

2025 MARKETPLACE MEMBER GUIDE



CommunityHealthChoice.org
713.295.6704 | 1.855.315.5386

524-GB26



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
- Select Bronze Plan 016
- Premier Bronze Plan 018
- Ultra Select Bronze Plan 016
- Ultra Select Bronze Plan 018
- Premier Silver Plan 012
- Select Silver Plan 019
- Premier Silver Plan 020
- Ultra Select Silver Plan 019
- Ultra Select Silver Plan 020
- Premier Gold Plan 001
- Premier Gold Plan 005
- Premier Gold Plan 021
- Select Gold Plan 022
- Ultra Select Gold Plan 001
- Ultra Select Gold Plan 021
- Ultra Select Gold Plan 022





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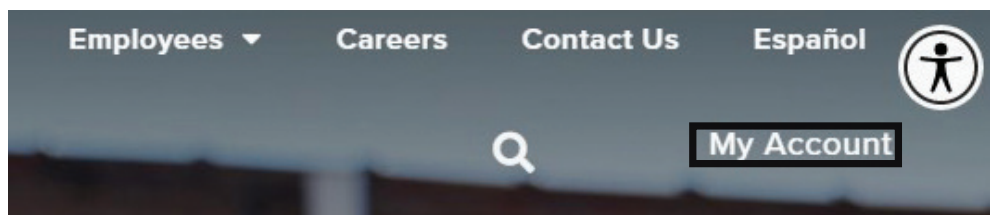
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YOUR COMMUNITY MY MEMBER ACCOUNT



CREATE AN ACCOUNT

- 1 To get started, visit 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

[Log in](#)
[Register?](#)

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

[Next](#)

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)

[Previous](#) [Next](#)

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.

Please perform the following Google Captcha challenge



I'm not a robot



reCAPTCHA
Privacy - Terms

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

Member Portal Access Registration

Join the community to receive personalized information and customer support.

Username must only include alpha, numerical, or underscore characters. No other characters are allowed.

* Enter a Username:

* E Mail Address:

* Confirm E Mail Address:

Previous

Next

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

Member Portal Access Registration

Join the community to receive personalized information and customer support.

Please verify your information

Upon creating an account you will receive an email from Community Health Choice within 24 hours, with your login information. Please make sure that you entered the correct email address. Contact Community Health Choice Member Services if you do not receive the email from us.

Member Number:

Name:

Date of Birth:

Expiry Date:

E Mail Address:

Confirm:

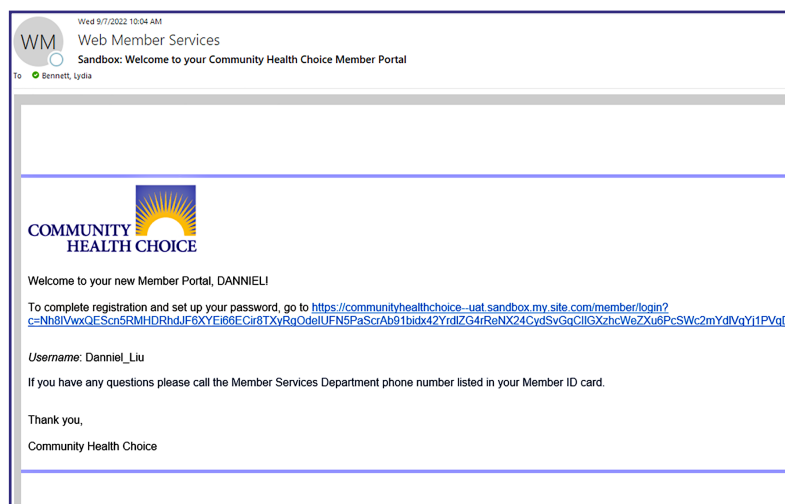
*By Clicking "Create User Account," you agree to the Community Health Choice's Terms and Conditions.

Go Back

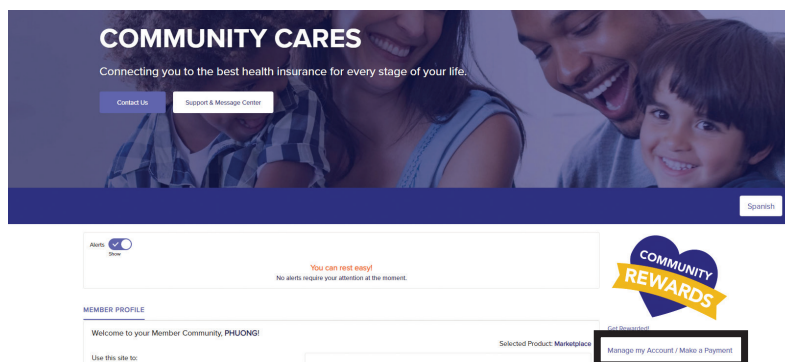
Create User Account



- 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.



