

Health Insurance Marketplace

2021 BROKER TRAINING

Housekeeping

- Be respectful of your peers: Please make sure you are on mute during the webinar 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
- 2021 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
- 2021 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 pass quiz with a score of 80% or higher
- All agents must complete and return a training attestation
- **All returning** agents must complete and return a 2021 Application Agreement Addendum
- Must have an active TDI license
- Must hold an active Errors & Omissions Policy.
- Must supply a W9 that corresponds to tax filing address (If Agency sub-agent, Agency W9 will be required)

Broker Appointment Updates- Electronic Signature

- **Electronic signatures will be accepted!**
- For electronic signature to be accepted, the following criteria must be met-
 - Documents can still be submitted with a wet signature if preferred. An agent/broker record can include a combination of wet signatures and electronic signatures
 - Documents must be sent from the registered communication email address you have on file with Community
 - If you are with an Agency, your upline Principal Agent or Agency office administrators can submit documents on your behalf from an Agency email address
 - Community Health Choice reserves the right to request original documents and validate signatures without notice.

Broker Appointment Updates- Error and Omissions Policy

- For our Agency Partners- Community Health Choice will now accept individual agent E & O coverage for your downline/sub-agents.
- Community will no longer require that you carry all sub-agents on your Agency E & O coverage while they are contracted with your Agency.
- **Independent Agents and Agency sub-agents-** E & O to be accepted, the following criteria must be met-
 - The Agent/Sub-Agent E & O policy must be in their name. If an LLC, the policy must reference the Agent/Sub-Agent name
 - The Sub-Agent name on the E & O policy must match the name as they are appointed with Community Health Choice
 - The E & O policy must maintain an Errors and Omissions Insurance in an amount of not less than one million dollars (\$1,000,000) per occurrence and one million dollars (\$1,000,000) annual aggregate

Broker Appointment Updates- Electronic Quiz

- Community will now offer an electronic quiz
- A link will be shared following the training session and will be sent to the registration email used for the webinar session
- Immediate score will be shown and sent to Community
- Please complete all Name and NPN fields
- Three attempts are allowed
- Must pass with 80% or above

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 I in your state, go to Health Insurance Marketplace website at HealthCare.gov.”
- Link: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Guidance-Web-brokers-Displaying-Disclaimers.pdf>

Broker Agreement and Credentialing for 2021

- **Post Training**, all agents will complete the 2021 Benefit quiz and return the completed Training Completion Attestation.
- You must submit both the quiz AND attestation back to Community Health Choice at Agent.Credentialing@CommunityCares.com
- 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.
- For Agency sub-agents, commissions are payable to you by Agency directly. Form 1099 is provided to you annually by your contracted Agency

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.
- Automatic payments do not end at the end of the year. If necessary, it is important that the member update their payment method at time of renewal and it is recommended that they do not cancel automatic payments.
- Members who are set up on recurring payments for 2020 that renew for 2021 **will only be required** to re-establish recurring payments if they selected the “other amount” payment option when creating their account

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)

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

Option 2: Monthly Premium

By selecting monthly premium the member is agreeing to pay only the monthly premium amount (not any outstanding payments owed)

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.

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

Billing and Enrollment Terminology

- **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
- **Binder Payment** – The initial payment required to effectuate coverage for the first month of the policy
- **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.
- **Effectuate** – A policy is considered effectuated when the binder payment is made in full to activate policy
- **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

Billing and Enrollment Terminology

Continued

- **Passive Enrollment** – An enrollment where the member renews with the same Qualified Health Plan issuer
- **Policy Rate Amount** – The standard rate for all members. The policy rate amount is based on age, tobacco user, plan selected and rating area
- **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.

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 2021 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 9.83% 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 2021
- 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

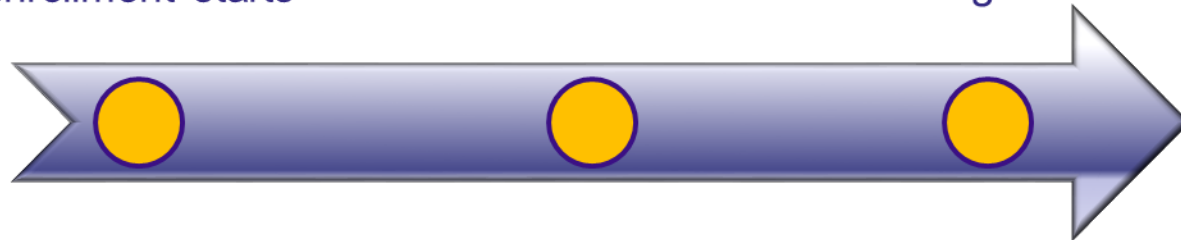
- Pay \$0 copays or 0% coinsurance at Indian Health Service Providers* only
 - Gold Limited Cost Sharing
 - Silver Limited Cost Sharing
 - Bronze Limited Cost Sharing

