

Health Insurance Marketplace

2020 BROKER TRAINING



Housekeeping

- Be respectful of your peers: Please make sure to mute your phone and hold questions to the end of the presentation
- Presentation will be sent to all agents via email and will also be posted on the agent portal
- 2020 agency/agent paperwork is available for non-appointed agents/agencies, but should be completed and submitted immediately to ensure timely appointment (**you will not be paid on any business sold prior to appointment confirmation**)
- Please be sure to provide any updates to your W9/Addresses/Contact Information, i.e. phone, email, etc.

Agenda

- Broker Appointment & Agreement Reminders
- Softheon Billing and Enrollment System
- 2020 Plans, Benefits & Rates
- Service Area and Network
- Enrollment & SEP's
- Next Steps
- Q&A

Broker Appointment & Agreement Reminders

Broker Appointment

- Must complete annual CMS certification for Individual Marketplace
- Must complete annual Community training and complete a quiz with a score of 80% or higher
- All agents must complete and return a training attestation
- Must have an active TDI license
- Must hold an active Errors & Omissions Policy.
- Must supply a W9 that corresponds to tax filing address

Broker Agreement Reminders

- Agent/Agency must keep records for a period of 10 years as required by CMS
- Agent/Agency must comply with all applicable state and federal laws regarding solicitation of business including all state and federal confidentiality conflict of interest laws, rules and regulations
- Must comply with all State and Federal regulatory requirements including all disclaimers on enrollment materials and websites:
- Sample Language:
“Attention: This website is operated by [Name of Company] and is not the Health Insurance Marketplace website. In offering this website, [Name of Company] is required to comply with all applicable federal law, including the standards established under 45 C.F.R. 155.220(c) and (d) and standards established under 45 C.F.R. 155.260 to protect the privacy and security of personally identifiable information. This website may not display all data on Qualified Health Plans being offered in your state through the Health Insurance Marketplace website. To see all available data on Qualified Health Plan options in your state, go to Health Insurance Marketplace website at [HealthCare.gov](https://www.healthcare.gov).”
- Link: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Guidance-Web-brokers-Displaying-Disclaimers.pdf>

Broker Agreement and Compensation for 2020

- **Post Training**, all agents will complete the 2020 Benefit quiz and sign and date the 2020 Training Completion/Attestation. You must submit both the quiz AND attestation back to Community Health Choice @ Agent.Credentialing@CommunityCares.com
- **2020 Compensation**
 - **Community has approved a 20% INCREASE in Broker commissions beginning January 1, 2020. Broker will now earn \$18 per member per month for new or renewing business on all plans**
- Commission statements are generated on the 3rd Friday of the month
- Commissions are payable on the 4th Friday of the month
- Commission Direct Deposit is done through EFT. This requires set up through our third-party vendor, FIS Integrated Payables and comes in the form of an emailed notification direct from FIS Integrated Payables (not Community). For more information please contact Agent.Commissions@CommunityCares.com
- Agent of Record (AOR) changes are effective the first of the following month or at the discretion of Community Health Choice, Inc.

Book of Business Transfers

- Purchasing/Transferring books of business due to death, retirement, etc.
- On-Exchange business
- Bulk transfer process not currently in place per CMS
- Consent required by each consumer (AOR form) before you can proceed to
 - 1) conduct an online person search
 - 2) assist with completing a Marketplace application
 - 3) assist with plan selection and enrollment
 - 4) assist with ongoing account/enrollment maintenance using the Direct Enrollment Pathway.

For more information on the consumer consent requirement, see this resource: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/AB-Summit-Mastering-Agent-Broker-Compliance.pdf>

Softheon Billing and Enrollment System

Softheon Billing and Enrollment System

- Softheon is a cloud-based service that is responsible for handling Community's enrollments and invoicing needs, including the broker enrollment portal
- Community only receives the effectuated files (members who have paid their first premium) who are then loaded into the eligibility and claims payment systems
- Members will not receive materials including Member Welcome Packets, or ID cards until the member has effectuated coverage and selected a Primary Care Physician
- If a PCP is not selected, one will be assigned

Payments

- Once a member enrolls in a Community plan they will be able to make their initial payment and any ongoing payments:
 - Online via our website
 - Pay-by-phone by calling Community directly
 - option to speak to a representative
 - option to pay by IVR payment prompts without speaking to an individual
 - Mailed money order or check to address on billing statement (**must include** subscriber ID or monies cannot be applied)
- Forms of Payment Accepted:
 - Check
 - Credit card (Visa/Mastercard/Discover)
 - Debit card
 - Money Order
- **After** members have made their initial binder payment, they can set up recurring payments online. Payments will be deducted the 15th or the 25th of each month from the established account. This can also be completed after making the initial payment at the time of enrollment.
- **Members who are set up on recurring payments for 2019 that renew for 2020 will only be required to re-establish recurring payments if they selected the “other amount” payment option when creating their account**

Setting up recurring payments

- If you are setting up recurring payments for the first time and also need to make a payment: You can accomplish this by making your initial payment (populating the payment information) then selecting “Set This Account for Autopay”. By doing so you will see the screen on the right hand side that will allow the autopay information to be populated and payment selection date. This will also include the first date of autopay. You will also have the option to receive an email confirmation.

The screenshot shows a payment setup form with the following fields and options:

- Billing Name (as it appears on your credit card) Same as subscriber
- First Name | MI | Last Name
- Company Name
- Billing Address
- Street Address 2 | TX | 77494
- E-Mail
- Please send me a payment confirmation email
- Credit Card Type: VISA, Mastercard, American Express
- Credit Card Number
- Expiration: Month | Year | CVC or CVV | CWV

Red annotations include:

- A red arrow pointing to the "Please send me a payment confirmation email" checkbox.
- A red oval around the "Please send me a payment confirmation email" checkbox.
- A red arrow pointing to the "Set This Account For Autopay" checkbox.
- A red oval around the "Set This Account For Autopay" checkbox.
- A red arrow pointing to the "My Account" dropdown menu.
- A red arrow pointing to the "15th 25th" dropdown menu.
- A red arrow pointing to the "Your first payment will be made on 11/15/2017" text.

Member recurring payment options

- Members can set up or manage recurring payments online
- Automatic Payments can be made by checking/savings account or credit card
- Payment options include the 15th or 25th of the month (please note payments are due prior to the coverage month)

COMMUNITY HEALTH CHOICE

Indiv

What would you like to do?

