



# 2021 MARKETPLACE MEMBER GUIDE

## FOR USE WITH:

- Community Elite Gold 001
- Community Vital Bronze 003
- Community Advance Preferred Silver 004
- Community Enhanced Gold 005
- Community Essential Bronze 008 HSA
- Community Standard Preferred Silver 009
- Community Value Bronze 10
- Community Virtual Now Bronze 11
- Community Standard Silver 12
- Community Advance Silver 13
- Community Elite Gold HSA 14

CommunityHealthChoice.org  
713.295.6704 | 1.855.315.5386

COMMUNITY  
HEALTH CHOICE





# WELCOME

Thank you for choosing Community Health Choice as your health insurance. We are a local non-profit health plan that makes it easy and hassle-free to get the care you need.

Your Member Guide is a quick overview of what you need to know about your plan. If you have any questions, you may call our Member Services team at **713.295.6704** (Toll-free 1.855.315.5386) or visit our Web site, [CommunityHealthChoice.org](https://CommunityHealthChoice.org).

We look forward to serving your healthcare needs.

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# YOUR COMMUNITY MY MEMBER ACCOUNT

Now is the perfect time to create an online My Member Account with Community Health Choice.

Your My Member Account is a quick and easy way to:

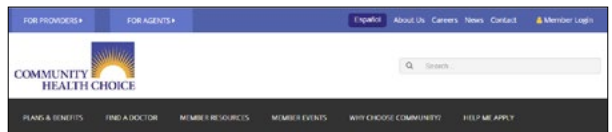
- Print a temporary ID card
- Find a doctor or pharmacy
- Check your Member Handbook
- Make a quick payment
- Manage automatic payments
- Sign-up for paperless billing
- Update your address
- View your dependents
- Change you Primary Care Provider
- View your benefits
- Check your payment, invoice, or policy history
- Live Chat directly with our Member Services team



## CREATE AN ACCOUNT

1

To get started, visit [CommunityHealthChoice.org](https://www.CommunityHealthChoice.org) and click Member Login at the top right corner of the homepage.



Select **Health Insurance Marketplace** as your product.

COMMUNITY HEALTH CHOICE MEMBER PORTAL

HOME PRODUCTS

COMMUNITY MEMBER PORTAL

PLEASE SELECT A PRODUCT BELOW

Click to select product

Health Insurance Marketplace

Medicaid / CHIP

Click **Create an Online Account** to register for a new account.

- You will need your Member ID number to finish registering.
- This information is on your Community Health Choice Member ID card.

COMMUNITY HEALTH CHOICE

### Marketplace Plan

Member:  
 Member ID:   
 Plan name:  
 Effective date:  
 Assigned Provider:

Deductibles	In-network visit after meeting deductible	Prescription cost after meeting deductible
Individual: Family:	PCP: Specialist: Urgent care: Hospital ER:	Generic: Preferred: Non-preferred: Specialty:

No charge for preventive care. \* Deductible does not apply.  
 Pharmacy: Navitus Health Solutions BIN: 610602 PCN: NVT RXGroup: TDI/QHP

Complete all three steps to finish setting up your account.

Member Web Access Registration (Health Insurance Marketplace)

**Register Now** Sign up for a secure online account to:  
 • Update your account information • Pay your premium online • Check eligibility, print ID cards, and more...

\*Your Member ID number can be found on your Member ID card. If you have not received a Member ID card yet, you can still make a claim payment by clicking here.

Step 1 Step 2 Step 3 Done

Complete all fields and click "Next" to continue. Enter your information as it appears on your Community Member ID card.

Member ID Number:

Last Name:

First Name:

Date of Birth (mm/dd/yyyy):

ZIP Code:

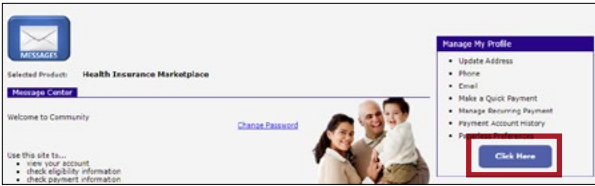
88755  
 Generate New Profile Enter the code.

