

Texas - Medicare Advantage 2026

MARKET HIGHLIGHTS



- #4 D-SNP player in Texas
- Lead Full Dual D-SNP plans with Everyday Options Allowance (EOA) for OTC, Assistive Devices, Healthy Foods and Utilities plus Rx Tiers 1, 2 and 6 at \$0
- Partial Dual D-SNP plans with EOA for OTC, Assistive Devices, Healthy Foods and Utilities plus Rx Tiers 1 and 6 at \$0
- Enhanced EOA on HIDE D-SNPs in Jefferson, Lubbock, Nueces and West Texas and Coordination D-SNPs in Dallas, Hidalgo and Houston
- D-SNP plan expansion into Hemphill in West Texas plan
- Chronic C-SNPs available with EOA for OTC and Healthy Foods
- Network includes key provider partners including Oak Street Health, CenterWell, Astrana Health and Dedicated

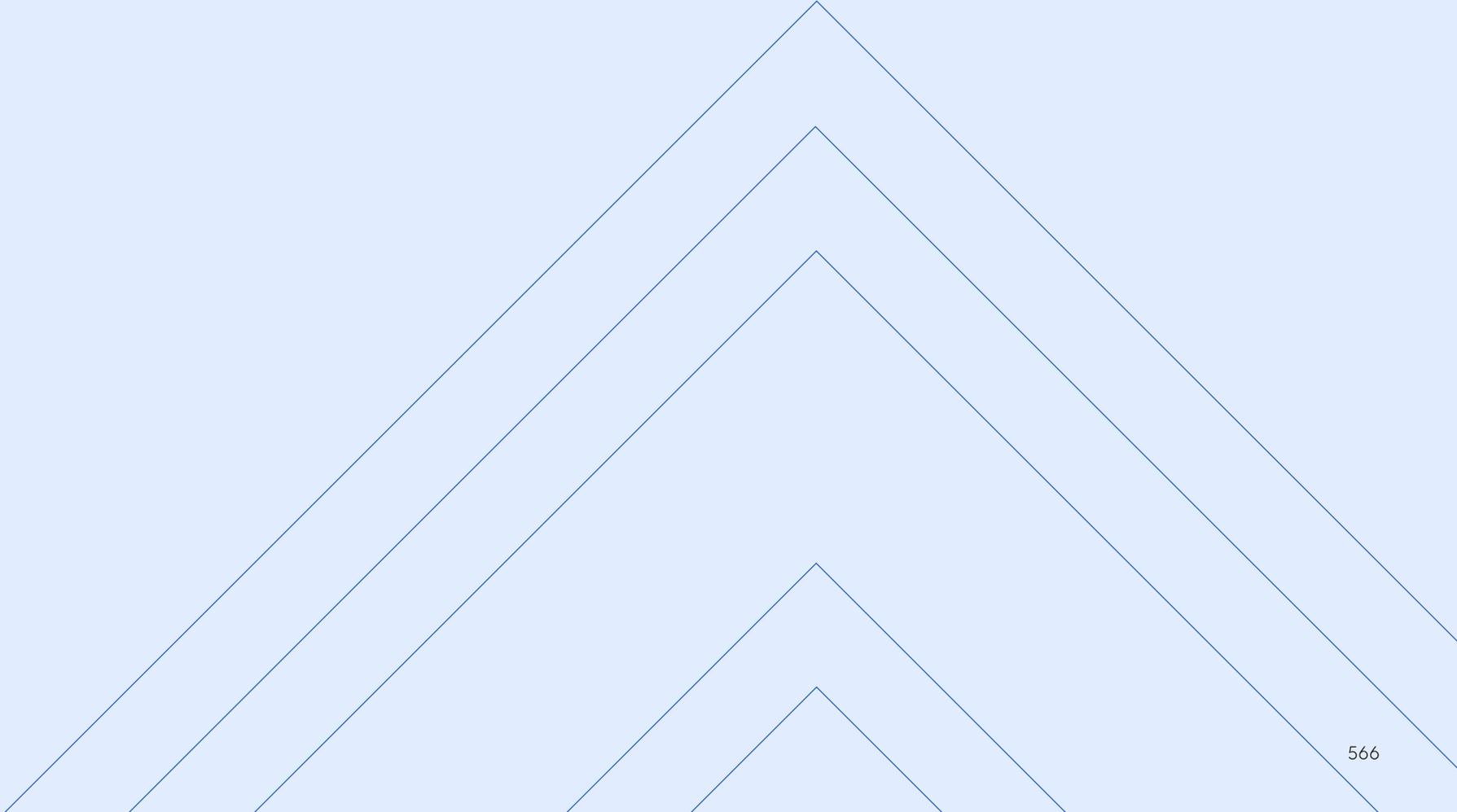
SERVICE AREA

Anderson, Andrews, Angelina, Aransas, Archer, Armstrong, Atascosa, Austin, Bailey, Bandera, Bastrop, Baylor, Bee, Bexar, Borden, Brazoria, Brewster, Briscoe, Brooks, Brown, Burnet, Caldwell, Calhoun, Callahan, Cameron, Camp, Carson, Castro, Chambers, Cherokee, Childress, Clay, Cochran, Collin, Colorado, Coke, Coleman, Collingsworth, Comal, Concho, Cooke, Cottle, Crane, Crockett, Crosby, Culberson, Dallam, Dallas, Dawson, Deaf Smith, Delta, Denton, Dickens, Gray, Dimmit, Donley, Eastland, Ector, Edwards, Ellis, El Paso, Fayette, Fisher, Floyd, Foard, Fort Bend, Franklin, Frio, Galveston, Garza, Glasscock, Goliad, Gonzales, Grayson, Gregg, Grimes, Guadalupe, Hale, Hall, Hansford, Hardeman, Hardin, Harris, Hartley, Haskell, Hays, Hemphill, Henderson, Hidalgo, Hockley, Hood, Hopkins, Howard, Hudspeth, Hunt, Hutchinson, Irion, Jack, Jasper, Jeff Davis, Jefferson, Jim Wells, Johnson, Jones, Karnes, Kaufman, Kendall, Kenedy, Kent, Kerr, Kimble, King, Kinney, Kleberg, Knox, La Salle, Lamb, Lee, Liberty, Lipscomb, Live Oak, Loving, Lubbock, Lynn, Martin, Mason, Matagorda, McCulloch, Medina, Menard, Midland, Mills, Mitchell, Montague, Montgomery, Moore, Motley, Nacogdoches, Navarro, Newton, Nolan, Nueces, Oldham, Orange, Palo Pinto, Parker, Pecos, Polk, Potter, Presidio, Rains, Randall, Reagan, Real, Reeves, Roberts, Rockwall, Refugio, Runnels, Rusk, San Jacinto, San Patricio, Schleicher, Scurry, Shackelford, Sherman, Smith, Stephens, Sterling, Stonewall, Sutton, Swisher, Tarrant, Taylor, Terry, Throckmorton, Titus, Tom Green, Travis, Tyler, Upshur, Upton, Uvalde, Van Zandt, Victoria, Walker, Waller, Ward, Wharton, Wheeler, Wilbarger, Williamson, Wilson, Winkler, Wise, WoodYoakum, Young, Zavala