- Return Home
- Contact Information
- Make a Quick Payment
- Manage Recurring Payments**
- Paperless Preferences
- Change My Address
- Change Alternate Address
- View Dependents
- Add a Dependent
- Remove a Dependent
- Change My Provider
- View My Benefits
- Account History
- Invoice History
- Service Request History
- End My Coverage
- Change Effective Date
- Policy History
- Generate Invoice
- Sign Out

Automatic Payments

Why Give Us Your Email Address? By providing your email address, you give Community/ time. These emails will be sent to: (1) help you get the most out of your health plan, (2) keep information, (3) help you stay as healthy as possible, and, (4) occasionally, request your fee information. *Enter your account information below exactly as it appears on your statement. Refer to your most recent statement and the

Choose a payment method

Credit Card Payment Check Payment

Account Nickname

My Account

Billing Name (as it appears on your credit card)

First Name MI Last Name

Billing Address

Street Address 1

Street Address 2

City Zip

E-Mail

Credit Card Type

VISA MASTERCARD

Credit Card Number

Expiration

Month Year

CVC or CVV

CW

Choose a date for payments to be made

15th 25th

Your first payment will be made on 11/15/2017

Choose the amount to pay

Recurring Payment Options

Option 1: Total Amount Due

By selecting total amount due the member is agreeing to pay the full amount owed, including any outstanding payments

COMMUNITY HEALTH CHOICE

End My Coverage
Change Effective Date
Policy History
Generate Invoice
Sign Out

Individual & Family Brokers

VISA MASTERCARD

Credit Card Number [] Expiration [Month] [Year] CVC or CVV [CW]

Choose a date for payments to be made
15th [] of each month

Your first payment will be made on 11/15/2017

Please note that by selecting "Total Amount Due", this amount is subject to change based on your latest outstanding balance on the recurring payment date.

Choose the amount to pay

Total Amount Due 0.00

Monthly Premium 120.39

Other Amount 0.00

Required fields are denoted by a colored bar.

Back Next

Recurring Payment Options

- Option 2: Monthly Premium
- By selecting monthly premium the member is agreeing to pay only the monthly premium amount (not any outstanding payments owed)

COMMUNITY HEALTH CHOICE

End My Coverage
Change Effective Date
Policy History
Generate Invoice
Sign Out

VISA MASTERCARD DISCOVER

Individual & Family Brokers

Credit Card Number
Expiration
CVC or CVV

Credit Card Number [] Year [] CW

Choose a date for payments to be made
15th [] of each month
Your first payment will be made on 11/15/2017

Choose the amount to pay

Total Amount Due 0.00
 Monthly Premium 120.39
 Other Amount 0.00

Please note that by selecting "Monthly Premium", this amount is subject to change based on your monthly premium associated with your latest policy on the recurring payment date.

Required fields are denoted by a colored bar.

Back Next

Recurring Payment Options

Option 3: Other Amount

By selecting other amount the member is agreeing to pay only the amount entered (or an amount they have decided at the time auto payments were set up). Please note, if this amount is less than what is due they will go into Grace Period.

COMMUNITY HEALTH CHOICE

End My Coverage
Change Effective Date
Policy History
Generate Invoice
Sign Out

Individual & Family **Brokers**

Credit Card Number **Expiration** / **CVC or CVV**

Credit Card Number **Year** **CW**

Choose a date for payments to be made
 of each month Your first payment will be made on 11/15/2017

Choose the amount to pay

Total Amount Due 0.00

Monthly Premium 120.39

Other Amount 0.00

Required fields are denoted by a colored bar.

Back **Next**

Billing Cycle and Grace Period

- Members premiums are due by the first day of the coverage month
 - e.g. February's premium is due no later than February 1st
- Payments not received by the first day of the coverage month are considered late
- Terminations are processed on the 5th of each month
- Members who have APTC receive a 90 day grace period **only after** the binder payment has been made in full to effectuate coverage
- Members who do not have APTC receive a 30 day grace period **only after** the binder payment has been made in full to effectuate coverage
- Members who enter grace will only come out of grace period if all current and past due premiums are paid before the end of the grace period cycle
- **In 2018, CMS passed new regulations related to members who terminate for non-payment that prevents members from re-enrolling without paying back past due premiums. This will continue to be enforced by Community Health Choice in 2020**

Billing and Enrollment Terminology

- **Passive Enrollment** – An enrollment where the member remains with the same Qualified Health Plan under the same plan
- **Grace Period** – A timeframe given to members to allow the member to pay all past due amounts to avoid being terminated for non payment. **Note:** Grace period only applies to effectuated policies
- **Binder Payment** – The initial payment required to effectuate coverage for the first month of the policy
- **Effectuate** – A policy is considered effectuated when the binder payment is made in full to activate policy
- **Policy Rate Amount** – The standard rate for all members. The policy rate amount is based on age, tobacco user, plan selected and rating area
- **APTC (Advanced Premium Tax Credit)** – Financial assistance (subsidies) provided by the Federal Government given to individuals who apply for coverage through HC.gov and meet all qualifications. The amount varies from family to family
 - Families applying for APTC should list head of household as the subscriber
 - Individuals receiving APTC must file income tax return
 - Individuals who provide inaccurate or incomplete information are subject to penalties and may owe back all subsidy received

Billing and Enrollment Terminology

Continued

- **CSR (Cost Share Reduction)** – A reduction of cost for health benefits for individuals who are enrolled in a qualified Silver plan. Health benefits include deductibles, coinsurance, copays, or other similar charges (does not apply to premium). Members qualify for CSR based on income reported.
- **Past Due Amount** – The amount the member owes for months that were not paid by the due date.
- **Paid Through Date** – The date in which the member has made timely payments. Note: The Paid through date does not roll over if a partial payment is made.
- **Claims Paid Through Date** – The date calculated for APTC members, the calculated date is the Paid through date + 1 month. The Claims Paid Through Date will not be greater than the termination date.
- **Finance Paid Through Date** – The date calculated for members solely based on premiums and payments. The Finance Paid Through Date does not look at whether the payment was made on time.

Member Portal Access

- Members who create an online account are able to use self-serve functionality including:
 - Send secure email to Member Services
 - Print temporary ID cards
 - Submit a request to add or change a Primary Care Physician (PCP)
 - Make one-time payments “Quick Payment”
 - Set-up or manage recurring payments
 - Participate in the 2020 Wellness Program and earn gift cards

Visit www.CommunityHealthChoice.org | [Provider Directory](#) | [Healthcare.gov](#) | [Member Events](#) | [Contact](#)

COMMUNITY HEALTH CHOICE

HOME PRODUCTS Español

HEALTH INSURANCE MARKETPLACE

QUICK, MAKE YOUR LIFE EASIER.
Create an online account so you can:

- [Print a temporary ID card](#)
- [Find a doctor or pharmacy](#)
- [Check your Member handbook](#)
- [Send secure messages](#)
- [Make a quick payment](#)
- [Manage automatic payments](#)
- [Sign up for paperless billing](#)
- [Update your address](#)
- [View your dependents](#)
- [Change a Provider](#)
- [View your benefits](#)

QUICK PAYMENT
Make a payment without creating an account or logging into your account.
NOTE: Community Health Choice is not affiliated with CommunityQuickCare. Please make ALL Community Health Choice Marketplace payments by signing in to your online account or using our Quick Pay option.

MEMBER LOG IN

Username

Password

Remember Me

[Log In](#)

Member Portal Access



Individual & Family **DUPLICATE**

Home

What would you like to do?

