

# EVIDENCE OF COVERAGE GOLD COPA H

COMMUNIT  
E H CHOICE



# EVIDENCE OF COVERAGE

4888 , 600  
77081  
713.295.6704 1.855.315.5386  
: 7-11

## 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?

## Eligibility

A

A

A

## Renewability

## Right to Return Contract

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10-

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# GUIDE TO YOUR CONTRACT

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## g. Seeking Emergency Care Services

1. \_\_\_\_\_ :

1.855.315.5386.

1.855.315.5386 713.295.6704.



## BENEFITS

... , ... A ... A ...

a.

### c. Biomarker Testing

1. The following table shows the results of a biomarker test for a disease. The test is performed on 1000 individuals, and the results are as follows:

1. 250 individuals are positive for the biomarker, and 750 are negative.
2. 100 of the positive individuals are actually positive for the disease, and 150 are actually negative.
3. 150 of the negative individuals are actually positive for the disease, and 600 are actually negative.
4. The test has a sensitivity of 0.67 and a specificity of 0.80.
5. The test has a positive predictive value of 0.40 and a negative predictive value of 0.93.





12. A.  $\frac{1}{2}$  B.  $\frac{1}{3}$  C.  $\frac{1}{4}$  D.  $\frac{1}{5}$  E.  $\frac{1}{6}$
13. A.  $\frac{1}{2}$  B.  $\frac{1}{3}$  C.  $\frac{1}{4}$  D.  $\frac{1}{5}$  E.  $\frac{1}{6}$
14. A.  $\frac{1}{2}$  B.  $\frac{1}{3}$  C.  $\frac{1}{4}$  D.  $\frac{1}{5}$  E.  $\frac{1}{6}$
15. A.  $\frac{1}{2}$  B.  $\frac{1}{3}$  C.  $\frac{1}{4}$  D.  $\frac{1}{5}$  E.  $\frac{1}{6}$

### g. Emergency Services

16. A.  $\frac{1}{2}$  B.  $\frac{1}{3}$  C.  $\frac{1}{4}$  D.  $\frac{1}{5}$  E.  $\frac{1}{6}$
17. A.  $\frac{1}{2}$  B.  $\frac{1}{3}$  C.  $\frac{1}{4}$  D.  $\frac{1}{5}$  E.  $\frac{1}{6}$

7.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
8.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
9.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
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12.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
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15. A  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
16.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  .

**i. Healthcare Practitioner Services**

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  2.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
  3.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ; 24.
  4.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
  5.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
  6.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  /  $\frac{1}{3} \times \frac{1}{2} = \frac{1}{6}$  ;
  7.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ( A),  $\frac{1}{3} \times \frac{1}{2} = \frac{1}{6}$  ( ),
  8. A  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
  9.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
  10.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
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  12.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
  13.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
  14.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
- A  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
1.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
  2.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
  3.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
  4. A  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
  5.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ;
  6.  $\frac{1}{2} \times \frac{1}{3} = \frac{1}{6}$  ( )





2.  $\frac{1}{2} \ln \left| \frac{x+1}{x-1} \right| + C$ ;
3.  $\frac{1}{2} \ln \left| \frac{x+1}{x-1} \right| + C$ ;
4.  $\frac{1}{2} \ln \left| \frac{x+1}{x-1} \right| + C$ ;
5.  $\frac{1}{2} \ln \left| \frac{x+1}{x-1} \right| + C$ ;

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2. 2.

1-855-847-3553

1. [Illegible text]

5.

1.  $\frac{1}{2}x^2 - 3x + 4$   
2.  $\frac{1}{3}x^3 - 2x^2 + 5x - 7$   
3.  $\frac{1}{4}x^4 - 3x^3 + 2x^2 - x + 1$   
4.  $\frac{1}{5}x^5 - 4x^4 + 3x^3 - 2x^2 + x - 1$   
5.  $\frac{1}{6}x^6 - 5x^5 + 4x^4 - 3x^3 + 2x^2 - x + 1$   
6.  $\frac{1}{7}x^7 - 6x^6 + 5x^5 - 4x^4 + 3x^3 - 2x^2 + x - 1$   
7.  $\frac{1}{8}x^8 - 7x^7 + 6x^6 - 5x^5 + 4x^4 - 3x^3 + 2x^2 - x + 1$   
8.  $\frac{1}{9}x^9 - 8x^8 + 7x^7 - 6x^6 + 5x^5 - 4x^4 + 3x^3 - 2x^2 + x - 1$   
9.  $\frac{1}{10}x^{10} - 9x^9 + 8x^8 - 7x^7 + 6x^6 - 5x^5 + 4x^4 - 3x^3 + 2x^2 - x + 1$   
10.  $\frac{1}{11}x^{11} - 10x^{10} + 9x^9 - 8x^8 + 7x^7 - 6x^6 + 5x^5 - 4x^4 + 3x^3 - 2x^2 + x - 1$

