


HEALTH INSURANCE MARKETPLACE

2023 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
 - 2023 agency/agent paperwork is available for non-appointed agents/agencies, but should be completed and submitted immediately to ensure timely appointment (Commissions 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.
- 
- A decorative sunburst graphic consisting of multiple triangular rays emanating from a central point, located at the bottom of the slide.

AGENDA

- Broker Appointment & Agreement Reminders
- Billing, Payment and Enrollment
- 2023 Plans, Benefits & Rates
- Service Area and Network
- Enrollment & SEP's
- Next Steps
- Q&A



BROKER APPOINTMENT & AGREEMENT REMINDERS

A stylized sunburst graphic composed of numerous triangular rays emanating from the bottom center, rendered in a lighter shade of blue against the dark blue background.



BROKER APPOINTMENT

- Must complete annual CMS certification for Individual Marketplace
- Must complete annual Community training and pass quiz with a score of 80% or higher
- All agents must **complete and return a Broker Training Attestation form**
- Must have an active TDI license
- Must hold an active Errors & Omissions Policy
- Must supply a W9 that corresponds to tax filing address (If a sub-agent of an Agency, a W9 is not required as we will utilize Agency W9)

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

Broker Agreement and Credentialing for 2023

- **Post Training** - all agents will complete the 2023 Benefit quiz and return the completed 2023 Broker Training Attestation form along with any other required documents
- Submit all required documents back to Agent Credentialing Department at Agent.Credentialing@CommunityHealthChoice.org
- For Agency sub-agents, commissions are payable to you by the Agency directly. Form 1099 is provided to you annually by your upline Agency

Agent of Record

- On-Exchange business bulk transfer process 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 utilized to handle 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

Billing, Payment and Enrollment

- 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 payments to address on billing statement, which **must include** the payment coupon which has the subscriber ID for the payment to be applied to the account
- **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.
- Members who are set up on recurring payments for 2022 that renew for 2023 will only be required to re-establish recurring payments if they selected the “other amount” payment option when creating their account



Member recurring payment options

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

Recurring Payment Options

Option 1: Total Amount Due

By selecting total amount due the member is agreeing to pay the full amount owed, including any outstanding payments. This option will capture and retro activity or any financial changes

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
- A new regulation notice is in review that will no longer allow Carriers to collect past due premiums in order to effectuate coverage

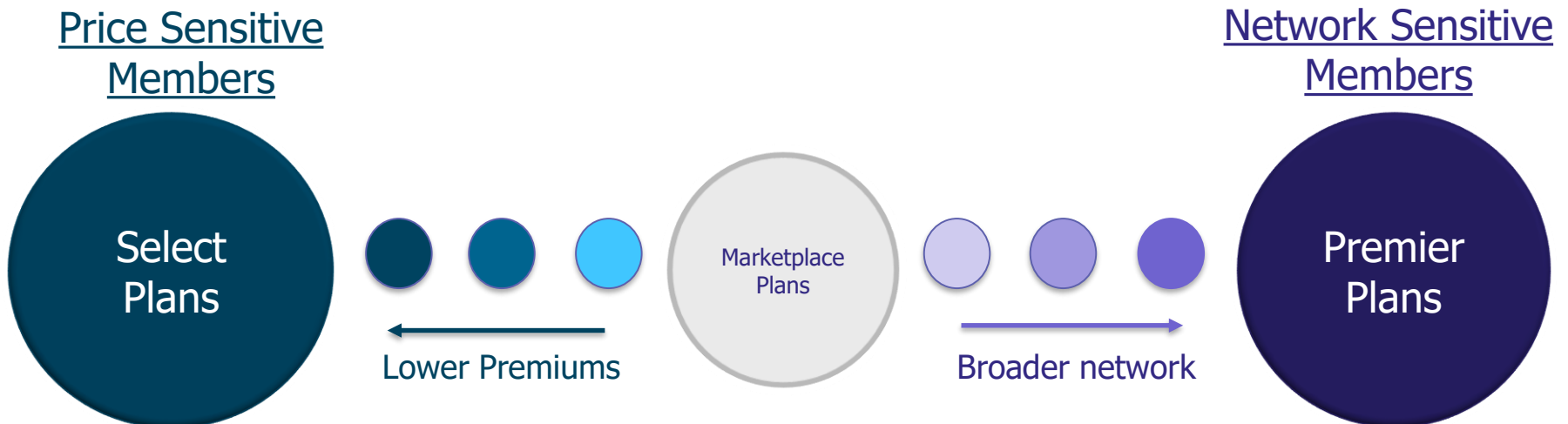


PLANS, BENEFITS & RATES

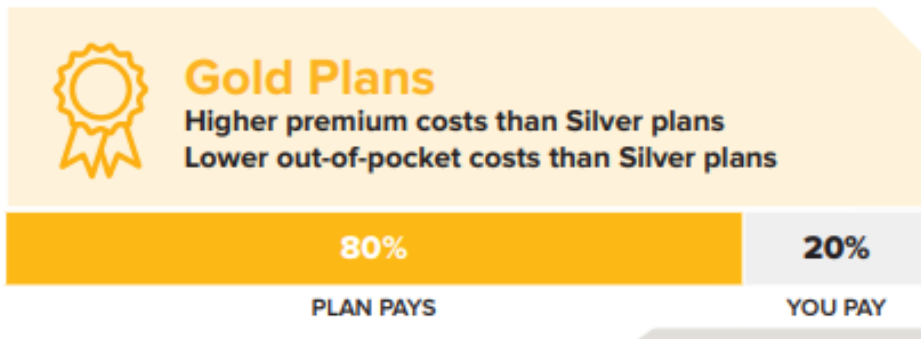
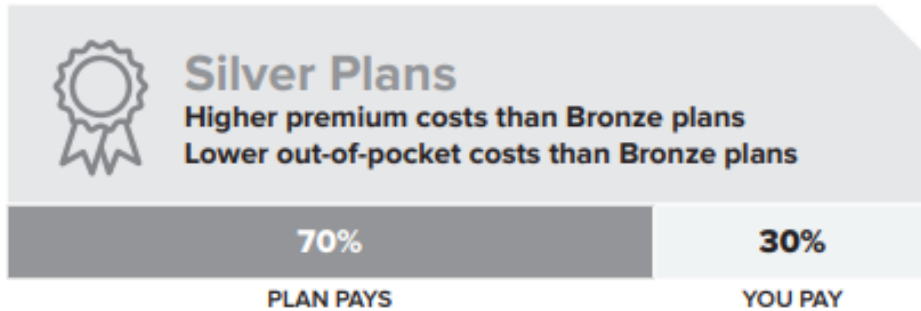


Why Community?

