

MARKETPLACE MEMBER GUIDE

For use with Gold Deductible Health Plan 005,
Lean Silver Deductible Health Plan 009,
HMO Silver Copay Health Plan 002,
HMO Silver Deductible Health Plan 004,
HMO Bronze Deductible Health Plan 003, and
HMO Bronze High Deductible Health Plan 008.

CommunityHealthChoice.org
713.295.6704 | 1.855.315.5386

COMMUNITY
HEALTH CHOICE



COMMUNITY CARES.



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:

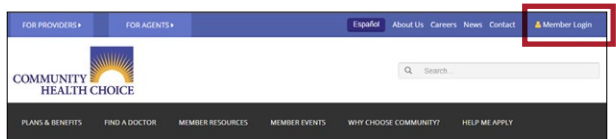
- Print a temporary Member ID card
- Find a doctor or pharmacy near you
- Send secure messages
- Change your Primary Care Provider
- View your Community benefits
- Set up automatic payments
- And much more!



CREATE AN ACCOUNT

1

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



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

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.

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

* No charge for preventive care, even if you haven't met your deductible
Pharmacy: Navitus Health Solutions BIN: 610602 PCN: NVT RXGroup: CHX

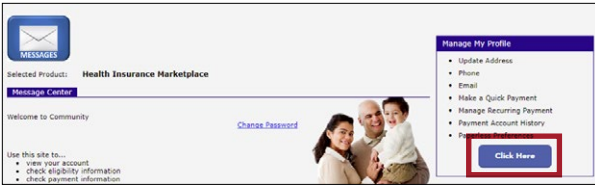
Complete all three steps to finish setting up your account.

KEEP YOUR ACCOUNT **CURRENT**



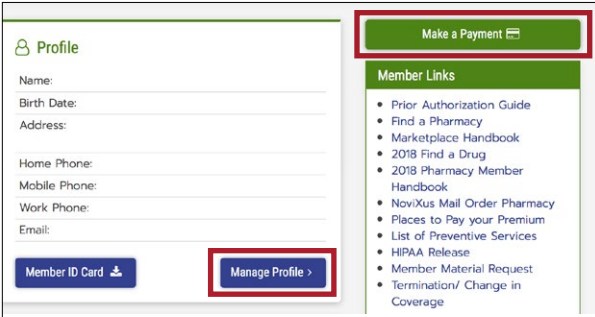
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Visit the [Member Login page](#) to sign into your My Member Account. If you have not created an account, please see page four for instructions.



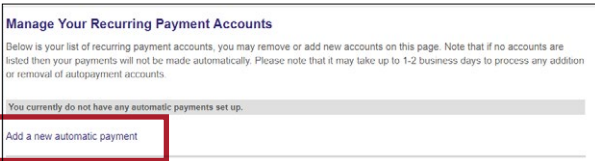
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From the home screen of your My Member Account, select [Manage Profile](#) and then select [Manage Recurring Payments](#). You can also make a one-time payment by selecting [Make a Payment](#).



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.



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'?

