Dear GBP Member,

Welcome to Community First Health Plans, a locally owned and managed non-profit health maintenance organization. Community First was established in 1995 with the special needs of our community in mind. The information in this Member Handbook is provided to help you:

- Understand your health care benefits;
- Understand how you and your family can receive health care services from participating providers;
- Learn your rights and responsibilities as a member of your plan; and,
- Get acquainted with Community First Health Plans’ procedures.

To get the most from your plan, please read the entire Member Handbook. Phone numbers and addresses are included to assist you in reaching us for any additional information. For a complete explanation of your health care coverage, please refer to your Evidence of Coverage, which will answer many of your questions. Please refer to your Evidence of Coverage included in this packet or find it online at members.cfhp.com.

Community First Health Plans has a commitment to meet the needs of our members and provide services to people of all cultures, races, ages, ethnic/religious backgrounds, and disabilities in a manner that recognizes, values, affirms, and respects the worth of the individual and protects and preserves personal dignity.

Our values communicate who we are, as well as our commitment to meeting the needs of our members. They guide us and remind us what is important. Community First Health Plans’ values are:

- Commitment to quality health care and service at an affordable price;
- Loyalty to our customers;
- Integrity in all business interactions; and,
- Accountability to our community.

Keeping our commitment to you.

Best regards,

Greg Gieseman
President and CEO
How to Reach Us

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

Phone Numbers:
Community First is here to help you. Our Member Services Department is available Monday through Friday 8:30 a.m. – 5:00 p.m., Central Standard Time. Our Member Services representatives speak English or Spanish, or we can get an interpreter who can assist you in other languages.

ERS Dedicated Line: (210) 358-6262

Toll-free: (877) 698-7032

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

Behavioral Health: (210) 358-6100

24-hour medical information and nurse advice service:
NurseLink: (210) 358-6262 or toll-free at (877) 698-7032 (Nurses are available 24 hours a day.)

Corporate Address:
Community First Health Plans
12238 Silicon Drive, Suite 100
San Antonio, Texas 78249
Monday through Friday, 8:30 a.m. – 5 p.m. CST

Community Outreach Office:
Community First Health Plans
1410 Guadalupe Street, Suite 222
San Antonio, Texas 78207
Monday through Friday, 8:30 a.m. – 5 p.m. CST

Website:
members.cfhp.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.
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Member Services Department & 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 p.m., Central Standard Time.

Confidentiality
We are committed to ensuring that your personal health information is secure and confidential. Our physicians and other providers are held to the same standard as we are. Community First’s routine use of PHI will only be done so solely to administer your group contract and fulfilling state and federal requirements. Otherwise, your personal 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 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 understand or read this handbook in larger print, in another language, in Braille, or on audio cassette or CD.

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 members.cfhp.com.
Other Important Information

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, group number, member number, primary care physician (PCP) name, copayment(s) and important telephone numbers. If you lose your ID card, you may request a replacement ID card through our secure member portal at members.cfhp.com.

You may also call Member Services at (210) 358-6262 or toll free, (877) 698-7032 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 that you want to make changes to your coverage within 31 days of a qualifying life event, such as a change in marital status, the addition of newly eligible dependents, a court-ordered change in coverage, or changes of address.

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 participating providers for covered services. If you believe you received a bill in error, call Member Services at (210) 358-6262 or toll-free (877) 698-7032 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 a while, you may receive a bill for laboratory work or another service, which should have been sent to Community First. If this happens, call Member Services at (210) 358-6262 or toll free, (877) 698-7032 and they will assist you.

Call Member Services at (210) 358-6262 or toll free, (877) 698-7032 if you have paid for services which you believe should be reimbursed or if you believe you received a bill in error for covered services.
Other Important Information

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 enrolled in coverage through both parents normally have primary coverage through the parent whose birthday falls first in the year.

Natural Disasters
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.

Cancellation and Related Provisions
Community First will do everything possible to coordinate the best health care services for each of our members. However, certain situations will result in cancellation or non-renewal of coverage from Community First. Please consult your Evidence of Coverage for a list of cancellation provisions.