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

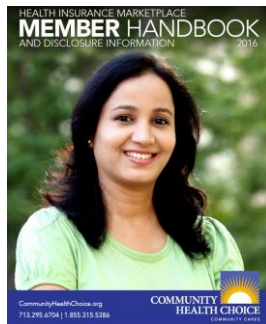
Open Enrollment Timeline

**November 1,
2020:** Open
enrollment starts

**January 1,
2021:**
Coverage
begins



**December 15,
2020:**
Last official day of
open enrollment
for 2021



| SAMPLE ID CARD | | COMMUNITY HEALTH CHOICE |
|--|-----------------|-------------------------|
| Member Name: | Plan Name: | |
| Member ID#: | Plan ID: | |
| Primary Care Provider: | Effective Date: | |
| Co-Payments: PCP: | Urgent Care: | |
| Specialist: | Emergency Room: | |
| Pharmacy: | | |
| Deductible (Individual/Family): | | |
| Pharmacy (Natus Health Solutions): BIN: 610602; PCN: NATE; RX Group: CHX Community Member Services (Monday - Friday, 8:00 a.m. - 5:00 p.m.): TDI QHP 713.295.6704 or toll-free at 1.855.315.5386 | | |

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

2021 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



2021 Marketplace Plan Updates

- **Total of 11 plans for 2021**
- **Community is adding 5 new plans in 2021**
- **Bronze- 2 new plans**
 - Community Value Bronze 10 (Free Preventive Care, Free 24/7 Telehealth)
 - Community Virtual Now Bronze 11 (Unlimited Free 24/7 Virtual Visits)
- **Silver- 2 new plans**
 - Community Standard Silver 12 (No deductible PCP, Urgent Care & Generics, Free 24/7 Telehealth)
 - Community Advance Silver 13 (No deductible PCP, Specialists, Urgent Care & Generics, Free 24/7 Telehealth)
- **Gold- 1 new plan**
 - NEW: Community Elite HSA Gold 14
 - This plan will be OFF-Exchange only
 - EXISTING: The Gold Copay 001 is moving to OFF-Exchange only for 2021

Plan Names

- **All Community plans have updated names**
 - The naming convention follows the following method: **Community** + (**Keyword**) + (**Metal Tier**) + (Plan ID number) + (Description of key plan benefits)

Example: **Community Virtual Now Bronze 11**
(Unlimited Free 24/7 Virtual Visits)

- Where space is limited (ex: ID cards) the descriptive part of plan name will not be used.

2021 BRONZE PLANS

| 2021 Plan Design | | | | |
|--|---|--|--|--|
| Highlighted values are not subject to deductible/ Red font indicates the cost-sharing has been updated | Bronze | | | |
| | Community Vital Bronze 003 (No Deductible for PCP, Free Preventive Care, Free 24/7 Telehealth) | Community Essential Bronze 008 HSA(No cost after deductible, No referrals for Specialists) | Community Value Bronze 10 (Free Preventive Care, Free 24/7 Telehealth) | Community Virtual Now Bronze 11 (Unlimited Free 24/7 Virtual Visits) |
| HIOS ID | 27248TX0010003 | 27248TX0010008 | 27248TX0010010 | 27248TX0010011 |
| Plan Basics | 2021 Bronze 003 | 2021 Bronze 008 HSAHDP | NEW! 2021 Bronze 010 | NEW! 2021 Virtual Plan 011 |
| Annual Deductible | \$7,700 | \$ 7,000 | \$ 8,550 | \$ 8,550 |
| MOOP | \$8,550 | \$ 7,000 | \$ 8,550 | \$ 8,550 |
| Emergency Room Visits | 40% | No charge after deductible | No charge after deductible | No charge after deductible |
| Inpatient Hospital Stay | 40% | No charge after deductible | No charge after deductible | No charge after deductible |
| PCP | \$ 40 | No charge after deductible | No charge after deductible | \$0/ NC after deductible |
| Specialist | \$ 70 | No charge after deductible | No charge after deductible | No charge after deductible |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient | \$ 40 | No charge after deductible | No charge after deductible | \$0/ NC after deductible |
| Imaging (CT/MRI/PET) | 40% | No charge after deductible | No charge after deductible | No charge after deductible |
| Speech Therapy | 70 | No charge after deductible | No charge after deductible | No charge after deductible |
| Occupational and Physical Therapy | 70 | No charge after deductible | No charge after deductible | No charge after deductible |
| Preventive Care/Screening/Immunization | | | | |
| Laboratory Outpatient and Professional Services | \$ 40 | No charge after deductible | No charge after deductible | No charge after deductible |
| X-rays and Diagnostic Imaging | \$ 40 | No charge after deductible | No charge after deductible | No charge after deductible |
| Skilled Nursing Facility | 40% | No charge after deductible | No charge after deductible | No charge after deductible |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | 40% | No charge after deductible | No charge after deductible | No charge after deductible |
| Outpatient Surgery Physician/Surgical Services | 40% | No charge after deductible | No charge after deductible | No charge after deductible |
| Prescription Drugs: Generics | \$ 16 | No charge after deductible | No charge after deductible | No charge after deductible |
| Preferred Brand | \$ 70 | No charge after deductible | No charge after deductible | No charge after deductible |
| Non-Preferred Brand | \$ 120 | No charge after deductible | No charge after deductible | No charge after deductible |
| Specialty Drugs | 45% | No charge after deductible | No charge after deductible | No charge after deductible |