6.

1.  $\frac{1}{2}x^2 - 3x + 4$   
2.  $\frac{1}{3}x^3 - 2x^2 + 5x - 7$   
3.  $\frac{1}{4}x^4 - 3x^3 + 2x^2 - x + 1$   
4.  $\frac{1}{5}x^5 - 4x^4 + 3x^3 - 2x^2 + x - 1$   
5.  $\frac{1}{6}x^6 - 5x^5 + 4x^4 - 3x^3 + 2x^2 - x + 1$   
6.  $\frac{1}{7}x^7 - 6x^6 + 5x^5 - 4x^4 + 3x^3 - 2x^2 + x - 1$   
7.  $\frac{1}{8}x^8 - 7x^7 + 6x^6 - 5x^5 + 4x^4 - 3x^3 + 2x^2 - x + 1$   
8.  $\frac{1}{9}x^9 - 8x^8 + 7x^7 - 6x^6 + 5x^5 - 4x^4 + 3x^3 - 2x^2 + x - 1$   
9.  $\frac{1}{10}x^{10} - 9x^9 + 8x^8 - 7x^7 + 6x^6 - 5x^5 + 4x^4 - 3x^3 + 2x^2 - x + 1$   
10.  $\frac{1}{11}x^{11} - 10x^{10} + 9x^9 - 8x^8 + 7x^7 - 6x^6 + 5x^5 - 4x^4 + 3x^3 - 2x^2 + x - 1$





7.  $\frac{1}{2}$  的相反数是  $-\frac{1}{2}$  ；
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- . A.  $-\frac{1}{2}$  ；
- . A.  $-\frac{1}{2}$  ；
- . A.  $-\frac{1}{2}$  ；
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33.  $-\frac{1}{2}$  的相反数是  $\frac{1}{2}$  ；
34.  $-\frac{1}{2}$  的相反数是  $\frac{1}{2}$  ；

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38. A ... ;
39. A ... 18 24. ... ;
40. ... ;
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61. ( ) ... ;
62. ... ;
63. ... 18 ...

q. Reconstructive Surgery

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

... ( ) ...

r. Routine Care During Clinical Trials

A ... A ...

s. Skilled Nursing Facility and Rehabilitation Services

- 1. ...
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3. ... -A
-A ...
1. ...
2. ... -A
14 ...
-A ...
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A ... A ... ( )

t. Transplant Services

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2. A ... ;
3. ... ;
4. ... ;
5. A ... ;
6. ... ;
7. ... ;

**u. Transplant Transportation and Lodging**

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2. ... 18 ... ), ... 100. ... ;

1. ... ;
2. ... ;

A ... ( ) ... ( ) ...

**v. Transportation**

A ... A ... A ... / ... ;

1) ... 2) ...

**w. Urgent Care Services**

**x. Pediatric Vision Services**

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6.  $\frac{1}{2} \times \frac{3}{4} = \frac{3}{8}$  ;
7.  $\frac{1}{3} \times \frac{2}{5} = \frac{2}{15}$  ;
8.  $\frac{1}{4} \times \frac{3}{8} = \frac{3}{32}$  ;
9.  $\frac{1}{5} \times \frac{2}{3} = \frac{2}{15}$  ;
10.  $\frac{1}{6} \times \frac{3}{7} = \frac{1}{14}$  ;
11.  $\frac{1}{8} \times \frac{2}{9} = \frac{1}{36}$  ;