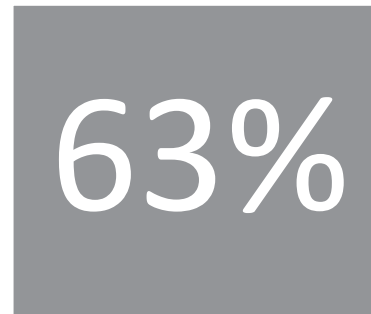
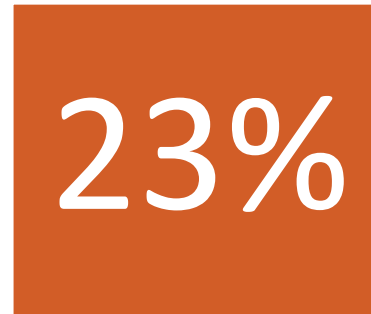
1. Affordable
2. Broad Network with High Quality Providers
3. Four star enrollee experience with excellent customer service
4. Ease of approval of care for variety of benefits
5. *Wide array of products that target shoppers all along the price sensitivity spectrum with introduction of Select plans*



Metal Tiers



Enrollment Percentage



Consumer Profile

Generally health with minimal expectations of consuming care

Have some minor conditions and expect moderate consumption of services

High utilizers of care with more severe medical conditions

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 less than 9.83% of their income
 - Or employer sponsored coverage doesn't meet minimum essential coverage requirements
- The only way to get APTC is to enroll "On Exchange"

Cost Sharing Reduction Plans

- CSR's will still exist in 2023
- 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 – Things to know



Open Enrollment begins - Tuesday, November 1, 2022

Open Enrollment ends - Sunday, January 15, 2023

For coverage that starts January 1, 2023 enroll by Thursday, December 15, 2022



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

AN **AFFORDABLE** **LOCAL PLAN** FOR SOUTHEAST TEXAS

Community Health Choice's Marketplace coverage is leading the greater Houston and Beaumont areas with 14 great plans.

2023 SALES GUIDE

A Healthy Life
for Every Texan

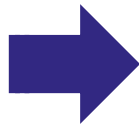
CommunityHealthChoice.org



What's New for PY23 Marketplace

PY 2022 Plans – 11 Total

| | |
|--------|-----------|
| Bronze | Bronze 03 |
| | Bronze 08 |
| | Bronze 10 |
| | Bronze 11 |
| Silver | Silver 04 |
| | Silver 12 |
| | Silver 13 |
| | Silver 15 |
| Gold | Gold 01 |
| | Gold 05 |
| | Gold 14 |



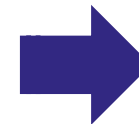
Changes for PY23

Addition of Seven New Plans

- Three Narrow Network Plans
 - Select Bronze 16
 - Select Silver 19
 - Select Gold 22
- Four Standardized Plans
 - Premier Bronze 17
 - Premier Bronze 18
 - Premier Silver 20
 - Premier Gold 21

Systems

1. Memorial Hermann
2. Harris Health
3. St. Joseph



PY 2023 Plans – 14 Total

| | |
|--------|-----------|
| Bronze | Bronze 03 |
| | Bronze 11 |
| | Bronze 16 |
| | Bronze 17 |
| | Bronze 18 |
| Silver | Silver 04 |
| | Silver 12 |
| | Silver 13 |
| | Silver 19 |
| | Silver 20 |
| Gold | Gold 01 |
| | Gold 05 |
| | Gold 21 |
| | Gold 22 |

Crosswalk PY22 to PY23

| | PY2022 | PY2023 |
|--------|---------------------------|---|
| Bronze | 27248TX0010003 | 27248TX0010003 |
| | 27248TX0010008 | |
| | 27248TX0010010 | |
| | 27248TX0010011 | 27248TX0010011 |
| | | *NEW* 27248TX0010016 (Narrow Bronze) *NEW* 27248TX0010017 (Standard Bronze) *NEW* 27248TX0010018 (Standard Expanded Bronze) |
| Silver | 27248TX0010004 | 27248TX0010004 |
| | 27248TX0010012 | 27248TX0010012 |
| | 27248TX0010013 | 27248TX0010013 |
| | 27248TX0010015 | |
| | | *NEW* 27248TX0010019 (Narrow Silver) *NEW* 27248TX0010020 (Standard Silver) |
| Gold | 27248TX0010001 | 27248TX0010001 |
| | 27248TX0010005 | 27248TX0010005 |
| | 27248TX0010014 | |
| | | *NEW* 27248TX0010021 (Standard Gold) *NEW* 27248TX0010022 (Narrow Gold) |

Community Plan Names

All Community plans for 2023 have updated names

The naming convention follows the following method:

Community + (Keyword) + (Metal Tier) + (Plan ID number) + (Description of key plan benefits)

Example:

Community Premier Virtual Bronze 11

Unlimited Free 24/7 Virtual Visits

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

- Premier = Broad Network Plan
- Select = Narrow Network Plan

Standardized Plans – New to PY23

Q: What are Standardized plans?

A: Standardized plans are plans mandated by CMS where they dictate the benefit levels. All issuers are required to sell 2 Bronzes, 1 Silver, and 1 Gold in their market.