Next >>

# KEEP YOUR ACCOUNT **CURRENT**

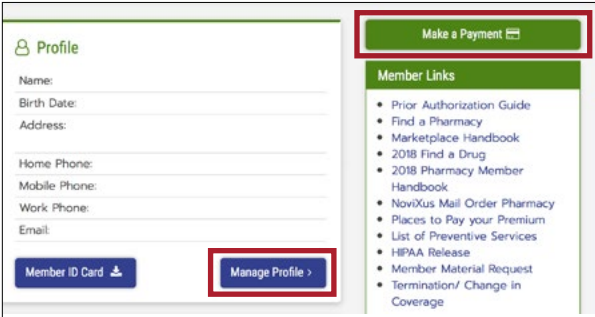


1



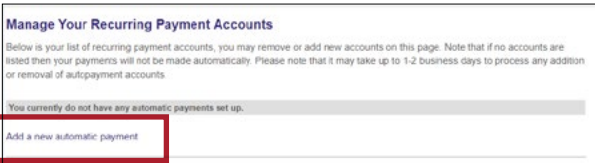
Visit the [Member Login page](#) to sign into your My Member Account. If you have not created an account, please see page 4 for instructions.

2



From the home screen of your My Member Account, select [Manage Profile](#) and then select [Manage Recurring Payments](#). You can also make a one-time payment by selecting [Make a Payment](#).

3



Click [Add a New Automatic Payment](#) and fill in the required information. The amount you choose to pay should be your owed monthly premium, which will be paid every month on the date you select.

## FOLLOW US!



@CommunityHealthChoice



@CHCTexas



Community Health Choice



communityhealthchoicetx

# PAY BY PHONE OR MAIL



You may also make your payments over the phone by calling **713.295.6704** (Toll-free 1.855.315.5386) or by mail to:

Community Health Choice  
P.O. Box 844124  
Dallas, TX 75284-4124

## PLEASE NOTE

Payments must be received by Community Health Choice by the due date in order to avoid interruption of coverage. Since checks can take up to six business days to process, we recommend that you mail payments 7 - 10 business days prior to your payment due date.



# WHAT IS A “GRACE PERIOD”?

When Members enroll in coverage through Community Health Choice, they pay a monthly premium in order to maintain their health coverage. If you do not make your monthly premium payment or have an outstanding balance, you enter into a Grace Period.

The Grace Period is different for Members who receive an Advance Premium Tax Credit (APTC) and those who do not. If you have APTC, you have a Grace Period of 90 days to bring your account up-to-date. If you do not have APTC, you have 30 days

to bring your account up-to-date. If you are unsure whether you have APTC, please call Member Services at 713.295.6704 (Toll-free 1.855.315.5386).

When you are in a Grace Period, you are able to maintain health coverage if you pay all outstanding amounts before the Grace Period ends. If you do not pay the outstanding amounts, you risk losing your health coverage and may not be able to re-enroll in a plan until the next open-enrollment period.





# COMMUNITY REWARDS

At Community Health Choice, we care about your health and happiness. Wouldn't you be happier paying less or earning rewards for your health plan? Just take 10 minutes to complete a simple health questionnaire, and you can earn 10% savings on your 2021 monthly premiums. It's just one way we say thanks for being a Member through our Community Rewards program.

Simply go to [memberaccount.communityhealthchoice.org](https://memberaccount.communityhealthchoice.org) to get started.

## DID YOU KNOW?

You can earn gift cards by joining our Community Rewards program and doing some simple, health-related things?

You can earn **\$25 gift cards** for completing selected health related activities:

- 1 Annual Well Visits
- 2 Important Health Screenings
- 3 Flu Vaccine
- 4 Plan Benefit Read and Earn
- 5 Enroll in Auto Pay

It's another way we say **thanks** for being a Member through our Community Rewards program. Simply go to [memberaccount.communityhealthchoice.org](https://memberaccount.communityhealthchoice.org) to get started.