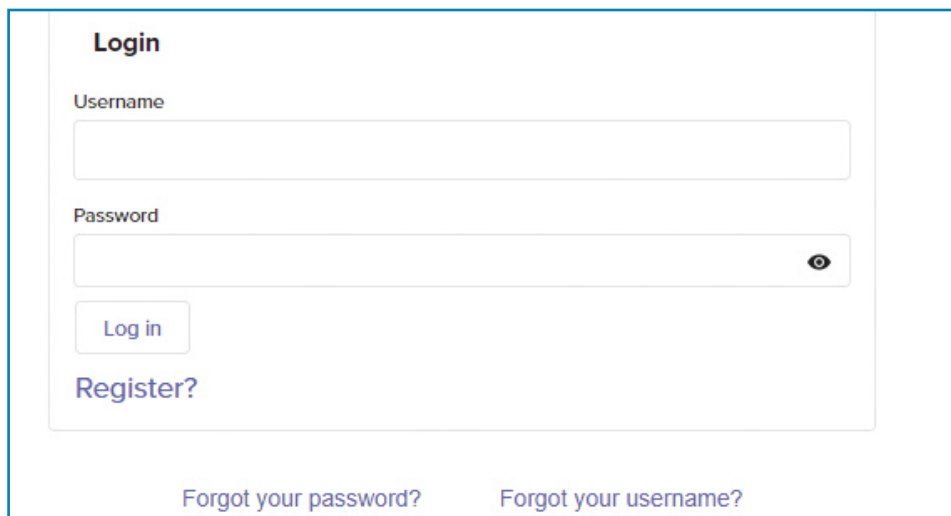
- 9 From the home screen of your Community Member account portal, click the **“Manage My Account”** tab, then the **“Make a Payment”** button. Here, you can set up auto-pay or make a one-time payment.



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

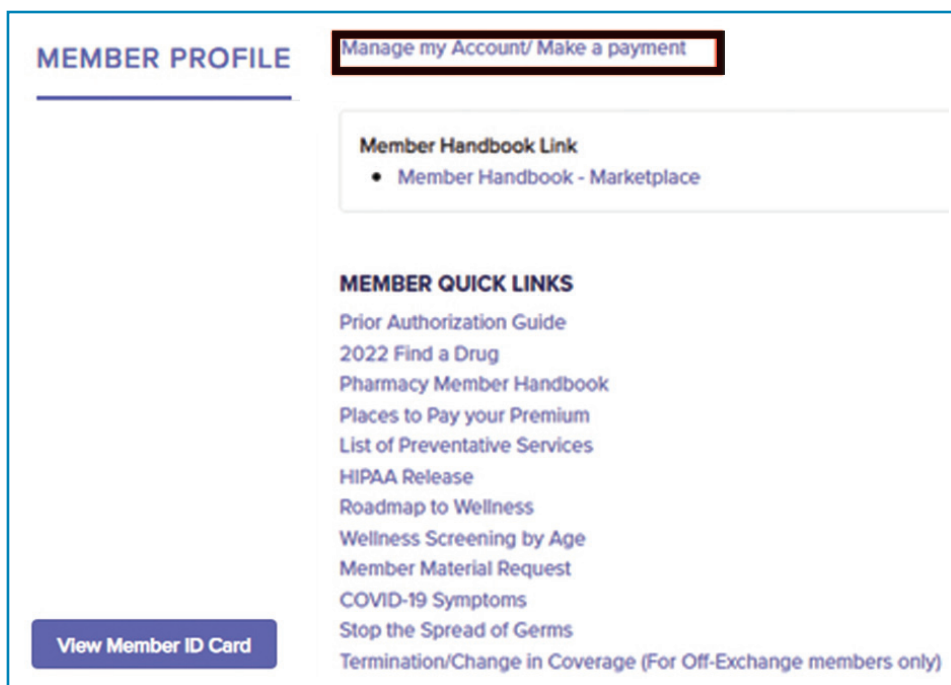
Password

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

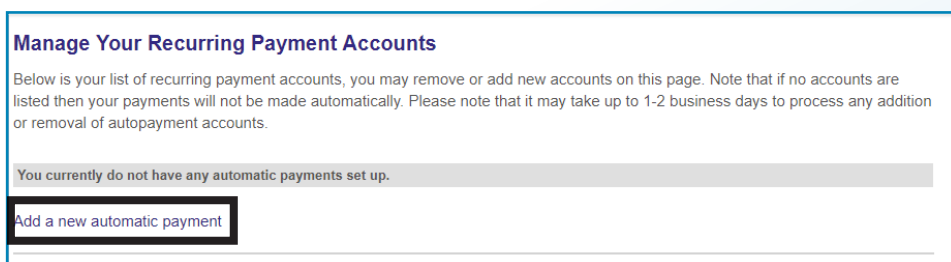
- [Member Handbook - Marketplace](#)

