

Health Insurance Marketplace

2022 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
- 2022 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
- Billing, Payment and Enrollment
- 2022 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 (If Agency sub-agent, Agency W9 will be utilized)

Broker Appointment

Error and Omissions Policy

- For our Agency Partners- Community Health Choice will accept individual agent E & O coverage for your downline/sub-agents.
- Community does not 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-** Acceptable E & O must meet the following criteria:
 - The Agent/Sub-Agent E & O policy must be in their name. If an LLC, the policy must reference the Agent/Sub-Agent name
 - If E & O is provided by the Agency, 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 - 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
- Please maintain a copy of the quiz for your records including your NAME and NPN pages
- 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 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 2022

- **Post Training** - all agents will complete the 2022 Benefit quiz and return the completed Broker Training Attestation form along with any other required documents
- Submit all required documents back to Agent Credentialing at Agent.Credentialing@CommunityCares.com
- For Agency sub-agents, commissions are payable to you by your Agency directly and the Agency will provide you a Form 1099 annually

Agent of Record

- On-Exchange business bulk transfer process is not currently in place per CMS
- Consent required by each consumer (AOR form) before you can proceed to:
 - conduct an online person search
 - assist with completing a Marketplace application
 - assist with plan selection and enrollment
 - assist with account/enrollment maintenance via Direct Enrollment Pathway
- Off-Exchange member AOR changes can be completed with proper form

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>

Billing, Payment and Enrollment

Billing, Payment and Enrollment

- A cloud-based service is responsible for handling Community's enrollments and invoicing needs
- 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
- Members must select a Primary Care Physician (PCP), or 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 and include payment coupon from invoice (**must include** subscriber ID or monies cannot be applied)
- **Forms of Payment Accepted:**
 - Checking/Savings account draft
 - 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.

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). Please note, if this amount is less than what is due, they will go into Grace Period.

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

- Member's 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 3 month grace period **only after** the binder payment has been made in full to effectuate coverage
- Members who do not have APTC receive a one month 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 nonpayment. **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 three-month grace period
- Non-APTC Members receive a one-month 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 2022 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 9.61% 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 2022
- 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

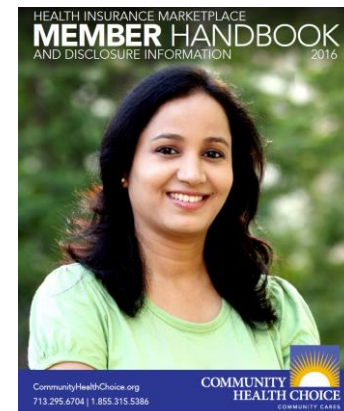
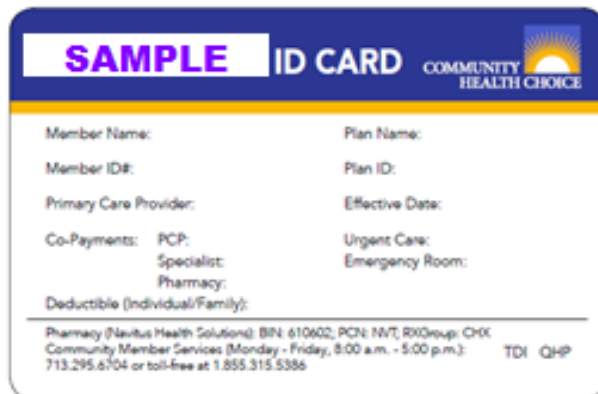
- Pay \$0 copays or 0% coinsurance at Indian Health Service Providers* only
 - Gold Limited Cost Sharing
 - Silver Limited Cost Sharing
 - Bronze Limited Cost Sharing

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

Open Enrollment Timeline

November 1, 2021	Open Enrollment Begins
January 15, 2022*	Last official day of Open Enrollment
January 1, 2022	2022 Health Coverage Begins

*Enrollments received after December 15, 2021 will have a February 1, 2022 effective date



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

2022 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



Overview of PY 2022

Total Number of Plans in 2022: 11

- 4 Bronze (003, 008, 010, 011)
- 4 Silver (004, 012, 013, 015)
- 3 Gold (001, 005 (off-ex), 014 (off-ex))

Important Plan Changes:

- **Silver 009 is being discontinued**
- **New!** Silver 15 plan

2022 BRONZE PLANS

	Bronze			
Highlighted values are not subject to deductible/ Red font indicates the cost-sharing has been updated	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	2022 Bronze 003	2022 Bronze 008 HSAHDHP	2022 Bronze 010	2022 Virtual Plan 011
Annual Deductible	\$7,700	\$ 7,000	\$ 8,700	\$ 8,700
MOOP	\$8,700	\$ 7,000	\$ 8,700	\$ 8,700
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 Services	\$ 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

2022 SILVER PLANS

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Community Advance Preferred Silver 004 (No deductible PCP, Specialists, Urgent Care & Generics, Free 24/7 Telehealth)

HIOS ID	27248TX0010004			
Plan Basics	2022 Silver Deductible 004	2022 Silver Deductible 73	2022 Silver Deductible 87	2020 Silver Deductible 94
Annual Deductible	\$3,000	\$2,900	\$0	\$0
MOOP	\$8,700	\$6,900	\$2,900	\$2,900
Emergency Room Visits	40%	40%	40%	10%
Inpatient Hospital Stay	40%	40%	40%	10%
PCP	\$ 30	\$ 30	\$ 25	\$ 10
Specialist	\$ 60	\$ 60	\$ 50	\$ 20
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$ 30	\$ 30	\$ 25	\$ 10
Imaging (CT/MRI/PET)	40%	40%	40%	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	40%	40%	40%	10%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	40%	40%	10%
Outpatient Surgery Physician/Surgical Services	40%	40%	40%	10%
Prescription Drugs: Generics	\$ 10	\$ 10	\$ 10	\$ 5
Preferred Brand	\$ 70	\$ 60	\$ 50	\$ 20
Non-Preferred Brand	\$ 110	\$ 100	\$ 85	\$ 40
Specialty Drugs	50%	40%	30%	20%

