

2024 MARKETPLACE MEMBER GUIDE



CommunityHealthChoice.org
713.295.6704 | 1.855.315.5386



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 website, **CommunityHealthChoice.org**.

We look forward to serving your healthcare needs.

FOR USE WITH:

- Premier Bronze Plan 003
- Premier Virtual Bronze Plan 011
- Select Bronze Plan 016
- Premier Bronze Plan 018
- Premier Silver Plan 004
- Premier Silver Plan 012
- Premier Silver Plan 013
- Select Silver Plan 019
- Premier Silver Plan 020
- Premier Gold Plan 001
- Premier Gold Plan 005
- Premier Gold Plan 021
- Select Gold Plan 022





CONTENTS

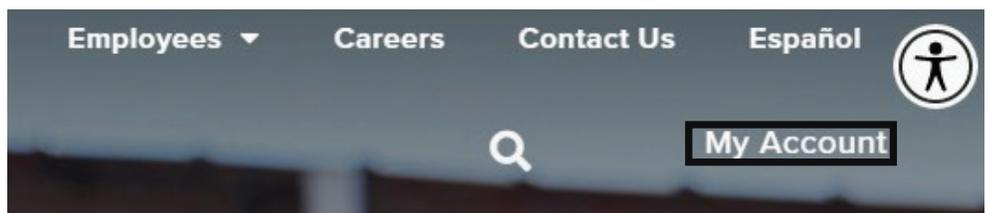
YOUR COMMUNITY MY MEMBER ACCOUNT	4
KEEP YOUR ACCOUNT CURRENT	6
WHAT IS A “GRACE PERIOD”?	9
COMMUNITY REWARDS	10
FIND A DOCTOR	12
HOW TO USE TELEHEALTH SERVICES	14
NURSE HOTLINE	15
CONTACT US	17

YOUR COMMUNITY MY MEMBER ACCOUNT



CREATE AN ACCOUNT

- 1 To get started, visit [CommunityHealthChoice.org](https://www.CommunityHealthChoice.org) and click My Account in the top right corner of the homepage.



QUICK PAYMENT

Make a payment without creating an account or logging into your account.

If this is your first time logging in to the new portal, please click "Forgot your Password?" Use your old username when prompted. We will email you a link to create a password.

Login

Username

Password

2 Select **Register** underneath **Log In** to create a new My Member Account.

Member Portal Access Registration

Join the community to receive personalized information and customer support.

I am a:

- Member - I get my own health insurance from Community Health Choice
- Guardian - I am a parent or guardian of a Community Health Choice member, but I am not a member

Do you have an active member portal account?

- Yes - I have registered as myself in the past
- No - I have not registered before

3 Select the options that apply to you, then click **"Next."**

Member Portal Access Registration

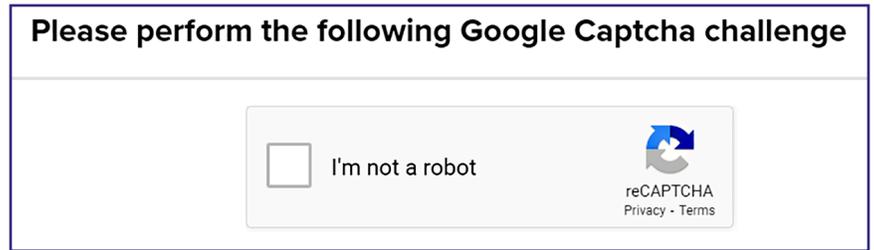
Join the community to receive personalized information and customer support.

Enter your information as it appears on your Community Member ID card.

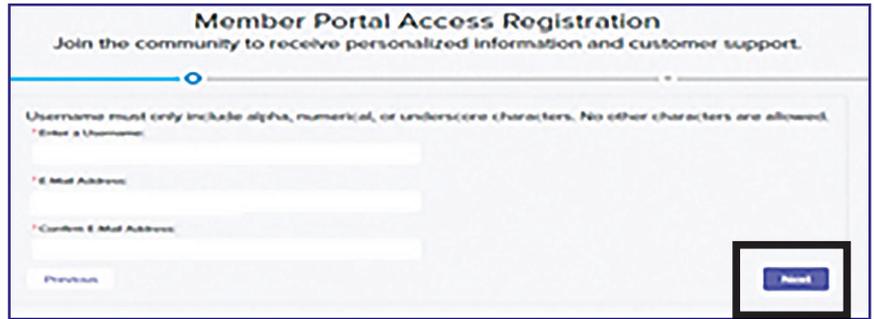
- * Member ID Number or Last 4 Digits of SSN
- * First Name
- * Last Name
- * Date of Birth
- * Mailing Address Zip Code (First 5 digits)

