EVIDENCE OF COVERAGE

COMMUNITY HEALTH CHOICE

EVIDENCE OF COVERAGE

4888 , 600
, 77081
713.295.6704 1.855.315.5386
: 7-1-1

PLEASE READ THIS CONTRACT CAREFULLY

( ) ( )

12:00 . ( )

12:00 ( )

Have a complaint or need help?

Community Health Choice

Call: 713.295.6704
Toll-free: 1.855.315.5386

4888 , 600
, 77081

The Texas Department of Insurance

Call: 1.800.252.3439

111-1A, 12030, A , 78711-2030

¿Tiene una queja o necesita ayuda?

363 .1 (1203

Eligibility

A [illegible] A [illegible] A [illegible]

Renewability

[illegible]

Right to Return Contract

10 [illegible] 10- [illegible]

GUIDE TO YOUR CONTRACT

/

( ), ( )

g. Seeking Emergency Care Services

[illegible]

[illegible] 1.855.315.5386. [illegible] 1.855.315.5386 713.295.6704. [illegible]

BENEFITS

[illegible] A [illegible] , [illegible] A [illegible]

a.

c. Biomarker Testing

[illegible], [illegible], [illegible], [illegible], [illegible] [illegible]:

1. [illegible] A [illegible];
2. [illegible] A [illegible];
3. [illegible];
4. [illegible];
5. [illegible].

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30- 30-

f. Durable Medical Equipment and Medical Supplies

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12. A [illegible]
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    [illegible]
    [illegible]
    [illegible]
    [illegible]
13. [illegible]
14. [illegible]
15. [illegible]

g. Emergency Services

[illegible]

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8. [illegible];
9. [illegible];
10. [illegible];
11. [illegible];
12. [illegible];
13. [illegible];
14. [illegible];
15. A [illegible];
16. [illegible].

i. Healthcare Practitioner Services

1. [illegible];
2. [illegible];
3. [illegible] 24 [illegible];
4. [illegible];
5. [illegible];
6. [illegible] / [illegible];
7. [illegible] (A), [illegible] ( ), [illegible];
8. A [illegible];
9. [illegible];
10. [illegible];
11. [illegible];
12. [illegible];
13. [illegible];
14. [illegible].

A [illegible]:

1. [illegible];
2. [illegible];
3. [illegible];
4. A [illegible];
5. [illegible];
6. [illegible] ( )

j. Home Healthcare

A , . A -

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1. ' ;
2. A ;
3. ;
4. ;
5. -A

k. Hospice Care

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l. Mental Health Services

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2. [illegible] ;
3. [illegible] ;
4. [illegible] , [illegible] , [illegible] ;
5. [illegible] ;

[illegible]

[illegible] 21 [illegible] 30- [illegible] 42 [illegible] 60- [illegible] 63 [illegible] 90- [illegible]

[illegible] : (1) [illegible] ; (2) 12- [illegible] 12- [illegible] 12- [illegible]

[illegible] -[illegible] :

1. [illegible] A [illegible] ;
2. 2. [illegible]

[illegible] 1-855-847-3553. [illegible]

[illegible]

1. [illegible]

5. [illegible]

6. [illegible]

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. A 55 76 ;
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10. A , , - ;
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21. A ;
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28. A ;
29. 24 28 ;
30. ;
31. ;
32. ( ) ;
33. ( ) A A 30 ;
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35. - ;
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37. - ;
38. A ;
39. A 18 24 ;
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49. A 30 ;
50. , ;
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54. 18 , , ;
55. 6 12 ;
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60. ( ) ;
61. ( ) ;
62. ;
63. 18 .

q. Reconstructive Surgery

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1. ;
2. , ;
3. , , ;
4. A ;
5. .

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r. Routine Care During Clinical Trials

A A

s. Skilled Nursing Facility and Rehabilitation Services

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1. ;
2. ;
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1. ;
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A A ( ).

t. Transplant Services

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1. ;
2. A ;
3. , ;
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5. A , , ;
6. ;
7. .

u. Transplant Transportation and Lodging

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1. 100 ; ;
2. (, 18), 100 .