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	2022 Silver Deductible 12	2022 Silver Deductible 73	2022 Silver Deductible 87	2022 Silver Deductible 94
Annual Deductible	\$6,000	\$2,500	\$500	\$0
MOOP	\$8,700	\$6,950	\$2,850	\$2,750
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 Services	\$ 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%

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	2022 Silver Deductible 13	2022 Silver Deductible 73	2022 Silver Deductible 87	2022 Silver Deductible 94
Annual Deductible	\$8,700	\$6,800	\$2,300	\$750
MOOP	\$8,700	\$6,800	\$2,300	\$750
Emergency Room Visits	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Inpatient Hospital Stay	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
PCP	\$ 30	\$ 10	\$ 10	\$ 5
Specialist	\$ 60	\$ 15	\$ 15	\$ 10
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$ 30	\$ 10	\$ 10	\$ 5
Imaging (CT/MRI/PET)	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Speech Therapy	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Occupational and Physical Therapy	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Preventive Care/Screening/Immunization	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Laboratory Outpatient and Professional Services	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
X-rays and Diagnostic Imaging	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Skilled Nursing Facility	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Outpatient Surgery Physician/Surgical Services	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Prescription Drugs: Generics	\$ 10	\$ 5	\$ 5	\$ 5
Preferred Brand	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Non-Preferred Brand	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Specialty Drugs	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible

NEW Plan added for 2022!! Current Members in Cost Share 009 Plans will be Auto Enrolled into a new Silver 15 Plan Variation

Highlighted values are not subject to deductible/ Red font indicates the cost-sharing has been updated		NEW! PY2022 Community Silver 15 (Limited Network)	
HIOS ID	27248TX0010015		
Plan Basics	2022 Silver Deductible 15 Tier 1	Tier 2	
Annual Deductible	\$4,000	\$8,700	
MOOP	\$8,700	\$8,700	
Emergency Room Visits	50%	No charge after deductible	
Inpatient Hospital Stay	50%	No charge after deductible	
PCP	\$0	No charge after deductible	
Specialist	\$40	No charge after deductible	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$0	No charge after deductible	
Imaging (CT/MRI/PET)	30%	No charge after deductible	
Speech Therapy	\$40	No charge after deductible	
Occupational and Physical Therapy	\$40	No charge after deductible	
Preventive Care/Screening/Immunization			
Laboratory Outpatient and Professional Services	\$20	No charge after deductible	
X-rays and Diagnostic Imaging	\$20	No charge after deductible	
Skilled Nursing Facility	100% after deduc.	No charge after deductible	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%	No charge after deductible	
Outpatient Surgery Physician/Surgical Services	30%	No charge after deductible	
Prescription Drugs: Generics	\$ 10	No charge after deductible	
Preferred Brand	\$ 80	No charge after deductible	
Non-Preferred Brand	30%	No charge after deductible	
Specialty Drugs	50%	No charge after deductible	

NEW Plan added for 2022!! Current Members in Cost Share 009 Plans will be Auto Enrolled into a new Silver 15 Plan Variation

Highlighted values are not subject to deductible/ Red font indicates the cost-sharing has been updated	<p>NEW! PY2022</p> <p>Community Silver 15 (Limited Network)</p>					
HIOSID						
Plan Basics	2022 Silver Deductible 15 73-Tier 1	Tier 2	2022 Silver Deductible 15 87-Tier 1	Tier 2	2022 Silver Deductible 15 94-Tier 1	Tier 2
Annual Deductible	\$2,200	\$6,800	\$0	\$2,900	\$0	\$1,100
MOOP	\$6,800	\$6,800	\$2,900	\$2,900	\$1,100	\$1,100
Emergency Room Visits	30%	No charge after deductible	25%	No charge after deductible	10%	No charge after deductible
Inpatient Hospital Stay	30%	No charge after deductible	25%	No charge after deductible	10%	No charge after deductible
PCP	\$ -	No charge after deductible	\$ -	No charge after deductible	\$ -	No charge after deductible
Specialist	\$ 20	No charge after deductible	\$ 20	No charge after deductible	\$ 5	No charge after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$ -	No charge after deductible	\$ -	No charge after deductible	\$ -	No charge after deductible
Imaging (CT/MRI/PET)	20%	No charge after deductible	20%	No charge after deductible	10%	No charge after deductible
Speech Therapy	\$20	No charge after deductible	\$20	No charge after deductible	\$10	No charge after deductible
Occupational and Physical Therapy	\$20	No charge after deductible	\$20	No charge after deductible	\$10	No charge after deductible
Preventive Care/Screening/Immunization						
Laboratory Outpatient and Professional Services	\$20	No charge after deductible	\$10	No charge after deductible	\$5	No charge after deductible
X-rays and Diagnostic Imaging	\$20	No charge after deductible	\$10	No charge after deductible	\$5	No charge after deductible
Skilled Nursing Facility	100% after deduc.	No charge after deductible	100% after deduc.	No charge after deductible	100% after deduc.	No charge after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20%	No charge after deductible	15%	No charge after deductible	10%	No charge after deductible
Outpatient Surgery Physician/Surgical Services	20%	No charge after deductible	15%	No charge after deductible	10%	No charge after deductible
Prescription Drugs: Generics	\$ 10	No charge after deductible	\$ 10	No charge after deductible	\$ 5	No charge after deductible
Preferred Brand	\$ 80	No charge after deductible	\$ 80	No charge after deductible	\$ 20	No charge after deductible
Non-Preferred Brand	30%	No charge after deductible	30%	No charge after deductible	25%	No charge after deductible
Specialty Drugs	50%	No charge after deductible	40%	No charge after deductible	25%	No charge after deductible