Benefits, Covered Services, Limitations, and Exclusions
Please consult your Evidence of Coverage for a listing of benefits, covered services, limitations, and exclusions. 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 Evidence of Coverage, or to inquire if a certain service is covered or requires authorization, call Member Services for assistance.
Selecting Your Primary Care Physician

Once you have chosen Community First, your next step 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 routine physicals and 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 when you enroll, 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 website at

members.cfhp.com.

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 copayments at the time of service.

If you are admitted to an inpatient facility, a physician other than your PCP may direct and oversee your care. If this happens, contact your PCP as soon as possible after a medical emergency so he or she can arrange for follow up care.

Importance of a Primary Care Physician
Importance of a Primary Care Physician

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

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) 358-6262 or toll free, (877) 698-7032 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 or any reason you want to change your PCP, please call Member Services at (210) 358-6262 or toll free, (877) 698-7032.

You may also request a PCP change through our secure member portal at members.cfhp.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 request. For example, if you request a change on or before October 15, the change will become effective November 1. If you request a change on or after October 16, the change will become effective December 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 a 30-days’ notice of the provider’s termination. Community First will work with you to facilitate the transition of your care to a new provider as appropriate. Please call Member Services at (210) 358-6262 or toll-free, (877) 698-7032 for more information.
Accessing Specialty Services

Community First covers a full range of specialty services. If you require treatment by a medical specialist, check with your PCP to determine if a referral is required to see a particular 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.

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 members.cfhp.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. It is your responsibility to check if the provider you are going to visit is in 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 does not 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 from your OB/GYN or an authorization from Community First:

- One “well-woman” examination per year. This would include a pelvic and breast exam and a Pap test. This examination may also include a mammogram for some women.
- 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 website 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.
Evidence of Coverage
Your Evidence of Coverage will explain your health plan benefits, and limitations and exclusions to you in detail. Please read it to understand how the health plan works. You may also call Member Services at (210) 358-6262 or toll-free, (877) 698-7032 for help if you have any questions.

Behavioral Health
If you or a family member need mental or behavioral health assistance or have a problem because of drugs or chemical dependency disorders, call (210) 358-6100 or toll-free, (877) 698-7032.

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, may also require urgent care. You can access a participating behavioral health provider without a referral from your PCP.

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 the appointment 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. CFHP does not pay for fees that are charged as a result of a cancellation. 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 prescription drug benefits. The Community First Preferred Drug List also is posted on the Community First website at members.cfhp.com.

Your pharmacy benefit consists of 3 tiers. The first tier generally include generic drugs, the second tier generally include preferred brand name drugs, and the third tier generally include non-preferred brand name drugs. Copayments vary based on the tier (the higher the tier, the higher your copayment) and whether or not the drug is a maintenance or non-maintenance drug. Maintenance drugs are those that you take on an ongoing basis. With the exception of tier
1 drugs, maintenance drugs have higher copays. The CFHP PDL denotes maintenance drugs with an “*.” Check your Evidence of Coverage and your Drug Rider for information about drug copayments included in this packet or find it online at members.cfhp.com.

Mail Order Service
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, 3 refills (90-days worth) of a 30-days supply tier 2 maintenance drug at a retail pharmacy would cost you $135 ($45 x 3), whereas if you fill it using mail order you pay $105 ($35 x 3).

Preferred Drug List
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.

Discount on non-covered Medication
If you want to obtain a non-covered drug, you must pay the pharmacy’s price. However, if you use a network pharmacy, you will receive Community First’s discount on the medication not covered by insurance.

Over-the-Counter Medication
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.

Prior Approvals
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.

Step Therapy
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 about trying the other medications first.

**Quantity Limits**
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.”

**Network Pharmacy**
You must use a Community First network pharmacy to receive benefits. Ask your pharmacist if they accept Community First. If you use an Out-of-Network Pharmacy immediately following an event that require emergency or urgent care where you are unable to obtain medications from a participating pharmacy, you will pay the full cost of the prescription and submit your receipt to CFHP for reimbursement. You will be reimbursed less the copay amount when you use an out of network pharmacy.

