



MedCarePartners
Health Plan of Texas

MedCare Partners Health Plan of Texas

CY2027 Benefit Highlights — For Internal Use Only

H5767 · Harris County, TX · Effective January 1, 2027

2027 Plans

Plan Name	Contract Number	Plan Type
MedCare Classic (HMO)	H5767-001	General Enrollment
MedCare Focus (HMO C-SNP)	H5767-002	C-SNP: CVD / CHF / Diabetes
MedCare Choice (HMO C-SNP)	H5767-003	C-SNP + Dual Eligible (LIPSA)

Who Can Enroll?

Here is what the plan types above mean and who qualifies for each plan:

MedCare Classic (H5767-001) — Open to anyone with Medicare. If you have Medicare Parts A and B and live in Harris County, you can enroll. No health conditions required.

MedCare Focus (H5767-002) ** — A Chronic Condition Special Needs Plan (C-SNP). To qualify, you must have Medicare Parts A and B, live in Harris County, AND have at least ONE of these chronic conditions, verified by your doctor:

- Diabetes (Type 1 or Type 2)
- Cardiovascular disease (for example: coronary artery disease, history of heart attack or stroke, peripheral vascular disease, or heart rhythm disorders)
- Congestive heart failure (CHF)

MedCare Choice (H5767-003) *** — For members who have Medicare and are also eligible for Medicaid. To enroll, you must meet the chronic condition requirement above (diabetes, cardiovascular disease, or chronic heart failure). This plan is best suited for individuals who also have Medicaid or qualify for Extra Help / the Low-Income Premium Subsidy (LIPSA). In other words: chronic condition + Medicaid/low-income assistance = Choice plan. Members with full Medicaid typically pay little or nothing out of pocket because Medicaid covers most Medicare cost-shares for hospital and medical services and the Extra Help program assists with Part D premiums, deductibles and drug cost sharing.

*Note: **C-SNP enrollment requires the chronic condition to be verified by the member's physician (Chronic Condition Verification form). If verification is not received within the CMS-required timeframe, 30 days of the effective date, the member may be disenrolled. Verification process is not expected or required prior to the submission of the application.*

****Ensure that individuals interested in this product understand that if they do not have Medicaid or Extra Help, their costs may be higher.*

Core Medical Benefits

Benefit	Original Medicare	MedCare Classic H5767-001	MedCare Focus H5767-002	MedCare Choice H5767-003
Monthly Premium	Part B premium applies	\$0	\$0	\$6.00
Annual Deductible <i>Medical</i>	\$283 (Part B) (Medicare covered)	\$0	\$0	\$292 <i>Applies to select Part B services</i>
Max Out-of-Pocket <i>In-network annual limit</i>	No limit	\$1,500	\$900	\$9,850
Hospital Stay – Part A <i>Inpatient acute</i>	\$1,736 deductible \$0 days 1–60 \$434 days 61–90 \$868 per lifetime reserve days for days 91+ (up to 60 days) 100% of the cost beyond lifetime reserve days	\$200/day, days 1–4 \$0/day, days 5–90	\$200/day, days 1–4 \$0/day, days 5–90	\$1,736 per Medicare-covered benefit period \$0 copay for days 1-60 \$434 copay per day for days 61-90 \$868 copay per day for each lifetime reserve day (days 91+; up to 60 days) 100% of the costs beyond lifetime reserve days These are 2026 cost sharing amounts and may change for 2027.
Skilled Nursing Facility	\$217/day days 21–100	\$0, days 1–20 \$221/day, days 21–100	\$0, days 1–20 \$221/day, days 21–100	\$0, days 1–20 \$221/day, days 21–100
Primary Care Visit	20% coinsurance	\$0 copay	\$0 copay	\$0 copay for office visits 20% of the cost for PCP services in a facility
Specialist Visit	20% coinsurance	\$15 copay	\$15 copay	20% coinsurance
Emergency Care	20% coinsurance	\$150 copay	\$150 copay	\$115 copay
Urgent Care	20% coinsurance	\$0 copay	\$0 copay	\$0 copay
Lab / X-Ray	20% coinsurance	\$0 copay	\$0 copay	\$0 copay for labs 20% coinsurance for x-rays
Outpatient Diagnostics <i>MRI, CT, PET scans</i>	20% coinsurance	\$200 copay	\$200 copay	20% coinsurance
Mental Health <i>Individual sessions</i>	20% coinsurance	\$15 copay	\$15 copay	20% coinsurance
Telehealth / Virtual Visits	Limited to select services/providers	\$0 copay	\$0 copay	\$0 copay
Home Health	Covered with order	\$0 copay	\$0 copay	\$0 copay

Benefit	Original Medicare	MedCare Classic H5767-001	MedCare Focus H5767-002	MedCare Choice H5767-003
Transportation <i>Plan-approved health-related locations one-way trips/year</i>	Not covered	36 trips/year	60 trips/year	60 trips/year <i>Same as MedCare Focus</i>
Prescription Drugs <i>Part D included</i>	Not included	✓ Included	✓ Included	✓ Included
Part B Insulin <i>Per 30-day supply</i>	Standard cost share	\$30 copay	\$20 copay	\$20 copay