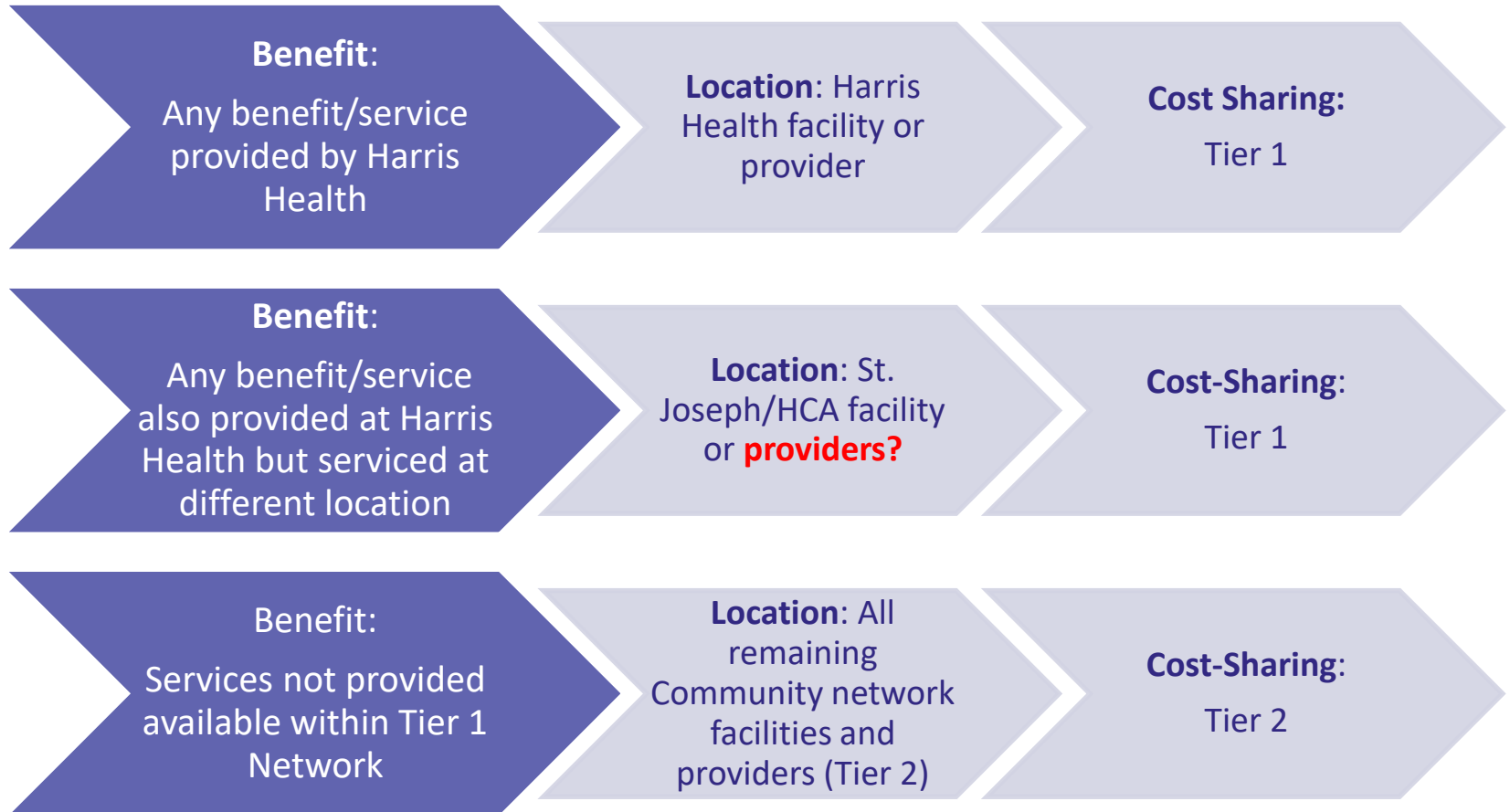
Silver 15 Benefit Structure

Benefits	Cost Sharing Levels	
	Tier 1	Tier 2
Facility Charges	Harris Health, St. Joseph's, HCA	All other facilities
Provider Charges*	UT Physicians, AMS-Baylor	All other providers
Deductible	\$4,000	\$8,700
MOOP	\$8,700	
PCP	\$0	No Charge After Deductible
Specialist	\$40	No Charge After Deductible
Generics	\$10	No Charge After Deductible
ER	50% Coins. After Deductible	No Charge After Deductible
Hospice**	100% coinsurance After Deductible (Shows up as "Benefit Not Covered" on HC.gov)	No Charge After Deductible

* Any provider at Harris Health facility is covered at Tier 1

** Private duty nursing, urgent care, home health, skilled nursing facility, habilitation, chiropractic care, DME, hearing aids, eye glasses for children, transplant

Example of Cost-Sharing for Silver 15



2022 GOLD PLANS

	Gold		
Highlighted values are not subject to deductible/ Red font indicates the cost-sharing has been updated	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	27248TX0010014
Plan Basics	2022 Gold 005 Deductible	2022 Gold 001 Copay	NEW 2022 Gold HSA
Annual Deductible	\$2,000	\$0 / \$0	\$2,000
MOOP	\$8,700	\$8,700	\$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%

2022 Plan Information

- 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**

2022 Deductible Plans

- 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)

2022 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

2022 Plan Change Summary

- The cost-sharing changes were to meet CMS requirements/updated guidelines
- MOOPS/Deductibles updated per CMS regulations
- Cost-sharing for PCP, Specialist, Labs, X-rays, Urgent Care cost-sharing mostly remain the same

Rates

Community will have separate Rate Grids for 2022 that will be separated by Metal.
An example is provided below. PDF versions will be provided.

