

2010 Summary of Benefits



TexanPlus® HMO

Medicare Advantage

Health Maintenance Organization

January 1, 2010—December 31, 2010

Southeast Texas

UNIVERSAL
AMERICAN

A Healthy Collaboration™

Section I—Introduction to Summary of Benefits for TexanPlus® HMO



Thank you for your interest in TexanPlus Value (HMO), TexanPlus Classic powered by CCRx (HMO), TexanPlus Premier powered by CCRx (HMO). Our plans are offered by SELECTCARE OF TEXAS, L.L.C./Universal American, a Medicare Advantage Health Maintenance Organization HMO. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call TexanPlus HMO and ask for the "Evidence of Coverage".

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 TexanPlus Value (HMO), TexanPlus Classic powered by CCRx (HMO), and TexanPlus Premier powered by CCRx (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call TexanPlus HMO at the telephone 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 TexanPlus Value (HMO), TexanPlus Classic powered by CCRx (HMO), and TexanPlus Premier powered by CCRx (HMO) 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 TexanPlus Value (HMO), TexanPlus Classic powered by CCRx (HMO), and TexanPlus Premier powered by CCRx (HMO) AVAILABLE?

The service area for this plan includes: Galveston (zip codes: 77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592), Austin, Brazoria, Chambers, Fort Bend, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, and Waller Counties, TX. You must live in one of these areas to join the plan. There is more than one plan listed in this summary of benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

WHO IS ELIGIBLE TO JOIN TexanPlus Value (HMO), TexanPlus Classic powered by CCRx (HMO), TexanPlus Premier powered by CCRx (HMO)?

You can join TexanPlus Value (HMO), TexanPlus Classic powered by CCRx (HMO), TexanPlus Premier powered by CCRx (HMO) 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 are generally not eligible to enroll in TexanPlus Value (HMO), TexanPlus Classic powered by CCRx (HMO), TexanPlus Premier powered by CCRx (HMO) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

TexanPlus Value (HMO), TexanPlus Classic powered by CCRx (HMO), and TexanPlus Premier powered by CCRx (HMO) 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 or for an up-to-date list visit us at www.sctexas.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. Neither TexanPlus Value (HMO), TexanPlus Classic powered by CCRx (HMO), TexanPlus Premier powered by CCRx (HMO) nor the Original Medicare Plan will pay for these services.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

TexanPlus Value (HMO) does cover Medicare Part B prescription drugs. TexanPlus Value (HMO) does NOT cover Medicare Part D prescription drugs. TexanPlus Classic powered by CCRx (HMO), and TexanPlus Premier powered by CCRx (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

TexanPlus Classic powered by CCRx (HMO), and TexanPlus Premier powered by CCRx (HMO) 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 <http://www.sctexas.com/PresentFormulary>. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

TexanPlus Classic powered by CCRx (HMO), and TexanPlus Premier powered by CCRx (HMO) 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 <http://www.sctexas.com/PresentFormulary>.

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?

You may be able to get extra help to pay for your prescription drug premiums and 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

- 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 year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of TexanPlus Value (HMO), TexanPlus Classic powered by CCRx (HMO), and TexanPlus Premier powered by CCRx (HMO), 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, TMF Health Quality Institute 800-725-9216.

As a member of TexanPlus Classic powered by CCRx (HMO), and TexanPlus Premier powered by CCRx (HMO) 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, TMF Health Quality Institute 800-725-9216.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may 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 TexanPlus Classic powered by CCRx (HMO), and TexanPlus Premier powered by CCRx (HMO) 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 TexanPlus Value (HMO), TexanPlus Classic powered by CCRx (HMO), TexanPlus Premier powered by CCRx (HMO) 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 provided through DME.

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 and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at 866-230-2513 to obtain a copy of the plan ratings for this plan. TTY users call 800-958-2692.

Please call Universal American for more information about TexanPlus Value (HMO), TexanPlus Classic powered by CCRx (HMO), and TexanPlus Premier powered by CCRx (HMO).

Visit us at www.sctexas.com or call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,
8:00 a.m. – 8:00 p.m. in your local time zone

Current members should call toll-free

866-230-2513 for questions related to the Medicare Advantage Program.
(TTY/TDD) 800-958-2692

Prospective members should call toll-free

866-556-4607 for questions related to the Medicare Advantage Program.
(TTY/TDD) 800-777-9083

Current members should call locally

866-230-2513 for questions related to the Medicare Advantage Program.
(TTY/TDD) 800-958-2692

Prospective members should call locally

866-556-4607 for questions related to the Medicare Advantage Program.
(TTY/TDD) 800-777-9083

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 on the web.

If you have special needs, this document may be available in other formats.