SERVICE AREA REDUCTIONS AND NON-RENEWALS

Plan Type	Non-Renewal (# of Counties)
Wellpoint Full Dual Advantage 2 (HMO D-SNP) H2593-049	2
Wellpoint Full Dual Advantage 2 (HMO D-SNP) H2593-054	6
Wellpoint Full Dual Advantage 2 (HMO D-SNP) H2593-056	7
Wellpoint Lung Care (HMO-POS C-SNP) H8849-013	11

Austin MSA



Texas 2026 Plan Highlights – Austin MSA

Wellpoint Chronic Care (HMO-POS C-SNP)

H8849-001

PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
PART B GIVEBACK	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 30% / 33% / \$0 \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Bexar, Collin, Comal, Dallas, Denton, Guadalupe, Parker, Rockwall, Tarrant, Travis, Wise



Texas 2026 Plan Highlights – Austin MSA

Wellpoint Chronic Care (HMO-POS C-SNP)

H8849-001

ESSENTIAL EXTRAS	N/A
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive services Out of Network: 20% preventive - 50% comprehensive
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
HEALTHY FOODS	N/A
EVERYDAY OPTIONS ALLOWANCE	\$40 per month OTC and Healthy Foods
OVER THE COUNTER	N/A
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips to PAL per year
PERS	N/A
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition



Texas 2026 Plan Highlights – Austin MSA

Wellpoint Kidney Care (HMO-POS C-SNP) H2593-031

PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
PART B GIVEBACK	\$0
MAX OUT-OF-POCKET	\$9,250 (IN) / \$12,450 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$0 copay - 20% coinsurance
INPATIENT HOSPITAL	Medicare FFS
SKILLED NURSING FACILITY	N/A
RX DEDUCTIBLE	\$100 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 10% / 20% / 31% / \$0 \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Bexar, Comal, El Paso, Hays, Travis, Williamson



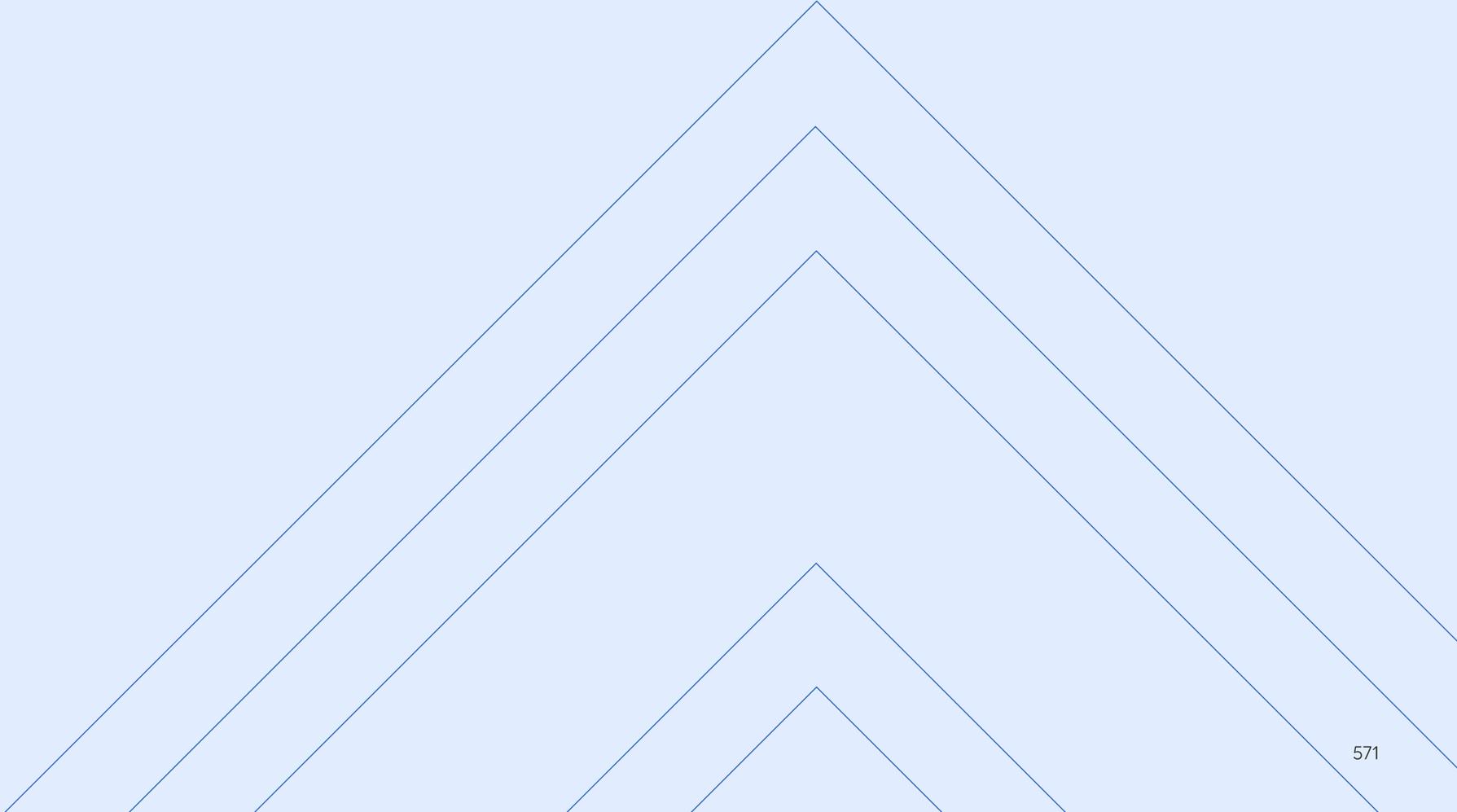
Texas 2026 Plan Highlights – Austin MSA

Wellpoint Kidney Care (HMO-POS C-SNP) H2593-031

ESSENTIAL EXTRAS	N/A
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay - 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive services Out of Network: 20% preventive - 50% comprehensive
VISION	\$0 copay – 1 routine eye exam per year; \$325 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
HEALTHY FOODS	N/A
EVERYDAY OPTIONS ALLOWANCE	\$80 per month OTC and Healthy Foods
OVER THE COUNTER	N/A
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 26 one-way trips to PAL per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition



Dallas – Fort Worth MSA



Texas 2026 Plan Highlights – Dallas Fort Worth MSA


**Wellpoint Full Dual Advantage
(HMO D-SNP)**
 H8849-010-002

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0
PART B GIVEBACK		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		Medicare FFS
RX DEDUCTIBLE		\$0 - \$615 (T3 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		Members pay LIS copay* (T3 - T5) \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Anderson, Archer, Camp, Cherokee, Clay, Collin, Cooke, Dallas, Delta, Denton, Ellis, Franklin, Grayson, Gregg, Henderson, Hood, Hopkins, Hunt, Jack, Johnson, Kaufman, Montague, Navarro, Palo Pinto, Parker, Rains, Rockwall, Rusk, Smith, Tarrant, Throckmorton, Titus, Upshur, Van Zandt, Wise, Wood	

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – Dallas Fort Worth MSA



MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$5,000 allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$500 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$180 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 60 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		21 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE		\$0 copay – unlimited visits per year



Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Dual Advantage (HMO D-SNP) H8849-011-002