COMMUNITY HEALTH CHOICE 2022 RATES

Rates for Rating Area 10: Harris, Montgomery, Waller, Fort Bend, Galveston,
Brazoria, Chambers, Liberty, Austin, San Jacinto

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	212.34	212.34	217.03	217.03	201.46	201.46	200.07	200.07
15	231.22	231.22	236.33	236.33	219.36	219.36	217.85	217.85
16	238.43	238.43	243.70	243.70	226.21	226.21	224.65	224.65
17	245.65	245.65	251.08	251.08	233.06	233.06	231.45	231.45
18	253.42	253.42	259.02	259.02	240.43	240.43	238.78	238.78
19	261.19	261.19	266.97	266.97	247.80	247.80	246.10	246.10
20	269.24	269.24	275.19	275.19	255.44	255.44	253.68	253.68
21	277.57	333.08	283.70	340.45	263.34	316.01	261.53	313.83
22	277.57	333.08	283.70	340.45	263.34	316.01	261.53	313.83
23	277.57	333.08	283.70	340.45	263.34	316.01	261.53	313.83
24	277.57	333.08	283.70	340.45	263.34	316.01	261.53	313.83
25	278.68	334.42	284.84	341.81	264.39	317.27	262.57	315.09
26	284.43	341.08	290.81	348.62	269.66	323.59	267.81	321.37
27	290.89	349.07	297.92	356.79	275.98	331.18	274.08	328.90
28	301.72	362.06	308.39	370.06	286.25	343.50	284.28	341.14
29	310.60	372.72	317.47	380.96	294.68	353.62	292.65	351.18
30	315.04	378.05	322.00	386.41	298.89	358.67	296.83	356.20
31	321.70	386.05	328.81	394.58	305.21	366.26	303.11	363.73
32	328.37	394.04	335.62	402.75	311.53	373.84	309.39	371.27
33	332.53	399.04	339.88	407.85	315.48	378.58	313.31	375.97
34	336.97	404.36	344.42	413.30	319.70	383.64	317.50	380.99
35	339.19	407.03	346.69	416.02	321.80	386.16	319.59	383.51
36	341.41	409.69	348.96	418.75	323.91	388.69	321.68	386.02
37	343.63	412.36	351.23	421.47	326.02	391.22	323.77	388.53
38	345.85	415.02	353.50	424.20	328.12	393.75	325.86	391.04
39	350.29	420.35	358.04	429.64	332.34	398.80	330.05	396.06
40	354.74	425.68	362.57	435.09	336.55	403.86	334.23	401.08
41	361.40	433.68	369.38	443.26	342.87	411.44	340.51	408.61
42	367.78	441.34	375.91	451.09	348.93	418.71	346.53	415.83
43	376.66	452.00	384.99	461.98	357.35	428.83	354.89	425.87
44	387.77	465.32	396.34	475.60	367.89	441.47	365.36	438.43
45	400.81	480.97	409.67	491.60	380.27	456.32	377.65	453.18
46	416.36	499.63	425.56	510.67	395.01	474.01	392.29	470.75
47	433.84	520.61	443.43	532.12	411.60	493.92	408.77	490.52
48	453.83	544.59	463.86	556.63	430.56	516.68	427.60	513.12
49	473.54	568.24	484.00	580.80	449.26	546.17	446.17	535.40
50	495.74	594.89	506.70	608.04	470.33	564.39	467.09	560.51
51	517.67	621.20	529.11	634.93	491.13	589.36	487.75	585.30
52	541.82	650.18	553.79	664.55	514.04	616.85	510.50	612.60
53	566.24	679.49	578.76	694.51	537.22	644.66	533.52	640.22
54	592.61	711.14	605.71	726.85	562.23	674.68	558.36	670.04
55	618.98	742.78	632.66	759.19	587.25	704.70	583.21	699.85
56	647.57	777.09	661.88	794.26	614.38	737.25	610.15	732.18
57	676.44	811.73	691.39	829.67	641.76	770.12	637.35	764.81
58	707.25	848.70	722.88	867.46	670.99	805.19	666.37	799.65
59	722.52	867.02	738.48	886.18	685.48	822.57	680.76	816.91
60	753.33	903.99	769.97	923.97	714.71	857.65	709.79	851.75
61	779.97	935.97	797.21	956.65	739.99	887.99	734.90	881.87
62	797.46	956.95	815.08	978.10	756.58	907.90	751.37	901.65
63	819.39	983.27	837.50	1005.00	777.38	932.86	772.03	926.44
64 & over	832.71	999.24	851.19	1021.34	790.02	948.93	784.59	941.49

2022 Health Risk Assessment Premium Discount Update

- *10% Premium Discount will NOT be offered*
- *Premiums Competitively Priced for 2022 without discount*

Plan Name	Rate Change from 2021 to 2022
Elite HSA Gold 014	-3%
Elite Gold 001	-6%
Enhanced Gold 005	-4%
Silver Advance 013	-2%
Silver Standard 012	-2%
Silver Advance 004	-1%
Silver 15	-14%
Virtual Bronze 011	-11%
Value Bronze 010	-10%
Essential Bronze 008	-7%
Vital Bronze 003	-7%

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.

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.

Service Area and Network

Network Updates for 2022

IMPORTANT

- Bronze 11 and Silver 15 are tiered networks. Doctor on Demand will provide Tier 1 Primary Care Services at no charge
- Silver 15 plan has Harris Health, HCA, and St. Joseph at Tier 1 lower cost-sharing. The rest of the Community network is available to these members but at a higher cost sharing level.
- **PLEASE NOTE: Methodist is not available to Bronze members for PY2022; In Network for all other Community Plans.**

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

2022 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

*Houston Methodist is **not** available for Bronze members for PY 2022; In-Network for all other Community plans

2022 Network/Ancillary Network Updates

- Silver 15 plan has tiered benefits
- 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)
- 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**

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

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

3. SELECT A PROVIDER

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

DOCTORS URGENT CARE FACILITIES PHARMACIES

VISION HOSPITALS

Back Next

SKIP GUIDED SEARCH & TAKE ME TO THE SEARCH PAGE

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

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

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


Back Search


SKIP GUIDED SEARCH & TAKE ME TO THE SEARCH PAGE


Provider Search


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





SEARCH 

PLAN 


PROVIDER 


LOCATION 

COMMUNITY 

Hospitals 

Houston, TX 77054, USA


Within 5 

Search 

Start a new search

Vision

Behavioral Health



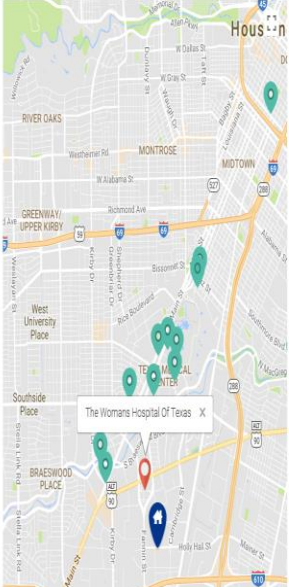
Did you know

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

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

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



Enrollment

Open Enrollment begins November 1, 2021!



