

Fraud and Abuse

If you suspect a Member (a person who receives benefits) or a Provider (e.g., doctor, dentist, counselor, etc.) has committed waste, abuse or fraud, you have a responsibility and a right to report it. You can report Members/Providers directly to Community at:

Community Health Choice, Inc.
Vice President of Compliance & Privacy
2636 South Loop West, Suite 125
Houston, TX 77054
1.877.888.0002

If you have access to the Internet, go to the Texas Department of Insurance (TDI) Web site at <http://www.tdi.texas.gov/fraud/index.html> and select the online reporting forms. If you do not have access and/or prefer to talk to a person, call the TDI Fraud Hotline toll-free at 1.800.252.3439.

When reporting a Provider (e.g., doctor, dentist, counselor, etc.) have the following information available:

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

When reporting a Client (a person who receives benefits) provide the following information available:

- The person's name
- The person's date of birth, Social Security number or case number if available
- The city where the person resides
- Specific details about the waste, abuse or fraud

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact Community Privacy Officer.

This Notice of Privacy Practices is given to you as part of the Health Insurance Portability and Accountability Act (HIPAA). It says how we can use or share your protected health information (PHI) and sensitive personal information (SPI). It tells you who we can share it with and how we keep it safe. It tells you how to get a copy of or edit your information. You can allow or not allow us to share specific details, unless needed by law.

Our Responsibility to you Regarding Protected Health Information

"Protected health information" and "sensitive personal information" (PHI/SPI) is information that identifies a person or patient. This data can be your age, address, e-mail address, and medical facts. It can be about your past, present or future physical or mental health conditions. It also can be about sensitive health care services and other personal facts.

By Law, Community must:

- Make sure that your PHI/SPI is kept private.
- Give you this notice of our legal duties and privacy practices. It describes the use and disclosure of your PHI/

SPI. Follow the terms of the notice in effect now.

- Tell you about any changes in the notice.
- Notify you that your health information (PHI/SPI) created or received by Community is subject to electronic disclosure.
- Give you an electronic copy of your record within fifteen (15) days after you ask in writing. We can also give this to you another way if you ask for it. There are some exceptions to this rule.
- With exceptions, not sell any PHI/SPI.
- Disclose any breach of unencrypted PHI/SPI we think an unauthorized person might have.
- Ensure that the information you share with us is confidential and secure. We protect your information using Secure Socket Layers (SSL), a process that allows only authorized personnel to access your personal information. All authorized personnel must abide by Community's security and confidentiality policies. Access to your information is restricted based on the employee's responsibilities.
- Train employees about our privacy practices. HIPAA training is required prior to viewing PHI/SPI. Employees are trained annually.

We have the right to change this notice. The effective date is on the bottom of each page. You can get a copy at CommunityCares.com. You can also call our Privacy Officer and ask for a copy to be mailed to you.

How Community can Use or Disclose your Protected Health Information without your Authorization

Here are some examples of allowed uses and disclosures of your PHI/SPI. These are not the only ones.

Treatment — Community will use and share your PHI/SPI to provide, coordinate or manage your health care and other services. We might share it with doctors or others who help with your care. In emergencies, we will use and share it to get you the care you need. We will only share what is needed. Community and its representatives will not knowingly cause or permit the use or distribution of enrollee information which is untrue or misleading.

Payment — We can use and share your PHI/SPI to get paid for the health care services that you received.

Health Care Operations — We can use or share your PHI/SPI in our daily activities. For example:

- To call you to remind you of your visit
- To conduct or arrange other health care activities
- To send you a newsletter
- To send news about products or services that might benefit you
- To give you information about treatment choices or other benefits

Business Associates — We can share your PHI/SPI with our Business Associates. They must also protect it. They must follow HIPAA privacy and security rules, HITECH rules and Texas Privacy Laws. They can face fines and penalties. They have to report any breaches of unencrypted PHI/SPI.