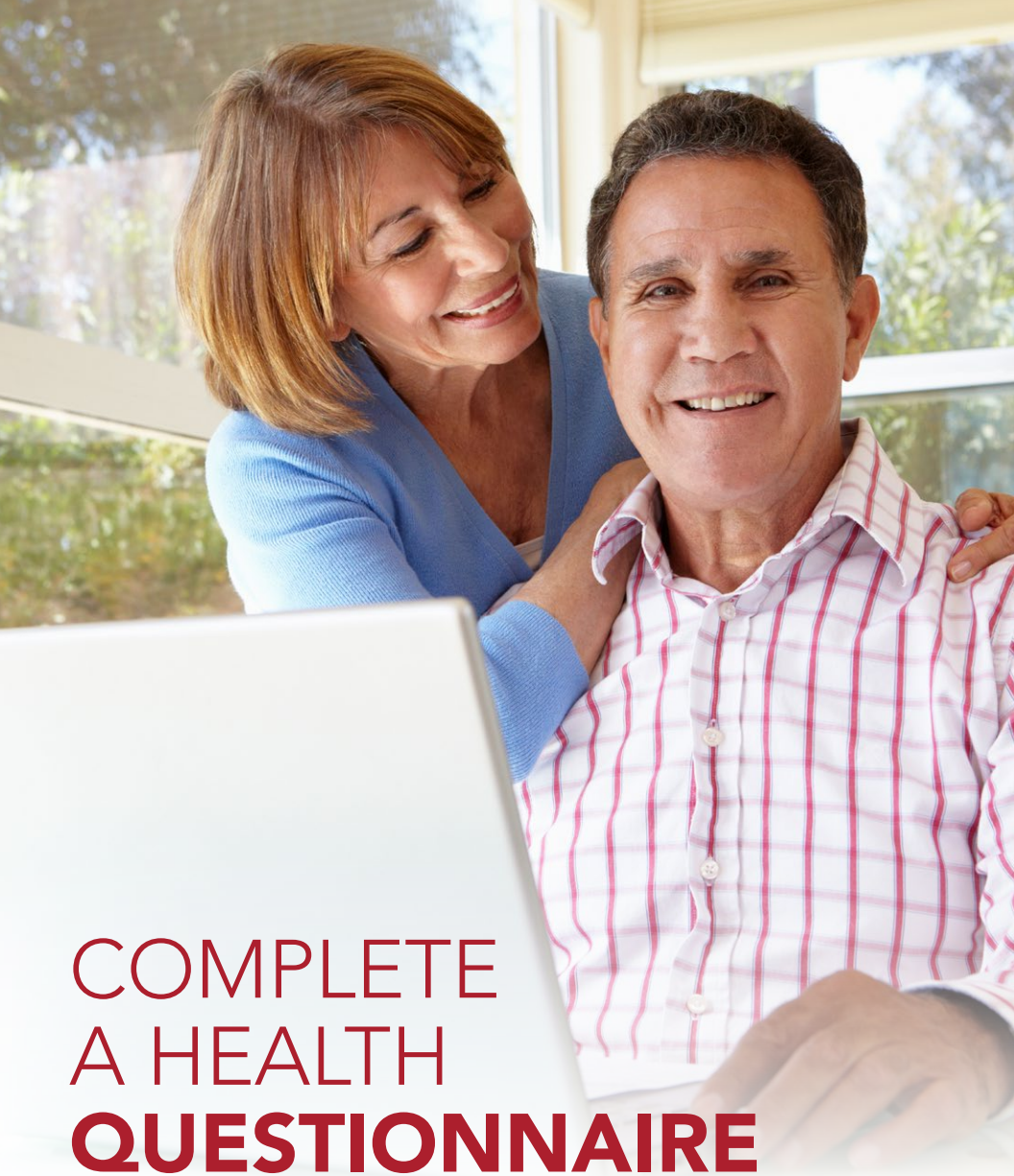
When Members enroll in coverage through Community Health Choice, they pay a monthly premium in order to maintain their health coverage. If you do not make your monthly premium payment or have an outstanding balance, you enter into a Grace Period.

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.





COMPLETE A HEALTH QUESTIONNAIRE

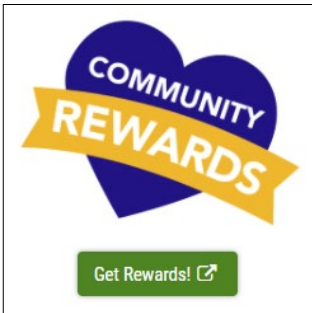
A quick and easy way to learn about your current health status is by completing Community's online Health questionnaire.

The questionnaire helps identify strengths and potential health risks, and offers ways to improve your well-being.

COMPLETE YOUR QUESTIONNAIRE IN JUST THREE EASY STEPS FROM THE COMFORT OF YOUR OWN HOME:

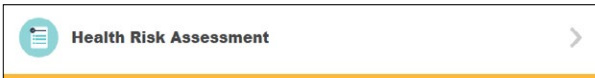
Log into your My Member Account at CommunityHealthChoice.org