Supplemental Benefits

Benefit	Original Medicare	MedCare Classic H5767-001	MedCare Focus H5767-002	MedCare Choice H5767-003
Dental <i>Delta Dental · DPO network</i>	Not covered	\$2,000/year Preventive: \$0 copay· Comprehensive: 20% to 40% <i>No ortho · No deductible</i>	\$2,000/year Preventive: \$0 copay· Comprehensive: 20% to 40% <i>No ortho · No deductible</i>	\$2,000/year Preventive: \$0 copay· Comprehensive: 20% to 40% <i>No ortho · No deductible</i>
Vision <i>VSP network</i>	Not covered	Exam: \$0 copay for unlimited routine eye exams Eyewear allowance: \$200/year <i>Applies to frames or contact lenses</i> <i>Amounts above \$200 are member's responsibility</i> Lenses: \$0 (unlimited) <i>Eyewear every year</i>	Exam: \$0 copay for unlimited routine eye exams Eyewear allowance: \$200/year <i>Applies to frames or contact lenses</i> <i>Amounts above \$200 are member's responsibility</i> Lenses: \$0 (unlimited) <i>Eyewear every year</i>	Exam: \$0 copay for unlimited routine eye exams Eyewear allowance: \$200/year <i>Applies to frames or contact lenses</i> <i>Amounts above \$200 are member's responsibility</i> Lenses: \$0 (unlimited) <i>Eyewear every year</i>
Hearing <i>TruHearing network</i>	Not covered	Exam (one per year), Fitting/ Evaluation: \$0 copay Hearing aids: \$149 copay/aid Up to 2 aids (1 per ear) Every 3 years · 3-yr warranty 1-yr of follow-up visits included	Exam (one per year), Fitting/ Evaluation: \$0 copay Hearing aids: \$149 copay/aid Up to 2 aids (1 per ear) Every 3 years · 3-yr warranty 1-yr of follow-up visits included	Exam (one per year), Fitting/ Evaluation: \$0 copay Hearing aids: \$149 copay/aid Up to 2 aids (1 per ear) Every 3 years · 3-yr warranty 1-yr of follow-up visits included
Fitness <i>Silver&Fit via ASH</i>	Not covered	\$0 copay for up to \$25 monthly reimbursement Gym membership or home fitness kit/fitness classes	\$0 copay for up to \$25 monthly reimbursement Gym membership or home fitness kit/fitness classes	\$0 copay for up to \$25 monthly reimbursement Gym membership or home fitness kit/fitness classes
Acupuncture & Chiropractic <i>Non-Medicare covered visits · ASH · self-referred</i>	Medicare criteria only	30 visits/year Combined acu + chiro \$0 copay · ASH network	30 visits/year Combined acu + chiro \$0 copay · ASH network	30 visits/year Combined acu + chiro \$0 copay · ASH network
Post-Discharge Meals <i>Homestyle Direct · FedEx home delivery</i>	Not covered	3 meals/day Up to 7 days per inpatient discharge \$0 copay · Dietitian-approved	3 meals/day Up to 7 days per inpatient discharge \$0 copay · Dietitian-approved	3 meals/day Up to 7 days per inpatient discharge \$0 copay · Dietitian-approved
PERS Device <i>Personal Emergency Response System</i>	Not covered	\$0 copay Device included	\$0 copay Device included	\$0 copay Device included
Bathroom Safety Devices	Not covered	\$0 copay for a shower chair	\$0 copay for a shower chair	\$0 copay for a shower chair
24-Hour Nurse Hotline	Not covered	\$0 copay	\$0 copay	\$0 copay
Annual Physical / Wellness Exam	Covered	\$0 copay	\$0 copay	\$0 copay

Flexible Health & Wellness Spending Allowance (Evermore FLEX Card)

Quarterly rollover applies. Fitness (Silver&Fit) is a separate covered benefit — NOT deducted from the flex allowance.

	MedCare Classic H5767-001	MedCare Focus H5767-002	MedCare Choice H5767-003
Quarterly Allowance	\$265/quarter	\$375/quarter	\$490/quarter
Annual Total	\$1,060/year	\$1,500/year	\$1,960 /year
Rollover	Unused quarterly balance rolls over	Unused quarterly balance rolls over	Unused quarterly balance rolls over
Eligible Categories	OTC health items Herbal supplements Extra dental cost share Extra vision eyewear (frames/contacts above \$200 allowance) Extra hearing aid cost share Additional routine chiro and acupuncture Therapeutic massage	All Classic categories PLUS: SSBCI-eligible groceries	All Focus categories PLUS
Card Platform	evermore (&more Card) Accepted at 70,000+ retailers	evermore (&more Card) Accepted at 70,000+ retailers	evermore (&more Card) Accepted at 70,000+ retailers

Flex Card Questions: For card activation, lost-card replacement, or balance inquiries, call the number printed on the back of your evermore (&more Card).

Contact & Important Information

Questions? We're Here to Help.

MedCare Partners Health Plan of Texas

Member Services: **833 627 8924** TTY: (711)

Hours: October 1 to March 31: 8 am to 8 pm, 7 days a week

April 1 to September 30: 8 am to 8 pm, Monday through Friday

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

Website: www.mcpartnerstx.com

Email: MemberServices@mcpartnerstx.com

Our Benefit Partners

MedCare Partners works with these networks to deliver your benefits. For help using any of them, call Member Services above — you don't need to contact the vendor directly.

Benefit	Partner
Dental	Delta Dental
Vision	VSP Vision Care
Hearing	TruHearing
Fitness	Silver&Fit (ASH)
Flex Card	evermore (&more Card)
Transportation	Royalty Medical Transportation
Meals After Hospital Stay	Homestyle Direct

MedCare Partners Health Plan of Texas is an HMO C-SNP plan with a Medicare contract. Enrollment depends on contract renewal. Contract H5767. Benefits, formulary, pharmacy network, provider network, premium, and/or copayments/coinsurance may change on January 1 of each year. This document is a summary; see the Evidence of Coverage for full plan details.