- Return Home
- Contact Information
- Make a Quick Payment
- Manage Recurring Payments
- Paperless Preferences
- Change My Address
- Change Alternate Address
- View Dependents
- Add a Dependent
- Remove a Dependent
- Change My Provider
- View My Benefits
- Account History
- Invoice History

Showing details for 11/1/2017 - 12/31/2017

Payment Status
Unpaid

Next Payment Due
\$360.08

Monthly Premium
\$180.04
\$426.56 Premium - \$246.52 APTC

Due In
13 Days
by 10/31/2017

Last Payment
\$180.04
on 8/27/2017

Paid Through Date
9/30/2017

Grace Period
Yes

Grace Period End Date
12/30/2017

A grace period is 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.

- Grace Period information can be viewed on the Member Portal

Recap

- APTC Members receive a 90 day grace period
- Non-APTC Members receive a 30 day grace period
- Grace Period **does NOT** roll over, the member must pay all past due premium amounts to exit the Grace Period before the end of the Grace Period cycle
- Beginning in 2018, CMS passed a new regulation allowing Health Plans to charge all past due premiums carried over in order to effectuate coverage. **Community will continue to enforce this regulation in 2020 and collect past due amounts.**

Plans, Benefits & Rates

Advanced Premium Tax Credits (APTC)

- Tax credit subsidies available through the exchange are called Advanced Premium Tax Credits (APTC)
- APTC's assist members with their monthly premium
- Who is eligible for APTC?
 - ✓ Individual earns between 100%-400% Federal Poverty Level (FPL)
 - ✓ Individual is not eligible for coverage through their employer, Medicaid, or Medicare*
 - Or employer sponsored coverage is more than 9.5% of their income
 - Or employer sponsored coverage doesn't meet minimum essential coverage requirements
- ❖ The only way to get APTC is to enroll "On Exchange"

Cost Sharing Reduction Plans

- CSR's will still exist in 2020
- Enrollees <250% Federal Poverty Level (FPL) are eligible for Cost Sharing Reduction (CSR) plans
- **Only Silver level plans have CSR benefits**
- Cost Sharing Reductions mean reduced copays, coinsurances, and lower out-of-pocket maximums
- There are 3 Silver CSR plans:
 - Silver 73 = 201-250% FPL
 - Silver 87 = 151-200% FPL
 - Silver 94 = 100-150% FPL
 - If a potential enrollee earns <100% FPL, they are not eligible for CSR plans unless they meet specific criteria

Limited and Zero Cost Sharing Plans

If a consumer is a member of the federally recognized tribe or an Alaska Native Claims Settlement Act Corporation shareholder, they may qualify for additional cost-sharing reductions.

To learn more: <https://www.healthcare.gov/american-indians-alaska-natives/>

Zero Cost Sharing Plans

- Native Americans, 100-300% FPL and qualify for APTC
- Pay \$0 copays or 0% coinsurance
 - Gold Zero Cost Sharing
 - Silver Zero Cost Sharing
 - Bronze Zero Cost Sharing

Limited Cost Sharing Plans

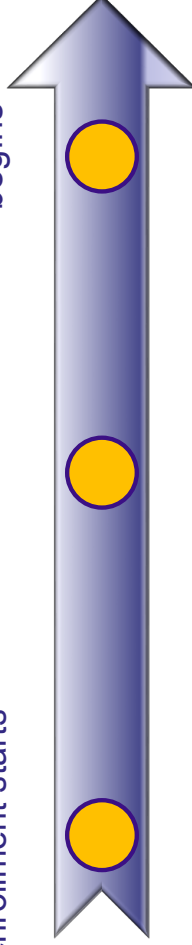
- Pay \$0 copays or 0% coinsurance at Indian Health Service Providers* only
 - Gold Limited Cost Sharing
 - Silver Limited Cost Sharing
 - Bronze Limited Cost Sharing

*There are currently no Indian Health Service Providers in our service area

Open Enrollment Timeline

November 1, 2019: Open enrollment starts

January 1, 2020: Coverage begins



December 15, 2019: Last official day of open enrollment for 2020



Special Enrollment Period (SEP) Outside of Annual Open Enrollment


Consumers may qualify based on the following:

1. Loss of qualifying health coverage
 2. Change in household size or income
 3. Change in primary place of living
 4. Loss of CHIP or Medicaid coverage
 5. Change in eligibility for Marketplace coverage or help paying for coverage
 6. Enrollment or plan error
 7. Other qualifying changes: <https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>
- Once the application is created, the consumer will receive a request to submit supporting SEP paperwork within 30 days of the date of application. If paperwork is not received within that time frame the application will be terminated. The consumer will be mailed a notification indicating paperwork was not received timely and that the application has been terminated.
 - Community will continue to pay commissions for SEP enrollments

2020 Marketplace Plan Updates

- **Total of 6 plans for 2020 that are renewing with minimal changes**
- **Two plans being discontinued**
 - » **Community Silver HMO 002 (Copay plan)**
 - » **Community Health Choice Limited Network Plans (006 and 007)**
- Members enrolled in discontinued plans are being cross walked to other Community plans
- **2020 Plans:**
 - Community Health Choice HMO Gold 001
 - Community Health Choice HMO Bronze 003
 - Community Health Choice HMO Silver 004
 - Community Health Choice HMO Gold 005
 - Community Health Choice HMO High Deductible Health Plan HSA Compatible 008
 - Community Health Choice HMO Silver 009

2020 Sales Guide



**AN AFFORDABLE
LOCAL PLAN FOR
SOUTHEAST TEXAS**

Community Health Choice's Marketplace coverage is leading the greater Houston and Beaumont areas with six great plans.

A Healthy Life
for Every Texan

CommunityHealthChoice.org



2020 Changes – Bronze Deductible Plan 003

MEMBER COST SHARE	2019	2020
	HMO Bronze	HMO Bronze Deductible 003 Plan ID 27248TX0010003
Medical Deductible (individual/family)	\$6,500 / \$13,000	\$7,150 / \$14,300
Out-of-Pocket Max (individual/family)	\$7,900 / \$15,800	\$8,150 / \$16,300
MEDICAL BENEFITS		
PCP Office Visit	*\$40	*\$40
Specialist Office Visit	*\$70	*\$70
Outpatient Facility	30%	30%
Outpatient Surgery	30%	30%
Urgent Care Services	*\$70	*\$70
Ambulance Services	\$70	\$70
Emergency Room Services	30%	30%
Inpatient Hospital Care	30%	30%
Inpatient Skilled Nursing Facility	30%	30%
Outpatient Mental/Behavioral/Substance Abuse	*\$40	*\$40
Inpatient Mental/Behavioral/Substance Abuse	30%	30%
Outpatient Rehabilitation	\$70	\$70
Medical Imaging (CT/PET Scans/MRI's)	30%	30%
Routine Lab/X-Ray/Diagnostic Imaging	\$40	\$40
PRESCRIPTION DRUGS		
*Prescription Drug Deductible (individual/family) 90 day mail order supply available at 2.5 x copay)	Combined with Medical Deductible	Combined with Medical Deductible
Generic	*\$15	*\$15
Preferred	\$70	\$70
Non-Preferred Brand	\$120	\$120
Specialty High Cost Drugs	45%	45%

* Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/Generic RX/Mental-Behavioral Health Office Visits)
For Deductible Plans: All coinsurance/copays apply after annual deductible has been met. Unless otherwise indicated

2020 Changes – Silver Deductible Plans 004

MEMBER COST SHARE	2019	2020	2019	2020	2019	2020	2019	2020
	Silver Deductible 004 250% FPL and above		Silver Deductible 004 (73) 200%-249% FPL and above		Silver Deductible 004 (73) 200%-249% FPL and above		Silver Deductible 004 (87) 150%-199% FPL and above	
	2019	2020	2019	2020	2019	2020	2019	2020
Medical Deductible (individual/family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$2,500 / \$5,000	\$2,800 / \$5,600	N/A	N/A	N/A	N/A
Out-of-Pocket Max (individual/family)	\$7,900 / 15,800	\$7,900 / 15,800	\$6,300 / \$12,600	\$6,500 / \$13,000	\$2,600 / \$5,200	\$2,700 / \$5,400	\$2,500 / \$5,000	\$2,500 / \$5,000
MEDICAL BENEFITS								
PCP Office Visit	*\$30	*\$30	*\$25	*\$25	\$20	\$25	\$10	\$10
Specialist Office Visit	*\$60	*\$60	*\$50	*\$50	\$50	\$50	\$20	\$20
Outpatient Facility	30%	30%	30%	30%	20%	20%	10%	10%
Outpatient Surgery	30%	30%	30%	30%	20%	20%	10%	10%
Urgent Care Services	*\$60	*\$60	*\$50	*\$50	\$50	\$50	\$20	\$20
Ambulance Services	\$60	\$60	\$50	\$50	\$50	\$50	\$20	\$20
Emergency Room Services	30%	30%	30%	30%	20%	20%	10%	10%
Inpatient Hospital Care	30%	30%	30%	30%	20%	20%	10%	10%
Inpatient Skilled Nursing Facility	30%	30%	30%	30%	20%	20%	10%	10%
Outpatient Mental/Behavioral/Substance Abuse	*\$30	*\$30	*\$25	*\$25	\$20	\$25	\$10	\$10
Inpatient Mental/Behavioral/Substance Abuse	30%	30%	30%	30%	20%	20%	10%	10%
Outpatient Rehabilitation	\$60	\$60	\$50	\$50	\$50	\$50	\$10	\$10
Medical Imaging								
(CT/PET Scans/MRI's)	30%	30%	30%	30%	20%	20%	10%	10%
Routine Lab/X-Ray/Diagnostic Imaging	\$30	\$30	\$25	\$25	\$20	\$25	\$10	\$10
PRESCRIPTION DRUGS								
*Prescription Drug Deductible (individual/family)	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	N/A	N/A	N/A	N/A
90 day mail order supply available at 2.5 x copay								
Generic	*\$10	*\$10	*\$10	*\$10	\$10	\$10	\$5	\$5
Preferred	\$60	\$60	\$50	\$50	\$45	\$50	\$20	\$20
Non-Preferred Brand	\$100	\$100	\$90	\$90	\$85	\$85	\$40	\$40
Specialty High Cost Drugs	45%	45%	40%	40%	30%	30%	20%	20%

* Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/Generic RX/Mental-Behavioral Health Office Visits)
For Deductible Plans: All coinsurance/copays apply after annual deductible has been met. Unless otherwise indicated

2020 Changes – Gold Deductible Plan 005

MEMBER COST SHARE	2019	2020
	Gold Deductible 005 Plan ID 27248TX10005	Gold Deductible 005 Plan ID 27248TX10005
Medical Deductible (individual/family)	\$750 / \$1,500	\$750 / \$1,500
Out-of-Pocket Max (individual/family)	\$6,000 / \$12,000	\$6,500 / \$13,000
MEDICAL BENEFITS		
PCP Office Visit	*\$20	*\$20
Specialist Office Visit	*\$40	*\$40
Outpatient Facility	20%	20%
Outpatient Surgery	20%	20%
Urgent Care Services	*\$40	*\$40
Ambulance Services	\$40	\$40
Emergency Room Services	20%	20%
Inpatient Hospital Care	20%	20%
Inpatient Skilled Nursing Facility	20%	20%
Outpatient Mental/Behavioral/Substance Abuse	*\$20	*\$20
Inpatient Mental/Behavioral/Substance Abuse	20%	20%
Outpatient Rehabilitation	\$40	\$40
Medical Imaging (CT/PET Scans/MRI's)	20%	20%
Routine Lab/X-Ray/Diagnostic Imaging	\$20	\$20
PRESCRIPTION DRUGS		
*Prescription Drug Deductible (individual/family) 90 day mail order supply available at 2.5 x copay)	Combined with Medical Deductible	Combined with Medical Deductible
Generic	*\$10	*\$10
Preferred	\$40	\$40
Non-Preferred Brand	\$70	\$70
Specialty High Cost Drugs	30%	30%
* Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/Generic RX/Mental-Behavioral Health Office Visits) For Deductible Plans: All coinsurance/copays apply after annual deductible has been met. Unless otherwise indicated		

2020 Changes – Gold Copay Plan 001

MEMBER COST SHARE	2019	2020
	Gold Copay 001 Plan ID 27248TX0010001	Gold Copay 001 Plan ID 27248TX0010001
Medical Deductible (individual/family)	N/A	N/A
Out-of-Pocket Max (individual/family)	\$7,900 / \$15,800	\$8,150 / \$16,300
MEDICAL BENEFITS		
PCP Office Visit	\$30	\$30
Specialist Office Visit	\$65	\$65
Outpatient Facility	\$300	\$300
Outpatient Surgery	\$300	\$300
Urgent Care Services	\$65	\$65
Ambulance Services	\$65	\$65
Emergency Room Services	\$600	\$700
Inpatient Hospital Care	**\$600	**\$700
Inpatient Skilled Nursing Facility	**\$600	**\$700
Outpatient Mental/Behavioral/Substance Abuse	\$30	\$30
Outpatient Mental/Behavioral/Substance Abuse	**\$600	**\$700
Outpatient Rehabilitation	\$65	\$65
Medical Imaging (CT/PET Scans/MRI's)	\$500	\$700
Routine Lab/X-Ray/Diagnostic Imaging	\$30	\$30
PRESCRIPTION DRUGS		
* Prescription Drug Deductible (individual/family) 90 day mail order supply available at 2.5 x copay)	N/A	N/A
Generic	\$15	\$20
Preferred	\$40	\$40
Non-Preferred Brand	\$80	\$80
Specialty High Cost Drugs	30%	30%