Required by Law — By law, sometimes we must use or share your PHI/SPI. Here are some examples: Public Health Authorities

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report problems with medicines or other products
- To notify authorities if we believe a patient has been the victim of abuse, neglect or domestic violence

Communicable Diseases — We can share your PHI/SPI to tell a person they might have been exposed to a disease. We can tell a person they might be at risk for getting or spreading a disease or condition.

Health Oversight Agencies & U.S. Food and Drug Administration — We will share your PHI/SPI when health oversight agencies ask for it.

Legal Proceedings — We will share your PHI/SPI for legal matters. We must receive a legal order or other lawful process.

Law Enforcement & Criminal Activity — We will share your PHI/SPI if we believe it helps solve a crime. We will share it to stop or reduce a serious threat. We can also share it to help law enforcement officers find or arrest a person.

Coroners, Funeral Directors, and Organ Donations — We share PHI/SPI with coroners, medical examiners, and funeral directors. We can also share it to help manage organ, eye or tissue donations.

Research — If Community agrees to be part of an approved research study, we will make sure that your PHI/SPI is kept private.

Military Activity and National Security — We can share PHI/SPI of Armed Forces personnel with the government.

Workers' Compensation — We will share your PHI/SPI to follow workers' compensation laws and similar programs.

Inmates — We can use or share your PHI/SPI if you are a correctional facility inmate and we created or received your PHI/SPI while providing your care.

Disclosures by the Health Plan — We will share your PHI/SPI to get proof that you are able to get health care. We will work with other health insurance plans and other government programs.

Parental Access — We follow Texas laws about treating minors. We follow the law about giving their PHI/SPI to parents, guardians or other person with legal responsibility for them.

For People Involved in Your Care or Payment for Your Care — We will share your PHI/SPI with your family or other people you want to know about your care. You can tell us who is allowed or not allowed to know about your care. You must fill out a form that will be part of your medical record.

Restrictions on Marketing — The HITECH Act does not let Community receive any money for marketing communications.

Other Laws that Protect Health Information — Other laws protect PHI/SPI about mental health, alcohol and drug abuse treatment, genetic testing and HIV/AIDS testing or treatment. You must agree in writing to share this kind of PHI/SPI.

Your Privacy Rights with Respect to your Health Information

Right to Inspect and Copy Your Health Information — In most cases, you have the right to look at your PHI/SPI. You can get a printed copy of the record we have about you. It can also be given to you in electronic form. There might be a charge for copying and mailing.

Right to Amend Your Health Information — You can ask Community to change facts if you think they are wrong or not complete. You must do this in writing. We do not have to make the changes. If we deny your request, we will do so within sixty (60) days.

Right to an Accounting of Disclosures — You can ask for a list of certain disclosures of your PHI/SPI. The list will not include PHI/SPI shared before April 14, 2003. You cannot ask for more than six (6) years. The list can only go back three (3) years for electronic PHI/SPI. There are other limits that apply to this list. You might have to pay for more than one list a year.

Right to Ask For Restrictions — You can ask us to not use or share part of your PHI/SPI for treatment, payment or health care operations. You must ask in writing. You must tell us (1) PHI/SPI you want restricted; (2) if you want to

change our use and/or disclosure; (3) who it applies to (e.g., to your spouse); and (4) expiration date.

If we think it is not best for those involved, or cannot limit the records, we do not have to agree. If we agree, we will only share that PHI/SPI in an emergency. You can take this back in writing at any time.

If you pay in full for an item or service, you can ask a Provider to not share PHI/SPI with Community for payment or operations purposes. These are the main reasons we would need it. This does not apply if we need the PHI/SPI for treatment purposes.

Right to Receive Confidential Communications — You can tell us where and how to give you your PHI/SPI. You can ask us to only call at a certain number. You can also give us another address if you think sending mail to your usual address will put you in danger. You must be specific and put this in writing.

Right to Choose Someone to Act for You — If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has this authority and can act for you before we take any action.

Right to a Copy of this Notice — You can ask for and get a copy of this Notice from us at any time, even if you have received this Notice previously or agreed to receive this Notice electronically.