2021 SILVER PLANS

| 2021 Plan Design | | | | |
|--|---|-------------------------|-------------------------------|-------------------------------|
| Highlighted values are not subject to deductible/ Red font indicates the cost-sharing has been updated | Silver | | | |
| | Community Standard Preferred Silver 009 (No deductible PCP, Urgent Care & Generics, Free 24/7 Telehealth) | | | |
| HIOS ID | 27248TX0010009 | | | |
| Plan Basics | 2021 Lean Silver Deductible 009 | 2021 Lean Silver CSR 73 | 2021 Silver Deductible CSR 87 | 2021 Silver Deductible CSR 94 |
| Annual Deductible | \$5,000 | \$3,000 | \$0 | \$0 |
| MOOP | \$7,000 | \$6,800 | \$2,850 | \$2,500 |
| Emergency Room Visits | 30% | 30% | 30% | 10% |
| Inpatient Hospital Stay | 30% | 30% | 30% | 10% |
| PCP | \$ 30 | \$ 30 | \$ 25 | \$ 10 |
| Specialist | \$ 60 | \$ 60 | \$ 50 | \$ 20 |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient | \$ 30 | \$ 30 | \$ 25 | \$ 10 |
| Imaging (CT/MRI/PET) | 30% | 30% | 30% | 10% |
| Speech Therapy | 60 | 60 | \$ 50 | \$ 10 |
| Occupational and Physical Therapy | 60 | 60 | \$ 50 | \$ 10 |
| Preventive Care/Screening/Immunization | | | | |
| Laboratory Outpatient and Professional Services | \$ 30 | \$ 30 | \$ 25 | \$ 10 |
| X-rays and Diagnostic Imaging | \$ 30 | \$ 30 | \$ 25 | \$ 10 |
| Skilled Nursing Facility | 30% | 30% | 30% | 10% |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | 30% | 30% | 30% | 10% |
| Outpatient Surgery Physician/Surgical Services | 30% | 30% | 30% | 10% |
| Prescription Drugs: Generics | \$ 15 | \$ 10 | \$ 10 | \$ 5 |
| Preferred Brand | \$ 70 | \$ 60 | \$ 50 | \$ 20 |
| Non-Preferred Brand | \$ 120 | \$ 110 | \$ 85 | \$ 40 |
| Specialty Drugs | 45% | 45% | 30% | 20% |

| 2021 Plan Design | | | | |
|--|--|-------------------------------|-------------------------------|-------------------------------|
| Highlighted values are not subject to deductible/ Red font indicates the cost-sharing has been updated | Community Standard Silver 12 (No deductible PCP, Urgent Care & Generics, Free 24/7 Telehealth) | | | |
| | HIOS ID | 27248TX00100012 | | |
| Plan Basics | NEW! 2021 Silver Deductible 012 | 2021 Silver Deductible CSR 73 | 2021 Silver Deductible CSR 87 | 2021 Silver Deductible CSR 94 |
| Annual Deductible | \$6,000 | \$2,500 | \$500 | \$0 |
| MOOP | \$8,550 | \$6,800 | \$2,850 | \$2,700 |
| Emergency Room Visits | 50% | 50% | 40% | 10% |
| Inpatient Hospital Stay | 50% | 50% | 40% | 10% |
| PCP | \$ 30 | \$ 30 | \$ 25 | \$ 10 |
| Specialist | \$ 60 | \$ 60 | \$ 50 | \$ 20 |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient | \$ 30 | \$ 30 | \$ 25 | \$ 10 |
| Imaging (CT/MRI/PET) | 50% | 50% | 40% | 10% |
| Speech Therapy | \$ 60 | \$ 60 | \$ 50 | \$ 20 |
| Occupational and Physical Therapy | \$ 60 | \$ 60 | \$ 50 | \$ 20 |
| Preventive Care/Screening/Immunization | | | | |
| Laboratory Outpatient and Professional Services | \$ 30 | \$ 30 | \$ 25 | \$ 10 |
| X-rays and Diagnostic Imaging | \$ 30 | \$ 30 | \$ 25 | \$ 10 |
| Skilled Nursing Facility | 50% | 50% | 40% | 10% |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | 50% | 50% | 30% | 10% |
| Outpatient Surgery Physician/Surgical Services | 50% | 50% | 30% | 10% |
| Prescription Drugs: Generics | \$ 10 | \$ 10 | \$ 5 | \$ 5 |
| Preferred Brand | \$ 80 | \$ 80 | \$ 70 | \$ 20 |
| Non-Preferred Brand | \$ 120 | \$ 120 | \$ 100 | \$ 40 |
| Specialty Drugs | 50% | 50% | 40% | 20% |

2021 Plan Design

Highlighted values are not subject to deductible/ Red font indicates the cost-sharing has been updated