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

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### Participating Retail Pharmacy - Tier 1, Tier 2, Tier 3

<table>
<thead>
<tr>
<th>BENEFIT DESCRIPTION</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 30-day supply per prescription or refill of Non-Maintenance medication</td>
<td>$10/$35/$60</td>
</tr>
<tr>
<td>Up to a 30-day supply per prescription or refill of Maintenance medication</td>
<td>$10/$45/$75</td>
</tr>
<tr>
<td>Infertility drugs</td>
<td>50%</td>
</tr>
<tr>
<td>Up to a 30-day supply of insulin for one copayment</td>
<td>$10/$35/$60</td>
</tr>
<tr>
<td>Up to a 30-day supply of each diabetic oral agent for one copayment</td>
<td>$10/$35/$60</td>
</tr>
<tr>
<td>The supply of necessary disposable syringes for the insulin supply for one copayment</td>
<td>$35</td>
</tr>
<tr>
<td>Diabetic supplies other than insulin, diabetic oral agent(s), and syringes as specified in Section 1358.051(2), Tex. Ins. Code up to a 30-day supply.</td>
<td>20%</td>
</tr>
</tbody>
</table>
Urgent Care
An urgent care situation is not as serious as an emergency but requires treatment within 24 hours.

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 Plan service area and cannot reach your PCP, you may call Member Services. NurseLink is available after hours and on the weekend and is staffed with nurses who can help you locate an urgent care facility if needed. Please call (210) 358-6262 or (877) 698-7032 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 require immediate attention. 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 based 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) 358-6262. 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 toll-free at (800) 226-5116 or at www.myfirsthealth.com.

In a life- or limb-threatening emergency, go to the nearest emergency room. You or someone acting on your behalf 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 within the Community First service area. 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. In a life- or limb threatening emergency, your dependent should go to the nearest emergency room. Your dependent or someone acting on behalf of your dependent should call his or her PCP within 24 hours.

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

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;
- 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.

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

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 function resulting from such disorder; and,
- Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care.
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) 358-6262 or toll free, (877) 698-7032.
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.

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, including designating a 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 with your provider, regardless of cost or benefit of coverage.
- Consent to treatment unless a life- or limb-threatening emergency exists.
- Establish advanced directives as permitted under federal and state laws.
- 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. For more information see the Compliants and Appeals section on page 25.
- 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 as well as to help you understand your Evidence of Coverage for 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.
► Use only Community First network PCPs, specialists, and contracted facilities.
► 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. Additionally, communicate to your physician any concerns that you or your family members have about your health or health care.
► Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
► 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 your employer as soon as possible if there are any changes in family status, address, phone number, employment status, or other HMO coverage.
► Respect the other members and Community First staff and providers.
Healthy Eating
Eating a healthy diet helps reduce your risk 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.
- 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 CD 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 decision making is based only on appropriateness of care and service and existence of coverage. Community First Health Plans does not 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, your practitioner requests prior authorization from Community First Health Plans before you receive care; however, it is your 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) 358-6262 or toll-free at (877) 698-7032 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 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 is 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) 358-6262 or toll-free at (877) 698-7032 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.
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) 358-6262 or toll free at (877) 698-7032. 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 five working days to tell you we received your appeal and that 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 in the appeal acknowledgement letter.

For life threatening concerns or hospital admissions, you may request an Expedited Appeal.

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 (877) 698-7032. 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.

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.
Independent Review Organization

Any complainant whose Appeal of an Adverse Determination is denied by CFHP may seek review of that determination through an appeal request for an Independent Review Organization (IRO). An IRO is a group of health care providers who are totally independent of your health plan or HMO. They are available to review your appeal and make a final decision.

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 (877) 698-7032 for more information.

The IRO will mail you the final decision no later than 20 days 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
(800) 252-3439
Complaints & Appeals

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 Community First’s Member Services Department. You may also submit a complaint through our online secure member portal at members.cfhp.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. CFHP 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 person acting on behalf of the group or enrollee has filed a complaint against CFHP or appealed a decision of CFHP. CFHP 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 CFHP or appealed a decision of CFHP.