4 Enter your information to create your online My Member Account, then click **"Next."**

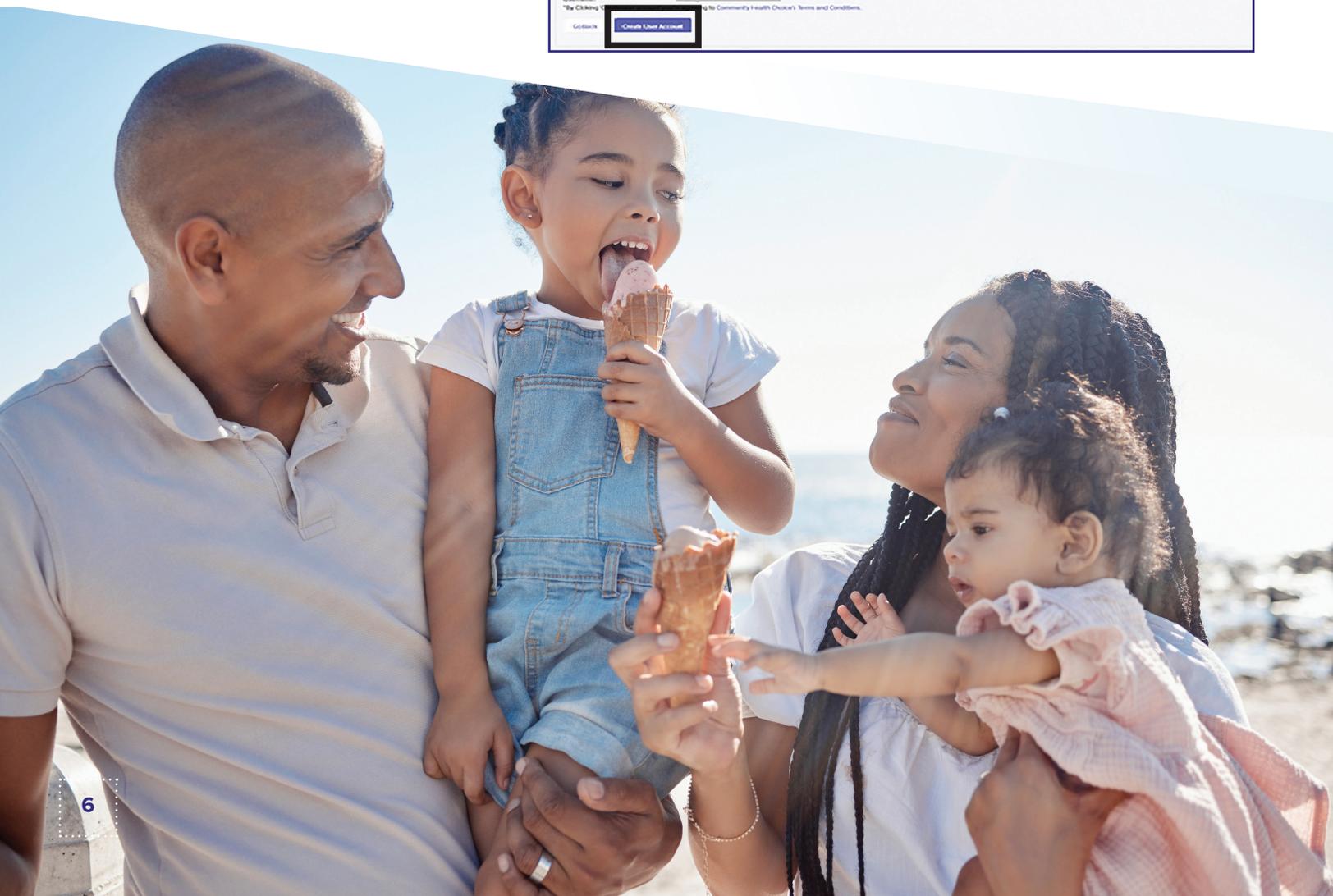
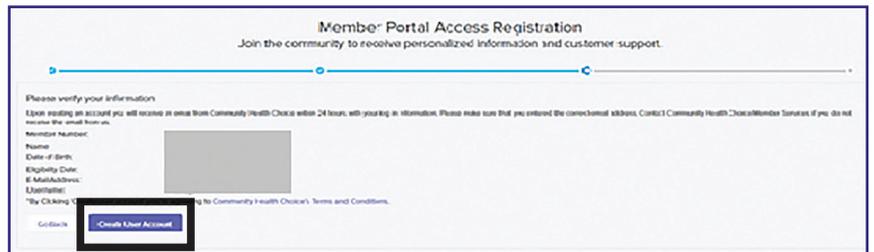
- 5 Click the box beside “I’m not a robot”. Complete the challenge when prompted.



