HMO Commercial MEMBER HANDBOOK

Community First Health Plans covers Members in
Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson counties.

HMO Commercial Handbook MEMBER SERVICES
Local (210) 358-6070 | Toll-Free 1-800-434-2347

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HOW TO REACH US

We are here to answer questions you may have about Community First and your health plan services and benefits.

Office Hours:
Monday through Friday
8:30 a.m. – 5:00 p.m., Central Standard Time

Phone Numbers:
Community First is here to help you. Our Member Services Department is available during regular office hours to obtain additional information, including provider information. Our Member Services representatives speak English or Spanish, or we can get an interpreter who speaks your language.

Main Office:
(210) 227-CFHP (2347)

Toll-free:
1-800-434-CFHP (2347)

Commercial:
(210) 358-6070

TDD:
(210) 358-6080
1-800-390-1175 (Toll-free)

Behavioral Health:
(210) 358-6100

Address:
Corporate Office:
Community First Health Plans
12238 Silicon Drive, Suite 100
San Antonio, Texas 7824

Community Outreach Office:
Community First Health Plans
1410 Guadalupe Street, Suite 222
San Antonio, TX 78207

Web Site:
CommunityFirstHealthPlans.com

What if I need help understanding or reading the Member Handbook?

A Member Services representative will be more than happy to explain any part of this handbook to you. Just call! If you need the book in a different format such as audio, larger print, or Braille, please call Member Services with your request. Our number is at the bottom of every page.

INTRODUCTION TO HMOS

An HMO provides financial protection against the high costs of medical care in case of serious illness or injury. Without an HMO, you must pay the entire cost of your medical care. An HMO covers a range of items and services, including preventive care, emergency room visits, hospital stays, prescription drugs, and medical devices. By covering preventive services, like vaccines and screenings, an HMO increases your likelihood of staying healthy.

WHY DO I NEED AN HMO?

There are many benefits to having an HMO. An HMO protects you from the high costs of medical care resulting from serious illness and injury. No one plans to get sick or hurt, but an HMO helps you pay for the costs of getting treated. Even if you are young and healthy, you can benefit from coverage. An HMO protects everyone from unknown future costs.

HMO plans offer coverage for routine and serious medical care. All plans include coverage for minimum essential health benefits, such as vaccines, blood pressure tests, diabetes screenings, hospital stays, and prescription drugs. Plans provide free preventive care, such as vaccines and check-ups. They also cover some costs for prescription drugs. Coverage is also available for prenatal and maternity care, mental health and substance abuse services, and children's vision and dental care.

HOW HMOS WORK

An HMO is a contract between you and your HMO company. You buy an HMO, and the company agrees to pay part of your medical costs when you get sick or hurt. Each HMO spells out exactly what the HMO will pay and how much you will have to pay. The health care law protects you and stops HMO companies from limiting what they will pay for your care each year and over the entire time you are enrolled in that plan.

When you have an HMO, you pay some costs and your HMO pays some. Most health plans require you to pay a premium. A premium is a fixed amount you pay to your HMO, usually every month. You pay this even if you don't use any medical care that month. In addition to your premium, you may need to pay out-of-pocket costs such as a copayment.

- A copayment is a fixed amount you'll pay for a medical service. For example, you may pay $25 for a visit to the doctor's office that would cost $150 if you didn't have an HMO. The health plan pays the rest.

Most health plans specify the hospitals and doctors that accept your HMO, also known as a network. After you receive a health care service, your doctor sends the bill to your HMO. Based on your plan, the HMO pays a portion of the bill, and you are responsible for paying the rest.

OUT-OF-POCKET MAXIMUM

Out-of-pocket maximums are one way HMO coverage protects you from high medical costs. Your out-of-pocket maximum is the maximum amount you will need to pay each year before your HMO pays 100% of your bill. This amount includes copayment. Your premium payments do not count toward your out-of-pocket maximum. After you've reached your out-of-pocket maximum, your HMO must pay for all of your covered medical care with no limit. For example, if your out-of-pocket maximum is $3,000, once you pay $3,000 in medical expenses including copayments, your HMO will pay for any covered care above this amount for the rest of the year with no limit. The year may be a calendar year or the 12-month period of your health plan coverage. The maximum might apply to you individually, you and your spouse, or your entire family, depending on who is covered by your plan

MEMBER SERVICES DEPARTMENT AND OTHER IMPORTANT INFORMATION

Your Community First Health Plans (Community First) Member Services Department is here when you need them. Specially trained representatives are available to assist you with questions regarding your Community First coverage. Member Services representatives are available Monday through Friday, 8:30 a.m. to 5:00 p.m., Central Standard Time.

CONFIDENTIALITY

We are committed to ensuring that your personal health information (PHI) is secure and confidential. Our physicians and other providers are held to the same standard. Community First's routine use of PHI will only be done so solely to administer your individual contract and fulfilling state and federal requirements. Otherwise, your personal health information will not be disclosed to any other party, including your employer, without your express written consent. You have the right to access your medical records and have the right to consent in writing for specific individuals to have access to your PHI. Authorizations that are granted by you will be disclosed to those individuals specifically indicated in your written consent.

Community First has many physical, electronic, and procedural safeguards in place to protect your information. Information is protected whether it is oral, written or electronic form. Community First policies and procedures require all Community First employees to protect the confidentiality of your protected health information (PHI). An employee may only access PHI when they have an appropriate reason to do so. Each employee must sign a statement that he or she understands Community First's privacy policy. On an annual basis, Community First will send a notice to employees to remind them of this policy. Any employee who violates Community First's privacy policies is subject to discipline, up to and including dismissal.For a copy of our Notice of Privacy Practices, please visit our website at CommunityFirstHealthPlans.com.

IDENTIFY YOURSELF

Each Community First member will receive a member identification card (ID card) which should be presented each time you visit your physician or other participating providers.The ID card lists your name, your employer group number, your member number, the name of your PCP, your copayment(s) and important telephone numbers. If you lose your ID card you may request a replacement ID card may request a replacement ID card through our secure member portal at CommunityFirstHealthPlans.com. You may also call Member Services at (210) 358-6070 or toll free, 1-800-434-2347 for a replacement card.Letting others use your ID card to receive medical services will result in termination of your coverage by Community First.

NOTIFY YOUR EMPLOYER OF CHANGES

It is your responsibility to notify your employer within 30 days of a qualifying event, such as a change in marital status, the addition of newly eligible dependents, a court-ordered change in coverage or changes of address. Your employer's benefits coordinator will notify Community First of the change.