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1. , ;
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A , ( ) ( ) .

v. Transportation

A A . A , / , , , , , : 1) 2) , , , .

w. Urgent Care Services

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x. Pediatric Vision Services

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1. (1) 18 (19)

2. [illegible]

3. (1) [illegible] 12 [illegible] 18 ([illegible] 19) (1) [illegible] ([illegible]) 12 [illegible] 18 ([illegible] 19) [illegible]

[illegible] ([illegible]), [illegible] #3 [illegible]

[illegible] A [illegible]

([illegible]) [illegible] A [illegible]

[illegible] A [illegible] ([illegible]) [illegible]

[illegible]

6. [illegible]
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    - A [illegible]
11. [illegible]
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20. [illegible]

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22. A [illegible]

23. [illegible]

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27. [illegible]

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29. [illegible] 5 [illegible]

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35. A ;

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40. [illegible]

41. [illegible]

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[illegible]

[illegible]

[illegible]

[illegible]

42. [illegible]

43. [illegible]

5. Prescription Drug Exclusions

[illegible]

1. [illegible]
2. [illegible]
3. [illegible]

4. [illegible] ([illegible]) [illegible] ;
5. A [illegible] ;
6. A [illegible] :
   . [illegible] A;
   . - [illegible] - [illegible] ;
7. A [illegible] :
   . - [illegible] ;
   . [illegible] ;
8. A [illegible] ;
9. [illegible] ;
10. [illegible] :
   . [illegible] -A [illegible] ;
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[illegible] :

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22. [illegible] , [illegible] , [illegible] :

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23. [illegible] :

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24. [illegible]

[illegible] A [illegible]

6. Premium Payment

a. Your Duty to Pay Premium

[illegible] 30 [illegible] ([illegible]). [illegible]

b. Grace Period

[illegible] 30 [illegible]

c. Changes to Your Premium

[illegible] :

1. [illegible] ;
2. A [illegible] ;
3. [illegible] ;
4. A [illegible]

( ) 31

A

d. Continuation of Coverage Due to Marital Change

8. Renewability and Termination

a. Reasons We Will Terminate Your Contract

1.
2. 15
3. 15
4. A A A 30
5.
6.

1. 90 ;
2. 180

b. Reasons We Will Terminate a Covered Person

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1. ;
2. A . A A , , ;
3. , , 30-
4. , , .

c. Your Duty to Notify Us

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d. Reinstatement

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1. 30 / .
2. .
3. ;
4. A .

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e. Fraud

. A ( ) .

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30- .

f. Reasons You May Terminate Your Contract

30 ’ .

9. General Provisions

a. Appeals, Complaints and External Review Rights

A , A , A

Adverse Determinations

A A A A ,

Appeal from Denial of Benefits

[illegible]

A [illegible]

Request for Additional Information

[illegible]

( ) [illegible]

A [illegible]

180 [illegible]

1. A ;
2. ;
3.

1. A ;
2. ;
3.

A ,

A A :
: 713.295.7033
: 713.295.6704 1.855.315.5386

A :
: 713.295.7036
: 713.295.6704 1.855.315.5386
: 4888 , 600
, 77081
A :

, ( )

Filing Complaints with the Texas Department of Insurance

A , :

1-800-252-3439
12030
A , 78711-2030
: (512) 490-1007
:
- : @

60 ,
:

1. A ;
2. A - ;
3. , , ;
4.

b. Exhaustion of Remedies

A ,

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c.

j. Legal Action

A , :

1. , , ;

2.

[illegible]

[illegible]

A [illegible] 1, 2022, [illegible] A [illegible] :

(1) [illegible] ([illegible]) [illegible] ;

(2) [illegible]

m. Our Relationship with Providers

[illegible]

3. -

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24-

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4. A

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[illegible]

5. A [illegible] A [illegible] , ( ) [illegible] ; ( ) [illegible]

6. [illegible]

7. [illegible]

[illegible] :

1. [illegible]

2. [illegible] 2 A [illegible]

3. [illegible] 3. [illegible]

4. [illegible]

5. A [illegible]

6. [illegible]

p. Right to Require Medical Examinations

Appeal

Comparable Emergency Facility

: ( )

A

Copayment/Copay

Cosmetic Surgery

Cost Share

Covered Service

A

Covered Organ Transplant

Covered Person

Custodial Care

1.
2.
3.