- 6 Create a username, then enter and confirm your e-mail address. Click “Next.”

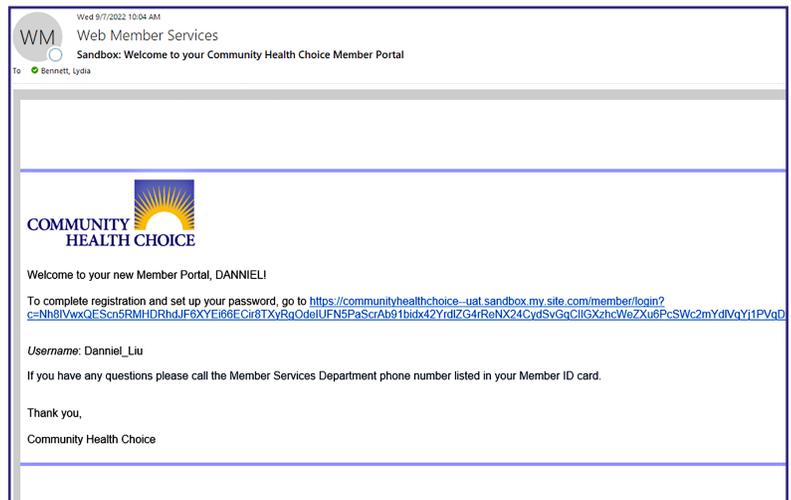


- 7 Review your submission. Once you verify that the information is accurate, confirm your online registration by clicking “Create User Account.”

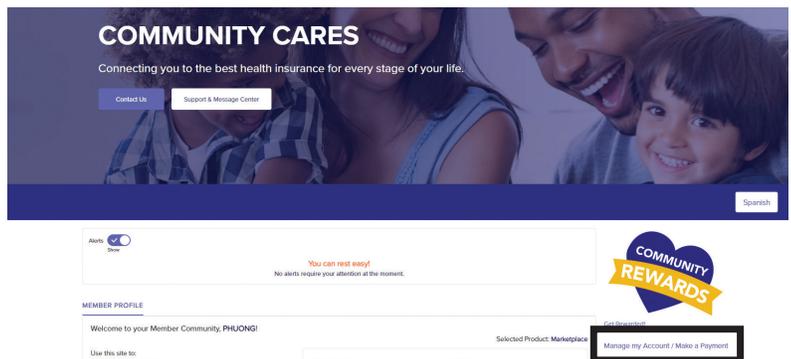




8 Complete your registration by finding the **“Welcome to Your Member Community Health Choice Member Portal”** e-mail in your inbox and clicking the link. You will be taken to the access page of your Community My Member Account portal. Once prompted, create a new case-sensitive password for your account.



9 From the home screen of your Community Member account portal, click the **“Manage My Account”** tab, then the **“Make a Payment”** button. Here, you can set up auto-pay or make a one-time payment.



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.

Login

Username

Password

Log in

[Register?](#)

[Forgot your password?](#) [Forgot your username?](#)

2 From the home screen of your My Member Account, select [Manage My account/Make a payment](#) - You can set up auto pay and also make a one time payment by selecting [Manage My account/Make a payment](#).