PAYMENT FOR SERVICES/CLAIMS

When you receive medical treatment from a Community First participating provider, there are no claim forms to complete and no bills to submit. You are responsible for your copayment(s) and/or other costs at the time services are rendered. You should not get a bill from Community First or First Health participating providers for covered services. If you believe you have received a bill in error, call Member Services at (210) 358-6070 or toll-free 1-800-434-2347 for assistance.

If you choose to receive medical treatment from a non-participating provider or at a non-participating facility, or you receive non-emergency treatment in an emergency room without authorization from Community First, you will be responsible for the bills.

Once in awhile, you may receive a bill for laboratory work or another service, which should have been sent to Community First. Call Member Services at (210) 358-6070 or toll free, 1-800-434- 2347 and they will assist you.

Finally, please call Member Services at (210) 358-6070 or toll free, 1-800-434-2347 if you have paid for services which you believe should be reimbursed or if you believe you have received a bill in error for covered services. They will assist you.

COORDINATION OF BENEFITS

Community First will coordinate payment for services provided to you or your family with any other group health coverage plan under which you or your family are covered.

The HMO that covers a person as an employee is considered primary coverage for that person. For example, if you have Community First coverage through your employer, Community First is your primary HMO. Coverage you have through your spouse's company is your secondary coverage. If your spouse is employed and has an HMO with his or her company, your spouse would have primary coverage through his or her company and secondary coverage through your employer. Children who are eligible for coverage through both parents are normally provided coverage through the parent whose birthday falls first in the year, provided that the parents each have coverage for their dependents.

CIRCUMSTANCES BEYOND OUR CONTROL

In the event of a major disaster—for example, a war, insurrection, natural disaster or other circumstances beyond our control—we will make a good faith effort to ensure you have access to the health care services you need.

Community First Health Plans Member Services can:

- Assist you in selecting a primary care physician.
- Explain eligibility guidelines.
- Explain covered benefits and services.
- Help you access services.
- Help you overcome physical and/ or communication barriers.

CANCELLATION AND RELATED PROVISIONS

Community First Health Plans will do everything possible to coordinate the best health care services for each of our members. Certain situations will result in cancellation or non-renewal of coverage from Community First. Please consult your Certificate of Group Health Care Coverage for a list of cancellation provisions.

BENEFITS, COVERED SERVICES, LIMITATIONS AND EXCLUSIONS

Please consult your Certificate of Group Health Care Coverage for a listing of benefits, covered services, limitations and exclusions. These may vary by group contract. Certain covered services require authorization prior to receiving services. Failure to obtain prior authorization may result in you being financially responsible for a denied service. If you need help understanding your Certificate of Group Health Care Coverage, or to inquire if a certain service is covered or requires authorization, call Member Services at (210) 358-6070 or toll free, 1-800-434-2347 for assistance.

IMPORTANCE OF A PRIMARY CARE PHYSICIAN

SELECTING YOUR PRIMARY CARE PHYSICIAN

Once you have chosen Community First, your next choice is to select who will provide the majority of health care services to you and your covered dependents. Your primary care physician (PCP) will be the one you call when you need medical advice, when you are sick and when you need preventive care such as immunizations. Each member may select his or her own PCP. You will select a PCP from Community First's extensive network of family or general practitioners, internists and pediatricians.

The selection of a PCP is crucial for immediate access to acute and preventive care. In the event that you do not choose a PCP on your enrollment form, Community First will select one for you and notify you by mail.

For a list of physicians and providers in the Community First network, visit our Web site at CommunityFirstHealthPlans.com/ findaphysician. You can also call our Member Services Department for assistance.

Your Primary Care Physician

Your PCP is your personal doctor who will provide and/or coordinate all aspects of your medical care, and oversee your course of treatment to ensure that proper care is maintained. Community First uses standards accepted by the medical profession to select participating providers. Participating providers are reviewed on a regular basis to ensure they continue to meet Community First's standards.

Your PCP is your main source of medical care and your link to specialists, hospitals and other providers in the Community First network.

Please assist your PCP by:

- Requesting that your prior medical records be transferred to your PCP's office.
- Presenting your Community First member ID card whenever you receive medical services.
- Paying the provider the applicable costs, including copayment(s) at the time of service.

- Contacting your PCP as soon as possible after a medical emergency so he or she can arrange for follow-up care.
- Consulting your PCP before seeking specialty medical care, except when accessing care from an obstetrician/ gynecologist (OB/GYN) or behavioral health provider.

Your PCP is available, directly or through arrangements for coverage with other doctors, 24 hours a day, 7 days a week.

If you are admitted to an inpatient facility, a physician other than your PCP may direct and oversee your care.

If you have a chronic, disabling or life- threatening condition, you may request to use a specialty care physician as your PCP. Call Member Services at (210) 358-6070 or toll free, 1-800-434-2347 to make the request. For your specialty care physician to be named as your PCP, he or she must meet all of Community First's requirements for PCPs and be willing to accept the responsibility of coordinating all of your health care needs.

CHANGING YOUR PRIMARY CARE PHYSICIAN

We want our members to be satisfied with all aspects of their health care services. If, for any reason, you want to change your PCP, please call Member Services at (210) 358-6070 or toll free, 1-800-434-2347.

You may also request a PCP change through our secure member portal at CommunityFirstHealthPlans.com.

If your request to change your PCP is received on or before the 15th of the month, it will take effect on the first day of the following month. Requests for changes received after the 15th of the month will not take effect until the first day of the second month following the change request. For example, if you request a change on or before August 15, the change will become effective September 1. If you request a change on or after August 16, the change will become effective October 1.

CONTINUITY OF CARE

If you are receiving treatment for a medical condition and find out your PCP and/ or specialist will be leaving the Community First network, you may continue to receive treatment for your medical condition. Providers are required by contract to provide Community First with 60-days written notice of their intent to terminate their participation in Community First's network. Community First will make every effort to provide impacted members with 30-days' notice of the provider's termination. Community First will work with you to facilitate the transition to a new provider as appropriate. Please call Member Services at (210) 358-6070 or toll-free, 1-800-434- 2347 for more information.

SPECIALTY & OB/GYN SERVICES

ACCESSING SPECIALTY SERVICES

Community First covers a full range of specialty services. If your PCP determines that your condition requires treatment by a medical specialist, he or she will refer you to the appropriate participating specialist. NOTE: You are not required to obtain a referral from your PCP to access care from an OB/ GYN or behavioral health provider within the Community First network.

