2024 individual and family plans

For members purchasing on- and off-exchange health and dental insurance coverage

CHORUS
COMMUNITY HEALTH PLANS

About Chorus Community Health Plans

Meet Chorus Community Health Plans (CCHP)

Chorus Community Health Plans (CCHP) is committed to improving the health and well-being of the members and communities that we service. CCHP offers a variety of health insurance plans and services for adults and children at different ages and stages of life. We serve over 150,000 members in Northeast and Southeast Wisconsin through our various products. At the center of everything we do is a commitment to our members, providers and community partners that is grounded in integrity, compassion and kindness.

A broad network

CCHP's individual and family plans are available on and off the exchange/marketplace and offer members access to high-quality health care from a broad network of providers in 15 counties including Brown, Calumet, Door, Kenosha, Kewaunee, Manitowoc, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Sheboygan, Washington, Waukesha and Winnebago counties.

Your community. Our community.

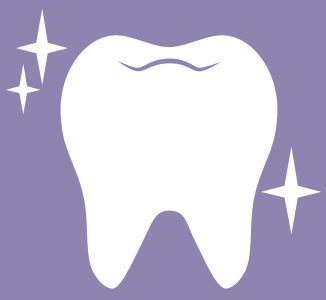
We believe health insurance has the power to change lives. This belief drives our passion for expanding access to health care, advancing health equity and building stronger communities where our members live, learn, work and play. We recognize many different factors impact health. That's why we work together with members, community partners and health care providers to reduce health disparities and design services aimed at improving the health outcomes of our members.

Preventive care paid at 100%[1]

High-quality provider network

Select insulin medications paid at 100%

Member incentives and case management programs



Comprehensive dental plans

Local and dedicated support staff

[1] For preventive services recommended under the Affordable Care Act when you use providers in our network.

The network you want

Chorus Community Health Plans offers access to a broad network of high-quality providers from the major health systems listed on the following page. Our service area includes in-network primary care providers, specialists, chiropractors and many local pharmacies, which makes finding care close to home easier!

CCHP members have access to over 15,000 providers and facilities in the service area! Use of an in-network provider is required to receive benefits under our plans.

A provider search tool for all your needs

Please visit our website at **chorushealthplans.org/find-a-doc,** select the Individual and Family Plans option and search our Provider Directory to see all current in-network providers.

Network hospitals in our NORTHEAST WISCONSIN service area include:

BROWN COUNTY
- Bellin Hospital
- Bellin Psychiatric Center
- HSHS St. Mary's Hospital - Green Bay
- HSHS St. Vincent Children's Hospital - Green Bay
- HSHS St. Vincent Hospital - Green Bay

CALUMET COUNTY
- Ascension Calumet Hospital

DOOR COUNTY
- Door County Medical Center

MANITOWOC COUNTY
- Froedtert Holy Family Memorial Hospital

OCONTO COUNTY
- Bellin Health Oconto Hospital
- HSHS St. Clare Memorial Hospital - Oconto Falls

OUTAGAMIE COUNTY
- Ascension NE Wisconsin - St. Elizabeth Campus

SHEBOYGAN COUNTY
- HSHS St. Nicholas Hospital - Sheboygan

WINNEBAGO COUNTY
- Ascension NE Wisconsin - Mercy Campus
- Children's Wisconsin - Fox Valley Hospital

Network hospitals in our SOUTHEAST WISCONSIN service area include:

KENOSHA COUNTY
- Froedtert South
- Froedtert Pleasant Prairie Hospital
- Rogers Behavioral Health

MILWAUKEE COUNTY
- Ascension Columbia St. Mary's Hospital
- Ascension SE Wisconsin Hospital - Franklin Campus
- Ascension SE Wisconsin Hospital - Greenfield Campus
- Ascension SE Wisconsin Hospital - St. Joseph Campus
- Ascension St. Francis Hospital
- Children's Wisconsin Milwaukee Hospital
- Froedtert Hospital & The Medical College of Wisconsin
- Froedtert Community Hospital - Oak Creek
- Midwest Orthopedic Specialty Hospital - Franklin
- Orthopaedic Hospital of Wisconsin - Glendale
- Ascension Sacred Heart Rehabilitation Hospital
- Select Specialty Hospital
- Rogers Behavioral Health - Brown Deer
- Rogers Behavioral Health - West Allis