Community Advance Silver 13 (No deductible PCP, Specialists, Urgent Care & Generics, Free 24/7 Telehealth)

| HIOS ID | 27248TX00100013 | | | |
|--|---------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Plan Basics | NEW! 2021 Silver Deductible 013 | 2021 Silver Deductible CSR 73 | 2021 Silver Deductible CSR 87 | 2021 Silver Deductible CSR 94 |
| Annual Deductible | \$8,550 | \$6,800 | \$2,300 | \$750 |
| MOOP | \$8,550 | \$6,800 | \$2,300 | \$750 |
| Emergency Room Visits | NC after deductible | NC after deductible | NC after deductible | NC after deductible |
| Inpatient Hospital Stay | NC after deductible | NC after deductible | NC after deductible | NC after deductible |
| PCP | \$ 30 | \$ 10 | \$ 10 | \$ 5 |
| Specialist | \$ 60 | \$ 15 | \$ 15 | \$ 10 |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient | \$ 30 | \$ 10 | \$ 10 | \$ 5 |
| Imaging (CT/MRI/PET) | NC after deductible | NC after deductible | NC after deductible | NC after deductible |
| Speech Therapy | NC after deductible | NC after deductible | NC after deductible | NC after deductible |
| Occupational and Physical Therapy | NC after deductible | NC after deductible | NC after deductible | NC after deductible |
| Preventive Care/Screening/Immunization | | | | |
| Laboratory Outpatient and Professional Services | NC after deductible | NC after deductible | NC after deductible | NC after deductible |
| X-rays and Diagnostic Imaging | NC after deductible | NC after deductible | NC after deductible | NC after deductible |
| Skilled Nursing Facility | NC after deductible | NC after deductible | NC after deductible | NC after deductible |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | NC after deductible | NC after deductible | NC after deductible | NC after deductible |
| Outpatient Surgery Physician/Surgical Services | NC after deductible | NC after deductible | NC after deductible | NC after deductible |
| Prescription Drugs: Generics | \$ 10 | \$ 5 | \$ 5 | \$ 5 |
| Preferred Brand | NC after deductible | NC after deductible | NC after deductible | NC after deductible |
| Non-Preferred Brand | NC after deductible | NC after deductible | NC after deductible | NC after deductible |
| Specialty Drugs | NC after deductible | NC after deductible | NC after deductible | NC after deductible |

2021 GOLD PLANS

| 2021 Plan Design | | | |
|--|--|--|--|
| Highlighted values are not subject to deductible/ Red font indicates the cost-sharing has been updated | Gold | | |
| | Community Enhanced Gold 005 (No Deductible PCP, Specialists, Urgent Care & Generics, Free 24/7 Telehealth) | Community Elite Gold 001 (Please note: this is off-exchange only, has no CSR Variations) | Community Elite HSAGold 14 (Please note: this is off-exchange only, has no CSR variations) |
| HIOS ID | 27248TX0010005 | 27248TX0010001 | NEW! 27248TX0010014 |
| Plan Basics | 2021 Gold 005 Deductible | 2021 Gold 001 Copay | NEW 2021 GoldHSA |
| Annual Deductible | \$2,000 | \$0 / \$0 | \$2,000 |
| MOOP | \$8,550 | \$8,150 | \$6,000 |
| Emergency Room Visits | 25% | \$ 700 | 20% |
| Inpatient Hospital Stay | 25% | \$ 700 | 20% |
| PCP | \$ 20 | \$ 30 | \$ 20 |
| Specialist | \$ 40 | \$ 65 | \$ 35 |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient | \$ 20 | \$ 30 | \$ 20 |
| Imaging (CT/MRI/PET) | 25% | \$ 500 | 20% |
| Speech Therapy | \$ 40 | \$ 65 | \$ 35 |
| Occupational and Physical Therapy | \$ 40 | \$ 65 | \$ 35 |
| Preventive Care/Screening/Immunization | | | |
| Laboratory Outpatient and Professional Services | \$ 20 | \$ 30 | \$ 20 |
| X-rays and Diagnostic Imaging | \$ 20 | \$ 30 | \$ 20 |
| Skilled Nursing Facility | 25% | \$ 700 | 20% |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | 25% | \$ 300 | 20% |
| Outpatient Surgery Physician/Surgical Services | 25% | \$ 300 | 20% |
| Prescription Drugs: Generics | \$10 | \$ 20 | \$5 |
| Preferred Brand | \$50 | \$ 40 | \$80 |
| Non-Preferred Brand | \$75 | \$ 80 | \$100 |
| Specialty Drugs | 35% | 30% | 40% |

2021 Important Plan Updates

- **Community Virtual Now Bronze 11 (Unlimited Free 24/7 Virtual Visits)**
 - Member enrolling in Bronze 11 will have access to Doctors on Demand (DOD) virtual providers **at no cost before deductible**
 - **Doctor on Demand includes both Primary Care and Mental and Behavioral Health Providers**
 - All other Community PCP providers are subject to deductible
 - These members will have this information printed on their ID cards along with DOD's number
 - DOD's information has been added to the Member Guide and EOC's
 - This service is only available to Bronze 11 members
 - **Teladoc will not be available to these members**