For a list of physicians and providers in the Community First network, visit our Web site at CommunityFirstHealthPlans.com. This list is updated every two weeks. You may also call Member Services if you have questions about a physician's professional qualifications and for the most current information on the provider network.

SELECTING YOUR OBSTETRICIAN/GYNECOLOGIST

ATTENTION FEMALE ENROLLEES: You have the right to select an OB/GYN to whom you have access without first obtaining a referral from your PCP. Community First has opted not to limit your selection of an OB/GYN to your PCP's network. You are not required to select an OB/GYN. You may elect to receive your OB/GYN services from your PCP. You have the right to obtain the following services without a referral or an authorization from Community First:

- One "well-woman" examination per year. This would include a pelvic and breast exam and a Pap test. Some women will need a mammogram.
- Care related to pregnancy.
- Care for all gynecological conditions.
- Care for any disease or treatment within the scope of the doctor's license, including diseases of the breast.

Check the Community First "Find a Physician" feature on our Web site for a listing of participating Community First OB/GYN providers. Please contact a Community First Member Services representative if you need additional information about how to access OB/GYN services.

YOUR HEALTH PLAN: COMMUNITY FIRST

CERTIFICATE OF COVERAGE

Your employer's Certificate of Group Health Care Coverage will explain to you in detail your health plan benefits, limitations and exclusions. Please read it to understand how the health plan works. You may also call Member Services at (210) 358-6070 or toll-free, 1-800-434-2347 for help if you have any questions.

BEHAVIORAL HEALTH

If you or a family member need treatment for a mental or emotional disorder or have a problem because of drugs or chemical dependency disorders, call (210) 358-6100 or toll-free, 1-800-434-2347.

Community First has a broad network of mental health and substance abuse

professionals located near you, who can see you right away and help you get treatment. Some substance abuse or mental health problems, such as severe depression, also may require urgent care. You can access a participating behavioral health provider directly.

SCHEDULING APPOINTMENTS

When scheduling an appointment to see a health care provider, be specific about your medical needs. This information enables the provider's staff to schedule your needs and the provider's time appropriately. Notify the provider's office as soon as possible if you cannot keep an appointment. Providers may charge you a cancellation fee if the cancellation is not made within 24 hours of the appointment time. Consult your providers for their policies regarding cancellations.

PRESCRIPTION DRUGS

Community First maintains a Preferred Drug List (PDL) that tells you which medications are generic, preferred and non-preferred. A copy of the current list can be obtained by calling a Member Services representative, who also can answer your questions about your copayments. The Community First Preferred Drug List also is posted on the Community First Web site at CommunityFirstHealthPlans.com.

Your pharmacy benefit consists of 3 tiers. The first tier includes generic drugs, the second tier includes preferred brand name drugs, and the third tier includes non-preferred brand name drugs. Copayments vary based on the tier the drug is on (the higher the tier, the higher your copayment) and whether or not the drug is a maintenance or non-maintenance drug. Maintenance drugs have higher copays. The CFHP PDL denotes maintenance drugs with an "*." Check your Certificate of Coverage and your Drug Rider for information about drug copayments.

Your pharmacy benefit offers you the chance to save money by filling your prescription through mail order. At mail order you can obtain a 90-day supply while at the retail pharmacy you can only receive a 30-day supply at a time. You can save money on copayments for maintenance drugs by using mail order. For example a 30-day supply of a 1st tier maintenance drug will cost you $60 for a 90 day supply at the retail pharmacy ($20x3) while at mail order a 90-day supply will cost you $45.

The PDL is reviewed and modified as necessary by Community First's Pharmacy and Therapeutics Committee, to ensure our members are receiving quality, safe and cost-effective pharmaceutical care. The Community First PDL is a closed formulary and some drugs may not be covered. This is because the Community First Pharmacy and Therapeutics Committee has deemed some drugs to be no more clinically effective than existing PDL drugs. If you want to obtain a non-covered drug, you must pay the pharmacy's price; however, you will receive Community First's discount with that pharmacy.

Please note that SOME over the counter drugs are covered but a prescription from your doctor will be required. Some examples are antihistamines and drugs for acid reflux such as Prilosec.

Some prescriptions require prior approval. The Community First PDL denotes which drugs require a prior authorization with a notation of "PA." A prior approval drug requires your provider to submit clinical data to support the need for the drug. The

pharmacist will notify you if a drug your doctor prescribed requires prior approval. If this happens, contact your provider and ask him/her to submit the request for the medication and the clinical data to Community First.

Some drugs require step edits. A step edit requires the trial and failure of another drug (s) prior to approving the requested drug. The CFHP PDL denotes which drugs require a step edit with a notation of "ST." If the pharmacist notifies you that your drug requires step edits, contact your provider and ask if about trying the other medications first.

Most prescriptions are filled with a 30-day supply of medication. However, some drugs have further quantity restrictions. The Community First PDL denotes which drugs have further quantity restrictions with a notation of "QL."

You must use a Community First network pharmacy. Ask your pharmacist if they accept Community First. Should you use an out of Network Pharmacy you will pay the cost of the prescription and submit your receipt to CFHP for reimbursement. You will be reimbursed at the copay amount when you use an out of network pharmacy.

Please note that most over-the-counter medications are not a covered benefit.

URGENT & EMERGENCY CARE, HOSPITAL SERVICES

URGENT CARE

An urgent care situation is not as serious as an emergency. Urgent care includes services other than those for an emergency that result from an acute injury or illness that is severe or painful enough to lead a person with an average knowledge of medicine and health to believe that the condition, illness or injury is such that failure to get treatment within a reasonable period of time would cause serious deterioration of his or her health.

If you have an urgent illness or injury that is severe or painful enough to require assessment and/or treatment within 24 hours, you should contact your PCP, who will direct you based on your symptoms. If you are within the Community First Health Plans service area and cannot reach your PCP, you may call Member Services. A nurse is available after hours and on the weekend who can help you locate an urgent care facility if needed. Please call (210) 358-6070 or 1-800- 434-2347 for assistance in locating an urgent care facility.

If you are traveling outside of the Community First network area and require urgent care services, please contact First Health at (800) 226-5116 or at www.MyFirstHealth.com to locate an urgent care provider.

EMERGENCY CARE

Emergency care includes those health care services you receive in a hospital emergency room or comparable facility to evaluate and stabilize medical conditions, including behavioral health conditions.