MEDICAID STATUS	All Dual	SLMB, QI, QDWI, FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0 - \$4.80
PART B GIVEBACK		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		Partial Dual – Medicare FFS / Full Dual \$0 copay
SKILLED NURSING FACILITY		Partial Dual – Medicare FFS / Full Dual \$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 / 25% / 25% / 25% / 25% / \$0 Members pay LIS copay* (T2 - T5) \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Anderson, Archer, Camp, Cherokee, Clay, Collin, Cooke, Dallas, Delta, Denton, Ellis, Franklin, Grayson, Gregg, Henderson, Hood, Hopkins, Hunt, Jack, Johnson, Kaufman, Montague, Navarro, Palo Pinto, Parker, Rains, Rockwall, Rusk, Smith, Tarrant, Throckmorton, Titus, Upshur, Van Zandt, Wise, Wood	

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Dual Advantage (HMO D-SNP) H8849-011-002

MEDICAID STATUS	All Dual	SLMB, QI, QDWI, FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$3,500 allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$110 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$ copay – 38 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		21 post discharge - 2 meals per day for 90 days chronic condition



Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Chronic Care (HMO-POS C-SNP)

H8849-001

PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
PART B GIVEBACK	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$75 (T3 - T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 30% / 32% / \$0 \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Bexar, Collin, Comal, Dallas, Denton, Guadalupe, Parker, Rockwall, Tarrant, Travis, Wise



Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Chronic Care (HMO-POS C-SNP)

H8849-001

ESSENTIAL EXTRAS	N/A
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive services Out of Network: 20% preventive - 50% comprehensive
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$40 per month OTC and Healthy Foods
OVER THE COUNTER	N/A
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips to PAL per year
PERS	N/A
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition



Texas 2026 Plan Highlights – Dallas Forth Worth MSA

Wellpoint Kidney Care (HMO-POS C-SNP) H2593-043

PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
PART B GIVEBACK	\$0
MAX OUT-OF-POCKET	\$2,900
PCP	\$0 copay
SPECIALIST	\$0 - \$25 copay
INPATIENT HOSPITAL	\$125 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
PART B DEDUCTIBLE	\$0
RX DEDUCTIBLE	\$275 (T3 - T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 25% / 29% / \$0 \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Archer, Austin, Bailey, Briscoe, Castro, Chambers, Clay, Cochran, Collin, Colorado, Cooke, Crosby, Dallas, Delta, Denton, Dickens, Floyd, Fort Bend, Galveston, Garza, Grayson, Grimes, Hale, Hardin, Harris, Henderson, Hockley, Hunt, Jack, Jasper, Jefferson, Johnson, Lamb, Liberty, Lubbock, Lynn, Matagorda, Montague, Montgomery, Motley, Navarro, Orange, Palo Pinto, Parker, Rains, Rockwall, San Jacinto, Swisher, Tarrant, Terry, Throckmorton, Van Zandt, Walker, Waller, Wharton, Wise



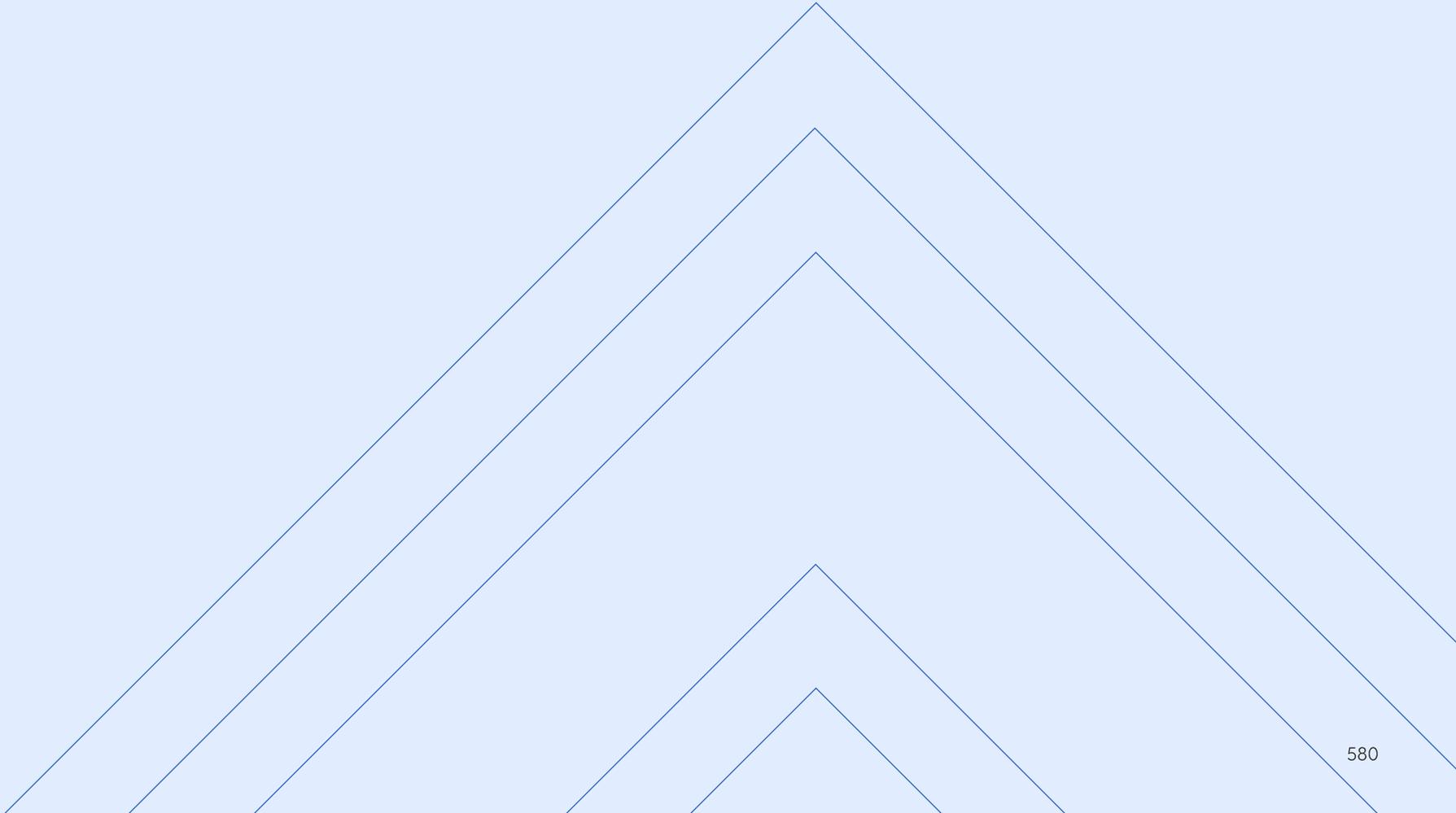
Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Kidney Care (HMO-POS C-SNP) H2593-043

ESSENTIAL EXTRAS	(Pick 1) Healthy Foods - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$750 allowance for preventive and comprehensive services per year In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive services Out of Network: 20% preventive - 50% comprehensive
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$115 per quarter
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	N/A
TRANSPORTATION	\$0 copay – 60 one-way trips to PAL per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition



El Paso MSA



Texas 2026 Plan Highlights – El Paso MSA



Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-004

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0
PART B GIVEBACK		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T3 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		Members pay LIS copay* (T3 - T5) \$0 copay - T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		El Paso, Hudspeth