20.  $\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2} \left( \frac{2}{2} \right) = \frac{1}{2} (1) = \frac{1}{2}$
21.  $\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2} \left( \frac{2}{2} \right) = \frac{1}{2} (1) = \frac{1}{2}$
22. A  $\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2} \left( \frac{2}{2} \right) = \frac{1}{2} (1) = \frac{1}{2}$
23.  $\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2} \left( \frac{2}{2} \right) = \frac{1}{2} (1) = \frac{1}{2}$
24.  $\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2} \left( \frac{2}{2} \right) = \frac{1}{2} (1) = \frac{1}{2}$
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26.  $\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2} \left( \frac{2}{2} \right) = \frac{1}{2} (1) = \frac{1}{2}$
27.  $\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2} \left( \frac{2}{2} \right) = \frac{1}{2} (1) = \frac{1}{2}$
28.  $\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2} \left( \frac{2}{2} \right) = \frac{1}{2} (1) = \frac{1}{2}$
29.  $\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2} \left( \frac{2}{2} \right) = \frac{1}{2} (1) = \frac{1}{2}$

34.  $\int_0^1 \frac{1}{x^2} dx$  ;
35. A  $\int_0^1 \frac{1}{x^2} dx$  ;
36.  $\int_0^1 \frac{1}{x^2} dx$  ;
37.  $\int_0^1 \frac{1}{x^2} dx$  ;
38.  $\int_0^1 \frac{1}{x^2} dx$  ;
39.  $\int_0^1 \frac{1}{x^2} dx$  ;







## 6. Premium Payment

### a. Your Duty to Pay Premium

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( )

### b. Grace Period

30

### c. Changes to Your Premium

1. ;
2. A ;
3. ;
4. A.



A

d. Continuation of Coverage Due to Marital Change

8. Renewability and Termination

a. Reasons We Will Terminate Your Contract

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A.

A

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## 9. General Provisions

### a. Appeals, Complaints and External Review Rights

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A

#### Adverse Determinations

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A

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A





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

1.  $\frac{1}{x^2} = x^{-2}$   
 $\frac{d}{dx} x^{-2} = -2x^{-3} = -\frac{2}{x^3}$

**C.**

## j. Legal Action

1. The defendant is liable for the plaintiff's injuries because the defendant's negligence was the proximate cause of the plaintiff's injuries. A proximate cause is a cause that is legally sufficient to result in liability. The defendant's negligence was the proximate cause of the plaintiff's injuries because the defendant's negligence was the cause in fact of the plaintiff's injuries and the plaintiff's injuries were a foreseeable result of the defendant's negligence.

1. The defendant is liable for the plaintiff's injuries because the defendant's negligence was the proximate cause of the plaintiff's injuries. A proximate cause is a cause that is legally sufficient to result in liability. The defendant's negligence was the proximate cause of the plaintiff's injuries because the defendant's negligence was the cause in fact of the plaintiff's injuries and the plaintiff's injuries were a foreseeable result of the defendant's negligence.

2. The defendant is liable for the plaintiff's injuries because the defendant's negligence was the proximate cause of the plaintiff's injuries. A proximate cause is a cause that is legally sufficient to result in liability. The defendant's negligence was the proximate cause of the plaintiff's injuries because the defendant's negligence was the cause in fact of the plaintiff's injuries and the plaintiff's injuries were a foreseeable result of the defendant's negligence.

As of December 31, 2022, we have 100% ownership of the following entities:

A	1, 2022,	A	:
(1)	- -	( )	;
(2)	- -		

### m. Our Relationship with Providers





5. A

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5. A

6.







## p. Right to Require Medical Examinations

Appeal

Comparable Emergency Facility

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**Copayment/Copay.** The amount of money that you must pay for a service or product that is covered by your plan. The amount you pay may vary depending on the type of service or product. For example, you may pay more for a specialist than for a primary care physician. You may also pay more for a brand-name drug than for a generic drug. For more information, see the table below.

**Cosmetic Surgery.** Surgery that is performed to improve appearance, such as a facelift or breast reduction. This type of surgery is not covered by your plan.

**Cost Share.** The amount of money that you must pay for a service or product that is covered by your plan. This amount may include your copayment, coinsurance, or deductible. For more information, see the table below.

**Covered Service.** A service or product that is covered by your plan. For example, your plan may cover a doctor's visit, a hospital stay, or a prescription drug. For more information, see the table below.