These conditions are of a recent onset and severity (such as severe pain) that would lead a person with average knowledge of medicine and health to believe that the person's condition, sickness or injury is such that failure to get immediate medical care could

cause the following:

- Placing the patient's health in serious jeopardy
- Serious impairment of bodily functions
- Serious dysfunction of any bodily organ or part
- Serious disfigurement
- In the case of a pregnant woman, serious jeopardy to the health of the fetus

Services for emergency care are covered anywhere in the world 24 hours a day. If an emergency occurs, you should call 911 or go to the nearest medical facility.

Necessary emergency care services will be provided to you, including treatment and stabilization of a medical condition and any medical screening examination or other evaluation required by state or federal law which is necessary to determine if an emergency exists.

If, after medical screening, emergency treatment is determined not to be necessary, you must contact your PCP to arrange any non-emergency care needed. If you choose to use the emergency room for non-emergency treatment, you will be responsible for all billed charges.

If you have any questions regarding whether a situation is an emergency, please contact your PCP who will direct you base on your symptoms. Additionally, you may call NurseLink, Community First's 24-hour medical information and nurse advice service, by calling Member Services at (210) 358-6070. NurseLink also provides preauthorization for urgent care and emergency care services during non- business hours.

You must contact your PCP before receiving follow-up care, even if you are referred to a specialty care physician from the emergency room or advised to return to the emergency room by the treating physician. You or someone acting on your behalf should contact your PCP within 24 hours or as soon as reasonably possible, so that he or she may arrange for follow-up care.

IF YOU ARE AWAY FROM HOME

Community First cannot provide routine care coverage outside of our service area. If you or your dependents become ill while away from home and require urgent care services outside the Community First Health Plans service area, you may access the First Health travel network. To locate a provider for urgent care services outside the Community First Health Plans service area, please contact First Health at 1-800-226-5116 or at www.myfirsthealth. com.

In a life-or limb-threatening emergency, go to the nearest emergency room. You should call your PCP within 24 hours.

COLLEGE-AGE DEPENDENTS:

If your child or dependent attends college outside the service area, you will need to have his or her routine medical needs met here. If your child or dependent becomes ill while away from home and requires urgent care services outside the Community First Health Plans service area, he or she may access the First Health travel network.

HOSPITAL SERVICES

When you require hospitalization, your PCP or specialist will refer you to a participating hospital and will provide or coordinate your care throughout your hospital stay.

MEDICAL NECESSITY & ADVANCED DIRECTIVES

MEDICAL NECESSITY

Your physician(s) will make decisions about your care based on "medical necessity" for both medical and behavioral health services. We have provided below definitions of medical necessity. Medically necessary health care services means health care services, other than behavioral health services, which are:

- Reasonable and necessary to prevent illness or medical conditions or provide early screening, interventions and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member, or endanger life;
- Provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's medical conditions;
- Consistent with health care practice guidelines and standards that are issued by professionally recognized health care organizations or government agencies;
- Consistent with the diagnosis of the conditions; and
- No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness and efficiency.
- Are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- Are the most appropriate level or supply of services which can safely be provided; and
- Could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care required.

MEDICALLY NECESSARY BEHAVIORAL HEALTH SERVICES

Medically necessary behavioral health services means those behavioral health services which:

- Are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder or to improve, maintain or prevent deterioration of functioning resulting from such disorder; and
- Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care.

TRANSPLANT CENTERS

Community First has agreements with Specialty Transplant Centers and their physicians to coordinate organ and tissue transplants for our members.

ADVANCE DIRECTIVES

It is your right to accept or refuse medical care. Advance directives can protect this right if you ever become mentally or physically unable to choose or communicate your wishes about your care, due to injury or illness. To request a brochure about advance directives,

call Member Services at (210) 358-6070 or toll free, 1-800-434-2347.

MEMBER RIGHTS

Community First is your partner in managing your health. This partnership is built upon cooperation, with rights and responsibilities for both Community First staff and our members.

YOUR RIGHTS

As a member you have the right to:

- Receive information about our organization, our services, our practitioners and providers, and member rights and responsibilities.
- Be treated courteously and in a manner that respects your right to privacy and dignity in a non- discriminatory manner.
- Have these rights and responsibilities explained to you by Community First and receive a copy of this handbook in another format, if needed, due to a visual or other disability.
- Understand how to access Community First's health care benefits as well as select and be assigned to a Community First PCP within 30 calendar days of enrollment.
- Receive prompt, courteous and appropriate medical treatment, without physical or communication barriers.
- Participate in and understand your health conditions, recommended treatment, alternate treatment available, the risks involved, how to care for yourself to maintain optimum health, and to request a second opinion through Community First.
- Have a discussion of appropriate or medically necessary treatment options, regardless of cost or benefit of coverage.
- Consent to treatment unless a life-or limb-threatening emergency exists, and establish advanced directives as permitted under federal and state laws and have someone not directly involved in your care be present during your examination or treatment.
- Review your records and have your records treated with privacy and confidentiality.
- Take part in available wellness programs.
- Suggest how we can improve our services to you and other members.
- File a complaint or appeal a decision made by Community First in accordance with Community First procedures.
- Make recommendations regarding Community First's member rights and responsibilities policy.

MEMBER RESPONSIBILITIES

YOUR RESPONSIBILITIES

As a member, you have the responsibility to:

- Read this member handbook to learn how Community First works and your Group Certificate of Health Care Coverage to understand your health plan benefits, limitations, and exclusions.
- Carry your Community First member ID card with you at all times while enrolled.

- Appropriately use your health plan. u Use only Community First PCPs, use participating specialists when referred by your PCP, except OB/Gyn and Behavioral Health, and obtain services at a Community First Health Plans contracted facility.
- Advise Community First as soon as possible whenever you receive care from a provider outside Community First's network, whether inside or outside the service area.
- Establish a positive and collaborative relationship with your physician, schedule appointments for routine care, keep scheduled appointments and arrive on time, and promptly contact your provider when you are unable to keep an appointment.
- Give your provider complete and accurate information and help providers obtain your medical records.
- Cooperate with the treatment instructions you and your health care provider agree upon.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- Additionally, communicate to your physician any concerns that you or your family members have about your health or health care.
- Adopt personal habits which promote good health.
- Contact your PCP for your non-emergency medical needs and understand when you should or should not go to the emergency room.
- Pay all applicable service copayments at the time services are rendered and pay for services or supplies not covered by Community First.
- Contact CMS and Community First if there are any changes in family status, address, phone number, employment status and other HMO coverage.
- Respect the dignity of other members and Community First staff and providers.

PREVENTIVE CARE

HEALTHY EATING

Eating a healthy diet helps reduce your risks for heart disease, diabetes and many types of cancer. It also helps you maintain an ideal body weight. Foods you eat affect your energy level. The best diet is one that includes a variety of fruits, vegetables, protein and grains.