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – El Paso MSA


**Wellpoint Full Dual Advantage
(HMO D-SNP)**
 H8849-010-004

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$3,000 allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$105 per month Healthy Foods, OTC, Utilities and Assistive Devices
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 48 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		42 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE		\$0 copay – unlimited visits per year



Texas 2026 Plan Highlights – El Paso MSA

Wellpoint Dual Advantage (HMO D-SNP) H8849-011-004

MEDICAID STATUS	All Dual	SLMB, QI, QDWI, FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0 - \$4.80
PART B GIVEBACK		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		Partial Dual – Medicare FFS / Full Dual \$0 copay
SKILLED NURSING FACILITY		Partial Dual – Medicare FFS / Full Dual \$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 / 25% / 25% / 25% / 25% / \$0 Members pay LIS copay* (T2 - T5) \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		El Paso Hudspeth

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – El Paso MSA

Wellpoint Dual Advantage (HMO D-SNP) H8849-011-004

MEDICAID STATUS	All Dual	SLMB, QI, QDWI, FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$2,250 allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$275 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$80 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 48 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		20 post discharge - 2 meals per day for 90 days chronic condition



Texas 2026 Plan Highlights – El Paso MSA

Wellpoint Kidney Care (HMO-POS C-SNP) H2593-031 Only sold internally

PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
PART B GIVEBACK	\$0
MAX OUT-OF-POCKET	\$9,250 (IN) / \$12,450 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$0 copay - 20% coinsurance
INPATIENT HOSPITAL	Medicare FFS
SKILLED NURSING FACILITY	N/A
RX DEDUCTIBLE	\$100 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 10% / 20% / 31% / \$0 \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Bexar, Comal, El Paso, Hays, Travis, Williamson



Texas 2026 Plan Highlights – El Paso MSA

Wellpoint Kidney Care (HMO-POS C-SNP) H2593-031 Only sold internally

ESSENTIAL EXTRAS	N/A
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive services Out of Network: 20% preventive - 50% comprehensive
VISION	\$0 copay – 1 routine eye exam per year; \$325 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$80 per month OTC and Healthy Foods
OVER THE COUNTER	N/A
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	N/A
TRANSPORTATION	\$0 copay – 26 one-way trips to PAL per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition



Hidalgo MSA

Texas 2026 Plan Highlights – Hidalgo MSA

★ **Wellpoint Full Dual Advantage
(HMO D-SNP)**
H2593-053

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0
PART B GIVEBACK		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0 - \$20 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		Members pay LIS copay* (T3 – T5) \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Cameron, Hidalgo

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – Hidalgo MSA


**Wellpoint Full Dual Advantage
(HMO D-SNP)**
 H2593-053

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$4,000 allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$175 per month OTC, Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER		N/A
FITNESS		\$0 copay - SilverSneakers®
TRANSPORTATION		\$0 copay – 48 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		14 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE		\$0 copay – unlimited visits per year

Houston MSA

Texas 2026 Plan Highlights – Houston MSA


**Wellpoint Full Dual Advantage
(HMO D-SNP)**
 H8849-010-001

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0
PART B GIVEBACK		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		Members pay LIS copay* (T3 – T5) \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Angelina, Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Grimes, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Nacogdoches, Orange, Polk, San Jacinto, Walker, Waller, Wharton	

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – Houston MSA


**Wellpoint Full Dual Advantage
(HMO D-SNP)**
 H8849-010-001

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$4,000 allowance for preventive and comprehensive services per year
VISION		\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$190 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 48 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		21 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE		\$0 copay – unlimited visits per year



Texas 2026 Plan Highlights – Houston MSA

Wellpoint Lung Care (HMO-POS C-SNP)

H8849-005

★ Wellpoint Chronic Care (HMO-POS C-SNP)

H8849-003

PREMIUM	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$0
PART B GIVEBACK	\$0	\$0
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 - \$20 copay	\$0 - \$20 copay
INPATIENT HOSPITAL	\$120 copay (days 1 – 3)	\$120 copay (days 1 – 3)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$75 (T3 - T5)	\$75 (T3 - T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 30% / 32% / \$0 \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply	\$0 / \$0 / 20% / 30% / 32% / \$0 \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Harris	Harris, Fort Bend

Texas 2026 Plan Highlights – Houston MSA

Wellpoint Lung Care (HMO-POS C-SNP) H8849-005

★ Wellpoint Chronic Care (HMO-POS C-SNP) H8849-003

ESSENTIAL EXTRAS	N/A	N/A
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive services Out of Network: 20% preventive - 50% comprehensive	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive services Out of Network: 20% preventive - 50% comprehensive
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; 300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$40 per month OTC and Healthy Foods	\$40 per month OTC and Healthy Foods
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips to PAL per year	\$0 copay – 24 one-way trips to PAL per year
PERS	N/A	N/A
PODIATRY	\$0 copay – 24 visits per year	\$0 copay – 24 visits per year
HEALTHY MEALS	10 post discharge / 30 chronic condition meals per year	10 post discharge / 30 chronic condition per year

Texas 2026 Plan Highlights – Houston MSA



PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
PART B GIVEBACK	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$120 copay (days 1 – 3)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$140 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 30% / 33% / \$0 \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Fort Bend, Harris, Montgomery



Texas 2026 Plan Highlights – Houston MSA



ESSENTIAL EXTRAS	(Pick 1) Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$3,250 allowance for preventive and comprehensive services per year In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive services Out of Network: 20% preventive - 50% comprehensive
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$62 per quarter
FITNESS	N/A
HEALTH & FITNESS TRACKER	N/A
TRANSPORTATION	\$0 copay – 24 one-way trips to PAL per year
PERS	\$0 copay
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	3 meals per day for 14 days chronic condition



Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Dual Advantage (HMO D-SNP) H8849-011-001

MEDICAID STATUS	All Dual	SLMB, QI, QDWI, FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0 - \$4.80
PART B GIVEBACK		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		Partial Dual – Medicare FFS / Full Dual \$0 copay
SKILLED NURSING FACILITY		Partial Dual – Medicare FFS / Full Dual \$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 / 25% / 25% / 25% / 25% / \$0 Members pay LIS copay* (T2 - T5) \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Angelina, Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Grimes, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Nacogdoches, Orange, Polk, San Jacinto, Walker, Waller, Wharton	

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Dual Advantage (HMO D-SNP) H8849-011-001

MEDICAID STATUS	All Dual	SLMB, QI, QDWI, FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$3,000 allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$80 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 48 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		21 post discharge - 2 meals per day for 90 days chronic condition



Texas 2026 Plan Highlights – Houston MSA

Wellpoint Kidney Care (HMO-POS C-SNP) H2593-043

PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$2,900
PCP	\$0 copay
SPECIALIST	\$0 - \$25 copay
INPATIENT HOSPITAL	\$125 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
PART B DEDUCTIBLE	N/A
RX DEDUCTIBLE	\$350 (T3 - T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 25% / 29% / \$0 \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Archer, Austin, Bailey, Briscoe, Castro, Chambers, Clay, Cochran, Collin, Colorado, Cooke, Crosby, Dallas, Delta, Denton, Dickens, Floyd, Fort Bend, Galveston, Garza, Grayson, Grimes, Hale, Hardin, Harris, Henderson, Hockley, Hunt, Jack, Jasper, Jefferson, Johnson, Lamb, Liberty, Lubbock, Lynn, Matagorda, Montague, Montgomery, Motley, Navarro, Orange, Palo Pinto, Parker, Rains, Rockwall, San Jacinto, Swisher, Tarrant, Terry, Throckmorton, Van Zandt, Walker, Waller, Wharton, Wise