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
(800) 252-3439
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 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) 358-6262 or toll-free at (888) 698-7032.
Fraud, Waste & 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 Fraud, Waste, and Abuse
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) 358-6262 or toll-free at (877) 698-7032

When reporting a provider (e.g., doctor, dentist, counselor, etc.) provide the following:
► 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 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;
► Specific details about the waste, abuse, and fraud; and,
► Dates of events.
ERS Frequently Asked Questions

▶ How do I change my Primary Care Physician?
Call Member Services and a representative can help you designate a new primary care physician. You can also request to change your primary care physician by submitting a secure request on our website at members.cfhp.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 a pre-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:
Emergency care includes those health care services you receive in a hospital, emergency room, or compatible facility to evaluate and stabilize medical conditions, including behavioral health conditions. These conditions are of recent onset and severity (such as severe pain) that require immediate attention.

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.
ERS Frequently Asked Questions

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 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 for at-home care.

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 a First Health 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 being billed for the remaining balance by a non-participating provider.

What do I do if I get a bill?
Call Member Services so we can research the bill and 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) 358-6262 or toll-free at (877) 698-7032. A Community First Member Services Representative can help you file a complaint. You may also send us a secure request on our website at members.cfhp.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
(800) 252-3439
Fax: (512) 475-1771
Web: www.tdi.state.tx.us
Email: ConsumerProtection@tdi.state.tx.us
Glossary

**Appeal**: A request, verbally 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, verbally 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 connection with certain covered services and supplies. A copay is a set dollar amount.

**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:

- placing his or her health in serious jeopardy;
- serious impairment to bodily functions;
- serious dysfunction of any body organ or part;
- serious disfigurement; or,
- 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 mainly as a custodial facility.

**Illness**: Any disorder of the body or mind of a member, but not an injury.
Glossary

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 or condition 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 employee or eligible retiree who is covered under the Group Health Care Coverage described in the Evidence of Coverage or a dependent with respect to whom an eligible employee or eligible retiree is covered for dependent coverage described in the Evidence 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.

Pre-authorization: The verbal or written approval by Community First, or its designee, obtained prior to admitting a Member to a Facility or providing certain other Covered Services to a Member when approval is required for such services. Pre-authorization is not the same as a Referral, and a Member who has been referred to another Physician or Provider by the Member’s PCP may still need to obtain Pre-authorization prior to certain services being rendered by the Referral Physician.

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
- maintaining 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 Group Contract, to members who live, reside or work within that geographic area. The service area applicable to members is shown on page 28 of this member handbook.

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.
### ERS PY2016 Member Benefits

#### PHYSICIANS AND LAB SERVICES

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Member's Cost Share PY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Physician office visit Primary Care Physician (if applicable)</em></td>
<td>$25</td>
</tr>
<tr>
<td><em>Specialist office visit</em></td>
<td>$40</td>
</tr>
<tr>
<td><em>Routine preventive care - One per calendar year or as directed by the primary care physician (if applicable)</em></td>
<td>No charge</td>
</tr>
<tr>
<td>• Children and Well Baby periodic exams</td>
<td></td>
</tr>
<tr>
<td>• Well Woman exam (to include Cervical Cancer Screening)</td>
<td></td>
</tr>
<tr>
<td>• Men’s Health Exam</td>
<td></td>
</tr>
<tr>
<td><em>Diagnostic x-rays, mammography, and lab tests</em></td>
<td>20%</td>
</tr>
</tbody>
</table>

#### HOSPITAL SERVICES

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Member's Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospital - Semi-private room and board or intensive care units; other inpatient charges, including medically necessary surgical procedures. Includes orthognatic surgery. Personal items not covered as follows: Guest trays, cots, telephone, maternity kits, and paternity kits.</td>
<td>$150 per day copayment per admission, up to $750 copayment max. per admission, $2,250 copayment max. per person per year plus 20%</td>
</tr>
</tbody>
</table>

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**PRE-EXISTING CONDITIONS ARE COVERED AS OF 12:01 A.M. SEPTEMBER 1, 2012 AND LIFETIME BENEFIT MAXIMUMS ARE UNLIMITED.**

*Under the Affordable Care Act, certain preventive and women's health services are paid at 100% (i.e., at no cost to the member) dependent upon physician billing and diagnosis. In some cases, you will be responsible for payment of some services.*

For more information related to your benefits, please refer to your Schedule of Benefits document.