MEMBER PROFILE [Manage my Account/ Make a payment](#)

Member Handbook Link

- [Member Handbook - Marketplace](#)

MEMBER QUICK LINKS

- [Prior Authorization Guide](#)
- [2022 Find a Drug](#)
- [Pharmacy Member Handbook](#)
- [Places to Pay your Premium](#)
- [List of Preventative Services](#)
- [HIPAA Release](#)
- [Roadmap to Wellness](#)
- [Wellness Screening by Age](#)
- [Member Material Request](#)
- [COVID-19 Symptoms](#)
- [Stop the Spread of Germs](#)
- [Termination/Change in Coverage \(For Off-Exchange members only\)](#)

[View Member ID Card](#)

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.

Manage Your Recurring Payment Accounts

Below is your list of recurring payment accounts, you may remove or add new accounts on this page. Note that if no accounts are listed then your payments will not be made automatically. Please note that it may take up to 1-2 business days to process any addition or removal of autopayment accounts.

You currently do not have any automatic payments set up.

[Add a new automatic payment](#)

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





DID YOU KNOW?

You may be eligible to earn gift cards by joining our Community Rewards program and doing some simple, health-related activities.

You can earn gift card rewards for completing any of the activities you are eligible for...

- 1 Flu Shots
- 2 Read and Earn Activities
- 3 Breast Cancer Screening – all females (35+)
- 4 Colon Cancer Screening – all members (45+)
- 5 Annual Wellness Visit with labs – all Members (30+)

It's another way we say **thanks** for being a Member through our Community Rewards program. Simply go to **memberaccount.communityhealthchoice.org** to get started.

There is also a specialized Diabetic Program with the focus of helping your self management



- 1 Diabetic Kidney Screening
- 2 Diabetic A1C Test
- 3 Diabetic Eye Exam
- 4 Diabetic A1C Test (if >7)

FIND A DOCTOR



1 Go to CommunityHealthChoice.org and select FIND A DOCTOR.

STEPS

1 PLAN 2 LOCATION 3 PROVIDER

FIND A DOCTOR

FIND A DOCTOR Our Service Area Map

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

This tool can help you find doctors, pharmacies, hospitals, facilities, and much more. We make it easy to find what you need.

[Click here to view translation services information/agelines and notice of non-discrimination.](#)

Frequently Asked Questions

- How do I pick 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 not need a referral?
- 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 this?

STAR Harris Primary Care Provider Directory
STAR Jefferson Primary Care Provider Directory
CHIP and CHIP Perinatal Combined Full Directory
CHIP Perinatal Only Full Directory
CHIP Provider and Facilities Directory
CHIP-Perinatal Provider and Facilities Directory
STAR Provider and Facilities Directory
Marketplace Provider and Facilities Directory
Marketplace Premier Provider and Facilities Directory (Plan Year 2023)
Marketplace Select Limited Provider and Facilities Directory (Plan Year 2023)

SKIP GUIDED SEARCH & TAKE ME TO THE SEARCH PAGE [Click "Next" to get started.](#) **Next**

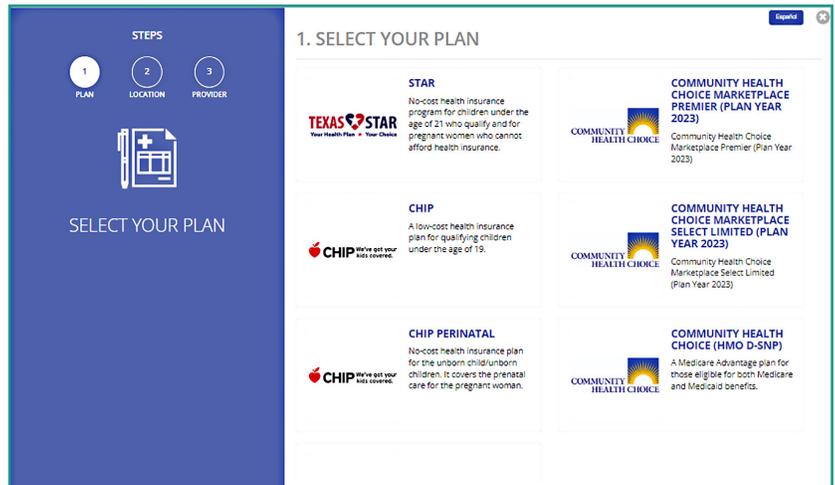
2 Select the **Marketplace** plan you enrolled in. Here's how they differ:

PREMIER PLANS – BROADEST NETWORK

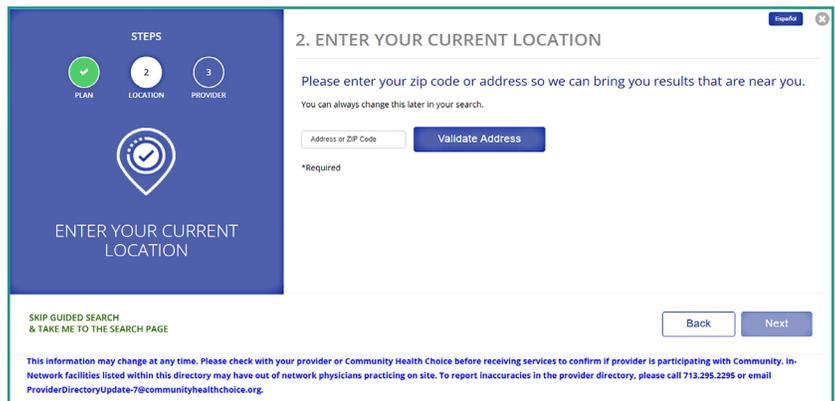
Our Premier plans have the broadest network of high-quality Providers across Southeast Texas that are committed to delivering a high standard of care.

SELECT PLANS – LIMITED NETWORK

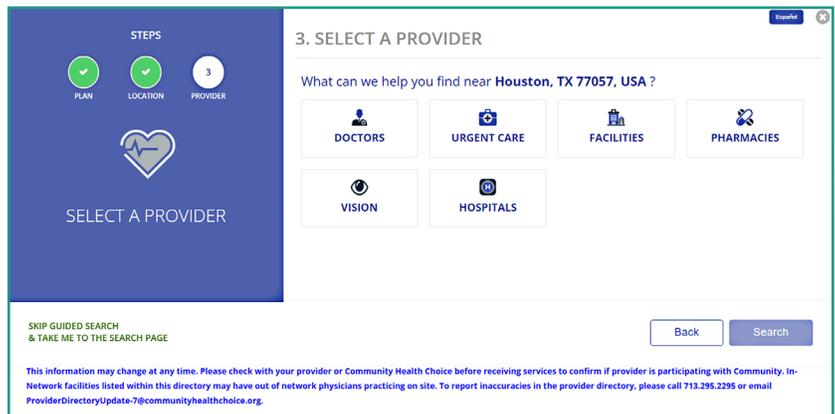
With a smaller network of high-quality providers, our Select Plans allow us to pass on lower premiums and out-of-pocket costs to our Members without sacrificing quality of care. The Select Plans are available only to Harris County residents.



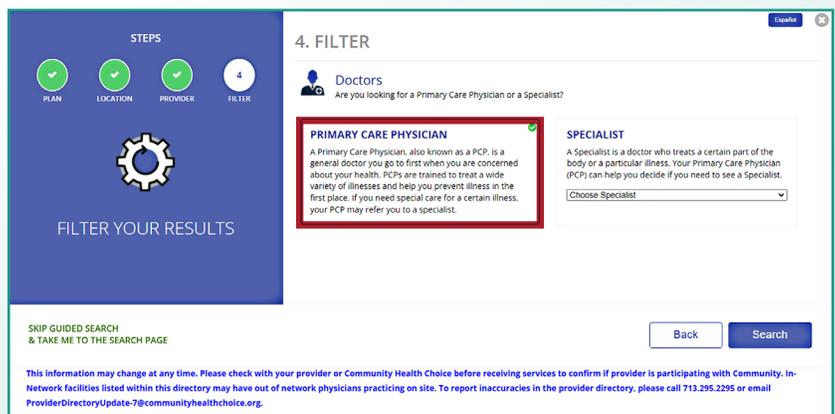
3 Validate your zip code or address for results that are near you.



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](tel:1.800.835.2362) to learn more.