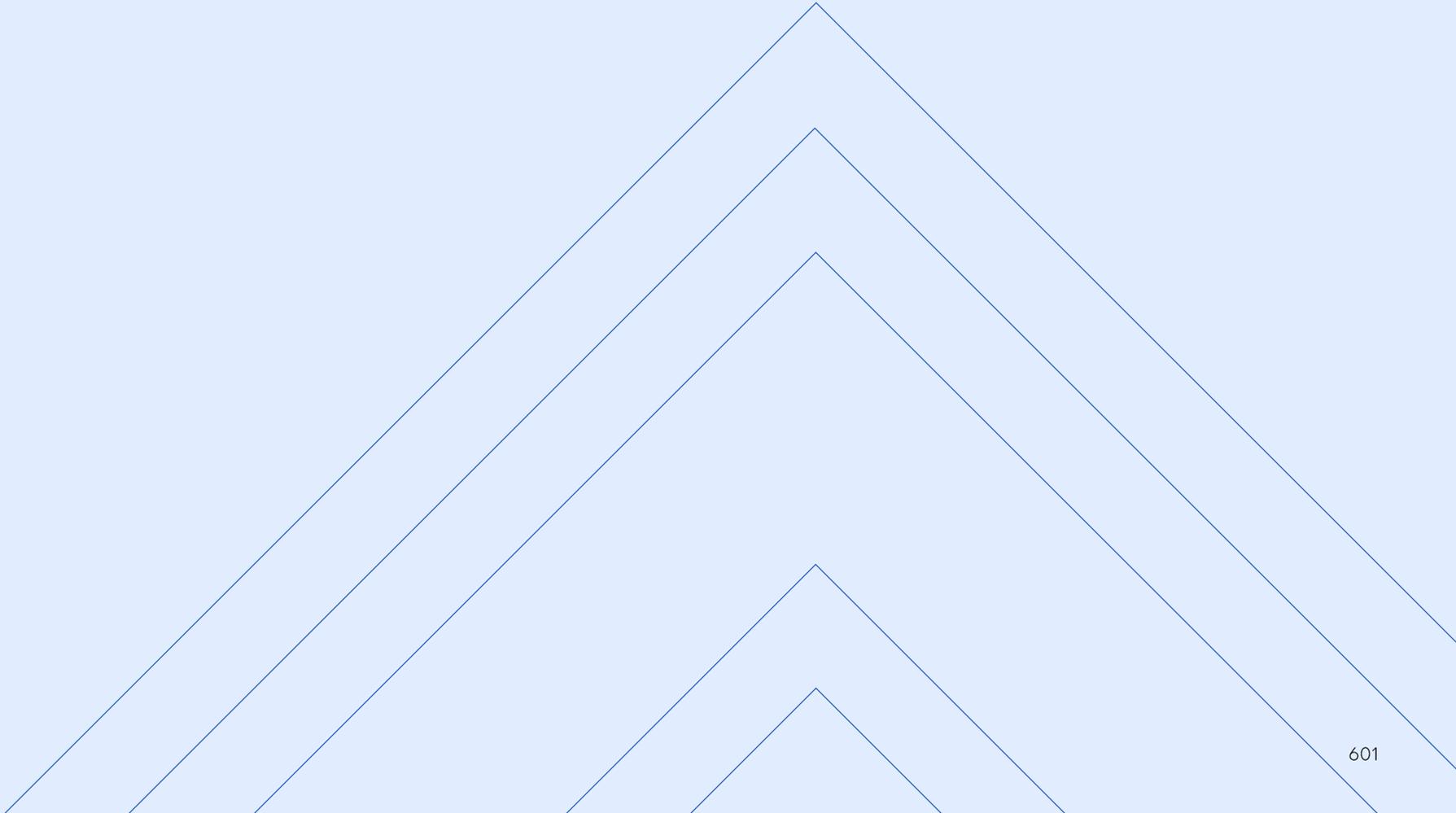
Texas 2026 Plan Highlights – Houston MSA

Wellpoint Kidney Care (HMO-POS C-SNP) H2593-043

ESSENTIAL EXTRAS	(Pick 1) Healthy Foods - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$750 allowance for preventive and comprehensive services per year In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive services Out of Network: 20% preventive - 50% comprehensive
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$115 per quarter
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	N/A
TRANSPORTATION	\$0 copay – 60 one-way trips to PAL per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition



Jefferson SDA



Texas 2026 Plan Highlights – Jefferson SDA


**Wellpoint Full Dual Advantage Aligned
(HMO D-SNP)**
 H2593-044

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		Members pay LIS copay* (T3 – T5) \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Chambers, Hardin, Jasper, Jefferson, Liberty, Newton, Orange, San Jacinto, Walker, Polk, Tyler

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – Jefferson SDA

★ **Wellpoint Full Dual Advantage Aligned
(HMO D-SNP)**
H2593-044

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$3,500 allowance for preventive and comprehensive services per year \$0 copay - 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$450 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$215 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 48 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		21 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE		\$0 copay – unlimited visits per year



Lubbock MSA

Texas 2026 Plan Highlights – Lubbock SDA

★ **Wellpoint Full Dual Advantage Aligned
(HMO D-SNP)**
H2593-047

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0
PART B GIVEBACK		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0 - \$520 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		Members pay LIS copay* (T3 - T5) \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Swisher, Terry, Carson, Deaf Smith, Hutchinson, Potter, Randall	

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – Lubbock SDA


**Wellpoint Full Dual Advantage Aligned
(HMO D-SNP)**
 H2593-047

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$4,500 allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$450 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$160 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 65 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		28 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE		\$0 copay – unlimited visits per year

Texas 2026 Plan Highlights – Lubbock MSA

Wellpoint Kidney Care (HMO-POS C-SNP) H2593-043

PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
PART B GIVEBACK	\$0
MAX OUT-OF-POCKET	\$2,900
PCP	\$0 copay
SPECIALIST	\$0 - \$25 copay
INPATIENT HOSPITAL	\$125 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$350 (T3 - T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 25% / 29% / \$0 \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Archer, Austin, Bailey, Briscoe, Castro, Chambers, Clay, Cochran, Collin, Colorado, Cooke, Crosby, Dallas, Delta, Denton, Dickens, Floyd, Fort Bend, Galveston, Garza, Grayson, Grimes, Hale, Hardin, Harris, Henderson, Hockley, Hunt, Jack, Jasper, Jefferson, Johnson, Lamb, Liberty, Lubbock, Lynn, Matagorda, Montague, Montgomery, Motley, Navarro, Orange, Palo Pinto, Parker, Rains, Rockwall, San Jacinto, Swisher, Tarrant, Terry, Throckmorton, Van Zandt, Walker, Waller, Wharton, Wise