Right to Withdraw an Authorization for Disclosure — If you have let us use or share your PHI/SPI, you can change your mind at any time. You must tell us in writing. In some cases, we might have already used or shared it.

Right to be Notified of Breach — You will be told if we find a breach of unsecured PHI/SPI. The breach could be from either Community or a Business Associate of Community.

Federal Privacy Laws

This Notice of Privacy Practices is given to you as part of HIPAA. There are other privacy laws that also apply. Those include the Freedom of Information Act; Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act; the Health Information Technology for Economic and Clinical Health Act (HITECH) and the Texas Privacy Law, Health and Safety Code, Section 181 et al.

Complaints

You can file a complaint if you believe your privacy rights have been violated. You can call Community's Privacy Officer at 1.877.888.0002. You can also file a complaint with the Department of Health and Human Services, Office of Civil Rights. Please refer to the Office of Civil Rights contact information at the end of this Notice. We urge you to tell us about any privacy concerns. You will not be retaliated against in any way for filing a complaint.

Authorization to Use or Disclose Health Information

Other than as stated above, we will not use or share your PHI/SPI without your written agreement. You can change your mind about letting us use or share your PHI/SPI at any time. You must tell us in writing.

The HITECH Act makes Community limit uses, disclosures, and requests of your PHI/SPI. We cannot ask for or share more than is needed.

Effective Date — This Notice originally took effect on April 14, 2003, and was updated September 23, 2013. This Notice stays in effect until it is replaced by another Notice.

Contact Information

If you have any questions or complaints:

Community Health Choice, Inc.
Vice President of Compliance & Privacy
2636 South Loop West, Suite 125
Houston, TX 77054
1.877.888.0002

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1.877.696.6775
www.hhs.gov/ocr/privacy/hipaa/complaints

For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Health Coverage Definitions

Copayment

A specified dollar amount or amount expressed as a percentage you are obligated to pay toward covered expenses of certain benefits specified.

Deductible

The amount you and/or your family must incur for covered services and are responsible for before any Copayment amounts.

Formulary

A list of preferred prescription drugs that are approved for coverage by Community's pharmacy benefit program. It includes brand name and generic drugs approved by the U.S. Food and Drug Administration (FDA).

HMO

A Health Maintenance Organization (HMO) arranges for or provides a health care plan to enrollees on a prepaid basis.

Network

Doctors, hospitals, and other health care providers who have a contract with Community to provide services at a negotiated rate of payment for our Members.

Out-of-pocket Maximum

The most you pay for covered services each year. Once reached, the Plan pays 100% for most covered services for the rest of the year.

Primary Care Provider

A primary care provider (PCP) is trained to manage all of your health conditions. Your PCP plays many roles: primary care giver, health care advisor and consultant, coordinator of specialty care, patient advocate, and medical home. PCPs can be:

- Family/General Practitioners (Doctors who treat patients of all ages)
- Internists (Doctors who treat adults and may have a subspecialty)
- Pediatricians (Doctors who treat children)

- Obstetricians/Gynecologists (OB/GYNs) (Doctors who treat pregnant women and women who are not pregnant)

Prior Authorization

A determination by Community or its designee that a service or prescriptive drug is medically necessary prior to being provided. Some health care services, prescription drugs or medical equipment require you or your Provider to obtain approval or prior authorization before to receiving services, except in an emergency.

Referral

A referral is a consultation for evaluation and/or treatment of a patient, requested by one doctor to another doctor.

Specialist

A physician specialist focuses on a specific area of medicine or group of patients.

Examples of specialists include:

- Cardiologist
- Dermatologist
- Surgeon

Step Therapy

A type of Prior Authorization required for some high-cost drugs.

Frequently Asked Questions

Can I only enroll during open enrollment?

Enrollment in Community's Marketplace plans is only allowed during the federally-specified open enrollment period, unless you have a qualifying event. Qualifying events may include:

- Loss of minimal coverage
- Loss of CHIP or Medicaid coverage
- Marriage/Birth/Adoption
- Gaining citizenship or qualifying immigration status
- Enrollment errors made by CMS or the Marketplace
- Change in eligibility for tax credits or cost-share reductions
- Gaining access to new plans as a result of a move
- If you were enrolled in non-qualifying employer coverage
- If the qualified health plan violates their contract
- Exceptional circumstances

How is age calculated?