Section II—Summary of Benefits

Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
IMPORTANT INFORMATION				
<p>1 – Premium and Other Important Information</p>	<p>In 2009 the monthly Part B Premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.)</p>	<p>General \$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,000 in-network out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services</p>	<p>General \$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$2,500 in-network out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services</p>	<p>General \$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,000 in-network out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services</p>

If you have any questions about this plan's benefits or costs, please contact TexanPlus HMO at 866-230-2513. (TTY users call 800-958-2692) for current members, and 866-556-4607 (TTY users call 800-777-9083) for prospective members.

Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
1 – Premium and Other Important Information	For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.			
2 – Doctor and Hospital Choice (For more information, see Emergency – #15 and Urgently Needed Care – #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	In-Network You must go to network doctors, specialists, and hospitals. Referral required for network hospitals and specialists (for certain benefits). You may have to pay a separate copay for certain doctor office visits.	In-Network You must go to network doctors, specialists, and hospitals. Referral required for network hospitals and specialists (for certain benefits).	In-Network You must go to network doctors, specialists, and hospitals. Referral required for network hospitals and specialists (for certain benefits).
INPATIENT CARE				
3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	In 2009 the amounts for each benefit period were: Days 1–60: \$1068 deductible Days 61–90: \$267 per day Days 91–150: \$534 per lifetime reserve day. These amounts will change for 2010.	In-Network \$250 copay for each Medicare-covered hospital stay. \$0 copay for additional hospital days	In-Network \$125 copay for each Medicare-covered hospital stay \$0 copay for additional hospital days	In-Network \$300 copay for each Medicare-covered hospital stay \$0 copay for additional hospital days

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
<p>3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. 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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>No limit to the number of days covered by the plan each benefit period. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>No limit to the number of days covered by the plan each benefit period. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>No limit to the number of days covered by the plan each benefit period. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>4 – Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p>	<p>In-Network \$250 copay for each Medicare-covered hospital stay.</p>	<p>In-Network \$125 copay for each Medicare-covered hospital stay.</p>	<p>In-Network \$300 copay for each Medicare-covered hospital stay.</p>

If you have any questions about this plan’s benefits or costs, please contact TexanPlus HMO at 866-230-2513. (TTY users call 800-958-2692) for current members, and 866-556-4607 (TTY users call 800-777-9083) for prospective members.

Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value Value (HMO)
4 – Inpatient Mental Health Care	190 day lifetime limit in a Psychiatric Hospital.	You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
5 – Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1–20: \$0 per day Days 21–100: \$133.50 per day These amounts will change for 2010. 100 days for each benefit period. 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.	General Authorization rules may apply. In-Network For SNF stays: Days 1–20: \$0 copay per day Days 21–100: \$100 copay per day Plan covers up to 100 days each benefit period. No prior hospital stay is required.	General Authorization rules may apply. In-Network For SNF stays: Days 1–100: \$0 copay per day Plan covers up to 100 days each benefit period No prior hospital stay is required.	General Authorization rules may apply. In-Network For SNF stays: Days 1–20: \$0 copay per day Days 21–100: \$100 copay per day Plan covers up to 100 days each benefit period No prior hospital stay is required.

If you have any questions about this plan’s benefits or costs, please contact TexanPlus HMO at 866-230-2513. (TTY users call 800-958-2692) for current members, and 866-556-4607 (TTY users call 800-777-9083) for prospective members.

Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
5 – Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.			
6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	General Authorization rules may apply. In-Network 0% copay for Medicare-covered home health visits.	General Authorization rules may apply. In-Network 0% copay for Medicare-covered home health visits.	General Authorization rules may apply. In-Network 0% copay for Medicare-covered home health visits.
7 – Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.

If you have any questions about this plan's benefits or costs, please contact TexanPlus HMO at 866-230-2513. (TTY users call 800-958-2692) for current members, and 866-556-4607 (TTY users call 800-777-9083) for prospective members.

Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value Value (HMO)
OUTPATIENT CARE				
8 – Doctor Office Visits	20% coinsurance	<p>General See “Physical Exams,” for more information. Authorization rules may apply.</p> <p>In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits. \$25 copay for each in-area, network urgent care Medicare-covered visit. \$25 copay for each specialist visit for Medicare-covered benefits.</p>	<p>General See “Physical Exams,” for more information. Authorization rules may apply.</p> <p>In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits. \$15 copay for each in-area, network urgent care Medicare-covered visit. \$15 copay for each specialist visit for Medicare-covered benefits.</p>	<p>General See “Physical Exams,” for more information. Authorization rules may apply.</p> <p>In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits. \$25 copay for each in-area, network urgent care Medicare-covered visit. \$25 copay for each specialist visit for Medicare-covered benefits.</p>
9 – Chiropractic Services	Routine care not covered	<p>General Authorization rules may apply.</p> <p>In-Network \$30 copay for Medicare-covered visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for Medicare-covered visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$30 copay for Medicare-covered visits.</p>

If you have any questions about this plan’s benefits or costs, please contact TexanPlus HMO at 866-230-2513. (TTY users call 800-958-2692) for current members, and 866-556-4607 (TTY users call 800-777-9083) for prospective members.

Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
9 – Chiropractic Services	20% 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.	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.	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.	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.
10 – Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	General Authorization rules may apply. In-Network \$25 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.	General Authorization rules may apply. In-Network \$20 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.	General Authorization rules may apply. In-Network \$25 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.
11 – Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	General Authorization rules may apply. In-Network \$35 copay for each Medicare-covered individual therapy visit.	General Authorization rules may apply. In-Network \$20 copay for each Medicare-covered individual or group therapy visit.	General Authorization rules may apply. In-Network \$35 copay for each Medicare-covered individual therapy visit.

If you have any questions about this plan's benefits or costs, please contact TexanPlus HMO at 866-230-2513. (TTY users call 800-958-2692) for current members, and 866-556-4607 (TTY users call 800-777-9083) for prospective members.

Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
11 – Outpatient Mental Health Care		\$20 copay for each Medicare-covered group therapy visit.	\$20 copay for each Medicare-covered individual or group therapy visit with a psychiatrist.	\$20 copay for each Medicare-covered group therapy visit.
12 – Outpatient Substance Abuse Care	20% coinsurance	General Authorization rules may apply. In-Network \$35 copay for Medicare-covered individual visits. \$20 copay for Medicare-covered group visits.	General Authorization rules may apply. In-Network \$20 copay for Medicare-covered individual or group visits.	General Authorization rules may apply. In-Network \$35 copay for Medicare-covered individual visits. \$20 copay for Medicare-covered group visits.
13 – Outpatient Services/Surgery	20% coinsurance for the doctor 20% of outpatient facility charges	General Authorization rules may apply. In-Network \$100 copay for each Medicare-covered ambulatory surgical center visit. \$150 copay for each Medicare-covered outpatient hospital facility visit.	General Authorization rules may apply. In-Network \$75 copay for each Medicare-covered ambulatory surgical center visit. \$125 copay for each Medicare-covered outpatient hospital facility visit.	General Authorization rules may apply. In-Network \$100 copay for each Medicare-covered ambulatory surgical center visit. \$150 copay for each Medicare-covered outpatient hospital facility visit.

If you have any questions about this plan's benefits or costs, please contact TexanPlus HMO at 866-230-2513. (TTY users call 800-958-2692) for current members, and 866-556-4607 (TTY users call 800-777-9083) for prospective members.

Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
14 – Ambulance Services (medically necessary ambulance services)	20% coinsurance	General Authorization rules may apply. In-Network \$150 copay for Medicare-covered ambulance benefits.	General Authorization rules may apply. In-Network \$100 copay for Medicare-covered ambulance benefits.	General Authorization rules may apply. In-Network \$150 copay for Medicare-covered ambulance benefits.
15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor 20% of facility charge, or a set copay per emergency room visit You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	General \$50 copay for Medicare-covered emergency room visits. Not covered outside the U.S. except under limited circumstances. Contact the plan for more details. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit	General \$40 copay for Medicare-covered emergency room visits. Not covered outside the U.S. except under limited circumstances. Contact the plan for more details. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit	General \$50 copay for Medicare-covered emergency room visits. Not covered outside the U.S. except under limited circumstances. Contact the plan for more details. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit

If you have any questions about this plan's benefits or costs, please contact TexanPlus HMO at 866-230-2513. (TTY users call 800-958-2692) for current members, and 866-556-4607 (TTY users call 800-777-9083) for prospective members.

Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay NOT covered outside the U.S. except under limited circumstances.	General \$25 copay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.	General \$20 copay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.	General \$25 copay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.
17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance	General Authorization rules may apply. In-Network \$25 copay for Medicare-covered Occupational Therapy visits. \$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	General Authorization rules may apply. In-Network \$25 copay for Medicare-covered Occupational Therapy visits. \$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	General Authorization rules may apply. In-Network \$25 copay for Medicare-covered Occupational Therapy visits. \$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES				
18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance	General Authorization rules may apply. In-Network 10% of the cost for Medicare-covered items.	General Authorization rules may apply. In-Network 0% of the cost for Medicare-covered items.	General Authorization rules may apply. In-Network 10% of the cost for Medicare-covered items.