Eat breakfast: breakfast is the most important meal of the day.

Eat smaller portions and limit your second helpings.

Limit high-fat foods. u Eat whole wheat breads and cereals, without added fat and sugars.

Limit desserts, sweets and processed foods; try fresh and frozen fruits and vegetables.

Instead of a candy bar or chips and soda for a snack, try a piece of fruit, a bagel, pretzels, yogurt, carrot sticks, crackers or low-fat microwave popcorn.

Use salt in moderation.

Limit consumption of soft drinks and alcoholic beverages.

Avoid quick weight-loss diets; change your eating habits and plan to lose only one-half to one pound each week.

SOCIAL/MENTAL HEALTH

Your social and mental well-being is an important part of your health. People who are mentally healthy feel good about themselves and are better able to deal with the challenges of our sometimes hectic lifestyles. There are many ways to help improve your mental health, such as the following:

- Strike a balance in your life: make time for relaxing and enjoyable pleasures.
- Go to or rent a movie.
- Take in a softball game, exercise or go for a walk.
- Curl up in your favorite chair and read a good book.
- Pray or meditate.
- Buy a visual imagery tape and listen to it in a quiet place or a dark room.
- Start a hobby: make it simple.
- Recognize when you need help and ask for it.

SEE YOUR DOCTOR

A productive health care relationship requires routine visits to your doctor and clear communication with him or her. A physical examination is a good way to find out the state of your health and your current health risks. Some diseases, like diabetes and high blood pressure, may not have noticeable symptoms in the early stages.

Your visits may include:

- Check for vital signs (blood pressure, pulse, breathing rate, and temperature)
- Physical examination
- Diagnostic tests (blood work, EKG, X-rays)
- Immunizations

WELLNESS & EDUCATION

WELLNESS FIRST

Personal wellness is managing your daily activities to improve your quality of life. The three aspects of wellness are your physical, social and mental health. When these three dimensions achieve a balance, you are able to live a healthier life. Wellness involves personal choices. You have to accept responsibility and choose to live a healthy lifestyle. A healthy lifestyle can help you decrease or eliminate health risks to prevent illness and disease.

HEALTH EDUCATION SERVICES

Community First facilitates health education services through community-based classes and educational materials. The following classes are available to members:

- Prenatal education, including:
  - Recommended prenatal care schedule

  - Nutrition
  - Stress management
  - Nurturing relationships
  - Effects of drug, alcohol and tobacco use
  - Breast-feeding
- CPR for infants, children and adults
- Asthma education
- Diabetes education, including:
  - Diabetes self-care skills
  - Nutrition
  - Foot care
  - Dental care
- Nutrition education, including:
  - Healthy eating habits
  - Weight loss/Youth Obesity
  - Changing your diet to help lower blood pressure and cholesterol
- Smoking cessation
- Bicycle Safety

INCREASE YOUR ACTIVITY FOR BETTER HEALTH

Exercise helps improve fitness, maintain an ideal weight and body fat and improve circulation. It also builds strong bones, increases energy levels and improves strength and flexibility. Your mental health is affected by your energy level as well. Those who exercise are less likely to suffer from depression, insomnia and stress. See your physician before starting any exercise routine.

- Establish a routine: you are more likely to stick with it.
- Keep it simple: 20 to 30 minutes a day, 3 to 5 days each week.
- Try walking, cycling, swimming, dancing or aerobics.
- For strength building and flexibility, try gardening activities including weeding and planting, mowing the lawn and raking.
- Park your car at the far end of the parking lot at department and grocery stores.
- Do arm curls with canned foods while cooking.
- Routine housework like mopping, sweeping, vacuuming, dusting and washing windows is good exercise.
- Drink plenty of water before and after you exercise.

UTILIZATION MANAGEMENT PROCESS

Utilization Management decision making is based only on appropriateness of care and service and existence of coverage. Community First Health Plans does not specifically award practitioners or other individuals for issuing denials of coverage. Financial incentives for Utilization Management decision makers do not encourage decisions that result in underutilization.

To make UM decisions, Community First Health Plans uses the requesting practitioner's recommendation and nationally recognized criteria and guidelines, and applies the criteria in a fair, impartial, and consistent manner that serves the best interest of our Members. To ensure that Members receive the most appropriate healthcare, Community First Health Plans reviews your care before, during, and after you receive it to ensure it is covered. Pre-service review occurs before you receive care and post-service review occurs before the claim is paid when you receive care that was not authorized in advance. Generally, the member's practitioner requests prior authorization from Community First Health Plans before you receive care; however, it is the member's responsibility to make sure that they are following Community First Health Plans rules for accessing care. If you are obtaining care from a non-network provider, call (210) 358- 6070 or toll-free at 1-800-434-2347 to request Community First's review of your care. Out-of-network care that is not approved in advance by Community First is not covered. We also review your care while you are in the hospital and work with the hospital staff to help ensure you have a smooth transition to home or your next care setting. Our experienced clinical staff reviews all requests. Member needs that fall outside of standard criteria are reviewed by our physician staff for plan coverage and medical necessity. Community First Health Plans approves or denies services based upon whether or not the service is medically needed and a covered benefit.

HOW TO OBTAIN INFORMATION ABOUT THE UM PROCESS AND AUTHORIZATION OF CARE:

Utilization management staff are available to assist you with any questions or concerns you may have regarding the UM process and the authorization of care. You may speak with a UM staff member by calling (210) 358-6070 or toll-free at 1-800-434-2347 during normal business hours, Monday through Friday, 8:30 a.m. to 5 p.m. On-call UM staff can be reached for urgent issues after hours, weekends, and holidays by calling the same phone numbers and advising the answering service of your need to speak with a UM staff member.

APPEALS & IRO

DENIALS OR LIMITATIONS OF DOCTOR'S REQUEST FOR COVERED SERVICES

Community First may deny health care services that are not considered to be medically necessary. If Community First denies health care services, you will be notified by mail with the reason for the denial and will receive an appeal form with the letter.

If you are not happy with the decision, you may file an appeal by phone or by mail. You may also request an appeal if Community First denied payment of services in whole or in part. Send in the appeal form or call us at (210) 358-6070 or toll free at 1-800-434-2347. If you appeal by phone, you or your representative will need to send us a written signed appeal. You do not need to do this if an Expedited Appeal is requested.

A letter will be mailed to you within 5 working days to tell you we received your appeal and we will mail you our decision within 30 calendar days.

If Community First needs more information to process your appeal, we will notify you of what is needed within the appeal acknowledgement letter.