**Covered Organ Transplant.** A transplant of an organ, such as a kidney or liver, that is covered by your plan. For more information, see the table below.

**Covered Person.** A person who is covered by your plan. For example, you and your spouse may be covered persons under your plan.

**Custodial Care.** Care that is provided to a person who is unable to care for themselves. This type of care is not covered by your plan.

1. The amount of money that you must pay for a service or product that is covered by your plan. This amount may include your copayment, coinsurance, or deductible. For more information, see the table below.
2. The amount of money that you must pay for a service or product that is covered by your plan. This amount may include your copayment, coinsurance, or deductible. For more information, see the table below.
3. The amount of money that you must pay for a service or product that is covered by your plan. This amount may include your copayment, coinsurance, or deductible. For more information, see the table below.
1. The amount of money that you must pay for a service or product that is covered by your plan. This amount may include your copayment, coinsurance, or deductible. For more information, see the table below.
2. The amount of money that you must pay for a service or product that is covered by your plan. This amount may include your copayment, coinsurance, or deductible. For more information, see the table below.
3. The amount of money that you must pay for a service or product that is covered by your plan. This amount may include your copayment, coinsurance, or deductible. For more information, see the table below.
4. The amount of money that you must pay for a service or product that is covered by your plan. This amount may include your copayment, coinsurance, or deductible. For more information, see the table below.

**Denial of Benefits.** A denial of a benefit that is covered by your plan. For example, your plan may deny a benefit if you do not meet the eligibility requirements. For more information, see the table below.

**Dental Injury.** An injury to a tooth or teeth that is covered by your plan. For more information, see the table below.

**Dependent.** A person who is covered by your plan. For example, you and your spouse may be covered persons under your plan. For more information, see the table below.





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 ;

2. A 510 ; A ( . A ) 510 A,

3. ;

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1.

2. If you are currently on a waiting list for an organ transplant, please provide the name of the organ and the transplant center you are currently waiting for: \_\_\_\_\_

**Hospice Facility.** \_\_\_\_\_ :

1. \_\_\_\_\_ ;
2. \_\_\_\_\_ ;
3. \_\_\_\_\_ ;
4. \_\_\_\_\_ ;
5. \_\_\_\_\_, 24-\_\_\_\_\_ ;
6. \_\_\_\_\_.

**Hospice Patient.** \_\_\_\_\_ , \_\_\_\_\_

**Hospital.** \_\_\_\_\_ :

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

- \_\_\_\_\_ ;
1. \_\_\_\_\_ A \_\_\_\_\_ ;
  2. A \_\_\_\_\_ A. \_\_\_\_\_ ;
  3. \_\_\_\_\_ A \_\_\_\_\_ ;
  4. \_\_\_\_\_ ( \_\_\_\_\_ ).

**Identification ID Cards.** \_\_\_\_\_

**Illness.** \_\_\_\_\_ ( ) \_\_\_\_\_

**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. [unclear];
2. [unclear];
3. [unclear];

**O -Label Drug.**

A

**Organ Transplant Treatment Period.**

365

**Out-of-Pocket Maximum.**

1. [unclear];
2. [unclear];
3. [unclear];

**Outpatient Day-Treatment Services.**

**Outpatient Services.**

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

**Palliative Care.**

**Partial Hospitalization.**

24-

1. [unclear] A [unclear];
2. [unclear];

3.



## 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), \_\_\_\_\_ ;
2. \_\_\_\_\_ ;
3. \_\_\_\_\_ ;



3. [Specialty Pharmacy](#);

4. [Step Therapy](#).

**Specialty Pharmacy.**

**Step Therapy.**

A

...the ... of ...  
...the ... of ...  
...the ... of ...

**Urgent Care.** ...  
...the ... of ...  
...the ... of ...

**Urgent Care Center.** ...  
...the ... of ...  
...the ... of ...

**Usual and Customary.** ...  
...the ... of ...  
...the ... of ...

**We, Us Our.** ...  
...the ... of ...  
...the ... of ...

**Workers' Compensation.** ...  
...the ... of ...  
...the ... of ...

**You/Your.** ...  
...the ... of ...  
...the ... of ...













**Arabic**

1.855.315.5386.

**Chinese**

1.855.315.5386

**English**

ATTENTION: If you speak a language other than English, language assistance services,