Texas 2026 Plan Highlights – Lubbock MSA

Wellpoint Kidney Care (HMO-POS C-SNP) H2593-043

ESSENTIAL EXTRAS	(Pick 1) Healthy Foods - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$750 allowance for preventive and comprehensive services per year In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive services Out of Network: 20% preventive - 50% comprehensive
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$115 per quarter
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	N/A
TRANSPORTATION	\$0 copay – 60 one-way trips to PAL per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition



Nueces MSA

Texas 2026 Plan Highlights – Nueces SDA


**Wellpoint Full Dual Advantage Aligned
(HMO D-SNP)**
 H2593-045

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0
PART B GIVEBACK		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0 - \$550 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		Members pay LIS copay* (T3 - T5) \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Aransas, Bee, Brooks, Calhoun, Goliad, Jim Wells, Karnes, Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio, Victoria	

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



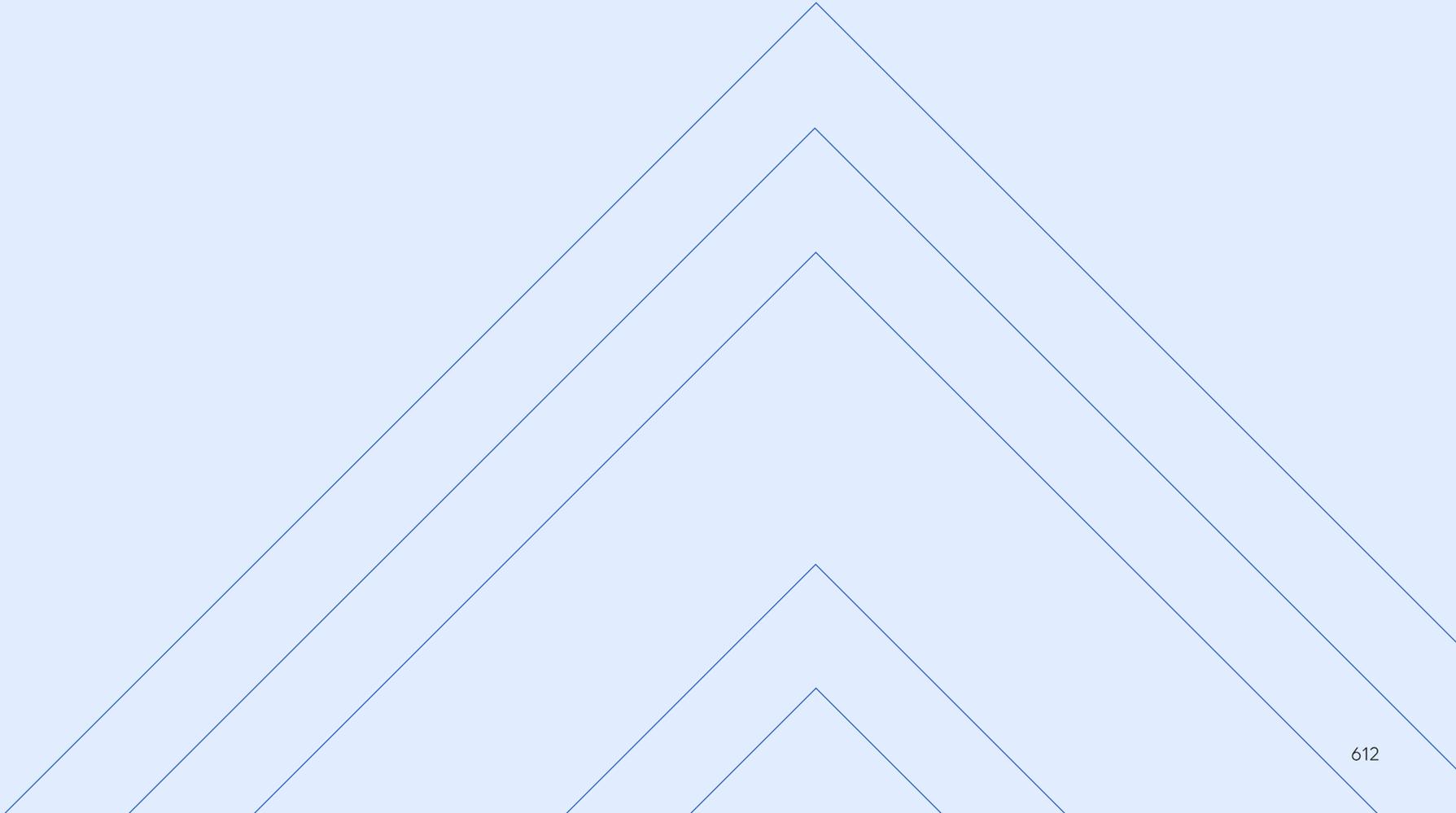
Texas 2026 Plan Highlights – Nueces SDA


**Wellpoint Full Dual Advantage Aligned
(HMO D-SNP)**
 H2593-045

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$3,000 allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$450 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$200 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 65 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		28 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE		\$0 copay – unlimited visits per year



San Antonio MSA



Texas 2026 Plan Highlights – San Antonio SDA


Wellpoint Full Dual Advantage 2
(HMO D-SNP)
 H2593-051

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		Members pay LIS copay* (T3 - T5) \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – San Antonio SDA

★ **Wellpoint Full Dual Advantage 2**
(HMO D-SNP)
 H2593-051

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$4,250 allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$400 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$125 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 60 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		21 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE		\$0 copay – unlimited visits per year



Texas 2026 Plan Highlights – San Antonio MSA



PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$75 (T3 - T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 30% / 32% / \$0 \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Bexar, Collin, Comal, Dallas, Denton, Guadalupe, Parker, Rockwall, Tarrant, Travis, Wise

Texas 2026 Plan Highlights – San Antonio MSA



ESSENTIAL EXTRAS	N/A
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive services Out of Network: 20% preventive - 50% comprehensive
VISION	\$0 copay – 1 routine eye exam per year; \$325 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$45 per month OTC and Healthy Foods
OVER THE COUNTER	N/A
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips to PAL per year
PERS	N/A
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition

Texas 2026 Plan Highlights – San Antonio MSA



PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
PART B GIVEBACK	\$0
MAX OUT-OF-POCKET	\$3,500
PCP	\$0 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$100 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$90 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 33% / \$0 \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Bexar



Texas 2026 Plan Highlights – San Antonio MSA



ESSENTIAL EXTRAS	(Pick 1) Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive services Out of Network: 20% preventive - 50% comprehensive
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$62 per quarter
FITNESS	N/A
HEALTH & FITNESS TRACKER	N/A
TRANSPORTATION	\$0 copay – 24 one-way trips to PAL per year
PERS	\$0 copay
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	3 meals per day for 14 days chronic condition



Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Dual Advantage (HMO D-SNP) H8849-011-002

MEDICAID STATUS	All Dual	SLMB, QI, QDWI, FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0 - \$4.80
PART B GIVEBACK		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		Partial Dual – Medicare FFS / Full Dual \$0 copay
SKILLED NURSING FACILITY		Partial Dual – Medicare FFS / Full Dual \$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 / 25% / 25% / 25% / 25% / \$0 Members pay LIS copay* (T2 - T5) \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Anderson, Archer, Camp, Cherokee, Clay, Collin, Cooke, Dallas, Delta, Denton, Ellis, Franklin, Grayson, Gregg, Henderson, Hood, Hopkins, Hunt, Jack, Johnson, Kaufman, Montague, Navarro, Palo Pinto, Parker, Rains, Rockwall, Rusk, Smith, Tarrant, Throckmorton, Titus, Upshur, Van Zandt, Wise, Wood	

