

Jane Doe
1234 Healthy Way
San Antonio, TX 78229



COMMUNITY FIRST
HEALTH PLANS

Keeping Our Commitment to You



Welcome to *Community First*

Dear New Member:

Thank you for choosing Community First Health Plans as your HMO for the upcoming year. Enclosed you will find the following items:

- **Identification Card(s)** — *These identify you and/or your dependents as participating members.*
- **Evidence of Coverage (Subscriber Certificate)** — *Explains benefits which are covered, limited and excluded.*
- **Discount Prescriptions** — *A card your whole family can use.*

We look forward to a healthy relationship.

Sincerely,

Mary Helen González
Director, Member Services

Please remove your new Community First Health Plans I.D. card and carry it with you at all times. Present it any time you need medical services. Verify that the information is correct, and contact Member Services if you have questions.

Member Services
State of Texas
(210) 358-6262
State of Texas Toll-Free
1-877-698-7032

Main Office
(210) 227-CFHP (2347)
Toll-Free
1-800-434-CFHP (2347)

Office Hours
Monday through Friday
8:30 a.m. - 5:00 p.m., CST

TDD
(210) 358-6080 (Local)
1-800-390-1175 (Toll-Free)

Address
Community First
Health Plans
4801 NW Loop 410,
Suite 1000
San Antonio, TX 78229

Visit our web site at:
www.crs.state.tx.us



COMMUNITY FIRST
HEALTH PLANS

GBP

Name:	JOHN DOE
Member No:	1234565857 1234567564 06/01/2003
Primary Care Physician:	DORIS LING, MD 1234 ANYWHERE ST. (210) 384-8282
Employer Group:	STATE OF TEXAS (ERS)
Copayments:	OV\$30/\$40 ERS\$100 RX\$10/\$25/\$40
TDI	INPATIENT ADMISSION \$100 PER DAY/\$500 MAX



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Notice to Commercial Member - Texas Employees Group Benefits Program

- In a LIFE THREATENING EMERGENCY: Go to the nearest emergency room and call your Primary Care Physician within 24 hours.

Notice to Hospitals and Physicians

- All inpatient admissions require preauthorization, except in case of emergency. Please call CFHP within 24 hours at (210) 358-6050.



For travel outside the CFHP service area, please contact First Health at 800.226.5116 or at www.myfirsthealth.com.

Submit Claims To:

Claims Department
4801 N.W. Loop 410, Suite
1000

San Antonio, TX 78229

Rx Group # = CFH + First 6
digits of the group number.

Bin # 004758

Pharmacy Information

800-546-5677

PCN = NPS

Member Services Department

Inside Bexar County (210) 358-6262

Out of Area 1-877-698-7032

Hours 8:30 a.m.-5:00 p.m., Monday - Friday



RECOMMENDED CHILDHOOD AND ADOLESCENT IMMUNIZATION SCHEDULE UNITED STATES 2008

Range of recommended ages Certain high-risk groups Catch-up immunization

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children 0 through 18 years. Any dose not given at the recommended age should be administered at any subsequent visit, when indicated and feasible.

■ Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form can be found on the Internet: www.vaers.hhs.gov or by calling 800-822-7967.

Age Vaccine ▼	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-18 yrs	
Hepatitis B	HepB	HepB			HepB								HepB Series		
Rotavirus			Rota	Rota	Rota										
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DTaP				DTaP		Tdap	Tdap	
<i>Haemophilus influenzae</i> type b			Hib	Hib	Hib	Hib									
Pneumococcal			PCV	PCV	PCV	PCV					PPV				
Inactivated Poliovirus			IPV	IPV	IPV						IPV	IPV Series			
Influenza					Influenza (Yearly)							Influenza (Yearly)			
Measles, Mumps, Rubella					MMR						MMR	MMR Series			
Varicella					Varicella						Varicella	Varicella Series			
Hepatitis A					HepA (2 doses)						HepA Series				
Meningococcal											MCV4		MCV4	MCV4	
Human Papillomavirus													HPV (3 doses)	HPV Series	

Ask your child's doctor about these recommendations.

The Childhood and Adolescent Immunization Schedule is approved by: Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip)
American Academy of Pediatrics www.aap.org • American Academy of Family Physicians (www.aafp.org)