On Exchange- New Enrollment Platform



- Partnership with HealthSherpa
- Enhanced Direct Enrollment
- No longer have to redirect to Healthcare.gov
- Existing Agents- accounts created based on email address on file with Community
- Only Community plans will be visible
- Watch your email for account setup/log in information this week
- Existing HealthSherpa users- if using same email address as email on file with Community, alternate email will have to be provided

On Exchange-

- On Exchange enrollment can be completed through HealthSherpa, 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 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 2022 Community plan (Silver 009 members will be passively reenrolled into Silver 15)
- If a current member acts and updates their application on Healthcare.gov then they will need to select a 2022 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

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

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, 2021	Open Enrollment Begins
January 15, 2022*	Last official day of Open Enrollment
January 1, 2022	2022 Health Coverage Begins

*Enrollments received after December 15, 2021 will have a February 1, 2022 effective date

Next Steps

- **Post Training** - all agents will complete the 2022 Benefit quiz and return the completed Broker Training Attestation form along with any other required documents
- As a sub-agent, please be sure to enter the Agency name in the required field on the quiz and in the broker training attestation form
- Submit all required documents back to Community Agent Credentialing at Agent.Credentialing@communitycares.com
- Please make sure that your name and NPN matches on all documents submitted
- Complete CMS 2022 Agent Training
- Broker Portal- log in to your Broker Portal account prior to Nov. 1 to validate your account access

Community Health Choice Required Appointment Approval Documents Checklist

Community Health Choice Required Appointment Approval Documents Checklist

To ensure timely appointment approval, please review and update checklist to submit form including all required documents.

New Agency/Independent Agent

- ☐ Copy of CMS Certificate
- ☐ Broker Training Quiz
- ☐ Copy of TDI License
- ☐ E&O Insurance
- ☐ Agency/Independent Agent Application
- ☐ Business Associate Addendum
- ☐ Independent Agent/Agency Attestation Form
- ☐ W9 Form

New Sub-agent

- ☐ Copy of CMS Certificate
- ☐ Broker Training Quiz
- ☐ Copy of TDI License
- ☐ E&O Insurance
- ☐ Agency Application
- ☐ Attestation Form

Returning Agent

- ☐ Copy of CMS Certificate
- ☐ Broker Training Quiz
- ☐ Independent Agent/Agency Attestation Form

Agent/Agency Name: _____

Agent/Agency NPN-TIN: _____

Date: _____

2022 Agency Application- New Sub-Agents

Application/Agreement

for Appointment of an Agency - Marketplace



Note: Completion of this form does not guarantee appointment as an Agency for Community Health Choice, Inc. (Community). Community reserves the right to refuse appointment of an Agency or cancellation of this Agreement at any time, with or without cause, in its sole discretion.

Agency shall mean "Corporation" as defined in Section 4001.003 (3) of the Texas Insurance Code.
Agent shall mean "Agent" as defined in Section 4001.003 (1) of the Texas Insurance Code.
Applicant shall mean the entity or individual contracting with Community under this Application, as applicable.

Please print legibly to avoid processing delays.

APPLICANT INFORMATION

Applicant Name (Last/First/MI): _____

Date of Birth: _____ SSN: _____ Gender: ☐ Male ☐ Female

Residential Street Address: _____

City/State/ZIP: _____

How long at your current residence? Years: _____ Months: _____

(Provide former address if you have lived at your current address less than 2 years.)

Former Street Address: _____

City/State/ZIP: _____

Applicant Business Street Address: _____

City/State/ZIP: _____

Business Phone # _____ Business Fax # _____ Cell Phone # _____

Email Address: _____

Agency Name: _____

Principal Agent Name: _____

Agency Street Address: _____

City/State/ZIP: _____

Agency Tax ID # _____

Agency Phone # _____ Agency Fax # _____ Principal Agent Cell Phone # _____

Agency Email Address: _____ Principal Agent Email: _____

Please provide the following required documentation with your application:

CMS Certificate	Agency W-9 Tax Form
TX Department of Insurance License	Agency Errors and Omissions Policy

Applicant:

I certify that I am an Agent acting on behalf of _____
(Agency). (Commissions will be paid to the Agency directly unless otherwise agreed to by the parties to this Agency Agreement in writing)

Applicant Signature: _____ Date: _____

2022 Agency Application- New Sub-Agents

Application/Agreement

for Appointment of an Agency - Marketplace



A. QUESTIONNAIRE (Please respond to all questions for you personally and any organization over which you have exercised control. If you answer "Yes" to any questions, you must attach an explanation with all relevant information and supporting documentation.)

1. Are you currently a registered representative with FINRA (Financial Industry Regulatory Authority)?
☐ Yes ☐ No
2. A) Do you satisfy FFM registration and training requirements for the State of Texas? ☐ Yes ☐ No
B) Is your Agency (Agent license in good standing)? ☐ Yes ☐ No
C) Are you willing to execute the FFM data Privacy/Security Agreement? ☐ Yes ☐ No
D) Have you ever had an insurance and/or securities license or registration under another name?
☐ Yes ☐ No
If yes, please provide that name: _____
3. Have you ever been discharged or permitted to resign from your employment appointment because you were accused of fraud or wrongful taking of property, violating investment-related or insurance-related statutes, regulations, rules or industry standards of conduct, or violating company rules?
☐ Yes ☐ No
4. Within the past 10 years, have you ever initiated bankruptcy proceedings or declared bankruptcy?
☐ Yes ☐ No
5. Do you have any knowledge of an indebtedness to an insurance carrier or financial organization that involves yourself or an organization you have been associated with, or do you have any unsatisfied liens or judgments? ☐ Yes ☐ No
6. Within the past 10 years, has any insurance carrier canceled your contract or appointment for any reason other than lack of production? ☐ Yes ☐ No
7. Within the past 10 years, have you ever had a complaint filed against you that resulted in a fine, penalty, censure, cease and desist order, consent order or disciplinary action? ☐ Yes ☐ No
8. With the exception of routine traffic violations, have you ever been charged with, convicted of or pled guilty or nolo contendere (no contest) to a misdemeanor or felony? ☐ Yes ☐ No
9. Are you involved in any pending or current litigation, investigations, complaints, or ESO claims or has any ESO carrier denied, paid claims on, or canceled your coverage? ☐ Yes ☐ No
10. Have you ever been named as a defendant or codefendant in a lawsuit, or have you ever sued or been sued by an insurance company? ☐ Yes ☐ No
11. Has a bonding company ever denied, paid out on, or revoked a surety or fidelity bond for you, or is there any reason you cannot secure a bond? ☐ Yes ☐ No
12. Have you ever been charged with or convicted of or pled guilty or nolo contendere (no contest) to violating state insurance department, federal or state securities, or investment-related regulations or statutes, or have you ever had your insurance license or securities registration suspended, revoked, investigated, audited or had a license denied? ☐ Yes ☐ No