PLEASE NOTE

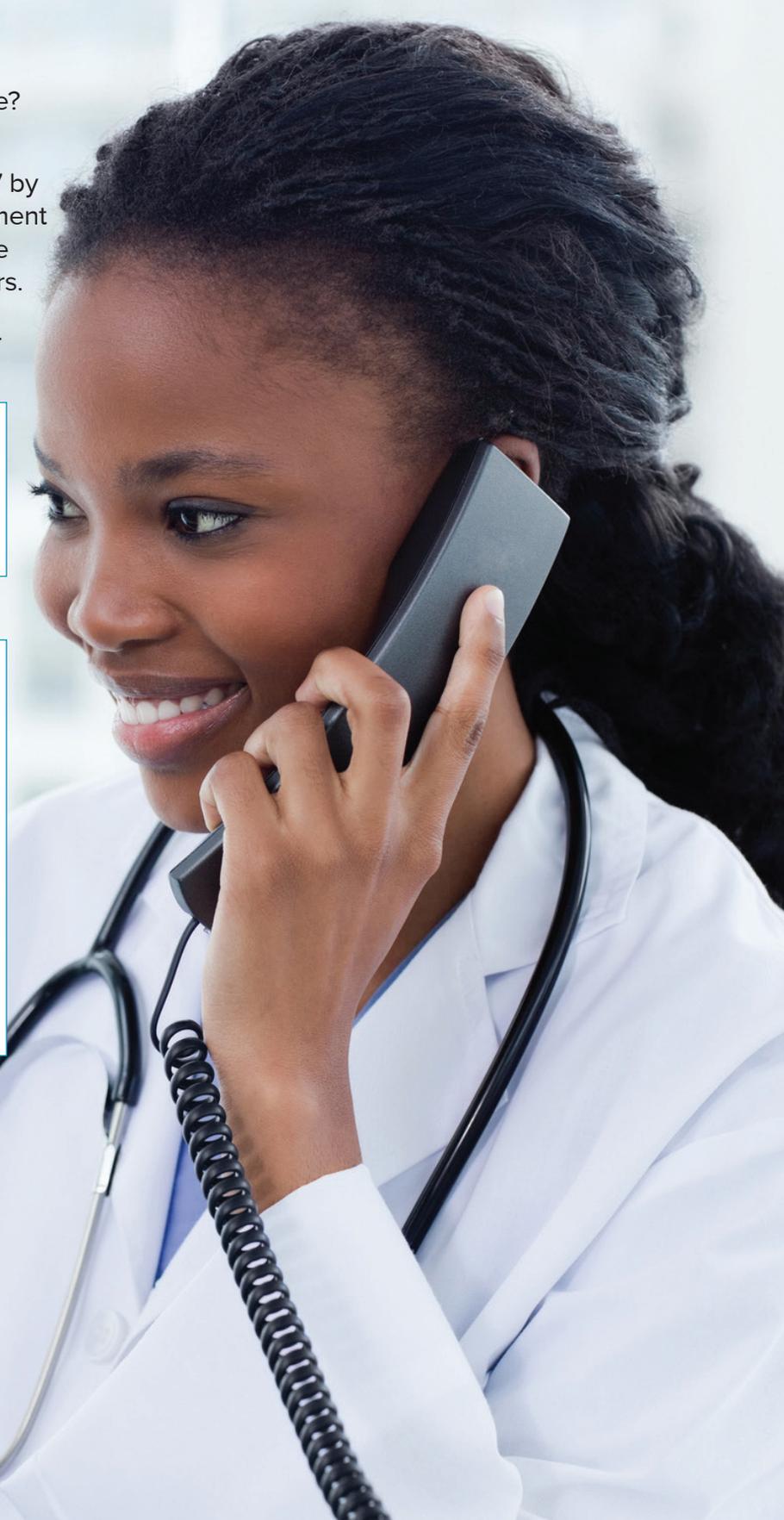
Community Health Choice offers Telehealth services to all of its Marketplace Members, except for those enrolled in Community Premier Virtual 11.

PLEASE NOTE

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

Call [1.866.646.6963](tel: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](tel: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)

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 healthcare 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 healthcare condition that existed before insurance coverage begins.

PREMIUM

An amount to be paid for an insurance policy.

PRIMARY CARE PROVIDER

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

SPECIALIST

A healthcare 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://www.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.

1.855.539.5881



COMMUNITY
HEALTH CHOICE