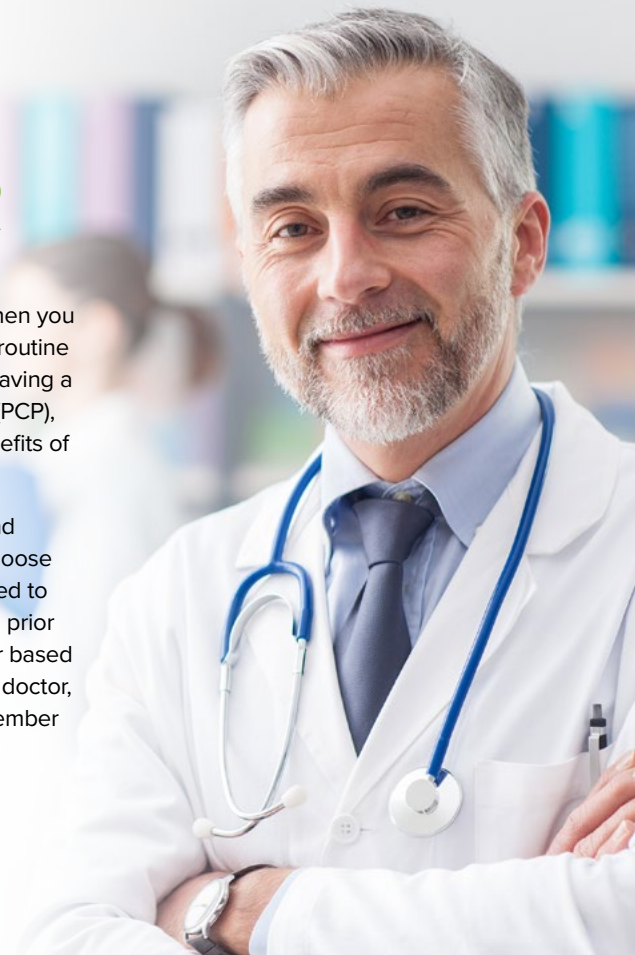


Get Rewards! 

# FIND A DOCTOR

Your health is greatly improved when you have a doctor to see regularly for routine and preventive medical care. By having a preferred Primary Care Physician (PCP), you are better able to use the benefits of your Community health plan.

In our efforts to promote health and wellness, Members who do not choose a PCP will be automatically matched to a PCP using criteria that considers prior doctor and patient relationships or based on where you live. If you do find a doctor, switching is easy by calling our Member Services team at 1.855.315.5386.



## TO SELECT YOUR PRIMARY DOCTOR:

1

Go to [CommunityHealthChoice.org](https://CommunityHealthChoice.org) and select FIND A DOCTOR.

**STEPS**

- 1 PLAN
- 2 LOCATION
- 3 PROVIDER

**FIND A DOCTOR**

Welcome to Community Health Choice's "Find a Doctor" search!

This tool can help you find doctors, pharmacies, hospitals, facilities, and much more, all made to help you find what you need.

Click "Next" to get started.

**Frequently Asked Questions**

- How do I find a Primary Care Provider, Doctor or Clinic?
- Need help scheduling an appointment or finding a provider?
- How do I get Family planning services? Do I need a referral?
- What if I need to see a special doctor (specialist)?
- What is a referral?
- How soon can I expect to be seen by a specialist?
- What services do you offer your members?
- How can I ask for a second opinion?
- How do I get help if I have behavioral (mental) health, alcohol or drug problems?
- Do I need a referral for that?

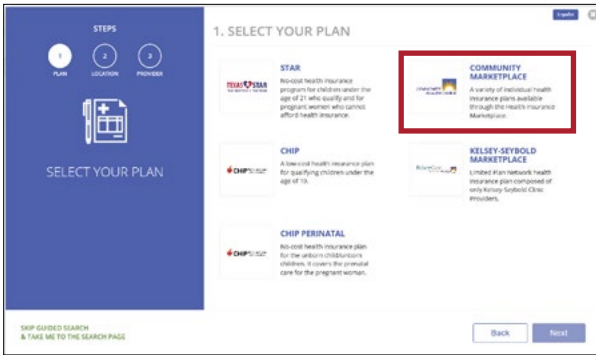
**SKIP GUIDED SEARCH & TAKE ME TO THE SEARCH PAGE**

**Next**



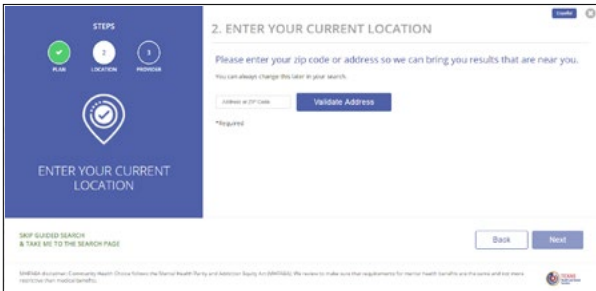
2

Select **Community Marketplace** as your product.