If you have any questions about this plan’s benefits or costs, please contact TexanPlus HMO at 866-230-2513. (TTY users call 800-958-2692) for current members, and 866-556-4607 (TTY users call 800-777-9083) for prospective members.

Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items.	General Authorization rules may apply. In-Network 0% of the cost for Medicare-covered items.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items.
20 – Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance 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 or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	General Authorization rules may apply. In-Network \$10 copay for Diabetes self-monitoring training. \$10 copay for Nutrition Therapy for Diabetes. 0% to 20% of the cost for Diabetes supplies. Separate Office Visit cost sharing of \$0–\$25 copay may apply.	General Authorization rules may apply. In-Network \$10 copay for Diabetes self-monitoring training. \$10 copay for Nutrition Therapy for Diabetes. 0% to 20% of the cost for Diabetes supplies.	General Authorization rules may apply. In-Network \$10 copay for Diabetes self-monitoring training. \$10 copay for Nutrition Therapy for Diabetes. 0% to 20% of the cost for Diabetes supplies. Separate Office Visit cost sharing of \$0–\$25 copay may apply.
21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	20% coinsurance for diagnostic tests and x-rays \$0 copay for Medicare-covered lab services	General Authorization rules may apply.	General Authorization rules may apply.	General Authorization rules may apply.

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	Lab Services: Medicare covers medically necessary diagnostic lab services that 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 routine screening tests, like checking your cholesterol.	<p>In-Network \$0 copay for Medicare-covered: – lab services – diagnostic procedures and tests</p> <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$125 to \$300 copay for Medicare-covered diagnostic radiology services.</p> <p>\$50 to \$200 copay for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$0–\$25 copay may apply.</p>	<p>In-Network \$0 copay for Medicare-covered: – lab services – diagnostic procedures and tests</p> <p>– X-rays. – diagnostic radiology services (not including X-rays) – therapeutic radiology services</p>	<p>In-Network \$0 copay for Medicare-covered: – lab services – diagnostic procedures and tests</p> <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$125 to \$300 copay for Medicare-covered diagnostic radiology services.</p> <p>\$50 to \$200 copay for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$0–\$25 copay may apply.</p>
PREVENTIVE SERVICES				
22 – Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	General Authorization rules may apply.	General Authorization rules may apply.	General Authorization rules may apply.

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
22 – Bone Mass Measurement (for people with Medicare who are at risk)		In-Network \$0 copay for Medicare-covered bone mass measurement	In-Network \$0 copay for Medicare-covered bone mass measurement	In-Network \$0 copay for Medicare-covered bone mass measurement
23 – Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance Covered when you are high risk or when you are age 50 and older.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered colorectal screenings.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered colorectal screenings.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered colorectal screenings.
24 – Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	General Authorization rules may apply. In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.	General Authorization rules may apply. In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.	General Authorization rules may apply. In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
25 – Mammograms (Annual Screening) (for women with Medicare age 40 and older)	20% coinsurance No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	In-Network \$0 copay for Medicare-covered screening mammograms.	In-Network \$0 copay for Medicare-covered screening mammograms.	In-Network \$0 copay for Medicare-covered screening mammograms.
26 – Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams	In-Network \$0 copay for Medicare-covered pap smears and pelvic exams – up to 1 additional pap smear(s) and pelvic exam(s) every year	In-Network \$0 copay for Medicare-covered pap smears and pelvic exams – up to 1 additional pap smear(s) and pelvic exam(s) every year	In-Network \$0 copay for Medicare-covered pap smears and pelvic exams – up to 1 additional pap smear(s) and pelvic exam(s) every year
27 – Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered prostate cancer screening.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered prostate cancer screening.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered prostate cancer screening.

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
28 – End-Stage Renal Disease	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease</p> <p>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 or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$50 copay for renal dialysis</p> <p>\$10 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$50 copay for renal dialysis</p> <p>\$10 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$50 copay for renal dialysis</p> <p>\$10 copay for Nutrition Therapy for End-Stage Renal Disease.</p>

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value Value (HMO)
29 – 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.	<p>Drugs covered under Medicare Part B</p> <p>General 10% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan use a formulary. The plan will send you the formulary. You can also see the formulary at http://www.sctexas.com/PresentFormulary on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/ Tribal/Urban (Indian Health Service). 	<p>Drugs covered under Medicare Part B</p> <p>General 10% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan use a formulary. The plan will send you the formulary. You can also see the formulary at http://www.sctexas.com/PresentFormulary on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/ Tribal/Urban (Indian Health Service). 	<p>Drugs covered under Medicare Part B</p> <p>General Most drugs not covered. 10% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan does not offer prescription drug coverage.</p>

If you have any questions about this plan’s benefits or costs, please contact TexanPlus HMO at 866-230-2513. (TTY users call 800-958-2692) for current members, and 866-556-4607 (TTY users call 800-777-9083) for prospective members.

Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
29 – Prescription Drugs		<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). 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 service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</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>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). 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 service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</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>	

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
29 – Prescription Drugs		<p>Your provider must get prior authorization from TexanPlus Classic powered by CCRx (HMO) 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 for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and 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>	<p>Your provider must get prior authorization from TexanPlus Premier powered by CCRx (HMO) 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 for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and 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>	

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
29 – Prescription Drugs		<p>If you request a formulary exception for a drug and TexanPlus Classic powered by CCRx (HMO) approves the exception, you will pay Non-Preferred Brand cost-sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,830:</p> <p>Retail Pharmacy</p> <p>Generic \$0 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$0 copay for a three-month (90-day) supply of drugs in this tier</p>	<p>If you request a formulary exception for a drug and TexanPlus Premier powered by CCRx (HMO) approves the exception, you will pay Non-Preferred Brand cost-sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,830:</p> <p>Retail Pharmacy</p> <p>Generic \$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$12.50 copay for a three-month (90-day) supply of drugs in this tier</p>	

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
29 – Prescription Drugs		<p>Preferred Brand \$35 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$87.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Non-Preferred Brand \$65 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$162.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Specialty 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy Generic \$0 copay for a one-month (34-day) supply of drugs in this tier</p>	<p>Preferred Brand \$35 copay for a one-month (30-day supply of drugs in this tier</p> <p>\$87.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Non-Preferred Brand \$65 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$162.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Specialty 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy Generic \$5 copay for a one-month (34-day) supply of drugs in this tier</p>	

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
29 – Prescription Drugs		<p>Preferred Brand \$35 copay for a one-month (34-day) supply of drugs in this tier</p> <p>Non-Preferred Brand \$65 copay for a one-month (34-day) supply of drugs in this tier</p> <p>Specialty 33% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>Coverage Gap The plan covers many generics (65%-99%) of formulary generic drugs) AND few brands (less than 10% of formulary brand drugs) through the coverage gap. You pay the following:</p> <p>Retail Pharmacy</p> <p>Generic \$0 copay for a one-month (30-day) supply of all drugs covered in this tier</p>	<p>Preferred Brand \$35 copay for a one-month (34-day) supply of drugs in this tier</p> <p>Non-Preferred Brand \$65 copay for a one-month (34-day) supply of drugs in this tier</p> <p>Specialty 33% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>Coverage Gap The plan covers many generics (65%-99%) of formulary generic drugs) AND few brands (less than 10% of formulary brand drugs) through the coverage gap. You pay the following:</p> <p>Retail Pharmacy</p> <p>Generic \$5 copay for a one-month (30-day) supply of all drugs covered in this tier</p>	

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
29 – Prescription Drugs		<p>\$0 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>Preferred Brand \$35 copay for one-month (30-day) supply of Some Brands drugs covered in this tier</p> <p>\$87.50 copay for a three-month (90-day) supply of Some Brands drugs covered in this tier</p> <p>Long Term Care Pharmacy Generic \$0 copay for a one-month (34-day) supply of all drugs covered in this tier</p> <p>Preferred Brand \$35 copay for a one-month (34-day) supply of Some Brands drugs covered in this tier</p>	<p>\$12.50 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>Preferred Brand \$35 copay for one-month (30-day) supply of Some Brands drugs covered in this tier</p> <p>\$87.50 copay for a three-month (90-day) supply of Some Brands drugs covered in this tier</p> <p>Long Term Care Pharmacy Generic \$5 copay for a one-month (34-day) supply of all drugs covered in this tier</p> <p>Preferred Brand \$35 copay for a one-month (34-day) supply of Some Brands drugs covered in this tier</p>	

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
29 – Prescription Drugs		<p>Non-Preferred Brand \$65 copay for a one month (34-day) supply of Some Brands drugs covered in the tier</p> <p>Please contact the plan for a complete list of drugs covered through the gap.</p> <p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or - 5% coinsurance. 	<p>Please contact the plan for a complete list of drugs covered through the gap.</p> <p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance. 	