- Community Health Choice
 - Premier Bronze 17
 - Premier Bronze 18
 - Premier Silver 20
 - Premier Gold 21

Expectations of these plans

- Priced higher than average in their metal tier – depending on the plan, therapy services and Preferred Brand, Non-Preferred Brand, and Specialty are exempt from the deductible
- Enrollment should be minimal.
- Selling in all counties
- Not being preferentially displayed, just differentially displayed on Healthcare.gov

Limited Network Plans – Called “Select” Plans

Purpose: To offer price-competitive products that target price-sensitive members (thus unlocking a market segment that typically avoided our broad network products)

Details:

- **Being sold in Harris County only to residents of Harris County**
- **Members are able to see Limited Network providers outside of Harris County if the providers have practice locations outside of Harris County**

| Hospital System | Affiliated Physician Groups |
|---|--|
| Memorial Hermann (Anchor) – includes facilities in Harris SDA (i.e., means not just limited to Harris County) | <ul style="list-style-type: none">• MHHG• MHMD• UT physicians |
| Harris Health | <ul style="list-style-type: none">• UT physicians• Baylor College of Medicine |
| St. Joseph | <ul style="list-style-type: none">• Steward Health Network ACO |
| | <ul style="list-style-type: none">• Legacy Clinics (FQHC) |

PY23 Plan Design Summary

| PLANS | | | SERVICES <u>NOT</u> SUBJECT TO A DEDUCTIBLE | | | | | URGENT |
|----------------------------------|------------|---------|---|-----------------|---------|-----------------|-----------------|--------|
| | DEDUCTIBLE | MOOP | PCP | SPECIALIST CARE | GENERIC | 24/7 TELEHEALTH | PREVENTIVE CARE | |
| Premier Bronze 17** | \$9,100 | \$9,100 | | | | ✓ | ✓ | |
| Premier Virtual Bronze 11 | \$9,100 | \$9,100 | ✓ DOD ONLY | | | | ✓ | |
| Premier Bronze 03 | \$7,700 | \$9,100 | ✓ | | ✓ | ✓ | ✓ | ✓ |
| Premier Bronze 18** | \$7,500 | \$9,000 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Select Bronze 16* | \$8,100 | \$9,100 | ✓ | | ✓ | ✓ | ✓ | ✓ |
| Select Silver 19* | \$4,900 | \$9,100 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Premier Silver 04 | \$3,300 | \$9,100 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Premier Silver 12 | \$3,000 | \$9,100 | ✓ | | ✓ | ✓ | ✓ | ✓ |
| Premier Silver 13 | \$8,500 | \$8,500 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Premier Silver 20** | \$5,800 | \$8,900 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Premier Gold 21** | \$2,000 | \$8,700 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Select Gold 22* | \$2,200 | \$9,100 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Premier Gold 01 | \$0 | \$9,100 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Premier Gold 05 | \$1,600 | \$9,100 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

*Select Plan

**Standardized Plan

2023 BRONZE PLANS

COMMUNITY 2023 PLAN DESIGNS



Bronze

| PLANS/VISITS | PREMIER BRONZE 003 PLAN ID 27248TX0010003 | PREMIER VIRTUAL BRONZE 11 PLAN ID 27248TX0010011 | SELECT BRONZE 016 PLAN ID 27248TX0010016 | PREMIER BRONZE 17 PLAN ID 27248TX0010017 | PREMIER BRONZE 18 PLAN ID 27248TX0010018 | |
|---|--|--|--|---|---|-------|
| Medical Deductible (individual/family) | \$7,700 / \$15,400 | \$9,100 / \$18,200 | \$8,100 / \$16,200 | \$9,100 / \$18,200 | \$7,500 / \$15,000 | |
| Out-of-Pocket Max (individual/family) | \$9,100/\$18,200 | \$9,100 / \$18,200 | \$9,100 / \$18,200 | \$9,100 / \$18,200 | \$9,000 / \$18,000 | |
| MEDICAL BENEFITS | MEMBER COPAYS/COINSURANCE | | | | | |
| PCP Office Visit | *\$40 | *Tier 1 (Doctors on Demand): \$0 Tier 2: No charge after deductible | *\$35 | No charge after deductible | *\$50 | |
| Specialist Office Visit | \$70 | No charge after deductible | \$90 | | *\$100 | |
| Outpatient Facility | 40% | | 50% | | 50% | |
| Outpatient Surgery | 40% | | 50% | | 50% | |
| Urgent Care Services | *\$70 | | *\$90 | | *\$75 | |
| Ambulance Services | \$70 | | \$90 | | \$100 | |
| Emergency Room Services | 40% | | 50% | | 50% | |
| Inpatient Hospital Care | 40% | | 50% | | 50% | |
| Inpatient Skilled Nursing Facility | 40% | | 50% | | 50% | |
| Outpatient Mental/Behavioral Substance Abuse | *\$40 | | *Tier 1 (Doctors on Demand): \$0 Tier 2: No charge after deductible | | *\$35 | *\$50 |
| Inpatient Mental/Behavioral Substance Abuse | 40% | | 50% | | 50% | |
| Outpatient Rehabilitation | \$70 | | \$90 | | \$100 | |
| Medical Imaging (CT/PET Scans, MRIs) | 40% | | 50% | | 50% | |
| Routine Lab/X-Ray/Diagnostic Imaging | \$40 | | \$35 | 50% | | |
| PRESCRIPTION DRUGS | MEMBER COPAYS/COINSURANCE | | | | | |
| Prescription Drug Deductible (individual/family) (90-day mail order supply available at 2.5 times copay) | Combined with Medical Deductible | Combined with Medical Deductible | Combined with Medical Deductible | Combined with Medical Deductible | Combined with Medical Deductible | |
| Generic | *\$16 | No charge after deductible | *\$30 | No charge after deductible | *\$25 | |
| Preferred Brand | \$70 | | \$60 | No charge after deductible | \$50 | |
| Non-Preferred Brand | \$120 | | \$130 | No charge after deductible | \$100 | |
| Specialty High-Cost Drugs | 45% | | 50% | No charge after deductible | \$500 | |

* Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/Generic RX)
For Deductible Plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated

2023 SILVER PLANS



COMMUNITY 2023 PLAN DESIGNS

Silver

| PLANS/VISITS | COMMUNITY PREMIER SILVER 004 PLAN ID 27248TX0010004 | | | |
|---|---|----------------------------------|----------------------------------|----------------------------------|
| | SILVER 004 251% FPL AND ABOVE | SILVER 004 (73) 201%-250% FPL | SILVER 004 (87) 151%-200% FPL | SILVER 004 (94) 100%-150% FPL |
| Medical Deductible (individual/family) | \$3,300 / \$6,600 | \$3,200 / \$6,400 | N/A | N/A |
| Out-of-Pocket Max (individual/family) | \$9,100 / \$18,200 | \$7,250 / \$14,500 | \$2,900 / \$5,800 | \$2,000 / \$4,000 |
| MEDICAL BENEFITS | MEMBER COPAYS/COINSURANCE | | | |
| PCP Office Visit | *\$30 | *\$30 | \$25 | \$10 |
| Specialist Office Visit | *\$60 | *\$60 | \$50 | \$20 |
| Outpatient Facility | 40% | 40% | 40% | 10% |
| Outpatient Surgery | 40% | 40% | 40% | 10% |
| Urgent Care Services | *\$60 | *\$60 | \$50 | \$20 |
| Ambulance Services | \$60 | \$60 | \$50 | \$20 |
| Emergency Room Services | 40% | 40% | 40% | 10% |
| Inpatient Hospital Care | 40% | 40% | 40% | 10% |
| Inpatient Skilled Nursing Facility | 40% | 40% | 40% | 10% |
| Outpatient Mental/Behavioral Substance Abuse | *\$30 | *\$30 | \$25 | \$10 |
| Inpatient Mental/Behavioral Substance Abuse | 40% | 40% | 40% | 10% |
| Outpatient Rehabilitation | \$60 | \$60 | \$50 | \$10 |
| Medical Imaging (CT/PET Scans, MRIs) | 40% | 40% | 40% | 10% |
| Routine Lab/X-Ray/Diagnostic Imaging | \$30 | \$30 | \$25 | \$10 |
| PRESCRIPTION DRUGS | MEMBER COPAYS/COINSURANCE | | | |
| Prescription Drug Deductible (individual/family) (90-day mail order supply available at 2.5 times copay) | Combined with Medical Deductible | Combined with Medical Deductible | N/A | N/A |
| Generic | *\$10 | *\$10 | \$10 | \$5 |
| Preferred Brand | \$70 | \$60 | \$50 | \$20 |
| Non-Preferred Brand | \$110 | \$100 | \$85 | \$40 |
| Specialty High-Cost Drugs | 50% | 40% | 30% | 20% |

* Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/Generic RX)
For Deductible Plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated

2023 SILVER PLANS...

COMMUNITY 2023 PLAN DESIGNS



Silver

| PLANS/VISITS | COMMUNITY PREMIER SILVER 12 PLAN ID 27248TX0010012 | | | | COMMUNITY PREMIER SILVER 13 PLAN ID 27248TX0010013 | | | |
|---|--|----------------------------------|----------------------------------|---------------------------------|--|----------------------------------|----------------------------------|----------------------------------|
| | SILVER 12 251% FPL AND ABOVE | SILVER 12 (73) 201%-250% FPL | SILVER 12 (87) 151%-200% FPL | SILVER 12 (94) 100%-150% FPL | SILVER 13 251% FPL AND ABOVE | SILVER 13 (73) 201%-250% FPL | SILVER 13 (87) 151%-200% FPL | SILVER 13 (94) 100%-150% FPL |
| Medical Deductible (individual/family) | \$3,000 / \$6,000 | \$2,500 / \$5,000 | \$500 / \$1,000 | N/A | \$8,500 / \$17,000 | \$6,800 / \$13,600 | \$2,200 / \$4,400 | \$700 / \$1,400 |
| Out-of-Pocket Max (individual/family) | \$9,100 / \$18,200 | \$6,950 / \$13,900 | \$2,500 / \$5,000 | \$1,800 / \$3,600 | \$8,500 / \$17,000 | \$6,800 / \$13,600 | \$2,200 / \$4,400 | \$700 / \$1,400 |
| MEDICAL BENEFITS | MEMBER COPAYS/COINSURANCE | | | | | | | |
| PCP Office Visit | *\$30 | *\$30 | *\$25 | \$10 | *\$10 | *\$10 | *\$10 | *\$5 |
| Specialist Office Visit | \$60 | \$60 | \$50 | \$20 | *\$20 | *\$15 | *\$15 | *\$10 |
| Outpatient Facility | 50% | 50% | 30% | 10% | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible |
| Outpatient Surgery | 50% | 50% | 30% | 10% | | | | |
| Urgent Care Services | *\$60 | *\$60 | *\$50 | \$20 | *\$20 | *\$15 | *\$15 | *\$10 |
| Ambulance Services | \$60 | \$60 | \$50 | \$20 | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible |
| Emergency Room Services | 50% | 50% | 40% | 10% | | | | |
| Inpatient Hospital Care | 50% | 50% | 40% | 10% | | | | |
| Inpatient Skilled Nursing Facility | 50% | 50% | 40% | 10% | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible |
| Outpatient Mental/Behavioral Substance Abuse | *\$30 | *\$30 | *\$25 | \$10 | | | | |
| Inpatient Mental/Behavioral Substance Abuse | 50% | 50% | 40% | 10% | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible |
| Outpatient Rehabilitation | \$60 | \$60 | \$50 | \$20 | | | | |
| Medical Imaging (CT/PET Scans, MRIs) | 50% | 50% | 40% | 10% | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible |
| Routine Lab/X-Ray/Diagnostic Imaging | \$30 | \$30 | \$25 | \$10 | | | | |
| PRESCRIPTION DRUGS | MEMBER COPAYS/COINSURANCE | | | | | | | |
| Prescription Drug Deductible (individual/family) (90-day mail order supply available at 2.5 times copay) | Combined with Medical Deductible | Combined with Medical Deductible | Combined with Medical Deductible | N/A | Combined with Medical Deductible | Combined with Medical Deductible | Combined with Medical Deductible | Combined with Medical Deductible |
| Generic | *\$10 | *\$10 | *\$5 | \$5 | *\$10 | *\$5 | *\$5 | *\$5 |
| Preferred Brand | \$80 | \$80 | \$70 | \$20 | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible |
| Non-Preferred Brand | \$120 | \$120 | \$100 | \$40 | | | | |
| Specialty High-Cost Drugs | 50% | 50% | 40% | 20% | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible |

* Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/Generic RX)
For Deductible Plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated

2023 SILVER PLANS...

COMMUNITY 2023 PLAN DESIGNS



Silver

| PLANS/VISITS | COMMUNITY SELECT SILVER 19 PLAN ID 27248TX0010019 | | | | COMMUNITY PREMIER SILVER 20 PLAN ID 27248TX0010020 | | | |
|---|---|----------------------------------|----------------------------------|---------------------------------|--|----------------------------------|----------------------------------|---------------------------------|
| | SILVER 19 251% FPL AND ABOVE | SILVER 19 (73) 201%-250% FPL | SILVER 19 (87) 151%-200% FPL | SILVER 19 (94) 100%-150% FPL | SILVER 20 251% FPL AND ABOVE | SILVER 20 (73) 201%-250% FPL | SILVER 20 (87) 151%-200% FPL | SILVER 20 (94) 100%-150% FPL |
| Medical Deductible (individual/family) | \$4,900 / \$9,800 | \$3,500 / \$7,000 | \$500 / \$1,000 | N/A | \$5,800 / \$11,600 | \$5,700 / \$11,400 | \$800 / \$1,600 | N/A |
| Out-of-Pocket Max (individual/family) | \$9,100 / \$18,200 | \$7,250 / \$14,500 | \$3,000 / \$6,000 | \$1,500 / \$3,000 | \$8,900 / \$17,800 | \$7,200 / \$14,400 | \$3,000 / \$6,000 | \$1,700 / \$3,400 |
| MEDICAL BENEFITS | MEMBER COPAYS/COINSURANCE | | | | | | | |
| PCP Office Visit | *\$30 | *\$30 | *\$20 | \$5 | *\$40 | *\$30 | *\$20 | \$0 |
| Specialist Office Visit | *\$80 | *\$80 | *\$40 | \$25 | *\$80 | *\$60 | *\$40 | \$10 |
| Outpatient Facility | 30% | 30% | 30% | 10% | 40% | 40% | 30% | 25% |
| Outpatient Surgery | 30% | 30% | 30% | 10% | 40% | 40% | 30% | 25% |
| Urgent Care Services | *\$80 | *\$80 | *\$40 | \$25 | *\$60 | *\$45 | *\$30 | \$5 |
| Ambulance Services | \$80 | \$80 | \$40 | \$25 | \$80 | \$60 | \$40 | \$10 |
| Emergency Room Services | 30% | 30% | 30% | 10% | 40% | 40% | 30% | 25% |
| Inpatient Hospital Care | 30% | 30% | 30% | 10% | 40% | 40% | 30% | 25% |
| Inpatient Skilled Nursing Facility | 30% | 30% | 30% | 10% | 40% | 40% | 30% | 25% |
| Outpatient Mental/Behavioral Substance Abuse | *\$30 | *\$30 | *\$20 | \$5 | *\$40 | *\$30 | *\$20 | \$0 |
| Inpatient Mental/Behavioral Substance Abuse | 30% | 30% | 30% | 10% | 40% | 40% | 30% | 25% |
| Outpatient Rehabilitation | \$80 | \$80 | \$40 | \$25 | *\$40 | *\$30 | *\$20 | \$10 |
| Medical Imaging (CT/PET Scans, MRIs) | 30% | 30% | 30% | 10% | 40% | 40% | 30% | 25% |
| Routine Lab/X-Ray/Diagnostic Imaging | \$30 | \$30 | \$20 | \$5 | 40% | 40% | 30% | 25% |
| PRESCRIPTION DRUGS | MEMBER COPAYS/COINSURANCE | | | | | | | |
| Prescription Drug Deductible (individual/family) (90-day mail order supply available at 2.5 times copay) | Combined with Medical Deductible | Combined with Medical Deductible | Combined with Medical Deductible | N/A | Combined with Medical Deductible | Combined with Medical Deductible | Combined with Medical Deductible | N/A |
| Generic | *\$10 | *\$10 | *\$10 | \$5 | *\$20 | *\$20 | *\$10 | \$0 |
| Preferred Brand | \$40 | \$40 | \$25 | \$15 | *\$40 | *\$40 | *\$20 | \$15 |
| Non-Preferred Brand | \$80 | \$80 | \$60 | \$40 | \$80 | \$80 | \$60 | \$50 |
| Specialty High-Cost Drugs | 50% | 50% | 50% | 30% | \$350 | \$350 | \$250 | \$150 |

* Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/Generic RX)
For Deductible Plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated

2023 GOLD PLANS

COMMUNITY 2023 PLAN DESIGNS



| Gold | | | | |
|---|--|--|--|---|
| PLANS/VISITS | PREMIER GOLD 001 OFF-EXCHANGE PLAN ID 27248TX0010001 | PREMIER GOLD 005 PLAN ID 27248TX0010005 | PREMIER GOLD 021 PLAN ID 27248TX0010021 | SELECT GOLD 022 PLAN ID 27248TX0010022 |
| Medical Deductible (individual/family) | N/A | \$1,600/ \$3,200 | \$2,000/ \$4,000 | \$2,200/ \$4,400 |
| Out-of-Pocket Max (individual/family) | \$9,100 / \$18,200 | \$9,100 / \$18,200 | \$8,700 / \$17,400 | \$9,100 / \$18,200 |
| MEDICAL BENEFITS | MEMBER COPAYS/COINSURANCE | | | |
| PCP Office Visit | \$30 | *\$20 | *\$30 | *\$15 |
| Specialist Office Visit | \$65 | *\$40 | *\$60 | *\$30 |
| Outpatient Facility | \$300 | 25% | 25% | 20% |
| Outpatient Surgery | \$300 | 25% | 25% | 20% |
| Urgent Care Services | \$65 | *\$40 | *\$45 | *\$30 |
| Ambulance Services | \$65 | \$40 | \$60 | \$30 |
| Emergency Room Services | \$800 | 25% | 25% | 20% |
| Inpatient Hospital Care | **\$800 | 25% | 25% | 20% |
| Inpatient Skilled Nursing Facility | **\$800 | 25% | 25% | 20% |
| Outpatient Mental/Behavioral Substance Abuse | \$30 | *\$20 | *\$30 | *\$15 |
| Inpatient Mental/Behavioral Substance Abuse | **\$800 | 25% | 25% | 20% |
| Outpatient Rehabilitation | \$65 | \$40 | *\$30 | \$30 |
| Medical Imaging (CT/PET Scans, MRIs) | \$500 | 25% | 25% | 20% |
| Routine Lab/X-Ray/Diagnostic Imaging | \$30 | \$20 | 25% | \$15 |
| PRESCRIPTION DRUGS | MEMBER COPAYS/COINSURANCE | | | |
| Prescription Drug Deductible (individual/family) (90-day mail order supply available at 2.5 times copay) | N/A | Combined with Medical Deductible | Combined with Medical Deductible | Combined with Medical Deductible |
| Generic | \$20 | *\$10 | *\$15 | *\$15 |
| Preferred Brand | \$40 | \$50 | *\$30 | \$30 |
| Non-Preferred Brand | \$80 | \$75 | *\$60 | \$60 |
| Specialty High-Cost Drugs | 30% | 35% | *\$250 | 40% |

* Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/Generic RX)

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

For Deductible Plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated

Scenario 1:



- 50-year-old female
- Annual income: \$24,000 (Eligible for 87% CSR)
- Lives in Harris County
- Has Memorial Hermann PCP
- Has multiple chronic conditions
- Currently deciding between two Silver plans

Option 1: Enroll in Silver 12

| Monthly Premium (based on 50-YO non-smoker) | \$770.01 (Not factoring APTC) |
|---|--------------------------------------|
| Actuarial Value | 87.30% |
| Deductible | \$500 |
| MOOP | \$2,500 |
| PCP | \$25 (exempt from deductible) |
| Specialist | \$50 after deductible |
| Inpatient | 40% coinsurance after deductible |

Option 2: Enroll in Select Silver 19 with lower premiums and comparable OOP costs

| Monthly Premium (based on 50-YO non-smoker) | \$621.77 (Not factoring APTC) |
|---|--------------------------------------|
| Actuarial Value | 87.16% |
| Deductible | \$500 |
| MOOP | \$3,000 |
| PCP | \$20 (exempt from deductible) |
| Specialist | \$40 (exempt from deductible) |
| Inpatient | 30% coinsurance after deductible |

Scenario 2:



- 60-year-old female
- Annual income: \$30,000 (Eligible for 73% CSR)
- Lives in Harris County
- Has Harris Health PCP
- Has multiple chronic conditions
- Currently enrolled in a Silver 04 plan

Option 1: Re-enroll and stay in Silver 04

| Monthly Premium (based on 60-YO non-smoker) | \$1183.22 (Not factoring APTC) |
|---|---------------------------------------|
| Actuarial Value | 73.99% |
| Deductible | \$3,200 |
| MOOP | \$7,250 |
| PCP | \$30 (exempt from deductible) |
| Specialist | \$60 (exempt from deductible) |
| Inpatient | 40% coinsurance after deductible |

Option 2: Re-enroll but migrate to Gold 22 with lower premiums and comparable OOP expenses

| Monthly Premium (based on 60-YO non-smoker) | \$835.08 (Not factoring APTC) |
|---|--------------------------------------|
| Actuarial Value | 78.09% |
| Deductible | \$2,200 |
| MOOP | \$9,100 |
| PCP | \$15 (exempt from deductible) |
| Specialist | \$30 (exempt from deductible) |
| Inpatient | 20% coinsurance after deductible |

Scenario 3:



- Young family of 3 with toddler
- Annual income: \$80,000
- (Not Eligible for CSRs)
- Lives in Montgomery County
- Busy lifestyle
- Parents are generally healthy but need routine care for child

Bronze 11 Virtual Plan Overview

| | |
|---------------------|--|
| Actuarial Value | 64.26% |
| Deductible (Family) | \$9,100 (18,200) |
| MOOP (Family) | \$9,100 (18,200) |
| PCP | Tier 1: \$0 for DOD virtual provider Tier 2: No Charge after deductible for other providers |
| Specialist | No Charge after deductible for other providers |
| Inpatient | No Charge after deductible for other providers |
| ER Visits | No Charge after deductible for other providers |

Benefits

1. Available 24/7 at \$0
2. Can make on-demand or appointment visits with providers
3. Able to see behavioral health providers such as therapists, counselors,
4. Can see virtual doctor outside Texas
5. Providers can make prescriptions and order labs

Telehealth Services

Available to ALL Marketplace Members EXCEPT those enrolled in the Community Premier Virtual 11 plan

- Access 24/7/365
- Video and Telephone Consultations
- Board-Certified Doctors
- Use for treatment of routine conditions such as:
 - Cold and Flu
 - Respiratory Infections
 - Bronchitis
 - Allergies
 - Urinary Tract Infections
 - Skin Problems
 - And More
- Services NOT Subject to Deductible

Doctor on Demand (DOD)

- **Members enrolled in Community Premier Virtual 11 plan**
 - Members **MUST** access virtual medicine services through Doctors on Demand
 - **Video and Telephone Consultations**
 - Board-Certified Providers
 - Services received **through** DOD are covered 100% with no member Out of Pocket
 - Services received **outside** DOD are subject to the plan deductible
 - **Includes both Primary Care and Mental and Behavioral Health Providers**
 - **Also includes clinical care teams to support such as RNs, LPNs, Diabetes Educators, Lactation Consultants, Health Coaches, Referral Coordinators, and Social Workers**

2023 Deductible Plans

- All of Community deductible plans have a **combined (Prescription + Medical)** deductible
- PCP visits are not subject to deductible for **all plans except Premier Bronze 17**
- Urgent Care visits are not subject to deductible for **all plans except Premier Virtual Bronze 11 and Premier Bronze 17**
- Generic Drugs are not subject to deductible for **all plans except Premier Virtual Bronze 11 and Premier Bronze 17**

2023 Copay Plan

- Gold Copay 001 is the only Off Exchange copay plan
- Copays apply to any covered service from day one
- Inpatient copay applies for the first 5 days of admission for all inpatient stays
- Specialty high-cost drugs have a coinsurance



Impact of SB 1296 Gold-Silver Swap

Pre SB 1296

- **Bronze:** Lowest premiums and higher out-of-pocket costs
- **Silver:** Medium premiums and medium out-of-pocket costs
- **Gold:** Highest premiums and lower out-of-pocket costs

Post SB 1296

- **Bronze:** Lowest premiums and higher out-of-pocket costs
- **Silver:** Highest premiums and lower out-of-pocket costs than a bronze plan but higher than a gold plan, depending on CSR eligibility
- **Gold plans:** Medium premiums and lower out-of-pocket costs

Metal Tier Changes – 2023 Rate Overview

40-YO Monthly Premium in Harris County



Premium Changes for Current PY22 Enrollees

| Metal Tier | PY2022 Enrolled Plan | Rate Increase | Crosswalk into PY23 Plan |
|------------|---------------------------|---------------|--|
| Bronze | 27248TX0010003 | 6.80% | 27248TX0010003 |
| | 27248TX0010008 | 2.70% | *NEW* 27248TX0010017 (Standard Bronze) |
| | 27248TX0010010 | 10.70% | *NEW* 27248TX0010017 (Standard Bronze) |
| | 27248TX0010011 | 10.90% | 27248TX0010011 |
| Silver | 27248TX0010004 | 11.90% | 27248TX0010004 |
| | 27248TX0010012 | 16.20% | 27248TX0010012 |
| | 27248TX0010013 | 17.80% | 27248TX0010013 |
| | 27248TX0010015 | 4.50% | *NEW* 27248TX0010019 (Narrow Silver) |
| Gold | 27248TX0010001 | -4.50% | 27248TX0010001 |
| | 27248TX0010005 | 3% | 27248TX0010005 |
| | 27248TX0010014 | 3.10% | 27248TX0010001 |

Rates

Community will have separate Rate Grids for 2023 that will be separated by Metal plans. PDF versions will be provided.