Sec. 4201.360. IMMEDIATE APPEAL TO INDEPENDENT REVIEW

ORGANIZATION IN LIFE-THREATENING CIRCUMSTANCES. Notwithstanding any other law, in a circumstance involving an enrollee's life-threatening condition, the enrollee is: (1) entitled to an immediate appeal to an independent review organization as provided by Subchapter I; and (2) not required to comply with procedures for an internal review of the utilization review agent's adverse determination. Added by Acts 2005, 79th Leg., Ch. 727 (H.B. 2017), Sec. 4, eff. April 1, 2007. subchapter not later than the second working day after the date of the request for utilization review and the agent receives all information necessary to complete the review. Added by Acts 2005, 79th Leg., Ch. 727 (H.B. 2017), Sec. 4, eff. April 1, 2007.

EXPEDITED APPEALS

An Expedited Appeal is when Community First is required to make a decision quickly based on your health status, and taking the time for a standard appeal could jeopardize your life or health, such as when you are in the hospital or continued treatment has been denied.

To request an Expedited Appeal, call our Health Services Management Department at (210) 358-6050 or toll-free at 1-800-434-2347. You may also request an Expedited Appeal in writing. We will make a determination as soon as possible and communicate the decision to you and your provider as soon as possible based on the immediacy of your needs but not to exceed one business day from the date of your request.

Through the expedited appeals process, you have the right to continue any service you are presently receiving until the final decision of your appeal is issued.

COMPLAINTS & APPEALS

If Community First denies your request for an expedited appeal, we will notify you. Your request will be moved to the regular appeals process. We will mail you our decision within 30 days.

Sec. 4201.304. TIME FOR NOTICE OF ADVERSE DETERMINATION. A utilization review agent shall provide notice of an adverse determination required by this subchapter as follows: (1) with respect to a patient who is hospitalized at the time of the adverse determination, within one working day by either telephone or electronic transmission to the provider of record, followed by a letter within three working days notifying the patient and the provider of record of the adverse determination; (2) with respect to a patient who is not hospitalized at the time of the adverse determination, within three working days in writing to the provider of record and the patient; or (3) within the time appropriate to the circumstances relating to the delivery of the services to the patient and to the patient's condition, provided that when denying poststabilization care subsequent to emergency treatment as requested by a treating physician or other health care provider, the agent shall provide the notice to the treating physician or other health care provider not later than one hour after the time of the request. Added by Acts 2005, 79th Leg., Ch. 727 (H.B. 2017), Sec. 4, eff. April 1, 2007.

COMPLAINTS & APPEALS

To find out about the process to request a review by IRO, you may call our Health Services Management Department at (210) 358-6050 or toll-free at 1-800-434-2347 for

more information.

The IRO will mail you the final decision no later than the 20th day after the date the organization receives the request.

If you are still not happy, you may contact the Texas Department of Insurance (TDI). You can contact TDI at:

Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
1-800-252-3439

HOW TO FILE A COMPLAINT/APPEAL

If you have concerns about the services you have received from Community First, a Community First provider, or any aspect of your health plan benefits, please call us. Call Community First's Member Services Department. You may also submit a complaint through our online secure member portal at CommunityFirstHealthPlans.com.

A full investigation of your complaint will be completed and our decisions will be forwarded to you in writing within 30 calendar days from receipt of your written complaint or complaint form. CFHP will not discriminate or take punitive action against a member or a member's representative for making a complaint, an Appeal, or an Expedited Appeal. The HMO will not engage in retaliatory action, including refusal to renew or cancellation of coverage, against a group contract holder or enrollee because the group or enrollee or a person acting on behalf of the group or enrollee has filed a complaint against the HMO or appealed a decision of the HMO. The HMO will not engage in retaliatory action, including refusal to renew or termination of a contract, against a physician or provider because the physician or provider has, on behalf of an enrollee, reasonably filed a complaint against the HMO or appealed a decision of the HMO. At any time you may file a complaint with the Texas Department of Insurance (TDI) by writing or calling:

Texas Department of Insurance (TDI)
P.O. Box 149104
Austin, Texas 78714-9104
1-800-252-3439

NEW MEDICAL TECHNOLOGY

NEW MEDICAL TECHNOLOGY

Community First must keep pace of changes brought forth by technology to ensure members have access to safe and efficient care. As such, Community First formally evaluates and addresses new developments in medical, behavioral, and pharmaceutical technology or devices and determines coverage based on standardized processes of technology assessment on an individual case basis. New technology not approved by agencies such as the Food and Drug administration (FDA) or the Centers for Medicare and Medicaid Services (CMS) may be considered for coverage if it is determined that the new technology offers more benefit than risk to the patient. It may be denied if there

is no evidence that the benefit exceeds the risk. For more information about the process involved with review of new medical technology, please call Member Services at (210) 358-6070 or toll-free at (800) 434-CFHP (2347).

FRAUD, WASTE AND ABUSE

FRAUD, WASTE AND ABUSE

If you suspect a client (a person who receives benefits) or a provider (e.g., doctor, dentist, counselor, etc.) has committed fraud, waste, or abuse you have the responsibility and a right to report it.

REPORTING PROVIDER/CLIENT WASTE, ABUSE AND FRAUD

To report fraud, waste, or abuse gather as much information as possible. You can report providers/clients directly to your health plan at:

Community First Health Plans
12238 Silicon Drive, Suite 100
San Antonio, TX 78249
(210) 358-6070 or
toll-free at 1-800-434-2347

When reporting a provider (e.g., doctor, dentist, counselor, etc.) provide the following:

- Name, address and phone number of provider;
- Name and addresses of the facility (hospital, nursing home, home health agency, etc.);
- Type of provider (physician, physical therapist, pharmacist, etc.);
- Names and the number of other witnesses who can aid in the investigation;
- Dates of events; and
- Summary of what happened.

When reporting a client (a person who receives benefits) provide the following:

- The person's name;
- The person's date of birth or social security number (if available);
- The city where the person resides; and
- Specific details about the waste, abuse and fraud.
- Dates of events.

SERVICE AREA MAP

[MAP TO BE INCLUDED]

FREQUENTLY ASKED QUESTIONS

How do I change my Primary Care Physician?
Call Member Services. A Member Service Representative can help you pick a new primary care physician. You can also request to change your primary care physician by submitting a secure request on our website at CommunityFirstHealthPlans.com.