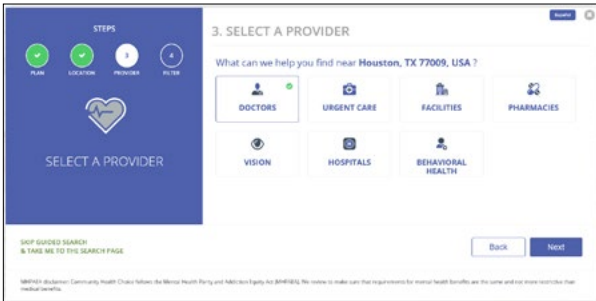
3

Validate your zip code or address for results that are near you.



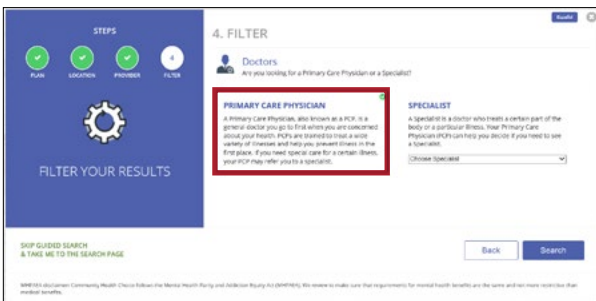
4

Click Doctor.



5

Once you have selected your plan type, you can search for a doctor.



# HOW TO USE TELEHEALTH SERVICES

Need to talk to a doctor after hours?

Or not feeling well enough to go to their office?

**USE TELEHEALTH SERVICES INSTEAD!** Telehealth services doctors are available 24/7 by phone, web, or mobile app. You can get treatment and fill prescriptions if necessary. This is a free benefit at no cost to our Marketplace Members.

Call Toll-free at **1.800.835.2362** to learn more.

## PLEASE NOTE

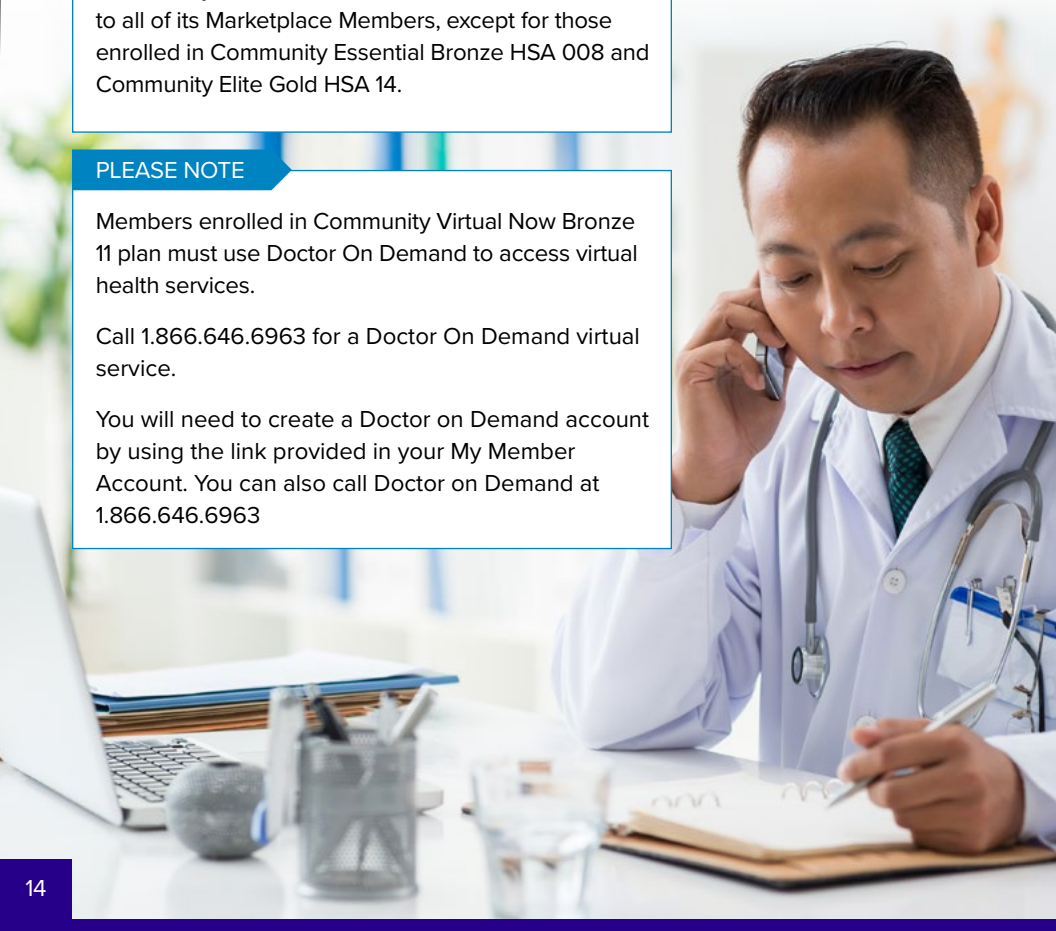
Community Health Choice offers telehealth services to all of its Marketplace Members, except for those enrolled in Community Essential Bronze HSA 008 and Community Elite Gold HSA 14.