** Copay applies for first 5 days of admission for all inpatient services

2020 Changes- High Deductible Health Plan (HDHP) 008

MEMBER COST SHARE	2019	2020
	High Deductible Health Plan HSA Compatible Plan ID 27248TX0010008 \$6,750 / \$13,500 \$6,750 / \$13,500	High Deductible Health Plan HSA Compatible Plan ID 27248TX0010008 \$6,750 / \$13,500 \$6,750 / \$13,500
Medical Deductible (individual/family)		
Out-of-Pocket Max (individual/family)		
MEDICAL BENEFITS		
PCP Office Visit	No Charge after deductible	No Charge after deductible
Specialist Office Visit	No Charge after deductible	No Charge after deductible
Outpatient Facility	No Charge after deductible	No Charge after deductible
Outpatient Surgery	No Charge after deductible	No Charge after deductible
Urgent Care Services	No Charge after deductible	No Charge after deductible
Ambulance Services	No Charge after deductible	No Charge after deductible
Emergency Room Services	No Charge after deductible	No Charge after deductible
Inpatient Hospital Care	No Charge after deductible	No Charge after deductible
Inpatient Skilled Nursing Facility	No Charge after deductible	No Charge after deductible
Outpatient Mental/Behavioral/Substance Abuse	No Charge after deductible	No Charge after deductible
Inpatient Mental/Behavioral/Substance Abuse	No Charge after deductible	No Charge after deductible
Outpatient Rehabilitation	No Charge after deductible	No Charge after deductible
Medical Imaging (CT/PET Scans/MRI's)	No Charge after deductible	No Charge after deductible
Routine Lab/X-Ray/Diagnostic Imaging	No Charge after deductible	No Charge after deductible
PRESCRIPTION DRUGS		
Prescription Drug Deductible (individual/family) 90 day mail order supply available at 2.5 x copay)	Combined with Medical Deductible	Combined with Medical Deductible
Generic	No Charge after deductible	No Charge after deductible
Preferred	No Charge after deductible	No Charge after deductible
Non-Preferred Brand	No Charge after deductible	No Charge after deductible
Specialty High Cost Drugs	No Charge after deductible	No Charge after deductible
For Deductible Plans: All coinsurance/copays apply after annual deductible has been met. Unless otherwise indicated		

2020- Silver Deductible 009

MEMBER COST SHARE	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
	Silver Deductible 009 250% FPL and above	Silver Deductible 009 250% FPL and above	Silver Deductible 009 (73) FPL and above	Silver Deductible 009 (73) FPL and above	Silver Deductible 009 (87) 150-199% FPL and above	Silver Deductible 009 (87) 150-199% FPL and above	Silver Deductible 009 (94) 100-149% FPL	Silver Deductible 009 (94) 100-149% FPL	Silver Deductible 009 (94) 100-149% FPL	Silver Deductible 009 (94) 100-149% FPL	Silver Deductible 009 (94) 100-149% FPL	Silver Deductible 009 (94) 100-149% FPL
Medical Deductible (Individual/family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$2,500 / \$5,000	\$2,500 / \$5,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual/family)	\$7,000 / \$14,000	\$7,000 / \$14,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$2,600 / \$5,200	\$2,700 / \$5,400	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000
MEDICAL BENEFITS												
PCP Office Visit	*\$30	*\$30	*\$30	*\$30	\$20	\$25	\$10	\$10	\$10	\$10	\$10	\$10
Specialist Office Visit	\$60	\$60	\$60	\$60	\$50	\$50	\$20	\$20	\$20	\$20	\$20	\$20
Outpatient Facility	30%	30%	30%	30%	20%	20%	10%	10%	10%	10%	10%	10%
Outpatient Surgery	30%	30%	30%	30%	20%	20%	10%	10%	10%	10%	10%	10%
Urgent Care Services	*\$60	*\$60	*\$60	*\$60	\$50	\$50	\$20	\$20	\$20	\$20	\$20	\$20
Ambulance Services	\$60	\$60	\$60	\$60	\$50	\$50	\$20	\$20	\$20	\$20	\$20	\$20
Emergency Room Services	30%	30%	30%	30%	20%	20%	10%	10%	10%	10%	10%	10%
Inpatient Hospital Care	30%	30%	30%	30%	20%	20%	10%	10%	10%	10%	10%	10%
Inpatient Skilled Nursing Facility	30%	30%	30%	30%	20%	20%	10%	10%	10%	10%	10%	10%
Outpatient Mental/Behavioral/Substance Abuse	*\$30	*\$30	*\$30	*\$30	\$20	\$20	\$10	\$10	\$10	\$10	\$10	\$10
Inpatient Mental/Behavioral/Substance Abuse	30%	30%	30%	30%	20%	20%	10%	10%	10%	10%	10%	10%
Outpatient Rehabilitation	\$60	\$60	\$60	\$60	\$50	\$50	\$10	\$10	\$10	\$10	\$10	\$10
Medical Imaging (CT/PET Scans/MRI's)	30%	30%	30%	30%	20%	20%	10%	10%	10%	10%	10%	10%
Routine Lab/X-Ray/Diagnostic Imaging	\$30	\$30	\$30	\$30	\$20	\$20	\$10	\$10	\$10	\$10	\$10	\$10
PRESCRIPTION DRUGS												
*Prescription Drug Deductible (Individual/family) 90 day mail order supply available at 2.5 x copay)	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible
Generic	*\$15	*\$15	*\$10	*\$10	\$10	\$10	\$5	\$5	\$5	\$5	\$5	\$5
Preferred	\$70	\$70	\$50	\$50	\$45	\$45	\$20	\$20	\$20	\$20	\$20	\$20
Non-Preferred Brand	\$120	\$120	\$100	\$100	\$85	\$85	\$40	\$40	\$40	\$40	\$40	\$40
Specialty High Cost Drugs	45%	45%	45%	45%	30%	30%	20%	20%	20%	20%	20%	20%
* Services are exempt from deductible where indicated [PCP/Specialist/Urgent Care/Generic RX/Mental-Behavioral Health Office Visits]												
For Deductible Plans: All coinsurance/copays apply after annual deductible has been met. Unless otherwise indicated												

2020: Deductible Updates

- **Important:**
 - **All** of Community deductible plans have a **combined (Rx + Medical)** deductible.
 - PCP visits are not subject to deductible for all plans except **Bronze 008 HDHP**
 - Specialist visits are not subject to deductible for **all plans except Bronze 008 HDHP and Silver 009**
 - Urgent Care visits are not subject to deductible for **all plans except Bronze 008 HDHP**
 - Generic Drugs are not subject to deductible for **all plans except Bronze 008 HDHP**
 - Bronze High Deductible Health Plan is HSA compatible but does not have an integrated HSA. Consumer would need to enroll in a separate HSA plan (or use an existing HSA account)