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
29 – Prescription Drugs		<p>Out-of-Network 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 TexanPlus Classic powered by CCRx (HMO).</p>	<p>Out-of-Network 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 TexanPlus Premier powered by CCRx (HMO).</p>	

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
		<p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Out-of-Network Pharmacy</p> <p>Generic \$0 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Preferred Brand - \$35 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Non-Preferred Brand \$65 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Specialty 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p>	<p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Out-of-Network Pharmacy</p> <p>Generic \$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Preferred Brand \$35 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Non-Preferred Brand \$65 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Specialty 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p>	

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
29 – Prescription Drugs		<p>Out-of-Network Coverage Gap You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Generic \$0 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>Preferred Brand \$35 copay for a one-month supply of Some Brands drugs covered in this tier</p> <p>Non-Preferred Brand \$65 copay for a one-month (30-day) supply of Some Brands drugs covered in this tier.</p>	<p>Out-of-Network Coverage Gap You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following.</p> <p>Generic \$5 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>Preferred Brand \$35 copay for a one-month (30-day) supply of Some Brands drugs covered in this tier</p>	

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
29 – Prescription Drugs		<p>Specialty After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by TexanPlus Classic powered by CCRx (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to TexanPlus Classic powered by CCRx (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>Specialty After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by TexanPlus Premier powered by CCRx (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to TexanPlus Premier powered by CCRx (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	

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Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
29 – Prescription Drugs		<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$ 4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> – A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or – 5% coinsurance. 	<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$ 4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> – A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or – 5% coinsurance. 	
30 – Dental Services	Preventive dental services (such as cleaning) not covered.	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered dental benefits – up to 2 oral exams(s) every year</p>	<p>General Authorization rules may apply</p> <p>In-Network \$0 copay for Medicare-covered dental benefits – up to 2 oral exams(s) every year</p>	<p>General Authorization rules may apply</p> <p>In-Network \$0 copay for Medicare-covered dental benefits – up to 2 oral exams(s) every year</p>

If you have any questions about this plan’s benefits or costs, please contact TexanPlus HMO at 866-230-2513. (TTY users call 800-958-2692) for current members, and 866-556-4607 (TTY users call 800-777-9083) for prospective members.

Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
30 – Dental Services		\$15 copay for an office visit that includes: – up to 2 oral exam(s) every year – up to 2 cleaning(s) every year – up to 2 fluoride treatment(s) every year – up to 2 dental x-ray(s) every year Separate Office Visit cost sharing of \$0-\$25 copay may apply.	\$5 copay for an office visit that includes: – up to 2 cleaning(s) every year – up to 2 fluoride treatment(s) every year – up to 2 dental x-ray(s) every year Plan offers additional comprehensive dental benefits.	\$15 copay for an office visit that includes: – up to 2 cleaning(s) every year – up to 2 fluoride treatment(s) every year – up to 2 dental x-ray(s) every year Separate Office Visit cost sharing of \$0-\$25 copay may apply.
31 – Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	General Authorization rules may apply. In-Network In general, routine hearing exams and hearing aids not covered. \$25 copay for Medicare-covered diagnostic hearing exams	General Authorization rules may apply. In-Network In general, routine hearing exams and hearing aids not covered. \$25 copay for Medicare-covered diagnostic hearing exams	General Authorization rules may apply. In-Network In general, routine hearing exams and hearing aids not covered. \$25 copay for Medicare-covered diagnostic hearing exams

If you have any questions about this plan’s benefits or costs, please contact TexanPlus HMO at 866-230-2513. (TTY users call 800-958-2692) for current members, and 866-556-4607 (TTY users call 800-777-9083) for prospective members.

Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
32 – Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>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>In-Network \$0 copay for</p> <ul style="list-style-type: none"> – one pair of eyeglasses or contact lenses after cataract surgery – glasses – contacts – lenses – frames <p>\$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$25 copay for up to 1 routine eye exam(s) every year</p> <p>\$100 limit for eye wear every two years.</p>	<p>In-Network \$0 copay for</p> <ul style="list-style-type: none"> – one pair of eyeglasses or contact lenses after cataract surgery – glasses – contacts – lenses – frames <p>\$10 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$10 copay for up to 1 routine eye exam(s) every year</p> <p>\$125 limit for eye wear every two years.</p>	<p>In-Network \$0 copay for</p> <ul style="list-style-type: none"> – one pair of eyeglasses or contact lenses after cataract surgery – glasses – contacts – lenses – frames <p>\$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$25 copay for up to 1 routine eye exam(s) every year</p> <p>\$100 limit for eye wear every two years.</p>
33 – Physical Exams	<p>20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for routine exams.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for routine exams.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for routine exams.</p>

If you have any questions about this plan’s benefits or costs, please contact TexanPlus HMO at 866-230-2513. (TTY users call 800-958-2692) for current members, and 866-556-4607 (TTY users call 800-777-9083) for prospective members.

Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
33 – Physical Exams	When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.	Limited to 1 exam(s) every year. Separate Office Visit cost sharing of \$0-\$25 copay may apply.	Limited to 1 exam(s) every year.	Limited to 1 exam(s) every year. Separate Office Visit cost sharing of \$0-\$25 copay may apply.
Health/Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	In-Network This plan covers the following health/wellness education benefits: – Written health education materials, including Newsletters – Nutritional Training – Health club Membership/Fitness Classes – Nursing Hotline	In-Network This plan covers the following health/wellness education benefits: – Written health education materials, including Newsletters – Nutritional Training – Health club Membership/Fitness Classes – Nursing Hotline	In-Network This plan covers the following health/wellness education benefits: – Written health education materials, including Newsletters – Nutritional Training – Health club Membership/Fitness Classes – Nursing Hotline
Health/Wellness Education		\$0 copay for each Medicare-covered smoking cessation counseling session.	\$0 copay for each Medicare-covered smoking cessation counseling session.	\$0 copay for each Medicare-covered smoking cessation counseling session.

If you have any questions about this plan’s benefits or costs, please contact TexanPlus HMO at 866-230-2513. (TTY users call 800-958-2692) for current members, and 866-556-4607 (TTY users call 800-777-9083) for prospective members.

Benefit	Original Medicare	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)	TexanPlus Value (HMO)
Transportation (Routine)	Not covered.	In-Network \$0 copay for up to 24 one-way trip(s) to plan-approved location every year.	In-Network \$0 copay for up to 24 one-way trip(s) to plan-approved locations every year.	In-Network \$0 copay for up to 24 one-way trip(s) to plan-approved locations every year.
Acupuncture	Not covered.	In-Network This plan does not cover Acupuncture.	In-Network This plan does not cover Acupuncture.	In-Network This plan does not cover Acupuncture.

If you have any questions about this plan's benefits or costs, please contact TexanPlus HMO at 866-230-2513. (TTY users call 800-958-2692) for current members, and 866-556-4607 (TTY users call 800-777-9083) for prospective members.

Section III—TexanPlus HMO

Additional Benefits Information

Outpatient Prescription Drugs

TexanPlus Classic powered by CCRx (HMO): \$0 copay for generic prescription drugs 30-day supply retail, and \$0 copay for a 90-day supply retail that continues after the initial \$2830 coverage limit and throughout the Coverage Gap period. You must use participating pharmacies.

TexanPlus Premier powered by CCRx (HMO): \$5 copay for unlimited generic prescription drugs, 30-day supply retail, and \$12.50 copay for a 90-day supply retail that continues after the initial \$2830 coverage limit and throughout the Coverage Gap period. You must use participating pharmacies.

Medicare Part B Drugs

For Medicare Part B drugs, you pay 10% of eligible expenses for TexanPlus Value (HMO), TexanPlus Classic powered by CCRx (HMO) and TexanPlus Premier powered by CCRx (HMO). The Medicare Part B drugs include, but are not limited to, chemotherapy drugs. This does not count towards your outpatient prescription drug initial limit.

Separate Office Visit Copays

The Separate Office Visit Copays will reflect a range which includes the copay for PCP and a separate copay for specialist.

Inpatient Mental Healthcare and Inpatient Substance Abuse Care

Inpatient stays for Mental Health or Substance Abuse are covered for 90 days of hospitalization at a network facility per Benefit Period and as many as 60 lifetime reserve days, to a maximum of 150 covered inpatient days per Benefit Period. A Benefit Period begins with the first day of a covered inpatient stay and ends when you have been out of an inpatient facility for 60 days in a row. If you are admitted to an inpatient facility after one Benefit Period has ended, a new Benefit Period begins. There is no limit to the number of Benefit Periods you can have. You must pay any applicable copayments for each separate Benefit Period. Psychiatric care in a general acute care hospital is not subject to the 190-day lifetime limit.

Customer Service Representative

When you enroll in TexanPlus you will have access to one of our customer service representatives. When you have a question or concern, you may call your customer service representative at anytime regarding: physicians, hospitals or services in our network, TexanPlus benefits, billing statements and claims, changing your primary care physicians, changing your address, complaints, and other coverage questions.

Affordable Premiums

The biggest difference between TexanPlus and coverage with Medicare alone is that TexanPlus offers extra coverage for no additional plan premium beyond the Medicare Part B premium this includes TexanPlus Classic powered by CCRx (HMO), TexanPlus Premier powered by CCRx (HMO) and TexanPlus Value (HMO).

Maximum Out-of-Pocket Limit

For certain services (Listed Below) the maximum amount that you will be required to pay during the calendar year

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is \$3000 for TexanPlus Value (HMO) and TexanPlus Classic powered by CCRx (HMO)members and \$2500 for TexanPlus Premier powered by CCRx (HMO)members. Should you reach this maximum amount, no further copayment/coinsurance would be required for covered services for the remainder of the year. The Out-of-Pocket is limited to the following plan services when received in network only.