1.
2.
3.
4.

Denial of Benefits

Dental Injury

Dependent

A A

A

[illegible] (-) [illegible]
A [illegible] (A) [illegible] ;
[illegible] , [illegible] ;
[illegible]
2. [illegible] A [illegible] (A) 510 [illegible] A, [illegible]
A 510 [illegible] ;
3. [illegible] , [illegible] , [illegible] ;
4. [illegible]

Home Healthcare Agency A :

1.

2. ; ,

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Hospice Facility :

1. ;
2. ;
3. ;
4. ;
5. 24- - - ;
6. - .

Hospice Patient , .

Hospital :

1. , , ;
2. , - , , , ;
3. 24- ;
4. ;
5. ;

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1. A ;
2. A A ;
3. A ;
4. ( ).

Identification ID Cards .

Illness , ; ( ) ;

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Infertility Treatment , , , , :

1. A ;
2. ;
3. ;

4. ;
5. ;
6. ;
7. ;
8. ;
9. ;
10. / ;
11. ;
12. ;
13. ;
14. A

Inpatient Services

Intensive Outpatient Program - 3 , , , , - .

Legend Drug , , A , : : .

Life-Threatening Disease .

Limiting Age 31 26 .

Low-Dose Mammography :

1. - - , , , - ;
2. ;
3. .

Mail-Order Pharmacy - , .

Maintenance Care :

1. , , ;
2. , .

Marketplace .

Medical Home , .A., .

Medically Necessary , , / , , , , , , , , :

Non-Participating Provider

Nuclear Medicine

Observation Status 72

1.
2.
3.

O□-Label Drug A

Organ Transplant Treatment Period 365

Out-of-Pocket Maximum /

1.
2.
3.

Outpatient Day-Treatment Services /

Outpatient Services

1. A
2. A
3. A
4. A
5. A

Palliative Care

Partial Hospitalization 24-

1. A
2.

3.

2.

Psychophysiological Treatment

Reconstructive Surgery

A

Rehabilitation Services

1.
2.
3.
4.
5.

Remediation

Research Institution

Residential Treatment Center

1. 24-
2.
3. /
4. /

Routine Nursery Care

Routine Patient Care Costs

1. A (A),
2.
3.

3. [illegible];
4. [illegible],[illegible],[illegible].

Specialty Pharmacy[illegible],[illegible],[illegible].

Step Therapy[illegible] A [illegible]-[illegible],[illegible],[illegible],[illegible].[illegible]

Urgent Care

Urgent Care Center

Usual and Customary

We, Us Our

Workers' Compensation
A , 5, A,

You/Your

Schedule of Benefits – Community Premier Gold 001

[illegible]

Out-of-Pocket Maximum	
- - [illegible] ([illegible]), [illegible] ,	$9,200
- - [illegible] ([illegible]), [illegible] ,	$18,400

Benefit	Description	Copayment/Percentage of Allowed Amount
Ambulatory Patient Services		
Primary Care O□ce Visit	[illegible] . ([illegible] 3( ).	$30
Specialist Visit	3( ).	$65
Outpatient Surgery Facility Fee	[illegible] 3( ).	$300
Outpatient Surgery Physician/ Surgical Services	[illegible] 3( ).	$300
Outpatient Laboratory	3( ) 3( ).	$30
Outpatient X-rays and Diagnostic Imaging	3( ) 3( ).	$30
Outpatient CT/PET/MRI and Other		

Benefit	Description	Copayment/Percentage of Allowed Amount
Habilitation Services	3( ).	$65
Rehabilitative Occupational and Rehabilitative Physical Therapy	, .	$65

Arabic rbrnŸÉdrCrñИr rañrríoрИ.rrrUrnrbrrtůArrArArтrзrиrrbrnrtůdrrbrnŸÍИirrÑUrůryrзrůbrArrbrnŸóorbrÉзrИrrbrnŸÍríñИrrArArírbrnÑdrrnŸÚCrbrnŸézrbrůarrbrArĕrnÝrCrdrnÃ1.855.315.5386.
Chinese X ς É ′ T ˆ ʃ, ̀O ₳ ≠ ıє 1.855.315.5386
English ATTENTION: If you speak a language other than English, language assistance services,