2021: 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, Bronze 10, Bronze 11 (except for DOD providers), and Gold HSA14**
- Urgent Care visits are not subject to deductible for **all plans except Bronze 008 HDHP, Bronze 10, Bronze 11, Gold HSA14**
- Generic Drugs are not subject to deductible for **all plans except Bronze 008 HDHP, Bronze 10, Bronze 11, Gold HSA14**
- Bronze 008 High Deductible Health Plan and the Gold HSA 14 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)

2021 Copay Plan

- Gold Copay 001 is moving to off-exchange only for 2021
 - All current Gold Copay 001 members will be automatically cross-walked to Gold Deductible 005 if they are not re-enrolled into another 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

2021 Plan Change Summary

- 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 mostly remain the same

2021 Base Plan Design Summary

| Plans | Deductible MOOP | Services <u>not</u> subject to deductible | | | | |
|------------------------------------|--------------------|---|--------------------|----------|--------------------|--------------------|
| | | PCP | Specialist Care | Generics | 24/7 TeleHealth | Preventive Care |
| Value Bronze 10 | \$8,550 \$8,550 | | | | ✓ | ✓ |
| Virtual Bronze 11 | \$8,550 \$8,550 | ✓ DOD only | | | | ✓ |
| Vital Bronze 003 | \$7700 \$8550 | ✓ | | ✓ | ✓ | ✓ |
| Essential Bronze HSA008 | \$7000 \$7000 | | | | | ✓ |
| Standard Preferred 009 | \$5000 \$7000 | ✓ | | ✓ | ✓ | ✓ |
| Advance Preferred 004 | \$3000 \$8550 | ✓ | ✓ | ✓ | ✓ | ✓ |
| Standard Silver | \$6,000 \$8,550 | ✓ | | ✓ | ✓ | ✓ |
| Advance Silver | \$8,550 \$8,550 | ✓ | ✓ | ✓ | ✓ | ✓ |
| Gold Elite HSA | \$2,000 \$6,000 | | | | | ✓ |
| Gold Copay Elite 001 | \$0 \$8150 | ✓ | ✓ | ✓ | ✓ | ✓ |
| Enhanced Gold 005 | \$2000 \$8550 | ✓ | ✓ | ✓ | ✓ | ✓ |

New! Member Assistance Program

(LifeWorks)

- **Member Assistance Program → MAP**
 - 24/7/365 Care Access Assistance by phone, web or mobile app
 - LifeWorks will provide access to master's level counselors to support you and your family's Member Assistance Program needs
- **Counseling**
 - Free, confidential professional counseling services
 - Each person on the policy will have access to 3 counseling sessions per plan year and per problem
 - Counseling is available in person, by telephone, by chat, and through video based support
- **Work Life Specialty Consultants**
 - Consultants are available to assist with any Legal, Financial, Child and Eldercare needs, and convenience services
 - And many more, including nutritional & weight management, education, relocation, parenting, midlife & retirement, career, and everyday issues
- **LifeWorks Mobile App and Website**
 - LifeWorks gives you easy ways to access counselors any time, as well as wellness tools that encourage you to make healthy improvements to your life
- **Online Library**
 - Library with access to clinically verified and accessible wellbeing content that supports you through every day issues related to family, health, life, money and work.

New! Active & Fit Direct / Choose Healthy

- Low-cost fitness center membership
(11,000+ gym options)
- Free daily online workouts and classes
- Activity tracking
- Lifestyle coaching on fitness, stress, sleep, nutrition

Telehealth

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

(HSA plan members: Bronze 008, Gold HSA 14 and those in Bronze 11 with access to Doctors on Demand will not have access to Teladoc)

- 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



Getting started with Teladoc



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

Online:
Go to [Teladoc.com](https://www.teladoc.com) and click "set up account".

Mobile app:
Download the app and click "Activate account". Visit [teladoc.com/mobile](https://www.teladoc.com/mobile) to download the app.

Call Teladoc:
Teladoc can help you register your account over the phone, to 469-844-3637.

SET UP YOUR ACCOUNT

Set up your account by phone (toll-free) web, mobile app or by texting "Get Started" to 469-844-3637.



2

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.



3

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web or mobile app.

Rates

Community will have separate Rate Grids for 2021 that will be separated by Metal.
An example is provided below. PDF versions will be provided.