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Dual Advantage (HMO D-SNP) H8849-011-002

MEDICAID STATUS	All Dual	SLMB, QI, QDWI, FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$3,500 allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$110 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 38 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		20 post discharge / 2 meals per day for 90 days chronic condition



Texas 2026 Plan Highlights – San Antonio MSA

Wellpoint Kidney Care (HMO-POS C-SNP) H2593-031 Only sold internally

PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,250 (IN) / \$12,450 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$0 copay - 20% coinsurance
INPATIENT HOSPITAL	Medicare FFS
SKILLED NURSING FACILITY	Medicare FFS
RX DEDUCTIBLE	\$100 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 10% / 20% / 31% / \$0 \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Bexar, Comal, El Paso, Hays, Travis, Williamson



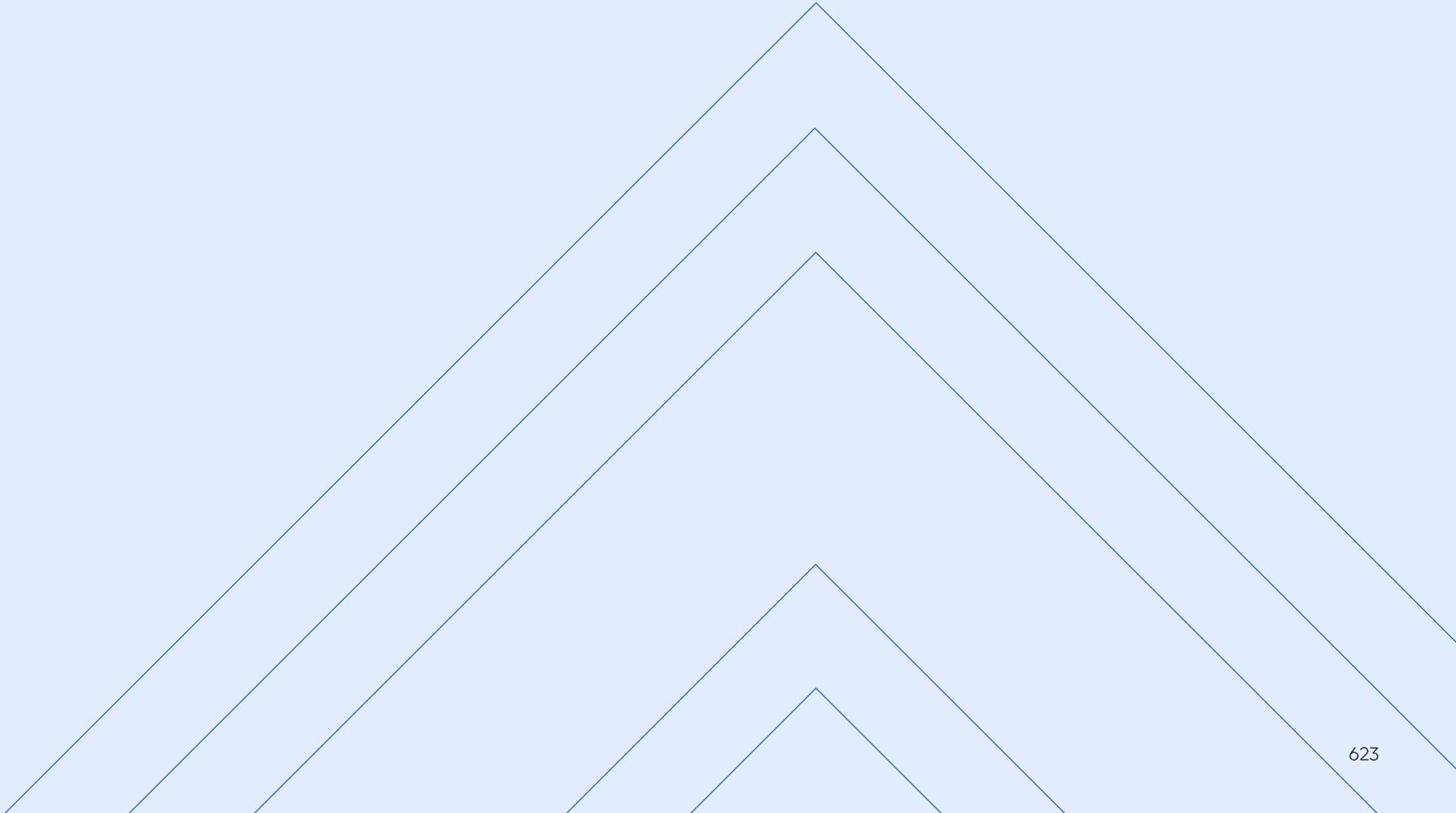
Texas 2026 Plan Highlights – San Antonio MSA

Wellpoint Kidney Care (HMO-POS C-SNP) H2593-031 Only sold internally

ESSENTIAL EXTRAS	N/A
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive services Out of Network: 20% preventive - 50% comprehensive
VISION	\$0 copay – 1 routine eye exam per year; \$325 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$80 per month OTC and Healthy Foods
OVER THE COUNTER	N/A
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	N/A
TRANSPORTATION	\$0 copay – 26 one-way trips to PAL per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition



West Texas SDA



Texas 2026 Plan Highlights – West Texas SDA


**Wellpoint Full Dual Advantage Aligned
(HMO D-SNP)**
 H2593-046

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0
PART B GIVEBACK		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0 - \$205 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		Members pay LIS copay* (T3 – T5) \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Andrews, Archer, Armstrong, Bailey, Baylor, Borden, Brewster, Briscoe, Brown, Callahan, Castro, Childress, Clay, Cochran, Coke, Coleman, Collingsworth, Concho, Cottle, Crane, Crockett, Culberson, Dallam, Dawson, Dickens, Dimmit, Donley, Eastland, Ector, Edwards, Fisher, Foard, Frio, Glasscock, Gray, Hall, Hansford, Hardeman, Hartley, Haskell, Hemphill , Howard, Irion, Jack, Jeff Davis, Jones, Kent, Kerr, Kimble, King, Kinney, Knox, La Salle, Lipscomb, Loving, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Oldham, Palo Pinto, Pecos, Presidio, Reagan, Real, Reeves, Roberts, Runnels, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Taylor, Throckmorton, Tom Green, Upton, Uvalde, Ward, Wheeler, Wilbarger, Winkler, Yoakum, Young, Zavala	

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – West Texas SDA

★ **Wellpoint Full Dual Advantage Aligned
(HMO D-SNP)**
H2593-046

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$4,000 allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$375 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$175 per month OTC, Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER		N/A
FITNESS		\$0 copay - SilverSneakers®
TRANSPORTATION		\$0 copay – 48 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		21 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE		\$0 copay – unlimited visits per year



Texas 2026 Plan Highlights – Harris SDA

Wellpoint Full Dual Advantage 2 (HMO D-SNP) H2593-048

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0
PART B GIVEBACK		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		Members pay LIS copay* (T2 – T5) \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Austin, Brazoria, Fort Bend, Galveston, Harris, Matagorda, Montgomery, Waller, Wharton