2020: Deductible Updates

Plan Name	Medical and Rx Deductible Combined	Unlimited PCP visits before deductible	Unlimited Specialist visits before deductible	Unlimited Mental Health and Substance Abuse Office visits before deductible	Generics available before deductible	Unlimited Urgent care visits before deductible
001 (Gold Copay)	Gold 001 does not have a medical or Rx deductible					
003 (Bronze Deductible)						
004 (Silver Deductible)						
005 (Gold Deductible)						
008 (Bronze HSA)	All services subject to deductible					
009 (New Silver Deductible)						

* Preventive services are not subject to deductible or cost-sharing (For All Plans)

Copay Plan

- Gold Copay 001 is the only remaining copay plan
- Copays apply to any covered service from day one
- Inpatient copays apply for the first five days of inpatient stay
- Specialty high cost drugs have a coinsurance

2020 Plan Change Summary

- Minimal changes to the plan design/member cost-sharing
- All of the cost-sharing changes were made to ensure plans remain within the allowed CMS metal designation
- MOOPS/Deductibles updated per CMS regulations
- Cost-sharing for PCP, Specialist, Labs, X-rays, Urgent Care cost-sharing remains the same as 2019 for all but one plan

2020 Plan Crosswalk

2019 Plans	2020 Plans
Gold 001 (Copay)	Gold 001 (Copay)
Silver 002 (Copay)	Silver 004 (Deductible)
Bronze 003 (Deductible)	Bronze 003 (Deductible)
Silver 004 (Deductible)	Silver 004 (Deductible)
Gold 005 (Deductible)	Gold 005 (Deductible)
Gold Limited Network Plan 006 (Copay Kelsey only)	Gold 001 (Copay)
Silver Limited Network Plan 007 (Copay-Kelsey only)	Silver 004 (Deductible)
Community Health Choice HMO Bronze 008 High Deductible Health Plan- HSA Compatible	Community Health Choice HMO Bronze 008 High Deductible Health Plan- HSA Compatible
Community Health Choice HMO Silver 009	Community Health Choice HMO Silver 009

Telehealth

Teladoc is a telehealth medical consultant service offered to most Community Health Choice Plan Members

(Available for all plans except the Community Bronze 008 High Deductible Health Plan)

- U.S. Board Certified Internal Medicine, Family Practice, or Pediatricians
- Phone Consultations or Video Consultations available
- Providers can prescribe prescription medications
- Register and request a consult



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.

1 **SET UP YOUR ACCOUNT**
Set up your account by phone (for free) via mobile app or by texting "Get Started" to 489-848-5831.

2 **PROVIDE MEDICAL HISTORY**
Your medical history provides Teladoc doctors need to make an accurate diagnosis.

3 **REQUEST A CONSULT**
Once your account is set up, request a consult by phone, text or mobile app.

Rates

Community is pleased to share that our plans have either received a rate pass or rate reduction for the 2020 plan year.

COMMUNITY HEALTH CHOICE 2020 RATES

Age Band	High Deductible Health Plan HSA Compatible 008 Plan ID: 2724870010008		Community Health Choice HMO Bronze 003 Plan ID: 2724870010003		Community Health Choice HMO Lean Silver 009 Plan ID: 2724870010009		Community Health Choice HMO Silver 004 Plan ID: 2724870010004		Community Health Choice HMO Gold 005 Plan ID: 2724870010005		Community Health Choice HMO Gold 001 Plan ID: 2724870010001	
	No. Tobacco	Tobacco	No. Tobacco	Tobacco	No. Tobacco	Tobacco	No. Tobacco	Tobacco	No. Tobacco	Tobacco	No. Tobacco	Tobacco
0-14	203.14	210.14	210.14	217.88	217.88	225.62	225.62	233.36	241.10	241.10	248.84	248.84
15	208.10	215.10	215.10	222.84	222.84	230.58	230.58	238.32	246.06	246.06	253.80	253.80
16	226.10	233.10	233.10	240.84	240.84	248.58	248.58	256.32	264.06	264.06	271.80	271.80
17	235.00	242.00	242.00	249.74	249.74	257.48	257.48	265.22	272.96	272.96	280.70	280.70
18	242.44	249.44	249.44	257.18	257.18	264.92	264.92	272.66	280.40	280.40	288.14	288.14
19	249.87	256.87	256.87	264.61	264.61	272.35	272.35	280.09	287.83	287.83	295.57	295.57
20	257.31	264.31	264.31	272.05	272.05	279.79	279.79	287.53	295.27	295.27	303.01	303.01
21	264.74	271.74	271.74	279.49	279.49	287.23	287.23	294.97	302.71	302.71	310.45	310.45
22	272.18	279.18	279.18	287.13	287.13	294.87	294.87	302.61	310.35	310.35	318.09	318.09
23	279.61	286.61	286.61	294.87	294.87	302.61	302.61	310.35	318.09	318.09	325.83	325.83
24	287.05	294.05	294.05	302.61	302.61	310.35	310.35	318.09	325.83	325.83	333.57	333.57
25	294.48	301.48	301.48	310.35	310.35	318.09	318.09	325.83	333.57	333.57	341.31	341.31
26	301.92	308.92	308.92	318.09	318.09	325.83	325.83	333.57	341.31	341.31	349.05	349.05
27	309.35	316.35	316.35	325.83	325.83	333.57	333.57	341.31	349.05	349.05	356.79	356.79
28	316.79	323.79	323.79	333.57	333.57	341.31	341.31	349.05	356.79	356.79	364.53	364.53
29	324.22	331.22	331.22	341.31	341.31	349.05	349.05	356.79	364.53	364.53	372.27	372.27
30	331.66	338.66	338.66	349.05	349.05	356.79	356.79	364.53	372.27	372.27	380.01	380.01
31	339.09	346.09	346.09	356.79	356.79	364.53	364.53	372.27	380.01	380.01	387.75	387.75
32	346.53	353.53	353.53	364.53	364.53	372.27	372.27	380.01	387.75	387.75	395.49	395.49
33	353.96	360.96	360.96	372.27	372.27	380.01	380.01	387.75	395.49	395.49	403.23	403.23
34	361.40	368.40	368.40	380.01	380.01	387.75	387.75	395.49	403.23	403.23	410.97	410.97
35	368.83	375.83	375.83	387.75	387.75	395.49	395.49	403.23	410.97	410.97	418.71	418.71
36	376.27	383.27	383.27	395.49	395.49	403.23	403.23	410.97	418.71	418.71	426.45	426.45
37	383.70	390.70	390.70	403.23	403.23	410.97	410.97	418.71	426.45	426.45	434.19	434.19
38	391.14	398.14	398.14	410.97	410.97	418.71	418.71	426.45	434.19	434.19	441.93	441.93
39	398.57	405.57	405.57	418.71	418.71	426.45	426.45	434.19	441.93	441.93	449.67	449.67
40	406.01	413.01	413.01	426.45	426.45	434.19	434.19	441.93	449.67	449.67	457.41	457.41
41	413.44	420.44	420.44	434.19	434.19	441.93	441.93	449.67	457.41	457.41	465.15	465.15
42	420.88	427.88	427.88	441.93	441.93	449.67	449.67	457.41	465.15	465.15	472.89	472.89
43	428.31	435.31	435.31	449.67	449.67	457.41	457.41	465.15	472.89	472.89	480.63	480.63
44	435.75	442.75	442.75	457.41	457.41	465.15	465.15	472.89	480.63	480.63	488.37	488.37
45	443.18	450.18	450.18	465.15	465.15	472.89	472.89	480.63	488.37	488.37	496.11	496.11
46	450.62	457.62	457.62	472.89	472.89	480.63	480.63	488.37	496.11	496.11	503.85	503.85
47	458.05	465.05	465.05	480.63	480.63	488.37	488.37	496.11	503.85	503.85	511.59	511.59
48	465.49	472.49	472.49	488.37	488.37	496.11	496.11	503.85	511.59	511.59	519.33	519.33
49	472.92	479.92	479.92	496.11	496.11	503.85	503.85	511.59	519.33	519.33	527.07	527.07
50	480.36	487.36	487.36	503.85	503.85	511.59	511.59	519.33	527.07	527.07	534.81	534.81
51	487.79	494.79	494.79	511.59	511.59	519.33	519.33	527.07	534.81	534.81	542.55	542.55
52	495.23	502.23	502.23	519.33	519.33	527.07	527.07	534.81	542.55	542.55	550.29	550.29
53	502.66	509.66	509.66	527.07	527.07	534.81	534.81	542.55	550.29	550.29	558.03	558.03
54	510.10	517.10	517.10	534.81	534.81	542.55	542.55	550.29	558.03	558.03	565.77	565.77
55	517.53	524.53	524.53	542.55	542.55	550.29	550.29	558.03	565.77	565.77	573.51	573.51
56	524.97	531.97	531.97	550.29	550.29	558.03	558.03	565.77	573.51	573.51	581.25	581.25
57	532.40	539.40	539.40	558.03	558.03	565.77	565.77	573.51	581.25	581.25	589.00	589.00
58	539.84	546.84	546.84	565.77	565.77	573.51	573.51	581.25	589.00	589.00	596.74	596.74
59	547.27	554.27	554.27	573.51	573.51	581.25	581.25	589.00	596.74	596.74	604.48	604.48
60	554.71	561.71	561.71	581.25	581.25	589.00	589.00	596.74	604.48	604.48	612.22	612.22
61	562.14	569.14	569.14	589.00	589.00	596.74	596.74	604.48	612.22	612.22	620.00	620.00
62	569.58	576.58	576.58	596.74	596.74	604.48	604.48	612.22	620.00	620.00	627.74	627.74
63	577.01	584.01	584.01	604.48	604.48	612.22	612.22	620.00	627.74	627.74	635.48	635.48
64 & over	584.45	591.45	591.45	612.22	612.22	620.00	620.00	627.74	635.48	635.48	643.22	643.22