COMMUNITY HEALTH CHOICE 2021 RATES

CommunityHealthChoice.org



| BRONZE DEDUCTIBLE PLANS | | | | | | | | | |
|-------------------------|--|---------|--|---------|---|---------|---|---------|--|
| Age Band | Community Vital Bronze 003 Plan ID 27248TX0010003 | | Community Essential Bronze 008 Plan ID 27248TX0010008 | | Community Value Bronze 10 Plan ID 27248TX0010010 | | Community Virtual Now Bronze 11 Plan ID 27248TX0010011 | | |
| | No. Tobacco | Tobacco | No. Tobacco | Tobacco | No. Tobacco | Tobacco | No. Tobacco | Tobacco | |
| 0-14 | 248.82 | 248.82 | 255.50 | 255.50 | 245.50 | 245.50 | 245.00 | 245.00 | |
| 15 | 270.94 | 270.94 | 278.21 | 278.21 | 267.32 | 267.32 | 266.78 | 266.78 | |
| 16 | 279.40 | 279.40 | 286.90 | 286.90 | 275.67 | 275.67 | 275.11 | 275.11 | |
| 17 | 287.85 | 287.85 | 295.58 | 295.58 | 284.01 | 284.01 | 283.44 | 283.44 | |
| 18 | 296.96 | 296.96 | 304.93 | 304.93 | 293.00 | 293.00 | 292.40 | 292.40 | |
| 19 | 306.07 | 306.07 | 314.28 | 314.28 | 301.98 | 301.98 | 301.37 | 301.37 | |
| 20 | 315.50 | 315.50 | 323.97 | 323.97 | 311.29 | 311.29 | 310.66 | 310.66 | |
| 21 | 325.26 | 325.26 | 333.99 | 333.99 | 320.92 | 320.92 | 320.27 | 320.27 | |
| 22 | 325.26 | 325.26 | 333.99 | 333.99 | 320.92 | 320.92 | 320.27 | 320.27 | |
| 23 | 325.26 | 325.26 | 333.99 | 333.99 | 320.92 | 320.92 | 320.27 | 320.27 | |
| 24 | 325.26 | 325.26 | 333.99 | 333.99 | 320.92 | 320.92 | 320.27 | 320.27 | |
| 25 | 326.56 | 326.56 | 335.33 | 335.33 | 322.20 | 322.20 | 321.55 | 321.55 | |
| 26 | 333.07 | 333.07 | 342.01 | 342.01 | 328.62 | 328.62 | 327.95 | 327.95 | |
| 27 | 340.87 | 340.87 | 350.02 | 350.02 | 336.32 | 336.32 | 335.64 | 335.64 | |
| 28 | 353.56 | 353.56 | 363.05 | 363.05 | 348.84 | 348.84 | 348.13 | 348.13 | |
| 29 | 363.96 | 363.96 | 373.73 | 373.73 | 359.11 | 359.11 | 358.38 | 358.38 | |
| 30 | 369.17 | 369.17 | 379.08 | 379.08 | 364.24 | 364.24 | 363.50 | 363.50 | |
| 31 | 376.98 | 376.98 | 387.09 | 387.09 | 371.94 | 371.94 | 371.19 | 371.19 | |
| 32 | 384.78 | 384.78 | 395.11 | 395.11 | 379.64 | 379.64 | 378.87 | 378.87 | |
| 33 | 389.66 | 389.66 | 400.12 | 400.12 | 384.46 | 384.46 | 383.68 | 383.68 | |
| 34 | 394.86 | 394.86 | 405.46 | 405.46 | 389.59 | 389.59 | 388.80 | 388.80 | |
| 35 | 397.47 | 397.47 | 408.14 | 408.14 | 392.16 | 392.16 | 391.37 | 391.37 | |
| 36 | 400.07 | 400.07 | 410.81 | 410.81 | 394.73 | 394.73 | 393.93 | 393.93 | |
| 37 | 402.67 | 402.67 | 413.48 | 413.48 | 397.30 | 397.30 | 396.49 | 396.49 | |
| 38 | 405.27 | 405.27 | 416.15 | 416.15 | 399.86 | 399.86 | 399.05 | 399.05 | |
| 39 | 410.48 | 410.48 | 421.49 | 421.49 | 405.00 | 405.00 | 404.18 | 404.18 | |
| 40 | 415.68 | 415.68 | 426.84 | 426.84 | 410.13 | 410.13 | 409.30 | 409.30 | |
| 41 | 423.49 | 423.49 | 434.85 | 434.85 | 417.83 | 417.83 | 416.99 | 416.99 | |
| 42 | 430.97 | 430.97 | 442.54 | 442.54 | 425.21 | 425.21 | 424.35 | 424.35 | |
| 43 | 441.38 | 441.38 | 453.22 | 453.22 | 435.87 | 435.87 | 434.60 | 434.60 | |
| 44 | 454.39 | 454.39 | 466.58 | 466.58 | 448.32 | 448.32 | 447.41 | 447.41 | |
| 45 | 469.67 | 469.67 | 482.28 | 482.28 | 463.40 | 463.40 | 462.46 | 462.46 | |
| 46 | 487.89 | 487.89 | 500.98 | 500.98 | 481.38 | 481.38 | 480.40 | 480.40 | |
| 47 | 508.38 | 508.38 | 522.03 | 522.03 | 501.59 | 501.59 | 500.58 | 500.58 | |
| 48 | 531.80 | 531.80 | 546.07 | 546.07 | 524.70 | 524.70 | 523.64 | 523.64 | |
| 49 | 554.89 | 554.89 | 569.79 | 569.79 | 547.48 | 547.48 | 546.37 | 546.37 | |
| 50 | 580.91 | 580.91 | 596.51 | 596.51 | 573.16 | 573.16 | 572.00 | 572.00 | |
| 51 | 606.61 | 606.61 | 622.89 | 622.89 | 598.51 | 598.51 | 597.30 | 597.30 | |
| 52 | 634.91 | 634.91 | 651.95 | 651.95 | 626.43 | 626.43 | 625.16 | 625.16 | |
| 53 | 663.53 | 663.53 | 681.34 | 681.34 | 654.67 | 654.67 | 653.34 | 653.34 | |
| 54 | 694.43 | 694.43 | 713.07 | 713.07 | 685.16 | 685.16 | 683.77 | 683.77 | |
| 55 | 725.33 | 725.33 | 744.80 | 744.80 | 715.64 | 715.64 | 714.19 | 714.19 | |
| 56 | 758.83 | 758.83 | 779.20 | 779.20 | 748.70 | 748.70 | 747.18 | 747.18 | |
| 57 | 792.66 | 792.66 | 813.93 | 813.93 | 782.07 | 782.07 | 780.49 | 780.49 | |
| 58 | 828.76 | 828.76 | 851.01 | 851.01 | 817.70 | 817.70 | 816.04 | 816.04 | |
| 59 | 866.65 | 866.65 | 889.37 | 889.37 | 855.35 | 855.35 | 853.65 | 853.65 | |
| 60 | 882.75 | 882.75 | 906.45 | 906.45 | 870.97 | 870.97 | 869.20 | 869.20 | |
| 61 | 913.98 | 913.98 | 938.51 | 938.51 | 901.78 | 901.78 | 899.95 | 899.95 | |
| 62 | 934.47 | 934.47 | 959.55 | 959.55 | 921.99 | 921.99 | 920.12 | 920.12 | |
| 63 | 960.16 | 960.16 | 985.94 | 985.94 | 947.35 | 947.35 | 945.43 | 945.43 | |
| 64 & over | 975.78 | 975.78 | 1001.97 | 1001.97 | 962.75 | 962.75 | 960.80 | 960.80 | |