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – Harris SDA

Wellpoint Full Dual Advantage 2 (HMO D-SNP) H2593-048

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$3,500 allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$325 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$165 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 48 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		21 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE		\$0 copay – unlimited visits per year



Texas 2026 Plan Highlights – Lubbock SDA

Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-005

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0
PART B GIVEBACK		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		Members pay LIS copay* (T3 – T5) \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Bailey, Briscoe, Castro, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Motley, Swisher, Terry	

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – Lubbock SDA

Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-005

MEDICAID STATUS	Full Dual	FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$5,000 unlimited allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$700 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$220 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 60 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		20 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE		\$0 copay – unlimited visits per year



Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Dual Advantage (HMO D-SNP) H8849-011-005

MEDICAID STATUS	All Dual	SLMB, QI, QDWI, FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0 - \$4.80
PART B GIVEBACK		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		Partial Dual – Medicare FFS / Full Dual \$0 copay
SKILLED NURSING FACILITY		Partial Dual – Medicare FFS / Full Dual \$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 / 25% / 25% / 25% / 25% / \$0 Members pay LIS copay* (T2 - T5) \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Bailey, Briscoe, Castro, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Motley, Polk, San Jacinto, Swisher, Terry, Walker, Waller, Wharton

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Dual Advantage (HMO D-SNP) H8849-011-005

MEDICAID STATUS	All Dual	SLMB, QI, QDWI, FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		Unlimited allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$650 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$145 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 48 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		21 post discharge - 2 meals per day for 90 days chronic condition



Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Dual Advantage 2 (HMO D-SNP) H2593-032

MEDICAID STATUS	All Dual	SLMB, QI, QDWI, FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0
PART B GIVEBACK		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		Partial Dual – Medicare FFS / Full Dual \$0 copay
SKILLED NURSING FACILITY		Partial Dual – Medicare FFS / Full Dual \$0 copay
RX DEDUCTIBLE		\$0 - \$230 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 / 25% / 25% / 25% / 30% / \$0 Members pay LIS copay* (T2 - T5) \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Archer, Atascosa, Austin, Bailey, Bandera, Bastrop, Bexar, Blanco, Briscoe, Burnet, Caldwell, Castro, Chambers, Clay, Cochran, Collin, Colorado, Comal, Cooke, Crosby, Dallas, Delta, Denton, Dickens, El Paso, Fayette, Floyd, Fort Bend, Galveston, Garza, Gonzales, Grayson, Grimes, Guadalupe, Hale, Hamilton, Hardin, Harris, Hays, Henderson, Hockley, Hudspeth, Hunt, Jack, Jasper, Jefferson, Johnson, Kendall, La Salle, Lamb, Lampasas, Lee, Liberty, Lubbock, Lynn, Mason, Matagorda, Medina, Mills, Montague, Montgomery, Motley, Navarro, Orange, Palo Pinto, Parker, Rains, Real, Rockwall, San Jacinto, San Saba, Swisher, Tarrant, Terry, Throckmorton, Travis, Van Zandt, Walker, Waller, Wharton, Williamson, Wilson, Wise, Zavala	

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Dual Advantage 2 (HMO D-SNP) H2593-032

MEDICAID STATUS	All Dual	SLMB, QI, QDWI, FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$2,000 allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$50 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 32 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		21 post discharge - 2 meals per day for 90 days chronic condition



Texas 2026 Plan Highlights – Legacy

Wellpoint Medicare Advantage 2 (HMO-POS) H2593-029

PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
PART B GIVEBACK	\$0
MAX OUT-OF-POCKET	\$9,250
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$335 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$300 (T3 - T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$2 / 20% / 30% / 29% / \$0 \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Archer, Atascosa, Austin, Bailey, Bandera, Bastrop, Bexar, Blanco, Briscoe, Burnet, Caldwell, Castro, Chambers, Clay, Cochran, Collin, Colorado, Comal, Cooke, Crosby, Dallas, Delta, Denton, Dickens, El Paso, Floyd, Fort Bend, Galveston, Garza, Gonzales, Grayson, Grimes, Guadalupe, Hale, Hamilton, Hardin, Harris, Hays, Henderson, Hockley, Hudspeth, Hunt, Jack, Jasper, Jefferson, Johnson, Kendall, La Salle, Lamb, Lampasas, Lee, Liberty, Lubbock, Lynn, Mason, Matagorda, Medina, Mills, Montague, Montgomery, Motley, Navarro, Orange, Palo Pinto, Parker, Rains, Real, Rockwall, San Jacinto, San Saba, Swisher, Tarrant, Terry, Throckmorton, Travis, Van Zandt, Walker, Waller, Wharton, Williamson, Wilson, Wise, Zavala



Texas 2026 Plan Highlights – Legacy

Wellpoint Medicare Advantage 2 (HMO-POS) H2593-029

ESSENTIAL EXTRAS	N/A
DENTAL	In Network: \$0 copay – 1 oral exams, 1 cleaning every year Out of Network: 20% preventive
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year
OVER THE COUNTER	\$44 per quarter
FITNESS	N/A
HEALTH & FITNESS TRACKER	N/A
TRANSPORTATION	N/A
PERS	N/A



Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Dual Advantage (HMO D-SNP) H8849-011-003

MEDICAID STATUS	All Dual	SLMB, QI, QDWI, FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0 - \$4.80
PART B GIVEBACK		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		Partial Dual – Medicare FFS / Full Dual \$0 copay
SKILLED NURSING FACILITY		Partial Dual – Medicare FFS / Full Dual \$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 / 25% / 25% / 25% / 25% / \$0 Members pay LIS copay* (T2 - T5) \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Atascosa, Bandera, Bexar, Comal, Gonzales, Guadalupe, Kendall, La Salle, Medina, Real, Wilson, Zavala

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Dual Advantage (HMO D-SNP) H8849-011-003

MEDICAID STATUS	All Dual	SLMB, QI, QDWI, FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$2,750 allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$65 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 60 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		20 post discharge - 2 meals per day for 90 days chronic condition



Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Dual Advantage (HMO D-SNP) H8849-011-004

MEDICAID STATUS	All Dual	SLMB, QI, QDWI, FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0 - \$4.80
PART B GIVEBACK		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		Partial Dual – Medicare FFS / Full Dual \$0 copay
SKILLED NURSING FACILITY		Partial Dual – Medicare FFS / Full Dual \$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 / 25% / 25% / 25% / 25% / \$0 Members pay LIS copay* (T2 - T5) \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Bailey, Briscoe, Castro, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Motley, Polk, San Jacinto, Swisher, Terry, Walker, Waller, Wharton

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Texas 2026 Plan Highlights – Dallas Fort Worth MSA

Wellpoint Dual Advantage (HMO D-SNP) H8849-011-004

MEDICAID STATUS	All Dual	SLMB, QI, QDWI, FBDE, QMB+, QMB, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$2,250 allowance for preventive and comprehensive services per year \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year, and comprehensive dental services
VISION		\$0 copay – 1 routine eye exam per year; \$275 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$80 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		N/A
TRANSPORTATION		\$0 copay – 48 one-way trips to PAL per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		20 post discharge - 2 meals per day for 90 days chronic condition