COMMUNITY HEALTH CHOICE 2023 RATES



Bronze Deductible Plans

| AGE BAND | COMMUNITY PREMIER BRONZE 003 PLAN ID 27248TX0010003 | | COMMUNITY PREMIER VIRTUAL BRONZE 011 PLAN ID 27248TX0010011 | | COMMUNITY SELECT BRONZE 016 *IN HARRIS COUNTY ONLY* PLAN ID 27248TX0010016 | | COMMUNITY PREMIER BRONZE 017 PLAN ID 27248TX0010017 | | COMMUNITY PREMIER BRONZE 018 PLAN ID 27248TX0010018 | |
|----------|--|---------|--|---------|--|---------|--|---------|--|---------|
| | No Tobacco | Tobacco | No Tobacco | Tobacco | No Tobacco | Tobacco | No Tobacco | Tobacco | No Tobacco | Tobacco |
| 0-14 | 226.74 | 226.74 | 221.91 | 221.91 | 193.23 | 193.23 | 222.96 | 222.96 | 227.52 | 227.52 |
| 15 | 246.89 | 246.89 | 241.63 | 241.63 | 210.41 | 210.41 | 242.78 | 242.78 | 247.74 | 247.74 |
| 16 | 254.60 | 254.60 | 249.17 | 249.17 | 216.97 | 216.97 | 250.35 | 250.35 | 255.48 | 255.48 |
| 17 | 262.31 | 262.31 | 256.71 | 256.71 | 223.54 | 223.54 | 257.93 | 257.93 | 263.21 | 263.21 |
| 18 | 270.60 | 270.60 | 264.84 | 264.84 | 230.61 | 230.61 | 266.09 | 266.09 | 271.54 | 271.54 |
| 19 | 278.90 | 278.90 | 272.96 | 272.96 | 237.69 | 237.69 | 274.25 | 274.25 | 279.86 | 279.86 |
| 20 | 287.50 | 287.50 | 281.37 | 281.37 | 245.01 | 245.01 | 282.70 | 282.70 | 288.49 | 288.49 |
| 21 | 296.39 | 355.67 | 290.07 | 348.09 | 252.59 | 303.11 | 291.45 | 349.74 | 297.41 | 356.89 |
| 22 | 296.39 | 355.67 | 290.07 | 348.09 | 252.59 | 303.11 | 291.45 | 349.74 | 297.41 | 356.89 |
| 23 | 296.39 | 355.67 | 290.07 | 348.09 | 252.59 | 303.11 | 291.45 | 349.74 | 297.41 | 356.89 |
| 24 | 296.39 | 355.67 | 290.07 | 348.09 | 252.59 | 303.11 | 291.45 | 349.74 | 297.41 | 356.89 |
| 25 | 297.58 | 357.09 | 291.23 | 349.48 | 253.60 | 304.32 | 292.61 | 351.13 | 298.60 | 358.32 |
| 26 | 303.50 | 364.20 | 297.04 | 356.44 | 258.65 | 310.38 | 298.44 | 358.13 | 304.55 | 365.46 |
| 27 | 310.62 | 372.74 | 304.00 | 364.80 | 264.71 | 317.66 | 305.44 | 366.52 | 311.69 | 374.03 |
| 28 | 322.18 | 386.61 | 315.31 | 378.37 | 274.56 | 329.48 | 316.80 | 380.16 | 323.29 | 387.94 |
| 29 | 331.66 | 397.99 | 324.59 | 389.51 | 282.65 | 339.18 | 326.13 | 391.35 | 332.80 | 399.36 |
| 30 | 336.40 | 403.68 | 329.23 | 395.08 | 286.69 | 344.03 | 330.79 | 396.95 | 337.56 | 405.08 |
| 31 | 343.52 | 412.22 | 336.19 | 403.43 | 292.75 | 351.30 | 337.79 | 405.34 | 344.70 | 413.64 |
| 32 | 350.63 | 420.76 | 343.16 | 411.79 | 298.81 | 358.57 | 344.78 | 413.74 | 351.84 | 422.21 |
| 33 | 355.08 | 426.09 | 347.51 | 417.01 | 302.60 | 363.12 | 349.15 | 418.98 | 356.30 | 427.56 |
| 34 | 359.82 | 431.78 | 352.15 | 422.58 | 306.64 | 367.97 | 353.82 | 424.58 | 361.06 | 433.27 |
| 35 | 362.19 | 434.63 | 354.47 | 425.36 | 308.66 | 370.40 | 356.15 | 427.38 | 363.44 | 436.13 |

SERVICE AREA AND NETWORK



Marketplace Service Area

Where the Members Are

Community's service area consists of **20 counties in Texas.**

Members choosing our plans, **must live within** the Community Service Area.