Age is determined by the age of the enrollee on the effective date of coverage.

Are there pre-existing condition limitations?

No, there are no pre-existing condition limitations.

How do I locate Network Providers and facilities?

Search our online directory of Network Providers at CommunityCares.com. Our online directory is updated in real time. Please check the online directory before you obtain services to ensure that the Provider is still in our Network. If you do not have access to our online directory, contact Community Member Services at 713.295.6704 or toll-free at 1.855.315.5386 or email Marketplace@CommunityCares.com. Network Providers are not Community's agents. They are independent contractors. Community pays physicians at a contract fee-for-service rate.

What happens if I see an out-of-network provider?

Under the Community plans, there are no benefits for out-of-network services, with the exception of emergencies or services that have received prior approval/preauthorization for medical necessity.

What is a drug formulary?

A drug formulary is a list of preferred medications put together by Community to help you to access quality, cost-effective medications.

What are generic drugs?

Generic drugs are medications that contain the same active ingredients in the same amounts as brand-name drugs. Generics may be a different color, shape or size. Generic drugs have been approved by the Food and Drug Administration (FDA) as safe and effective. A generic drug can be substituted for a brand-name drug when rated as an equivalent by the FDA and where permitted by law and the prescriber.

How do I make payment?

The initial premium payment may be paid by check or credit card by phone. All future payments can be made by check, credit card by telephone, electronic payment via member portal or as a walk-in payment at an approved vendor. For a list of approved vendors, visit the Community Web site.

Can I cancel my coverage at any time?

You can cancel when you have a qualifying event or coverage is automatically canceled for non-payment when the grace period runs out. Note that cancellation of your coverage may result in you owing a federal tax penalty.

Can I change plans at any time?

Plans can only be changed during open enrollment, unless you have a qualifying event.

When must I file a claim?

You must file a claim if you receive services outside of our service area that will not be billed to Community by the physician or provider.

How can I check claim status?

You can check claims status by logging into your Community Member account or by contacting Community Member Services at 713.295.6704 or toll-free at 1.855.315.5386 or email at Marketplace@CommunityCares.com.

How do I select Kelsey-Seybold as my Provider?

Kelsey-Seybold is available to Members enrolled in the Kelsey Care powered by Community 006 and Kelsey Care powered by Community 007 plans ONLY. Copay plan Members are able to change their PCP selections on a monthly basis. However, it is important to note that changes in PCP selection are not immediate. Contact Member Services for further details on the effective dates for PCP changes.

Member Satisfaction Survey

On an annual basis, Community will conduct a Member Satisfaction Survey to solicit and respond to Member's suggestions about how Community can best service its membership. The Member Satisfaction Survey results are viewed by Community's Quality Improvement Committee and reported to Community's Board of Directors. The Member Satisfaction Survey results are available to Members upon request.

Thank You

Thank you for selecting Community Health Choice as your Marketplace plan! We strive to give you the best service and the best access to healthcare possible.