Service area and Network

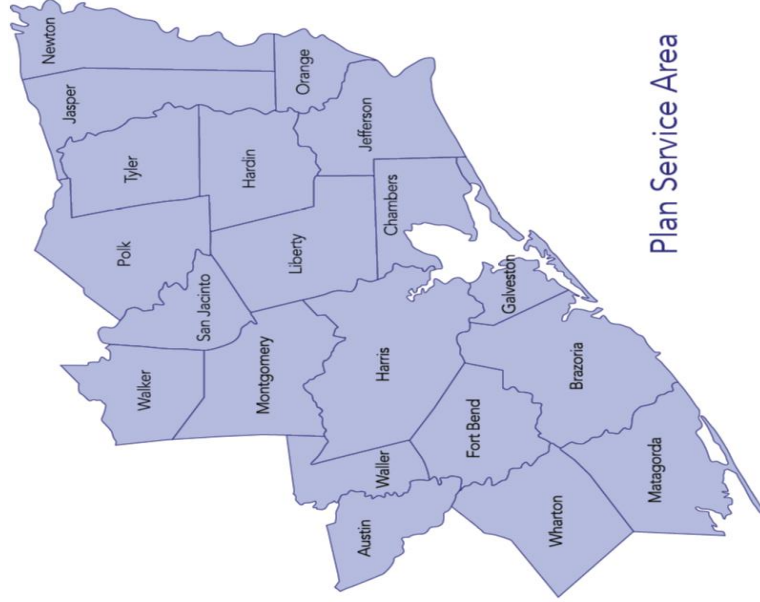
Network Updates for 2020

IMPORTANT

- **ALL** plans will utilize the **Community** network of providers
- Kelsey-Seybold will **not** be part of the Community network in 2020

Note: All members must select a Primary Care Physician (PCP) or one will be assigned to them

2020 Service Area Expansion



Plan Service Area

20 Counties

- | | |
|------------------|--------------------|
| Austin | Matagorda |
| Brazoria | Montgomery |
| Chambers | Newton |
| Fort Bend | Orange |
| Galveston | Polk |
| Hardin | San Jacinto |
| Harris | Tyler |
| Jasper | Walker |
| Jefferson | Waller |
| Liberty | Wharton |

CHIP, STAR, and Marketplace products are now offered in the same 20-county service area. (New counties are noted in red)

Community Hospital Network

- Baptist Hospitals of Southeast Texas
- CHI St. Luke's Hospital System
- Harris Health System
- HCA Hospital System
- Houston Methodist Hospital System
- Huntsville Memorial Hospital
- Liberty Dayton Regional Medical Center
- Memorial Hermann Hospital System
- Kindred Hospital System
- Oakbend Medical Center
- St. Joseph Medical Center
- The Medical Center of Southeast Texas
- UTMB Health System
- Winnie Hospital

2020 Ancillary Network Updates

- Rx mail-order vendor: **Kroger**
- Enroll Vision (only children 18 and under)
- **Community Health Choice Behavioral Health Services (formerly Beacon Health Strategies, effective September 2019)**
- Telehealth – provided by Teladoc- Not available for HDHP-HSA plan members
- Novu - Wellness Program Vendor- Wellness and Engagement Program
- Routine dental services are not covered by Community. Enrollees have the option to purchase stand-alone dental plans offered by other companies through the Marketplace or on their own

Community Rewards

- **2020 Wellness and Engagement Program**
- Members complete health related activities and receive \$25 gift cards
- Must activate by phone or member portal
- Attest to completed activities
- Receive gift card via multiple options including e-gift cards

2020 Wellness and Engagement Activities



- 2019 Flu Vaccination- \$25
- 2020 Annual Wellness Visit- \$25
- 2020 Read & Earn Modules-\$25
- 2020 Enrolment in Auto-Pay- \$25
- 2020 Bonus for completing ALL activities- \$25

* Not all members will qualify for each activity. Incentive opportunities may vary based on age of member.

Provider Search

FIND A DOCTOR

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

This tool can help you find doctors, pharmacists, 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 find 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?
- Where do I need to see a special doctor (specialist)?
- How soon can I expect to be seen by a specialist?
- What services do not need a referral?
- How do I get help if I have behavioral (mental) health, alcohol or drug problems?
- Do I need a referral for this?