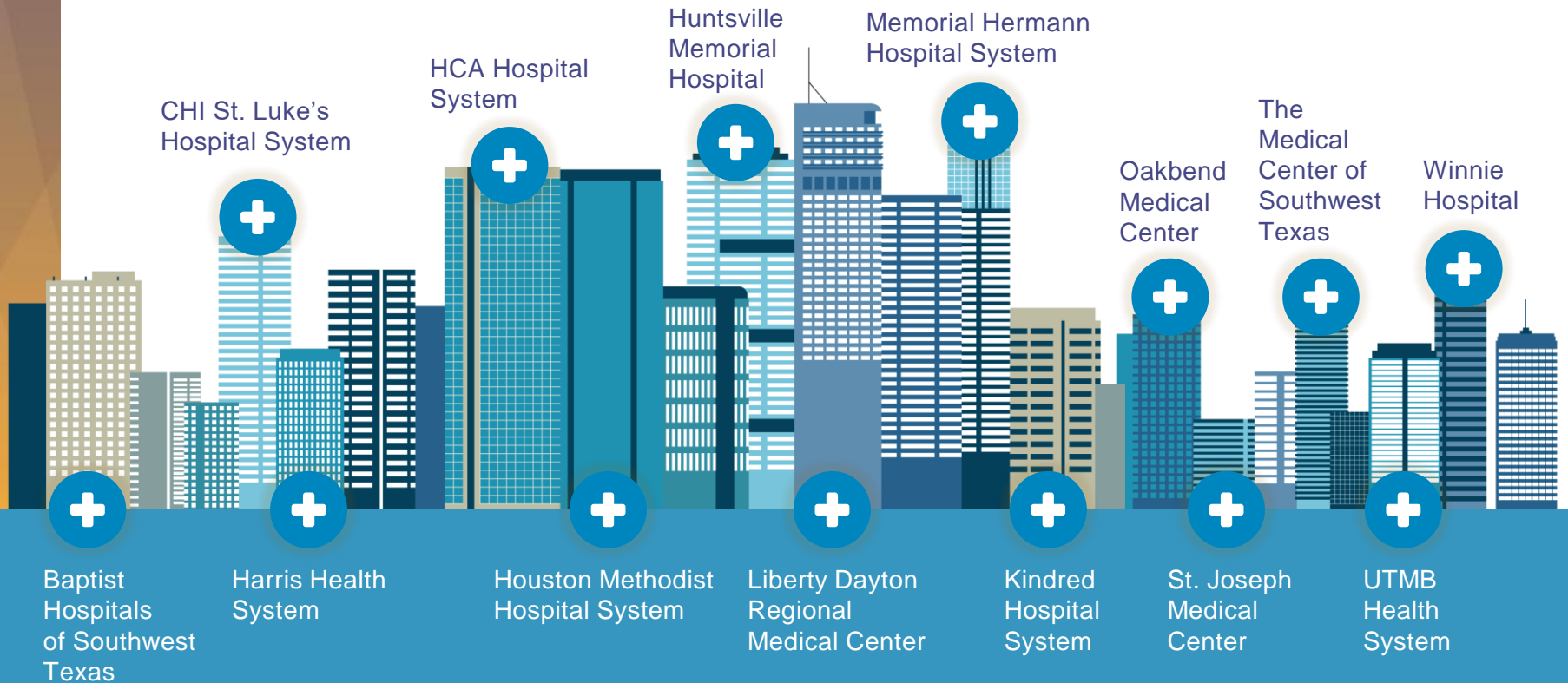


- ★ Austin
- ★ Brazoria
- ★ Chambers
- ★ Fort Bend
- ★ Galveston
- ★ Hardin
- ★ Harris
- ★ Jasper
- ★ Jefferson
- ★ Liberty

- ★ Matagorda
- ★ Montgomery
- ★ Newton
- ★ Orange
- ★ Polk
- ★ San Jacinto
- ★ Tyler
- ★ Walker
- ★ Waller
- ★ Wharton



ACCESS TO ONE OF THE LARGEST HEALTH CARE NETWORKS



Committed To Ensuring Our Members Have Broad Access To Care

2023 Ancillary Network

- Doctor on Demand will provide Tier 1 Primary Care services to enrollees in the **Premier Virtual Bronze 11 plan**
- Navitus will continue to be our pharmacy vendor
- Rx mail-order vendor: Postal Prescription Services (a subsidiary of Kroger)
- Envolve Vision (only children 18 and under)
- Community Health Choice Behavioral Health Services
- Telehealth – Teladoc will be Telehealth provider (**Those members 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



COMMUNITY HEALTH CHOICE MARKETPLACE PREMIER (PLAN YEAR 2023)

Community Health Choice Marketplace Premier (Plan Year 2023)



COMMUNITY HEALTH CHOICE MARKETPLACE SELECT LIMITED (PLAN YEAR 2023)

Community Health Choice Marketplace Select Limited (Plan Year 2023)

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?

Next

SKIP GUIDED SEARCH & TAKE ME TO THE SEARCH PAGE

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

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.

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

Español

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.

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

STEPS

PLAN LOCATION PROVIDER



ENTER YOUR CURRENT LOCATION

2. ENTER YOUR CURRENT LOCATION

Español

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.

77064

Validate Address

SKIP GUIDED SEARCH
& TAKE ME TO THE SEARCH PAGE

Back

Next

Provider Search

STEPS

PLAN LOCATION PROVIDER FILTER

3. SELECT A PROVIDER

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

DOCTORS URGENT CARE FACILITIES PHARMACIES

VISION HOSPITALS

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"

STEPS

PLAN LOCATION PROVIDER FILTER

4. FILTER

Doctors

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

PRIMARY CARE PHYSICIAN

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

SPECIALIST

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

Psychology

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

COMMUNITY HEALTH CHOICE

SEARCH PLAN PROVIDER LOCATION

COMMUN Hospitals Houston, TX 77054, USA Within 5 Search

Start a new search

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

PRINT

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

Southside Place

BRAESWOOD PLACE

The Womens Hospital Of Texas X

Did you know

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

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

Enrollment

**Open Enrollment begins
November 1, 2022!**



On Exchange -

- On Exchange enrollment can be completed through your Agent Portal, via www.Healthcare.gov direct or by phone at 1.800.318.2596
- Enrolling On Exchange is the only way a person can get **Advance Premium 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 2023 Community plan
- Members currently enrolled in a plan that will be discontinued in 2023 will be “passively enrolled” into a respective new plan (See Plan Crosswalk slide)
- If a current member acts and updates their application on Healthcare.gov then they will need to select a 2023 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, 2022 | Open Enrollment Begins |
| January 15, 2023* | Last official day of Open Enrollment |
| January 1, 2023 | 2023 Health Coverage Begins |

* Health Coverage will begin February 1, 2023

Next Steps

- **Post Training** - all agents will complete the 2023 Benefit quiz and return the completed 2023 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 2023 Broker Training Attestation form.
- Submit all required documents back to Agent Credentialing Department at Agent.Credentialing@CommunityHealthChoice.org
- Please make sure that your NAME and NPN matches on all documents submitted
- Complete required CMS 2023 Agent Training via the Marketplace Learning Management System (MLMS)

Question Time...



**THANK YOU FOR YOUR
PARTICIPATION!**