1. Arabic	<p>يتضمن هذا الإشعار معلومات مهمة. وتتعلق هذه المعلومات الهامة في الإشعار بخصوص طلبك أو التغطية تحت التأمين الصحي Community Health Choice. ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ إجراءات قبل مواعيد محددة للحفاظ علي تأمينك الصحي أو مساعدتك في دفع التكاليف. لديك الحق في الحصول علي هذه المعلومات والمساعدة بلغتك دون أي تكلفة. اتصل علي 1.855.315.5386.</p>
2. Chinese	<p>本通知有重要信息。本通知包含關於您透過Community Health Choice提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或費用補貼。您有權免費以您的母語得到本訊息和幫助。請撥電話1.855.315.5386.</p>
3. English	<p>This Notice has Important Information. This notice has important information about your application or coverage through Community Health Choice. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1.855.315.5386.</p>
4. French	<p>Cet avis contient d'importantes informations. Cet avis contient d'importantes informations concernant votre demande ou votre couverture avec Community Health Choice. Consultez les dates figurant dans le présent avis car il est possible que vous ayez à prendre certaines mesures avant ces dates pour conserver votre assurance santé ou profiter de meilleurs coûts. Vous êtes en droit de recevoir ces informations et de bénéficier gratuitement d'une aide dans votre langue. Appelez le 1.855.315.5386.</p>
5. German	<p>Diese Mitteilung enthält wichtige Informationen. Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag auf Krankenversicherung bzw. Ihren Versicherungsschutz mit Community Health Choice. Achten Sie auf wichtige Termine in dieser Mitteilung. Eventuell müssen Sie zu bestimmten Stichtagen Maßnahmen ergreifen, um die Beibehaltung Ihres Versicherungsschutzes bzw. finanzieller Unterstützung zu gewährleisten. Sie haben ein Recht auf die kostenfreie Bereitstellung dieser Informationen und weiterer Unterstützung in Ihrer Sprache. Rufen Sie an unter 1.855.315.5386.</p>
6. Gujarati	<p>આ નોટિસમાં મહત્વની માહિતી છે. આ નોટિસમાં Community Health Choice દ્વારા તમારી અરજી અથવા કવરેજ વિશે મહત્વની જાણકારી છે. આ નોટિસમાં મહત્વની તારીખો માટે જુઓ. તમારા આરોગ્ય કવરેજને રાખવા અથવા ખર્ચ બાબતે મદદ કરવા માટે અમુક ચોક્કસ મુદત સુધી પગલાં લેવાની તમારે જરૂર પડી શકે છે. તમને કોઈ પણ ખર્ચ વિના તમારી ભાષામાં આ જાણકારી અને મદદ મેળવવાનો અધિકાર છે. 1.855.315.5386 પર કોલ કરો.</p>
7. Hindi	<p>इस सूचनामें महत्वपूर्ण जानकारी है। इस सूचनामें आपके आवेदन या Community Health Choice द्वारा कवरेज के बारे में महत्वपूर्ण जानकारी है। इस सूचना में महत्वपूर्ण तारीखों के लिए खोजिये। आप अपने स्वास्थ्यके कवरेज रखने के लिए या लागत के मदद के लिए निश्चित समय सीमासे कार्रवाई करना जरूरत हो सकती है। आपको अपनी भाषा में इस जानकारी और सहायता निःशुल्क प्राप्त करने का अधिकार है। 1.855.315.5386 बुलाइये।</p>
8. Japanese	<p>この通知には必要な情報が含まれています。この通知にはCommunity Health Choice の行申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。 1.855.315.5386 までお電話ください。行</p>