1



2

Click the Community Rewards icon



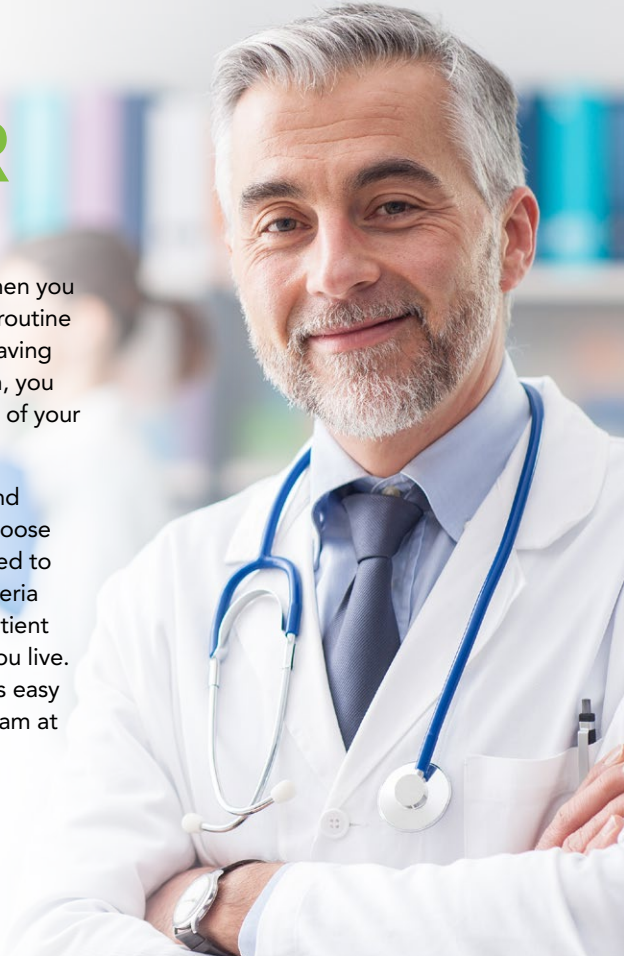
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Select the Health Risk Assessment link to complete the questionnaire.

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.

STEPS

- 1 PLAN
- 2 LOCATION
- 3 PROVIDER

FIND A DOCTOR

STAR Harris Primary Care Provider Directory
Stark Jefferson Primary Care Provider Directory
CHP and CHP Normalized Combined Full Directory
CHP Hospital Only Full Directory

[HELP GUIDED SEARCH & TAKE ME TO THE SEARCH PAGE](#)

FIND A DOCTOR Home 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 "Next" to get started.

Frequently Asked Questions

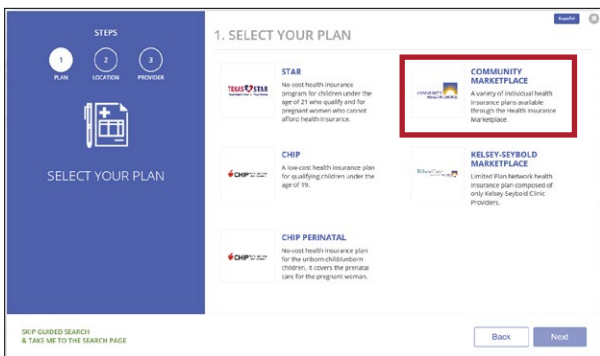
- How do I pick a Primary Care Provider, Doctor or Clinic?
- Need help scheduling an appointment or finding a Provider?
- How do I get family planning services? Do I need a referral?
- What if I need to see a special doctor/specialist?
- What is a referral?
- How soon can't expect to be seen by a specialist?
- What services do not need a referral?
- How can't 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?

[Next](#)

WARNING disclaimer: Community Health Choice follows the Mental Health Parity and Addiction Equity Act (MHPAEA). We strive to make sure that requirements for mental health benefits are the same and not more restrictive than medical benefits.

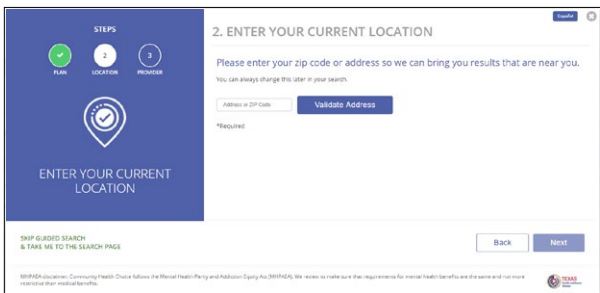
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Select **Community Marketplace** as your product.



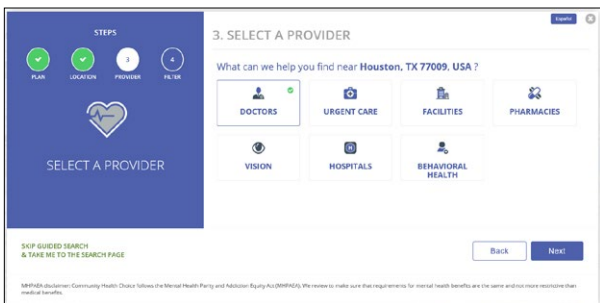
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Validate your zip code or address for results that are near you.