If you answer "Yes" to any question above, you must attach an explanation with all relevant information and supporting documentation.

2022 Agency Application- New Sub-Agents

Application/Agreement

for Appointment of an Agency - Marketplace



THIS AGENCY AGREEMENT ("Agreement"), dated as of [redacted], 20 [redacted], is made and entered into by and between Community Health Choice, Inc., a non-profit corporation licensed as a health maintenance organization, under the laws of the State of Texas ("Community") and "Agency" as defined by Sections 4001.003 (3) and (1), respectively, of the Texas Insurance Code.

Applicant requests to place contracts of insurance through Agents represented by Agency. The Applicant will be paid directly by Community as set forth in Section 2 herein.

Applicant will provide supporting documentation of proof of Agency and an accurate and updated list of Agents working on behalf of Agency to Community. Agency shall hold a valid Errors and Omissions policy covering all active agents under the Agreement, or Agency shall require each individual agent to hold a valid Errors and Omissions policy. Agency assumes full responsibility for maintaining an accurate and updated list with Community and for all payments made by Community in reliance on the list provided by Agency. Community is not responsible for any inaccurate payments made in reliance on the list provided by Agency.

In consideration of the mutual promises contained in this Agreement, it is agreed as follows:

1. Authority. Applicant has authority, pursuant to the terms of this Agreement, to submit accounts or risks for the purpose of placement and procurement of insurance coverage with insurers and utilizing the underwriting facilities, knowledge, and services offered. This Agreement, and the relationship between the parties and their officers and employees, is not intended, and will not be construed, to create a partnership, joint venture or employment relationship between Community and Applicant. Applicant is for all purposes an independent contractor. Applicant will act in accordance with any insurer's policies and administrative guidelines that are known or should be known to the Applicant including, but not limited to, Applicant's practices regarding issuance of certificates and other evidence of insurance to individuals. Applicant, in its sole discretion, will judge whether to accept, reject or submit to insurer for acceptance any applications of insurance submitted by itself or an Agent, on its behalf, and will incur no liability for failure to place any such risk. Nothing in this Agreement shall place Applicant or Community under any obligation to accept any proposal or new business or the renewal of existing business.

2. Compensation and Commissions.

(a) Commissions. All commissions shall be paid directly by Community to Applicant unless otherwise agreed to by the parties in writing. Community will not be liable for any payments due to Agents by or on behalf of Agency.

(b) Compensation. Community agrees to pay the Applicant based on an amount and Compensation Schedule, which is incorporated by this reference, established and communicated annually by Community.

3. Confidentiality. The parties to this Agreement hereby represent and acknowledge to each other that in the course of the performance of their respective obligations, they will each make available to the other party certain information pertaining to each party's business and operations

("Information"). Each party hereby agrees that a condition to being provided the information, that neither party will use any information except in connection with the performance of duties

Agent Application/Agreement
10072020

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2022 Agency Application- New Sub-Agents

Application/Agreement

for Appointment of an Agency - Marketplace



By signing this Application and Agreement, I, Applicant, acknowledge and represent that (please check all that apply below):

- ☐ All information furnished by me in this Application is true, correct and complete.
- ☐ I understand that Community does not have an obligation to approve this Application, and I release Community for any and all liability for failure to appoint or contract with me.
- ☐ I agree to comply with applicable state and federal laws with regard to solicitation of business prior to appointment and contracting, including all state and federal confidentiality and conflict of interest laws, rules and regulations.
- ☐ I understand that any violation of a state or federal law relating to the delivery of services under this Agreement and funded by state and/or federal funds or any violation of an applicable contract between Texas or Federal entities and Community for the delivery of services to under Texas or federal health care programs, which have conditions of participation, could result in liability for money damages, and/or civil and criminal penalties and sanctions under Texas or federal law.
- ☐ I authorize any person or entity that may have knowledge of my employment, financial, criminal or other history to release such information to Community in connection with this Application. I authorize any entity and/or individual to release any information to Community or any successor organization. A photocopy of this authorization will be as valid as the original, regardless of the date it is signed.
- ☐ I also acknowledge by my signature below that I authorize Community, now or in the future, to obtain a consumer and/or investigative consumer report on me, and that I have received from Community all disclosures required by the Fair Credit Reporting Act.
- ☐ I have received and read the Agreement, including specified Compensation Schedules, that are listed above and that are incorporated by reference into this Application. I understand and agree that by my signature below, I am agreeing to all of the terms and conditions of this Agreement, including specified Compensation Schedules that are listed above.
- ☐ I understand that a current CMS recertification must be on file with Community for commission payments to be issued.
- ☐ I agree to complete Community's annual training requirements and comply with all state and federal regulatory requirements during the term of this Agreement.

