupuncture below.
Acupuncture • Medicare-covered services • Routine acupuncture treatments	• 20% of the cost for Medicare-covered services • \$0 copay for routine acupuncture treatments. See Combined Benefit Package for Chiropractic & Acupuncture below.
Combined Benefit Package: Chiropractic & Acupuncture	\$0 copay for up to 30 total visits per year that can be used for either routine chiropractic care or routine acupuncture treatments.
Outpatient Substance Abuse Individual and group sessions	20% of the cost Services may require prior authorization and/or a referral.
Renal Dialysis	20% of the cost
Podiatry • Medicare-covered • Routine podiatry	• 20% of the cost • \$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 a prior authorization. There may be costs associated with any diagnostic radiology services performed with the annual exam.
Flex Card	You pay \$0 for a \$490 quarterly combined allowance to use for any of the following: • Over-the-Counter (OTC) items • Routine Chiropractic Care • Routine Acupuncture Treatments • Therapeutic Massage • Preventive dental services • Comprehensive dental services • Vision eyewear

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	• Prescription Hearing Aids (all types) • Food & Produce (as available under the *SSBCI benefit below)
Enhanced Care (Special Supplemental Benefits for the Chronically Ill (SSBCI)) *	\$0 copay for access to healthy foods and produce. This is combined with the Flex Card benefit (above). To qualify for this benefit, you must have one of the following chronic conditions and participate in our care management program: • Cardiovascular disorders; • Chronic heart failure; or • Diabetes mellitus * The benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify.
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 monthly reimbursement on a gym membership or fitness class.
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

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	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.
Therapeutic Massage	\$0 copay This benefit can be accessed under the Flex Card (above).
Medicare Cost Sharing	If you have full Medicaid benefits (FBDE) or are a Qualified Medicare Beneficiary (QMB+) or a Specified Low-income Medicare Beneficiary (SLMB+), you will pay \$0 for your Medicare-covered services listed in this chart, including Part B premiums, deductibles, and cost shares.

Part D Prescription Drugs			
Part D Deductible	\$700. This deductible applies to drugs in Tier 2, Tier 3, Tier 4 and Tier 5.		
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	25% of the cost	25% of the cost	25% of the cost
Insulins	\$35 copay or 25% of the cost	\$105 copay or 25% of the cost	\$70 copay or 25% of the cost
Tier 3 - Preferred Brand	25% of the cost	25% of the cost	25% of the cost
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	25% of the cost	25% of the cost	25% of the cost
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	25% of the cost	Long-term supply not available	Long-term supply not available
Insulins	\$35 copay or 25% of the cost		
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.		
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), even if you haven't paid your deductible.		
Important message about what you pay for vaccines	Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.		
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.			
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
- be diagnosed with one of the following conditions:
 - diabetes mellitus
 - chronic heart failure
 - cardiovascular disorders

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