Service area and Network

Network Updates for 2021

IMPORTANT

- **ALL** plans will utilize the **Community** network of providers
- **New!** Doctor on Demand will provide Tier 1 Primary Care services to enrollees in Bronze 11 plan.

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

2021 Service Area



Plan Service Area

20 Counties

**Austin
Brazoria
Chambers
Fort Bend
Galveston
Hardin
Harris
Jasper
Jefferson
Liberty**

**Matagorda
Montgomery
Newton
Orange
Polk
San Jacinto
Tyler
Walker
Waller
Wharton**

**CHIP, STAR, and Marketplace
products are now offered in the same
20-county service area.**

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

2021 Network/Ancillary Network Updates

- Community will continue to offer its current network for all plans
- **New!** Doctor on Demand will provide Tier 1 Primary Care services to enrollees in Bronze 11 plan.
- Navitus will continue to be our pharmacy vendor
- Rx mail-order vendor: Kroger
- Envolve Vision (only children 18 and under)
- Community Health Choice Behavioral Health Services
- Telehealth – Teladoc will be Telehealth provider (HSA plan members and those with access to Doctors on Demand will not have access to Teladoc)
- **New!** LifeWorks: Community will offer Member Assistance Program through Life Works (see slide on LifeWorks)
- **New!** Active Fit Direct / Choose Healthy: Member Fitness Program (see slide on Active Fit Direct / Choose Healthy)
- 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

Provider Search

STEPS

1 PLAN 2 LOCATION 3 PROVIDER

FIND A DOCTOR

FIND A DOCTOR

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 I expect to be seen by a specialist?
- What services do not need a referral?
- How can I 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?

STAR Harris Primary Care Provider Directory
STAR Jefferson Primary Care Provider Directory
CHIP and CHIP Perinatal Combined Full Directory
CHIP Perinatal Only Full Directory

**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

STEPS

1 PLAN 2 LOCATION 3 PROVIDER

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 MARKETPLACE

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

Provider Search

STEPS

1
PLAN

2
LOCATION

3
PROVIDER

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

Español

Step 3: Enter a Location

This can be an address or a zip code.
You will select “Validate” then “Next”

STEPS

1
PLAN

2
LOCATION

3
PROVIDER

ENTER YOUR CURRENT LOCATION

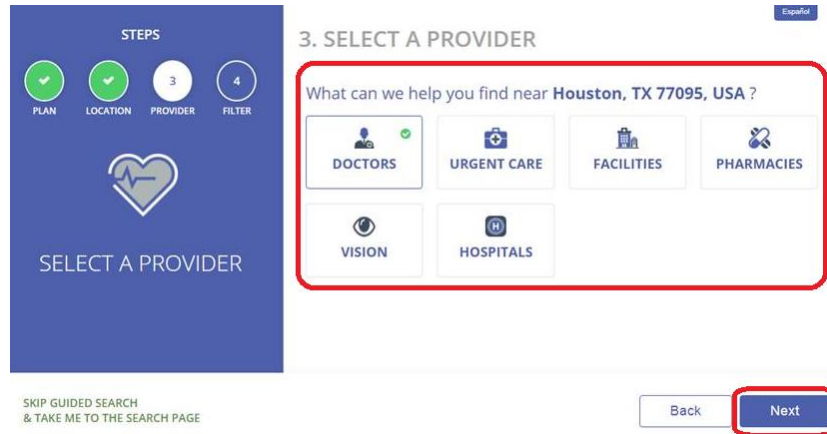
2. ENTER YOUR CURRENT LOCATION

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.