9. Korean	이 통지서는 중요한 정보를 담고 있습니다. 이 통지서는 Community Health Choice를 통한 귀하의 신청이나 보험보장에 대해 중요한 정보를 담고 있습니다.. 이 통지서에서 주요 날짜를 확인하십시오. 귀하의 건강보험 보장을 유지하거나 비용에서 도움을 받기 위해서는 일정한 마감일까지 조치를 취해야 할 수 있습니다. 귀하에게는, 이러한 정보를 받고 무료로 귀하의 언어로 도움을 받을 권리가 있습니다. 1.855.315.5386로 연락하십시오.
10. Laotian	ຫນັງສືແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນ. ຫນັງສືແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບໂບສະຫມັກຫຼືການຄຸ້ມຄອງຂອງທ່ານໂດຍຜ່ານ Community Health Choice. ໃຫ້ຊອກຫາຂໍ້ມູນວັນທີ່ສໍາຄັນໃນຫນັງສືແຈ້ງການນີ້.ທ່ານອາດຈະຕ້ອງປະຕິບັດຜາຍໃນກໍານົດເວລາເພື່ອທີ່ຈະຮັກສາການຄຸ້ມຄອງສຸຂະພາບຂອງທ່ານຫຼືການຊ່ວຍເຫຼືອໃນເຮືອງຄ່າໃຊ້ຈ່າຍ. ມັນເປັນສິດທິຂອງທ່ານທີ່ຈະໄດ້ຮັບຂໍ້ມູນຂ່າວສານນີ້ແລະການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທລະສັບ 1.855.315.5386.
11. Persian	این اطلاعیه حاوی اطلاعات مهمی می باشد. این اطلاعیه حاوی نکات مهمی درباره تقاضانامه و پوشش بیمه ای شما توسط Community Health Choice می باشد. به تاریخ های ذکر شده در این اطلاعیه توجه نمایید. به منظور برقرار نگهداشتن پوشش بیمه ای یا دریافت کمک هزینه، ممکن است نیاز باشد که تا مهلت های مقرر، اقداماتی را انجام دهید. حق شماست که این اطلاعات و کمک را بطور رایگان به زبان خودتان دریافت نمایید. با شماره تلفن 1.855.315.5386 تماس بگیرید.
12. Russian	Настоящее уведомление содержит важную информацию. Настоящее уведомление содержит важную информацию о вашем заявлении или страховом покрытии, предоставляемым Community Health Choice. Обратите внимание на основные даты, указанные в настоящем уведомлении. Возможно, будет необходимо предпринять действия до наступления конечного срока для сохранения страхового полиса или для получения помощи в оплате расходов. Вы имеете право на бесплатное получение этой информации и помощи на вашем языке. Звоните по телефону: 1.855.315.5386.
13. Spanish or Spanish Creole	Este aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Community Health Choice. Preste atención a las fechas clave que se incluyen en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al teléfono 1.855.315.5386.
14. Tagalog	Ang Notisyang ito ay naglalaman ng Importanteng Impormasyon. Maayroon itong importanteng impormasyon tungkol sa inyong aplikasyon o pagpapaseguro sa pamamagitan Community Health Choice. Hanapin ang mga importanteng petsa sa notisyang ito. Maaaring may kailangan kayong gawin bago ang mga itinakdang deadline para manatiling nakaseguro o para matulungan kayo sa mga kailangang babayaran. Kayo ay may karapatang makatanggap nitong impormasyon at makatanggap ng pagsasalin sa inyong wika na wala kayong babayaran. Tawagan ang 1.855.315.5386.
15. Urdu	اس نوٹس میں اہم معلومات ہیں۔ اس نوٹس میں Community Health Choice کے ذریعے آپ کی درخواست یا بیمے کے تحفظ سے متعلق اہم معلومات ہیں۔ اس نوٹس میں اہم تاریخوں کو دیکھیے۔ اپنی صحت کے بیمے کے تحفظ کو برقرار رکھنے یا اخراجات میں مدد کے لیے آپ کو کچھ خاص تاریخوں تک کارروائی کرنے کی ضرورت ہوسکتی ہے۔ آپ کو ان معلومات اور مدد کو اپنی زبان میں مفت حاصل کرنے کا حق حاصل ہے۔ 1.855.315.5386 پر رابطہ کریں۔

16. Vietnamese	Thông báo này có Thông Tin Quan Trọng. Thông báo này có thông tin quan trọng về mẫu đơn của bạn hoặc bảo hiểm qua chương trình Community Health Choice. Xem những ngày quan trọng trong thông báo này. Bạn có thể cần phải thực hiện trong thời hạn nhất định để giữ bảo hiểm sức khỏe của bạn hay giúp đỡ chi phí. Bạn có quyền được thông tin này và giúp đỡ trong ngôn ngữ của bạn miễn phí. Xin gọi 1.855.315.5386.
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If you need help filing a grievance, Nike Otuyelu, Vice President-Corporate Compliance & Risk Management, is available to help you. You can file a grievance in person or by mail, fax, or email:

Nike Otuyelu, Vice President-Corporate Compliance & Risk Management
 2636 South Loop West, Suite 125
 Houston, Texas 77054
Phone: 713.295.6704
Email: MarketplaceGrievances@communitycares.com

You can 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>, or 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
 1.800.368.1019, 800.537.7697 (TDD)

