



Consumer Choice Plan Disclosure Statement

This health plan does not include the same level of benefits required in other plans.

This HMO plan is a consumer choice plan. This plan doesn't include the same level of benefits that are in Texas health plans known as state-mandated plans. This plan does include all health benefits required by the Affordable Care Act.

To see all benefits offered by this plan, go to the plan's "Summary of Benefits and Coverage."

Benefit/coverage:	This plan:	A health plan with required benefits (state-mandated plan):
Deductible The amount you pay for care before the plan begins to share the cost.	Has a deductible.	Has no deductibles for in-network care.
Out-of-pocket costs The amount you pay when you receive care, up to an annual limit.	Includes out-of-pocket costs that meet federal requirements but may sometimes be more than in a state-mandated plan.	A copay must be less than 50% of the total cost of the service. Annual out-of-pocket costs must be capped at 200% of your annual premium cost if you alert the plan.
Habilitative and Rehabilitative care Care that helps you improve skills for daily living.	Includes a limit of combined 35 visits per year for chiropractic care.	Has no limit on the amount of care if it is needed for medical reasons.
Home Health Services	Includes a limit of 60 visits per year	Has no limit on the amount of care that is ordered by your doctor.
Skilled Nursing Facility	Includes a limit of 25 visits per year	Has no limit on the amount of care that is ordered by your doctor.

If you want a plan with all required benefits:

We also offer a state-mandated plan that includes all required benefits. This plan is not on Healthcare.gov and does not allow you to get help with premiums and out-of-pocket costs.

To learn more about this plan, call 1-855-315-5386 or visit <https://www.communityhealthchoice.org>.

By signing your application to enroll in this plan, you acknowledge the following:

- I understand the consumer choice plan I am applying for does not provide the same level of coverage required in other Texas health plans (state-mandated plans).
- I understand if my health changes and this plan does not meet my needs, in most cases I won't be able to get a new plan until the next open enrollment period.
- I understand I can get more information about consumer choice plans from the Texas Department of Insurance's website, www.tdi.texas.gov/consumer/consumerchoice.html, or by calling the Consumer Help Line at 1-800-252-3439.

Don't sign this document if you don't understand it.

No firme este documento si no lo comprende.

Print the name of the person applying: _____

Signature of the person applying: _____

Date of signature: _____

Name of business, if applicable: _____

Community Health Choice must give you a copy of this statement upon request.

Community Health Choice is committed to providing high-quality, accessible healthcare services to a diverse population. Community Health Choice offers translated materials and interpretation services to ensure clear and effective communication with all members, regardless of their primary language. Community Health Choice trains staff to be mindful of cultural differences in communication styles, body language, and decision-making processes. Community Health Choice provides oral and written notice to consumers with limited English proficiency (LEP) in their preferred language informing them of their right to receive language assistance services and how to get them.