SKIP GUIDED SEARCH

TAKE ME TO THE SEARCH PAGE

Next

Step 1: At the FIND A DOCTOR Home Page, select "Next"

Step 2: Select Community Marketplace Plan

1. SELECT YOUR PLAN

STEPS

1 PLAN 2 LOCATION 3 PROVIDER

STAR
No cost health insurance program for children under the age of 21 who qualify and for pregnant women who cannot afford health insurance.

TEXAS STAR
Your health plan. • Your choice.

COMMUNITY MARKETPLACE
A variety of individual health insurance plans available through the health insurance Marketplace.

Next

Provider Search

1. SELECT YOUR PLAN

STAR
No-cost health insurance program for children under the age of 21 who qualify and for pregnant women who cannot afford health insurance.

COMMUNITY HEALTH CHOICE
A variety of individual health insurance plans available through the Health Insurance Marketplace.

2. ENTER YOUR CURRENT LOCATION

Please enter your zip code or address so we can bring you results that are near you.

You can always change this later in your search.

7704 x Validate Address

Back Next

SKIP GUIDED SEARCH & TAKE ME TO THE SEARCH PAGE

Step 3: Enter a Location
This can be an address or a zip code.
You will select “Validate” then “Next”

Provider Search

STEPS
 PLAN LOCATION PROVIDER

3. SELECT A PROVIDER

What can we help you find near Houston, TX 77054, USA?

DOCTORS URGENT CARE FACILITIES PHARMACIES
 VISION HOSPITALS BEHAVIORAL HEALTH

SELECT A PROVIDER

HELP GUIDED SEARCH
 TAKE ME TO THE SEARCH PAGE

Back Search

Step 4: Select the provider type you are searching for and then “Search”

SEARCH PLAN PROVIDER LOCATION WITHIN

COMMUNITY HEALTH CHOICE

Start a new search

Vision Behavioral Health

Did you know
 Open Enrollment ends from September 1 through December 15. Sign up or change today!
 Feedback is a covered benefit. You can file a claim 487 days after the date of service. For more information, please visit [www.choicereimbursement.com](#) or call 800-447-7272.

141 Search results for hospitals with 5 miles of Houston, TX 77054, USA

Name	Address	Distance
The Woman's Hospital of Texas	7000 Fennell St Houston, TX 77054 (713) 794-1234 Map	0.62 Miles
Texas Orthopedic Hospital	7401 S Main St Houston, TX 77030 (713) 794-8000 Map	1.13 Miles
St. Lukes Diagnostic Treatment Center - Kirby Glen	2575 Spineswood Houston, TX 77030 (832) 353-7100 Map	1.33 Miles

Houston, TX

Step 5: Review or change search criteria including:

- Plan
- Provider
- Location
- Mileage
- Provider Type
- Expanding/Searching Map

Enrollment



*Open Enrollment begins
November 1, 2019!*

On Exchange-

- On Exchange enrollment can be completed through your broker portal, via www.Healthcare.gov direct or by phone at 1.800.318.2596
- Enrolling On Exchange is the only way a person can get tax credits to help pay for their premiums
- Individuals receiving tax credits **MUST** file an income tax return
- On Exchange plans include the Cost Sharing Reduction plans (CSR plans)
 - Silver 73%, Silver 87%, and Silver 94% (cannot get Off Exchange)
- On Exchange plans also include Zero and Limited Cost Sharing plans available to members of federally recognized tribes or Alaska Native Settlement Act Corporation shareholders (cannot get Off Exchange)

Off Exchange

- Off Exchange plans are the same as the On Exchange standard Bronze, Silver, and Gold plans
- No CSR (73/87/94) or Limited/Zero Cost Sharing plans are available Off Exchange
- Apply through fax in a paper application that is available online
- Open Enrollment dates are the same as On Exchange and Special Enrollment Period criteria is the same as On Exchange
- Account servicing (including change of information, adding dependents, etc.) will go through Community, not CMS

Renewals Notice

- Community members currently enrolled in a 2019 plan will receive two notices regarding 2020 coverage:
 1. One from Community outlining 2020 premiums and benefit changes – Mailed on October 4, 2019
 2. One from CMS explaining the open enrollment process
- If a current member takes no action, the member will “passively renew” into a 2020 Community plan
- Members in the Silver Copay 002 and Limited Network Plans 006 & 007 will be cross walked into another Community plan
- If a current member takes action and updates their application on [Healthcare.gov](https://www.healthcare.gov) then they will need to select a 2020 plan

Policy Updates

When a policy update is needed, please edit the existing application versus submitting a new application

Examples:

- Adding dependents
- Removing dependents
- Updating income
- Updating demographics

Who is eligible to enroll?

- **Any individual residing in one of Community's 20 county service area and their eligible dependents**
- Eligible dependents include:
 - Spouse
 - Biological children under the age of 26
 - Stepchildren under the age of 26
 - Adopted children under the age of 26
 - Foster children under the age of 26
 - Brother or Sister (child only policies)
 - Life partner(children up to age 26 are covered through the end of the year)
- **Families with more than 3 children enrolled on the same policy under the age of 21 are charged for the first three children only.** Children age bands include: 0-14, 15, 16, 17, 18, 19, 20
 - e.g. Family enrollment received:
 - Father – charged applicable rate for age band
 - Mother – charged applicable rate for age band
 - Child age 10 – charged 0-14 rate
 - Child age 6 – charged 0-14 rate
 - Child age 4 – charged 0-14 rate
 - Child age 2 – no charge

Wellness Discount

- 10% premium reduction will continue to be offered in 2020
- Program details will follow via email communication

FAQ's

- Newborns must be added to a policy to have active coverage
 - If on-exchange newborn should be added with HC.gov
 - If off-exchange newborn should be added with Community
- Cancellations/terminations require written documentation signed by the member (preferably an application change/term form)
- PCP changes are effective first of the following month
- In order to provide specific claims information, your client must complete a HIPAA authorization form allowing you access
- Child only policies or policies where an individual other than the subscriber wants to be authorized for policy inquiries must have an HIPAA authorization form on file

Key Dates Reminder

November 1, 2019	Open Enrollment Begins
December 15, 2019	Last official day of open enrollment
January 1, 2020	2020 Health Coverage Begins

Next Steps

- Complete CMS training
- Take Community Quiz & Submit to Agent.Credentialing@CommunityCares.com
- Complete the Training Attestation and submit to Agent.Credentialing@CommunityCares.com
- Submit any missing paperwork
 - New Agents: Agreement, BAA, W9
 - Returning Agents: Updated Demographic/Contact information including Email, Updated W9 (if necessary), Updated E&O Certificate (if expired), Quiz & Attestation

Questions



Please send all questions in an email to Agent.Credentialing@CommunityCares.com

Please be sure to list the Subject of the Email as:
Subject: Webinar Q&A

In the body of your email be sure to include any questions you have.