Print Applicant Name: _____

Applicant Signature: _____

Agency Name: _____

Principal Agent Signature (Agency): _____

(The signing officer's signature, for corporate direct deposit request, must be the signature of the signing officer record)

2022 Agency Application- New Sub-Agents

Application/Agreement
for Appointment of an Agency - Marketplace

COMMUNITY HEALTH CHOICE
COMMUNITY CARE

AUTHORIZATION AND ACKNOWLEDGEMENTS

Under penalty of perjury, I certify that:

1. ☐ The number shown on this form is my correct taxpayer identification number (or am waiting for a number to be issued to me);
2. ☐ I am not subject to backup withholding because:
(a) I am exempt from backup withholding; or
(b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends; or
(c) the IRS has notified me that I am no longer subject to backup withholding; and
3. ☐ I am a U.S. citizen (including U.S. resident alien).

INSTRUCTIONS: You must check item 2 above if the IRS has notified you that you are currently subject to backup withholding because of underreporting interests or dividends on your tax return and you have not received notice from the IRS advising that backup withholding has terminated.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Print Applicant Name: _____

Applicant Signature: _____

Agency Name: _____

Principal Agent Signature (Agency): _____

(The signing officer's signature, for corporate direct deposit request, must be the signature of the signing officer record)

Agent Application/Agreement
10/7/2020

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2022 Agency Application- New Sub-Agents

Application/Agreement

for Appointment of an Agency - Marketplace



By signing below, Applicant acknowledges that all payments shall be paid as set forth in the Agreement, and Applicant represents and warrants that all statements in this Application are true and correct.

Applicant's Name (Print)	Applicant's Agent National Producer Code
Applicant's Signature	Date
Agency Name: _____	
By (Principal Agent Signature): _____	
Name: _____	
Title: _____	
(Must be Owner, Partner or Authorized Officer)	
Date: _____	

FOR OFFICE USE ONLY

Agreement Accepted and Effected by Community Health Choice, Inc.

By: _____
Name: _____
Title: _____
Date: _____

2022 Independent Agent Application

Application/Agreement for Appointment of an Independent Agent - Marketplace



Note: Completion of this form does not guarantee appointment as Agent for Community Health Choice, Inc. (Community). Community reserves the right to refuse appointment of Agent(s) or cancellation of this Agreement at any time, with or without cause, in its sole discretion.

Agency shall mean "Corporation" as defined in Section 4001.003 (3) of the Texas Insurance Code.
Agent shall mean "Agent" as defined in Section 4001.003 (1) of the Texas Insurance Code.
Applicant shall mean the entity or individual contracting with Community under this Application/Agreement, as applicable.

Please print legibly to avoid processing delays.

APPLICANT INFORMATION

Applicant Name (Last/First/M): _____
Date of Birth: _____ SSN: _____ Gender: ☐ Male ☐ Female

Residential Street Address: _____
City/State/ZIP: _____
How long at your current residence? Years: ____ Months: ____

(Provide former address if you have lived at your current address less than 2 years.)
Former Street Address: _____
City/State/ZIP: _____

Business Street Address: _____
City/State/ZIP: _____
Business Phone # _____ Business Fax # _____ Cell Phone # _____
Email Address: _____

Please provide the following required documentation with your application:

CMS Certificate	<input type="checkbox"/> Included
W-9 Tax Form	<input type="checkbox"/> Included
TX Department of Insurance License	<input type="checkbox"/> Included
Errors and Omissions Policy	<input type="checkbox"/> Included

Applicant:

I certify that I am an Independent Agent acting in my own capacity and **NOT** with an Agency.
(Agent shall provide certificates of liability insurance to Community prior to commencement of the Agency Agreement. Commissions shall be paid directly to the Agent)

Applicant Signature: _____ Date: _____

2022 Independent Agent Application

Application/Agreement

for Appointment of an Independent Agent - Marketplace



A. QUESTIONNAIRE (Please respond to all questions for you personally and any organization over which you have exercised control. If you answer "Yes" to any questions, you must attach an explanation with all relevant information and supporting documentation.)

1. Are you currently a registered representative with FINRA (Financial Industry Regulatory Authority)?
☐ Yes ☐ No
2. A) Do you satisfy FFM registration and training requirements for the State of Texas? ☐ Yes ☐ No
B) Is your Agency (Agent) license in good standing? ☐ Yes ☐ No
C) Are you willing to execute the FFM data Privacy/Security Agreement? ☐ Yes ☐ No
D) Have you ever had an insurance and/or securities license or registration under another name?
☐ Yes ☐ No
If yes, please provide that name: _____
3. Have you ever been discharged or permitted to resign from your employment appointment because you were accused of fraud or wrongful taking of property, violating investment-related or insurance-related statutes, regulations, rules or industry standards of conduct, or violating company rules?
☐ Yes ☐ No
4. Within the past 10 years, have you ever initiated bankruptcy proceedings or declared bankruptcy?
☐ Yes ☐ No
5. Do you have any knowledge of an indebtedness to an insurance carrier or financial organization that involves yourself or an organization you have been associated with, or do you have any unsatisfied liens or judgments? ☐ Yes ☐ No
6. Within the past 10 years, has any insurance carrier canceled your contract or appointment for any reason other than lack of production? ☐ Yes ☐ No
7. Within the past 10 years, have you ever had a complaint filed against you that resulted in a fine, penalty, censure, cease and desist order, consent order or disciplinary action? ☐ Yes ☐ No
8. With the exception of routine traffic violations, have you ever been charged with, convicted of or pled guilty or nolo contendere (no contest) to a misdemeanor or felony? ☐ Yes ☐ No
9. Are you involved in any pending or current litigation, investigations, complaints, or E&O claims or has any E&O carrier denied, paid claim on, or canceled your coverage? ☐ Yes ☐ No
10. Have you ever been named as a defendant or codefendant in a lawsuit, or have you ever sued or been sued by an insurance company? ☐ Yes ☐ No
11. Has a bonding company ever denied, paid out on, or revoked a surety or fidelity bond for you, or is there any reason you cannot secure a bond? ☐ Yes ☐ No
12. Have you ever been charged with or convicted of or pled guilty or nolo contendere (no contest) to violating state insurance department, federal or state securities, or investment-related regulations or statutes, or have you ever had your insurance license or securities registration suspended, revoked, investigated, audited or had a license denied? ☐ Yes ☐ No

If you answer "Yes" to any question above, you must attach an explanation with all relevant information and supporting documentation.