SKIP GUIDED SEARCH
& TAKE ME TO THE SEARCH PAGE

Español

Provider Search



STEPS

PLAN LOCATION PROVIDER FILTER

3. SELECT A PROVIDER

What can we help you find near **Houston, TX 77095, USA** ?

DOCTORS URGENT CARE FACILITIES PHARMACIES

VISION HOSPITALS

SKIP GUIDED SEARCH & TAKE ME TO THE SEARCH PAGE

Back Next

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

Please note that Behavioral Health providers are listed as “Specialists”



STEPS

PLAN LOCATION PROVIDER FILTER

4. FILTER

Doctors

Are you looking for a Primary Care Physician or a Specialist?

PRIMARY CARE PHYSICIAN

A Primary Care Physician, also known as a PCP, is a general doctor you go to first when you are concerned about your health. PCPs are trained to treat a wide variety of illnesses and help you prevent illness in the first place. If you need special care for a certain illness, your PCP may refer you to a specialist.

SPECIALIST

A Specialist is a doctor who treats a certain part of the body or a particular illness. Your Primary Care Physician (PCP) can help you decide if you need to see a Specialist.

Psychology

SKIP GUIDED SEARCH & TAKE ME TO THE SEARCH PAGE

Back Search

Provider Search

- **Step 5:** Review or change search criteria including:
- Plan
- Provider
- Location
- Mileage
- Provider Type
- Expanding/Searching Map

COMMUNITY HEALTH CHOICE

SEARCH PLAN PROVIDER LOCATION

COMMUNITY Hospitals Houston, TX 77054, USA Within 5 miles Search

Start a new search

(14) Search results for Hospitals within 5 miles of Houston, TX 77054, USA

PRINT

| Name | Address | Distance |
|---|--|--|
| The Womens Hospital Of Texas | 7600 Fannin St Houston, TX 77054 (713) 790-1234 Website | 0.62 Miles Directions |
| Texas Orthopedic Hospital | 7401 S Main St Houston, TX 77030 (713) 799-8600 Website | 1.13 Miles Directions |
| St Lukes Diagnostic Treatment Center - Kirby Glen | 2457 S Braeswood Houston, TX 77030 (832) 355-7100 Website | 1.33 Miles Directions |

Did you know

Open Enrollment runs from November 1 through December 15. Sign up for coverage today!

Teladoc is a covered benefit. You can talk to a doctor 24/7 from anywhere by phone, web, or mobile app. You can get treatment and fill prescriptions

Enrollment



*Open Enrollment begins
November 1, 2020!*

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 Plan Updates

- **Gold 001 and Gold 14 HSA will not be offered on-exchange (not available through Healthcare.gov)**
- **Gold 001**
 - Gold 001 will be offered off-exchange **only** in 2021
 - Will not have an on-exchange, limited, zero cost variation plans
 - **Important: All 2020 Gold 001 members will be passively re-enrolled in Gold 005 for plan year 2021**
- **Gold 14 HSA**
 - Gold 14 HSA will be offered off-exchange **only** in 2021
 - This plan is geared towards small employer group employees who are looking for richer HSA benefit design on the individual market

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 plan will receive two notices regarding coverage:
 1. One from Community outlining premiums and benefit changes
 2. One from CMS explaining the open enrollment process
- If a current member takes no action, the member will “passively renew” into a 2021 Community plan (with the exception of Gold Copay 001 members who are cross-walked to Gold Deductible 005)
- If a current member takes action and updates their application on Healthcare.gov then they will need to select a 2021 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

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

Reminders for Brokers

- Acknowledgement that enrollment may affect taxes next year and that tax filing is required when receiving APTC
- Civil money penalties for provision of false information to the Marketplace: 45 C.F.R. §§155.220(k)(1)(ii) and 155.285
- Other state regulations:
 - 28 TAC§ 21.104 – Requirement of Identification of Policy or Insurer
 - 28 TAC§ 21.105 – Description of Benefits, Coverage, and Policy Provisions
 - 28 TAC§ 21.112 – General Prohibition
 - 28 TAC§ 21.121 – Lead Solicitations

Key Dates Reminder

| | |
|-------------------|--------------------------------------|
| November 1, 2020 | Open Enrollment Begins |
| December 15, 2020 | Last official day of open enrollment |
| January 1, 2021 | 2021 Health Coverage Begins |

Next Steps

- Complete CMS training
- Take Community Quiz via web link that will be provided to you following the training presentation. If you are an Agency sub-agent, please be sure to enter the Agency name in the required field on the quiz
- Complete the Training Attestation and submit to Agent.Credentialing@CommunityCares.com- If you are an Agency sub-agent, please be sure to enter the Agency name in the required field on the attestation form
- Please make sure that your name and NPN matches on all documents submitted
- Submit any missing paperwork-
 - A checklist of requirements will be provided to assist in returning required documents
 - New Agents: Agreement, BAA, W9 (if Independent Agent)
 - Returning Agents: Updated Demographic/Contact information including Email, Updated W9 (if necessary), Updated E&O Certificate (if expired), Quiz & Attestation, 2021 First Amendment Application Agreement Addendum



- 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
- Be sure to include any questions you may have in the body of your email.