## PLEASE NOTE

Members enrolled in Community Virtual Now Bronze 11 plan must use Doctor On Demand to access virtual health services.

Call 1.866.646.6963 for a Doctor On Demand virtual service.

You will need to create a Doctor on Demand account by using the link provided in your My Member Account. You can also call Doctor on Demand at 1.866.646.6963





## NURSE HOTLINE

Community Health Choice Members can call the **Nurse Hotline** 24 hours a day, 7 days a week at **1.833.955.1528**. When your doctor is not available, an after-hours nurse will answer your questions, page your physician if necessary, and schedule needed appointments.

# A GUIDE TO INSURANCE TERMS

## **COINSURANCE**

The amount you must pay for healthcare expenses after your deductible has been met. Coinsurance amounts are shared amounts between the health insurance carrier and you. Your portion of the coinsurance is paid until your out-of-pocket maximum is met for the year.

## **COPAY**

A fixed fee that you pay for healthcare services and products (such as doctor visits and pharmaceutical prescriptions).

## **DEDUCTIBLE**

The amount you must pay for healthcare expenses before insurance covers the costs. Sometimes, a health insurance plan will have a yearly deductible that you must meet before coverage begins.

## **ENROLLMENT PERIOD**

A specified period of time when you can enroll in an insurance plan.

## **EXPLANATION OF BENEFITS (EOB)**

EOB An Explanation of Benefits (EOB) provides details about a medical insurance claim that has been processed and explains what portion was paid to the Provider and what portion, if any, is your responsibility.

## **GRACE PERIOD**

This is a period of time when you are still covered but have a late payment. You must exit the grace period in a certain amount of time to avoid losing your health coverage.

## **IN-NETWORK PROVIDER**

A Provider who is contracted with the health plan to provide services to plan Members for specific pre-negotiated rates.

## **OUT-OF-NETWORK PROVIDER**

A Provider who is not contracted with the health plan.

## **OUT-OF-POCKET MAXIMUM**

This is the maximum amount you will pay out of your own pocket in a year for covered health care expenses. Typically, after your out-of-pocket maximum expense limit is met, the plan pays 100% of all covered services for the remainder of the year.

## **PRE-EXISTING CONDITION**

A health care condition that existed before insurance coverage begins.

## **PREMIUM**

An amount to be paid for an insurance policy.

## **PRIMARY CARE PROVIDER**

A health care professional (usually a physician) that is responsible for monitoring your overall health care needs.

## **SPECIALIST**

A health care professional who specializes in one area of medicine. For example, a cardiologist is a doctor who specializes in heart conditions.



# CONTACT US

## MEMBER SERVICES

For questions about your plan, call our Member Services team at **713.295.6704** (Toll-free 1.855.315.5386).

## COMMUNITY CARES CENTER

Come visit us in person at one of our Community Cares Centers located in Houston and Beaumont.

Learn more at [CommunityHealthChoice.org/en-us/Community-Cares-Centers](https://CommunityHealthChoice.org/en-us/Community-Cares-Centers).

## CARE MANAGEMENT

The Community Health Choice Care Management team helps you manage chronic illnesses, like diabetes. Call **832.CHC.CARE** (832.242.2273) to learn more.

# OTHER IMPORTANT NUMBERS

## NAVITUS/PHARMACY/PRESCRIPTIONS:

1.866.333.2757

## TDD NUMBER FOR THE HEARING IMPAIRED:

7-1-1

## HEALTH INSURANCE MARKETPLACE:

1.800.318.2596

## BEHAVIORAL HEALTH/SUBSTANCE ABUSE:

Your Community health plan benefits include support, guidance, and counseling for mental health and substance-use disorders through Beacon Health Options.

1.855.539.5881