2022 Independent Agent Application

Application/Agreement

for Appointment of an Independent Agent - Marketplace



THIS AGENT AGREEMENT ("Agreement"), dated as of [REDACTED], 20__, is made and entered into by and between Community Health Choice, Inc., a non-profit corporation licensed as a health maintenance organization, under the laws of the State of Texas ("Community") and "Applicant" or "Agent" as defined by Sections 4001.003 (3) and (1), respectively, of the Texas Insurance Code.

Applicant requests to place contracts of insurance on its own as an Agent. The Applicant will be paid directly by Community as set forth in Section 2 herein.

The Applicant will submit documentation of their ability to perform the services pursuant to this Agreement as requested by Community.

In consideration of the mutual promises contained in this Agreement, it is agreed as follows:

1. Authority. Applicant has authority, pursuant to the terms of this Agreement, to submit accounts or risks for the purpose of placement and procurement of insurance coverage with insurers and utilizing the underwriting facilities, knowledge, and services offered. This Agreement, and the relationship between the parties and their officers and employees, is not intended, and will not be construed, to create a partnership, joint venture or employment relationship between Community and Applicant. Applicant is for all purposes an independent contractor. Applicant will act in accordance with any insurer's policies and administrative guidelines that are known or should be known to the Applicant including, but not limited to, Applicant's practices regarding issuance of certificates and other evidence of insurance to individuals. Applicant, in its sole discretion, will judge whether to accept, reject or submit to insurer for acceptance any applications of insurance submitted by itself or an Agent, on its behalf, and will incur no liability for failure to place any such risk. Nothing in this Agreement shall place Applicant or Community under any obligation to accept any proposal or new business or the renewal of existing business.

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(a) Commissions. All commissions shall be paid directly by Community to Applicant unless otherwise agreed to by the parties in writing. Community will not be liable for any payments due to Agents by or on behalf of Agency.

(b) Compensation. Community agrees to pay the Applicant based on an amount and Compensation Schedule, which is incorporated by this reference, established and communicated annually by Community.

3. Confidentiality. The parties to this Agreement hereby represent and acknowledge to each other that in the course of the performance of their respective obligations, they will each make available to the other party certain information pertaining to each party's business and operations ("Information"). Each party hereby agrees that a condition to being provided the information, that neither party will use any Information except in connection with the performance of duties hereunder. Each party agrees not to disclose any Information to anyone other than employees, officers and directors of such party, that have a need to know, and to cause all such persons to abide by this Agreement. The limits on use and disclosure will not apply to any Information which (a) at the time of disclosure is generally available to the public or (b) which becomes generally available other than through a breach of this obligation of confidentiality. Applicant understands and agrees that this Agreement and any information or documents submitted to Community are subject to the Texas Public Information Act ("TPIA"). Community will not be liable for disclosure

2022 Independent Agent Application

Application/Agreement

for Appointment of an Independent Agent - Marketplace



By signing this Application and Agreement, I, Applicant, acknowledge and represent that (please check all that apply below):

- ☐ All information furnished by me in this Application is true, correct and complete.
- ☐ I understand that Community does not have an obligation to approve this Application, and I release Community for any and all liability for failure to appoint or contract with me.
- ☐ I agree to comply with applicable state and federal laws with regard to solicitation of business prior to appointment and contracting, including all state and federal confidentiality and conflict of interest laws, rules and regulations.
- ☐ I understand that any violation of a state or federal law relating to the delivery of services under this Agreement and funded by state and/or federal funds or any violation of an applicable contract between Texas or Federal entities and Community for the delivery of services to under Texas or federal health care programs, which have conditions of participation, could result in liability for money damages, and/or civil and criminal penalties and sanctions under Texas or federal law.
- ☐ I authorize any person or entity that may have knowledge of my employment, financial, criminal or other history to release such information to Community in connection with this Application. I authorize any entity and/or individual to release any information to Community or any successor organization. A photocopy of this authorization will be as valid as the original, regardless of the date it is signed.
- ☐ I also acknowledge by my signature below that I authorize Community, now or in the future, to obtain a consumer and/or investigative consumer report on me, and that I have received from Community all disclosures required by the Fair Credit Reporting Act.
- ☐ I have received and read the Agreement, including specified Compensation Schedules, that are listed above and that are incorporated by reference into this Application. I understand and agree that by my signature below, I am agreeing to all of the terms and conditions of this Agreement, including specified Compensation Schedules that are listed above.
- ☐ I understand that a current CMS recertification must be on file with Community for commission payments to be issued.
- ☐ I agree to complete Community's annual training requirements and comply with all state and federal regulatory requirements during the term of this Agreement.

Print Applicant Name: _____

Applicant Signature: _____

2022 Independent Agent Application

Application/Agreement

for Appointment of an Independent Agent - Marketplace



AUTHORIZATION S AND ACKNOWLEDGEMENT S

Under penalty of perjury, I certify that:

1. ☐ The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me);
2. ☐ I am not subject to backup withholding because:
(a) I am exempt from backup withholding, or
(b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends; or
(c) the IRS has notified me that I am no longer subject to backup withholding; and
3. ☐ I am a U.S. citizen (including U.S. resident alien).

INSTRUCTIONS: You must check item 2 above if the IRS has notified you that you are currently subject to backup withholding because of underreporting interests or dividends on your tax return and you have not received notice from the IRS advising that backup withholding has terminated.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Print Applicant Name: _____

Applicant Signature: _____

2022 Independent Agent Application

Application/Agreement

for Appointment of an Independent Agent - Marketplace



By signing below, Applicant acknowledges that all payments shall be paid as set forth in the Agreement, and Applicant represents and warrants that all statements in this Application are true and correct.

_____ Applicant's Name (Print)	_____ Applicant's Agent National Producer Code
_____ Applicant's Signature	_____ Date

FOR OFFICE USE ONLY

Agreement Accepted and Effectuated by Community Health Choice, Inc.

By: _____
Name: _____
Title: _____
Date: _____

Questions



**THANK YOU FOR YOUR
PARTICIPATION!**