Is a referral or authorization required to see a specialist?
Although Community First does not require a referral to see a specialist, some specialists require a referral from your PCP in order to see you. You should check with your PCP if a referral is required to see a particular specialist. Additionally, some services require an authorization from Community First before you receive services. Your PCP will take care of this request for you. You can call Member Services to find out if a certain service requires authorization.

Services that do not require a referral are:

- Behavioral health services;
- OB/GYN services;
- Vision exams from an optometrist; and
- Family planning services.

Call Community First if you need assistance finding a provider or with scheduling an appointment.

What emergency, after hours, and urgent care services are available?
Emergency Care: In a medical emergency, call 9-1-1 or go to the nearest emergency room. Call your primary care physician as soon as possible after you get care so that he or she can help you arrange follow-up care.

Emergency medical condition means: a medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain), such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part;
4. Serious disfigurement; or,
5. In the case of a pregnant woman, serious jeopardy to the health of a woman or her unborn child.

Urgent Care: Urgent medical care is when you are sick or hurt, and need help within 24 hours to keep from getting worse. You should call your Primary Care Physician, who will direct you based on your symptoms. You may also call Community First. We have a nurse advice line, available 24 hours, 7 days a week. They can give you guidance based on your situation.

After Hours Care: Illnesses and injuries sometimes occur after normal office hours. If you get sick or injured after hours, you should call your primary care physician. He or she has made arrangements to have their calls answered 24 hours a day, 7 days a week. You can also call Community First Member Services. We have nurses who can help you 24 hours a day, 7 days a week. The nurse might refer you to an urgent care center, the hospital emergency room, or to a doctor who is open after routine office hours. The nurse might also give you home advice.

What services are available when I am outside Community First's service area?

Basic benefits: Only emergency care services are covered outside the Community First's network and/ or service area, unless medically necessary covered services are not available through Community First's network of participating providers, or in the case of court-ordered dependent coverage.

If medically necessary covered services are not available through Community First's participating providers, Community First may allow, upon the request of a participating provider, an authorization to a non-participating provider.

As a value-added service, we are pleased to offer members an Enhanced Travel Network to access urgent care while traveling. You and your covered family members have the option to see a First Health network provider in an urgent care situation while traveling outside of the Community First HMO service area. If you are in need of urgent care while you are traveling outside of the service area, you may contact First Health at (800) 226-5116 to locate a provider.

Use of a First Health provider in an urgent care or emergency situation outside the service area may decrease your out of pocket costs, including decreasing your risk for balance billing by a non- participating provider.

What do I do if I get a bill?
Call Member Services so we can research the bill and can help you figure out what to do. Be sure to have a copy of the bill in front of you when you call.

How do I file a complaint?
If you have a complaint, please call us at (210) 358-6070 or toll- free at 1-800-434-CFHP (2347). A Community First Member Services Representative can help you file a complaint. You may also send us a secure request on our website at CommunityFirstHealthPlans.com to tell us about your problem. Most of the time, we can help you right away or at the most within a few days. You can file a complaint with the Texas Department of Insurance TDI) at any time. You can contact TDI at:

Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
1-800-252-3439
Fax: (512) 475-1771
Web: http://www.tdi.state.tx.us
Email: ConsumerProtection@tdi.state.tx.us

GLOSSARY

Adverse Determination: A determination by a utilization review agent that health care services provided or proposed to be provided to a patient are not medically necessary or are experimental or investigational.

Appeal: A request, orally or in writing, for reconsideration of a decision reached under the Community First formal Complaint and Appeal process.

Community First: Community First Health Plans, Inc., a health maintenance

organization.

Complaint: Any dissatisfaction expressed by a Member or individual acting on behalf of a Member to Community First, orally or in writing, with any aspect of Community First's operation, including but not limited to, dissatisfaction with plan administration; Appeal of an Adverse Determination; the denial, reduction, or termination of a service; the way a service is provided; or disenrollment decisions. A Complaint is not a misunderstanding or a problem of misinformation that is resolved promptly by clearing up the misunderstanding or supplying the appropriate information to the satisfaction of the Member.

Copayment/Copay: An amount required to be paid by a Member, in addition to premium, in connection with certain Covered Services and Supplies. A copay may be a set dollar amount or a percentage of the negotiated cost of the service.

Emergency Care: Health care services provided in a Hospital emergency facility, free standing emergency medical care facility, or comparable emergency facility to evaluate and stabilize medical conditions, including a behavioral health condition, of a recent onset and severity including, but not limited to, severe pain that would lead a prudent lay person, possessing an average knowledge of medicine and health to believe that his or her condition, illness, or injury is of such a nature that failure to get immediate medical care could result in:

1. placing his or her health in serious jeopardy;
2. serious impairment to bodily functions;
3. serious dysfunction of any body organ or part;
4. serious disfigurement; or,
5. in the case of a pregnant woman, serious jeopardy to the health of the fetus.

Hospital: An acute care institution licensed by the State of Texas as a Hospital, which is primarily engaged, on an inpatient basis, in providing medical care and treatment of sick and injured persons through medical, diagnostic, and major surgical facilities, under supervision of a staff of Physicians and with 24-hour a day nursing and Physician service; however, it does not include a nursing home or any institution or part thereof which is used principally as a custodial facility.

Illness: Any disorder of the body or mind of a Member, but not an Injury. Independent Review Organization (IRO): An organization that is certified by the Texas Department of Insurance to perform independent review of Adverse Determinations, as provided under Chapter 4202 of the Texas Insurance Code.

Injury: Trauma or damage to some part of the body of a Member.

Life-Threatening Condition: A disease or other medical condition with respect to which death is probable unless the course of the disease is interrupted. A Member or the Member's provider of record shall determine the existence of a

Life-Threatening Condition on the basis that a prudent lay person possessing an average knowledge of medicine and health would believe that his or her disease or condition is Life-Threatening.

Medical Emergency: A recent onset of a medical condition requiring Emergency Care.

Medical Necessity or Medically Necessary: Health care services which are determined by Community First to be medically appropriate, and prevent Illness or deterioration of medical conditions, or provide early screening, interventions and/or treatments for conditions that cause suffering or pain, physical deformity, limitations in function, or endanger life. Such services are consistent with the diagnosis; provided at appropriate facilities and at the appropriate levels of care; consistent with health care practice guidelines and standards that are issued by professionally recognized health care organizations or governmental agencies; and are no more intrusive or restrictive than necessary.

Member: An eligible person who is covered under the Individual Health Care Coverage described in the Certificate of Coverage or a Dependent with respect to whom an eligible Individual is covered for Dependent Coverage described in the Certificate of Coverage.