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:

Premier and Select Plans:

Paper checks or money orders should be made payable and mailed to:

Community Health Choice

P.O. Box 844124
Dallas, TX 75284-4124

Ultra Select Plans:

Paper checks or money orders should be made payable and mailed to:

Community Health Choice

P.O. Box 411925
Boston, MA 02241-1925

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





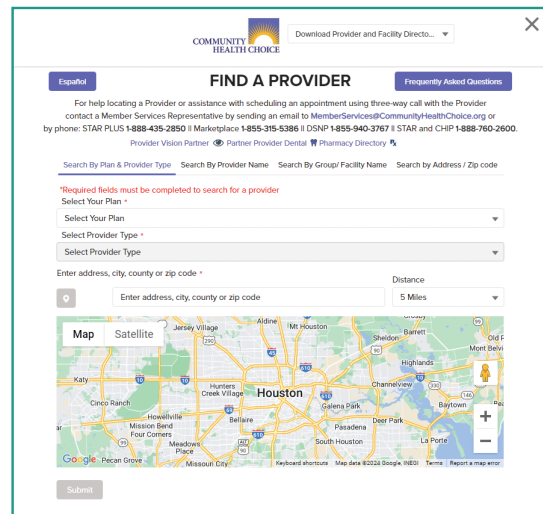
There is also a specialized Diabetic Program with the focus of helping your self management



- 1 Diabetic Kidney Screening
- 2 Diabetic A1C Test
- 3 Diabetic Eye Exam
- 4 Diabetic A1C Test (if >7)
- 5 Bonus for completing all activities

FIND A DOCTOR

- 1 Go to CommunityHealthChoice.org and select FIND A PROVIDER.



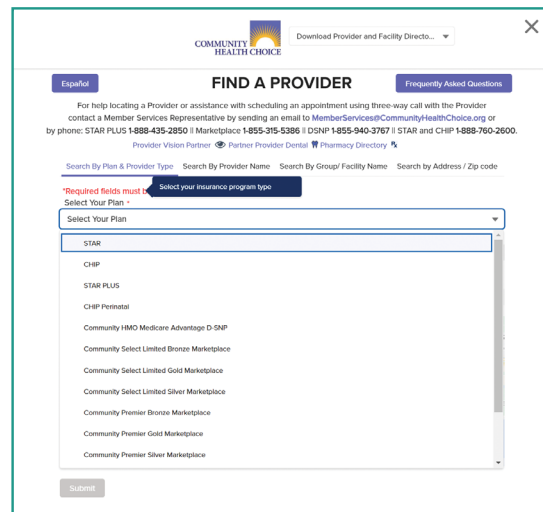
- 2 Select the **Marketplace** plan you enrolled in. Here's how they differ:

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 & ULTRA SELECT PLANS – LIMITED & ULTRA LIMITED NETWORK

Community offers Select and Ultra Select Plans that have a smaller network of high-quality providers that allows us to pass the cost savings to the consumer in the form of lower premiums and out-of-pocket costs. These Select and Ultra Select Plans provide a way to contain costs without sacrificing the quality of care our participating providers give. The Select and Ultra Select Plans are only available to Harris County residents.



3 Select Provider Type

The screenshot shows the 'FIND A PROVIDER' form with the 'Select Provider Type' dropdown menu open. The dropdown list includes the following options: Primary Care Physician (PCP), Specialists, Behavioral Health, Ancillary, Facilities, LTSS, Urgent Care, Hospitals, and Pharmacy. The 'Primary Care Physician (PCP)' option is currently selected.

4 Select Specialty Type

The screenshot shows the 'FIND A PROVIDER' form with the 'Select PCP Specialty' dropdown menu open. The dropdown list includes the following options: Primary Care Physician (PCP), Enter PCP Specialty, and a search bar. The 'Primary Care Physician (PCP)' option is currently selected.

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

The screenshot shows the 'FIND A PROVIDER' form with the address validation field. The field is labeled 'Enter address, city, county or zip code' and has a search icon. The 'Distance' dropdown is set to '5 Miles'. The map below the field shows the Houston area.

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.





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