- Inpatient Hospital Acute
- Inpatient Psychiatric Hospital
- Skilled Nursing Facility (SNF)
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Partial Hospitalization
- Home Health Services
- Occupational Therapy Services
- Other Healthcare Professional
- PT and SP Services
- Diagnostic Procedures/Test/Lab Benefits
- Diagnostic/Therapeutic Radiological Services
- Outpatient Hospital Services
- ASC Services
- Outpatient Substance Abuse

- Cardiac Rehabilitation Services
 - Ambulance Services
 - DME
 - Prosthetics/Medical Supplies
 - Diabetes Monitoring Supplies
 - Renal Dialysis
 - Blood
 - Immunizations
 - Routine Physical Exams
 - Pap Smears and Pelvic Exams
 - Prostate Cancer Screening
 - Colorectal Cancer
 - Bone Mass Measurement
 - Mammography Screening
 - Diabetes Monitoring
 - Nutritional Therapy for Diabetes and Renal Disease
 - Medicare Part B Rx Drugs
 - Comprehensive Dental
 - Hearing Exams
 - Copayments for PCP/Specialist
- Costs that do not apply to the Annual Out-of-Pocket Maximum:
- All other Services not listed

Transportation Benefit

The Transportation Benefit for eligible TexanPlus members gives 24 one-way trips for scheduled appointments to and from locations in the service area. Your transportation is provided by TexanPlus for non-emergency, scheduled medical appointments in the service area.

Nifty after Fifty Program

This program offers trained fitness coaches and physical therapy services to identified members to increase balance and mobility as well as improve their overall quality of life. This is a physician prescribed program based on health status and clinical needs.

State Medicaid Program Enrollees

If you are enrolled with the State as a qualified recipient in the Federal Medicaid program, your member copayments in TexanPlus will be paid by the plan. If the State determines that the covered benefits and corresponding copayments are covered by the Medicaid program, you will not be responsible for paying these amounts when you receive these medical services with a TexanPlus participating provider. Further, based on your qualifications in the State Medicaid program, your Medicare Part A (if applicable) and B monthly premiums may be paid by the State Medicaid

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program. Please contact your Customer Service Representative for further help in determining if you qualify for these programs.

Coverage Determinations and Exceptions

TexanPlus allows members to submit requests to the plan for coverage determinations and exceptions.

- Members may contact the plan to ask if a certain procedure or prescription drug is covered.
- Members may also notify the plan that they want the plan to consider a request for exception to the existing plan benefits, such as a request for a certain procedure or to cover certain drugs that are not in the plan's formulary. The plan will consider the request for exception and then notify the member of its decision in the same manner in which the request for exception was communicated.

Appeals & Grievances

TexanPlus allows members to submit complaints to the Plan which become either appeals or grievances.

- If a member is dissatisfied with the services provided, such as sales, enrollment, or service processes, the member has the right to file a grievance

with the plan. The plan will review the grievance, take corrective action as necessary, and notify the member. A grievance does not involve an appeal.

- Members have the right to file an appeal with the plan to request a reversal of a decision not to provide benefits or services. The member may file the appeal with the plan and has additional options to expedite the appeal. For more information about the appeals and grievances policies and procedures, please contact Customer Services at 1-866-230-2513; (TTY users call 1-800-958-2692).
- Value-added benefits included with the Plan do not have appeal rights; however, members may file grievances regarding services received.

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Value Added Services

The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the TexanPlus grievance process.

24/7 Health Hotline

Have your health questions answered by nurses using our 24 hour toll free telephone line.

Careington Discount Programs

This value added service offering discount programs for dental, hearing, and fitness clubs will significantly reduce healthcare costs for TexanPlus members. With no limits on access to care, this program will be the gateway to a healthier you. For discount information simply call 1-800-290-0523 or visit www.careington.com for participating providers nearest you.

EyeMed

Offers a vision discount on eye exams, lenses, frames, and laser vision correction. Check with your provider to confirm he or she provides the services you need. For the most current listing of providers visit www.eyemedvisioncare.com or call 1-866-723-0514. Benefits may not be used in conjunction with special advertised sales promotions.

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Customer Service Center

1-866-230-2513

(TTY users call 1-800-958-2692)
8:00 a.m. to 8:00 p.m. in your local time zone, every day

www.Universal-American-Medicare.com

TexanPlus® HMO is a Medicare-approved Medicare Advantage plan offered through the following organization that contracts with the Federal government: SelectCare of Texas, L.L.C., a member of the Universal American family of companies.

This document is available in alternate formats.

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