Non-Participating Provider: A Physician, Hospital, or other provider of medical services or supplies that is not a contracting Provider.

Out-of-Pocket Maximum: The maximum amount of out of pocket expenses paid by a Member each year before the health plan covers costs at 100%.

Participating Provider: A Physician, Hospital, or other provider of medical services or supplies that is licensed or certified in the state in which it is located and which has contracted with Community First to arrange for or provide services and supplies for medical care and treatment of Members.

Physician: Any individual licensed to practice medicine by the Texas State Board of Medical Examiners.

Practitioner: A Physician, Hospital or other person or entity licensed to provide medical services under applicable law.

Primary Care Physician (PCP): A Participating Physician who is chosen by or for a Member to have the responsibility for:

- providing initial and primary medical care to the Member; and
- maintain the continuity of the Member's medical care.

Provider: A person, other than a physician, who is licensed or otherwise authorized to provide a health care service in this state.

Referral: A recommendation by a Member's PCP or other treating provider for a patient to be evaluated or treated by another Physician or Provider.

Service Area: Geographical areas within which Covered Services and Supplies for medical care and treatment are available and provided, by Participating Providers, under the Individual Contract, to Members who live, reside or work within that geographic area.

Specialty Care Physician: A participating physician who provides certain specialty

medical care to members. Under special circumstances a specialty care physician may function as a PCP if approved by the medical director. Members who are referred to specialty care physicians may still need to obtain pre-authorization to receive certain services from the specialty care physician and should work with his/ her PCP and specialty care physician in order to obtain pre-authorization when required.

Urgent Care: Health care services provided in a situation other than an emergency which are typically provided in settings such as a Physician or provider's office or Urgent Care Center, as a result of an acute Injury or Illness, including an urgent behavioral health situation, that is severe or painful enough to lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, Illness or Injury is of such a nature that failure to obtain treatment within a reasonable period of time would result in serious deterioration of the condition of his or her health.

COMMUNITY FIRST
HEALTH PLANS

Non-Discrimination Notice

Community First Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Community First Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

Community First Health Plans provides free auxiliary aids and services to people with disabilities to communicate effectively with our organization, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, and other written formats)

Community First Health Plans also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these auxiliary services, please contact Community First Member Services at 1-800-434-2347. TTY (for hearing impaired) at 210-358-6080 or toll free 1-800-390-1175.

If you wish to file a complaint regarding claims, eligibility, or authorization, please contact Community First Member Services at 1-800-434-2347.

If you feel that Community First Health Plans failed to provide free language services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can contact the Chief Compliance & Quality Officer by phone, fax, or email at:

Susan Lomba
Chief Compliance & Quality Officer
Phone: 210-510-2463, TTY number: 1-800-390-1175
Fax: 210-358-6014
Email: slomba@cfhp.com

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

You may also file a complaint by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019, TDD number: 1-800-537-7697

Complaint forms are available at:
http://www.hhs.gov/ocr/office/file/index.html

Aviso de no discriminación

Community First Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, u orientación sexual. Community First Health Plans no excluye o trata de manera diferente a las personas debido a raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, u orientación sexual.

Community First Health Plans proporciona asistencia y servicios gratuitos a personas con discapacidades para comunicarse efectivamente con nuestra organización, como:

- Intérpretes calificados de lenguaje de señas
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

Community First Health Plans también ofrece servicios gratuitos lingüísticos a personas cuyo idioma principal no es el inglés, como:

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita recibir estos servicios auxiliares, comuníquese al Departamento de Servicios para Miembros de Community First al 1-800-434-2347. TTY (para personas con problemas auditivos) al 210-358-6080 o al número gratuito 1-800-390-1175.

Si desea presentar una queja sobre reclamos, elegibilidad, o autorización, comuníquese al Departamento de Servicios para Miembros de Community First al 1-800-434-2347.

Si cree que Community First Health Plans no proporcionó servicios lingüísticos gratuitos o fue discriminado de otra manera por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, u orientación sexual, puede comunicarse con la directora del calidad y cumplimiento por teléfono, fax, o correo electrónico al:

Susan Lomba
Directora de calidad y cumplimiento
Teléfono: 210-510-2463, línea de TTY gratuita: 1-800-390-1175
Fax: 210-358-6014
Correo electrónico: slomba@cfhp.com

También puede presentar un queja de derechos civiles ante el Departamento de Salud y Servicios Humanos de los Estados Unidos de manera electrónica a través del portal de quejas de derechos civiles, disponible en:
https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

También puede presentar una queja por correo o por teléfono al:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
Teléfono: 1-800-368-1019, línea de TDD gratuita: 1-800-537-7697

Los formularios de queja están disponibles en:
http://www.hhs.gov/ocr/office/file/index.html.

COMMUNITY FIRST
HEALTH PLANS

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-434-2347 (TTY: 1-800-390-1175).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-434-2347 (TTY: 1-800-390-1175).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務. 請致電 1-800-434-2347 (TTY:1-800-434-2347)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-434-2347 (TTY: 1-800-390-1175)번으로 전화해 주십시오.

ر ق م 1-800-434-2347 ق م ب ر ا ت ص ل باﻟ مجا ن . ل ك ف ت وت ى ة ا ل ل وغ عدة ا ل م اس خدمات ف إ ن ا ل
ل غ ة،اذا ك ر ت تحدث ك نت إ ذا م لحوظة : 1-800-390-1175 :واﻟ ا ل مص هات

ک ا ل ۔ ہ ی ں د س ت ای ب م ی ں م فت خدمات ک ی ددم ک ی زب ا ن ک و آپ ت و ہ ی ں،ل تے ب و دو ا ر آپ
ا گ ر دا ر : خ بر 1-800-434-2347 (TTY: 1-800-390-1175).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-434-2347 (TTY: 1-800-390-1175).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-434-2347 (ATS: 1-800-390-1175).

ध्यान द: यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-800-434-2347 (TTY: 1-800-390-1175) पर कॉल कर।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیالت زبانی بصورت رایگان برای شما
تامین بگیری. 1-800-434-2347 (TTY: 1-800-390-1175) فراهم می باشد. با

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-434-2347 (TTY: 1-800-390-1175).

ध्यान दें: यदि आप हदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-434-2347 (TTY: 1-800-390-1175) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-434-2347 (телетайп: 1-800-390-1175).

注意事項：日本語を話される場合，無料の言語支援をご利用いただけます. 1-800-434-2347 (TTY:1-800-390-1175)まで、お電話にてご連絡ください.

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,ການບລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ສຽ ຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-434-2347 (TTY: 1-800-390-1175).