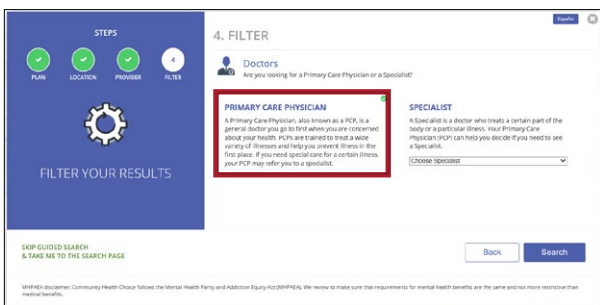
4

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?

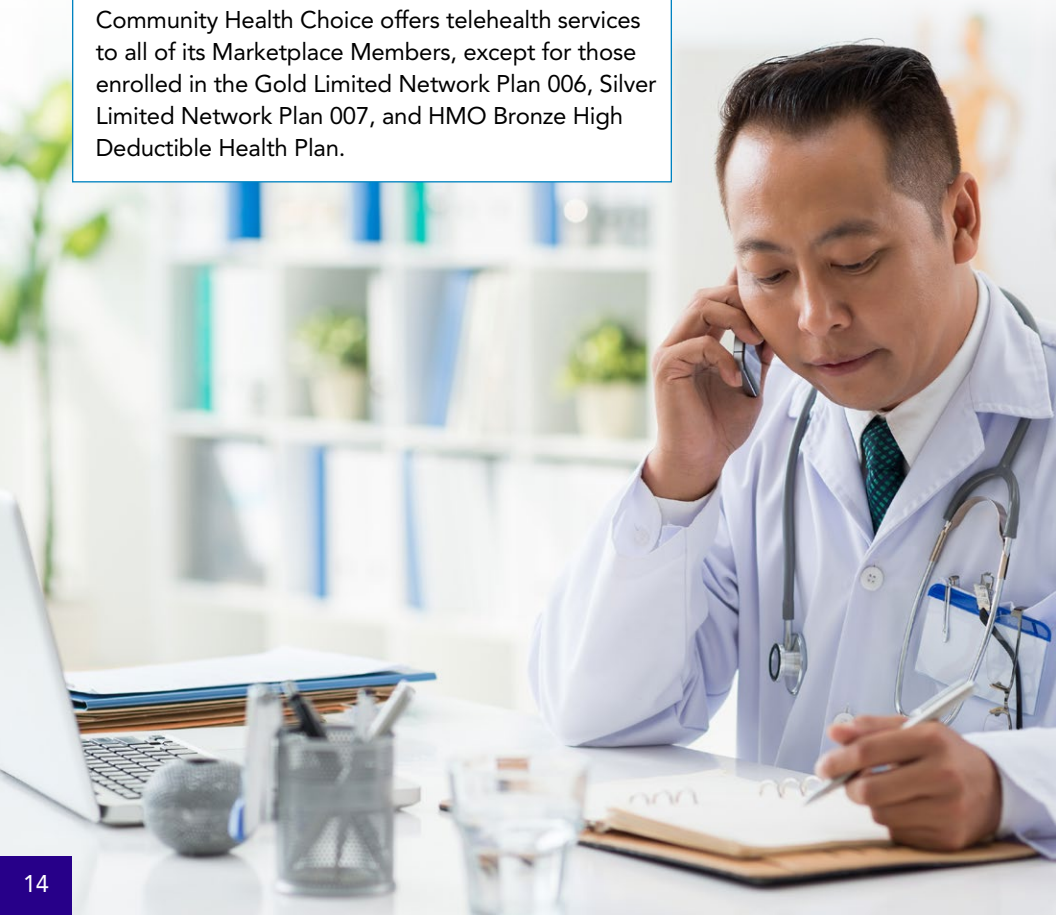
Or not feeling well enough to go to their office?

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 Gold Limited Network Plan 006, Silver Limited Network Plan 007, and HMO Bronze High Deductible Health Plan.



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 through Beacon Health Options.

1.855.539.5881