



2020 MARKETPLACE MEMBER GUIDE

FOR USE WITH:

Gold Copay HMO Health Plan 001

Bronze Deductible HMO Health Plan 003

Silver Deductible HMO Health Plan 004

Gold Deductible HMO Health Plan 005

Bronze High Deductible HMO Health Plan 008

Silver Deductible HMO Health Plan 009

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 Web site, 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:

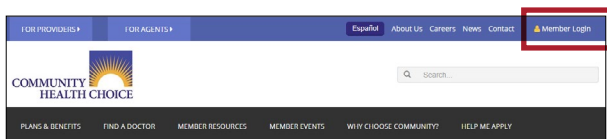
- Chat live with a Member Services agent
- Send secure messages to our Member Services team
- Print a copy of your Member ID card
- Select or change your Provider
- Pay premiums online and set up auto-payments
- Earn rewards through the Community Rewards program
- And much more!

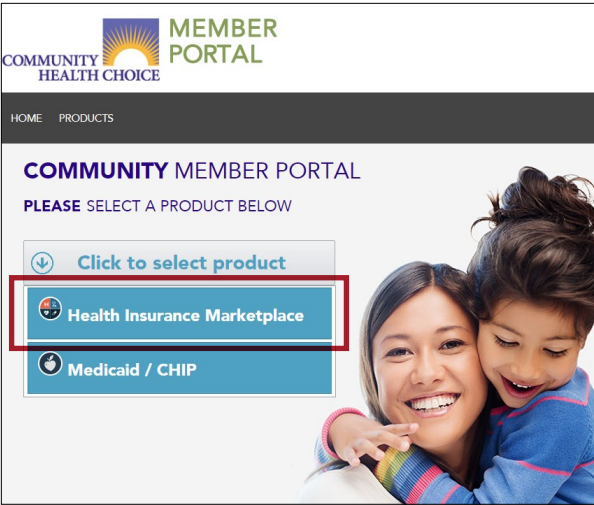


CREATE AN ACCOUNT

1

To get started, visit CommunityHealthChoice.org and click Member Login at the top right corner of the homepage.





2

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

3

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.

4

Complete all three steps to finish setting up your account.

KEEP YOUR ACCOUNT **CURRENT**



1

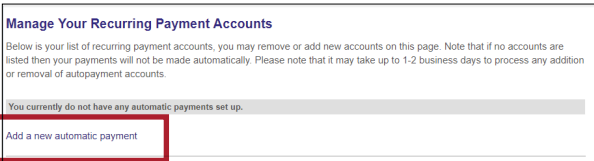
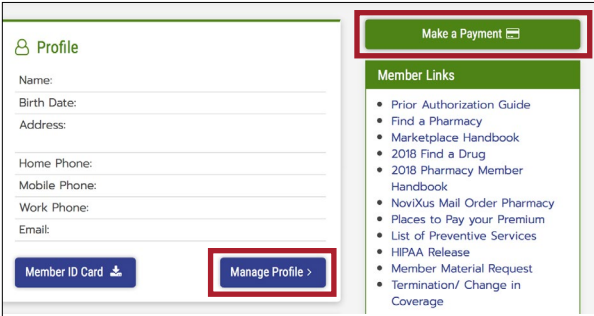
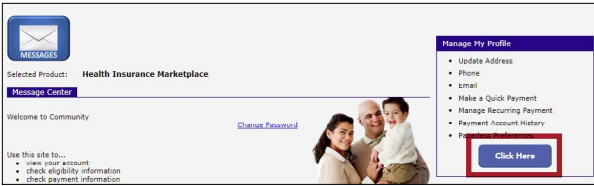
Visit the [Member Login](#) page to sign into your My Member Account. If you have not created an account, please see page four for instructions.

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

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 2020 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 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 each of these activities:

- 1** Annual wellness visit (Members 40+ or older only)
- 2** Flu vaccine
- 3** Plan Benefits Read & Earn (R&E)
- 4** Enroll in Auto Pay
- 5** Bonus for all three: Flu vaccine + R&E + Health Assessment

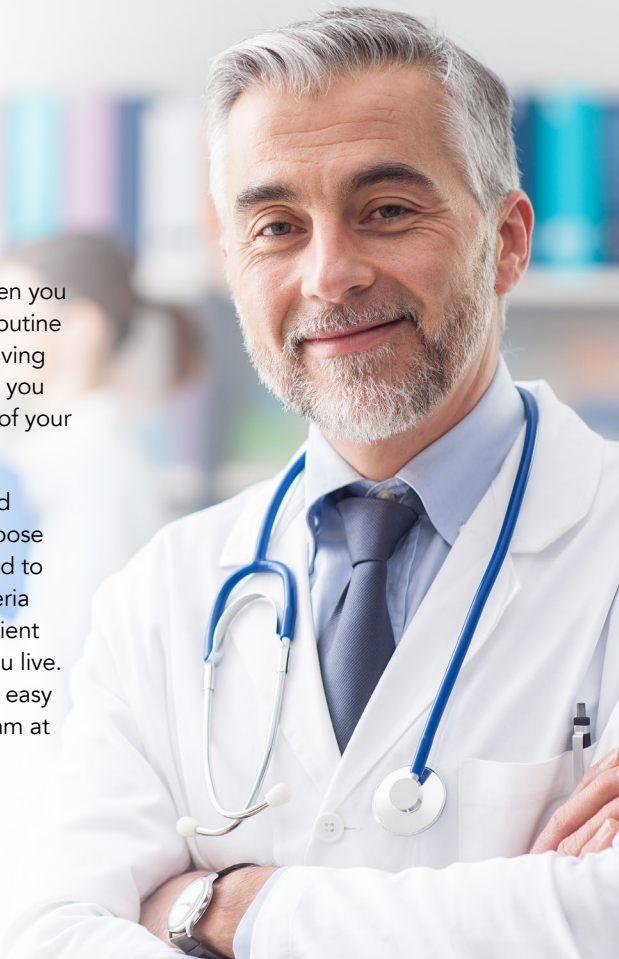
It's another way we say **thanks** for being a Member through our Community Rewards program. Simply go to memberaccount.communityhealthchoice.org to get started.



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, 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 Primary Care Physician 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
and select FIND A
DOCTOR.

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](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 the HMO Bronze High Deductible Health Plan.





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'S)**

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.

- **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