OZAUKEE COUNTY
- Ascension Columbia St. Mary's Hospital – Ozaukee Campus
- Ascension Sacred Heart Rehabilitation Hospital
- Froedtert Community Hospital - Mequon

RACINE COUNTY
- Ascension All Saints Hospital - Spring Street Campus
- Ascension All Saints Hospital - Wisconsin Avenue Campus
- Lakeview Specialty Hospital and Rehab

WASHINGTON COUNTY
- Froedtert West Bend Hospital

WAUKESHA COUNTY
- Ascension SE Wisconsin Hospital - Elmbrook Campus
- Ascension SE Wisconsin Hospital - Menomonee Falls Campus
- Ascension SE Wisconsin Hospital - Waukesha Campus
- Froedtert Menomonee Falls Hospital
- Froedtert Community Hospital - Pewaukee
- ProHealth Oconomowoc Memorial Hospital
- ProHealth Rehabilitation Hospital of Wisconsin
- ProHealth Waukesha Memorial Hospital
- Rehabilitation Hospital of Wisconsin
- Rogers Behavioral Health

Value YOU Deserve

Wellness Incentive Program

Chorus Community Health Plans rewards our members for taking steps to improve their health! By completing a few simple tasks, members can easily earn points and exchange those points for gift cards to hundreds of retailers or restaurants of your choice.

- **$50 reward** for completing an annual wellness exam (subscriber & covered spouse)
- **$50 reward** for completion of a Health Needs Assessment (subscriber & covered spouse)

More information regarding our Incentive Program can be found at **chorushealthplans.org/wellness.**

Healthy Mom, Healthy Baby

Our Healthy Mom, Healthy Baby Program connects members with a dedicated team during their pregnancy through the first weeks of their postpartum journey. We offer support and resources for normal and high-risk pregnancies, teen pregnancies, breastfeeding education, well-baby care, nutrition and safety, as well as connecting members to community partners and programs. This program is designed to add an extra level of support and increase healthy pregnancies among our families.
***Members can earn up to $90 for enrollment in and completion of the Healthy Mom, Healthy Baby Program and related activities**.

Foodsmart

Foodsmart is a free nutrition program for members to help make eating well affordable and simple. As part of the program, members have free one-on-one phone or video calls with a registered dietitian to see how you can save money on groceries, meet your health goals and create a personalized meal plan. Members also have access to an app with thousands of recipes, an easy weekly meal planning tool and online grocery ordering and delivery. **Members can earn a $50 incentive when completing their first telenutrition visit each year.**

Freespira

Freespira is a free program for members with panic disorder or PTSD (post-traumatic stress disorder). Members are provided a tablet with an oxygen sensor that they use under guidance for 28 days. The program teaches the member to control their breathing and other tactics to reduce the severity and duration of panic attacks.

Case management programs

Our case management programs provide a personalized approach to managing your complex health conditions. You and your doctor will remain connected to our trained clinical staff, who are dedicated to creating a plan that fits your specific needs. We offer additional case management programs to help members manage their diabetes, depression and asthma.

Treatment Cost Calculator

Chorus Community Health Plans's Treatment Cost Calculator allows members to receive an estimate of costs of certain health care services upfront. Each estimate is personalized based on your benefits, deductible, provider and location. This gives you the ability to research and plan for your health care, so you have a better idea of what you will pay and what your plan will cover.

Preventive care

CCHP covers preventive services recommended under the Affordable Care Act (ACA) when you use providers in our network. This means there's no extra charge for these covered preventive services, which include certain recommended screenings, immunizations, tests and annual checkups for each covered person on your plan.

For a full list of covered services, please visit **chorushealthplans.org/preventive-guidelines.**

Diabetes case management program

Chorus Community Health Plans supports and rewards your efforts to manage your diabetes.

- Our plans offer coverage for select insulin medications at no extra cost to our members. This includes the vials, cartridges and pens needed for these specific medications.
- Members have access to a robust incentive program and are **eligible to earn more than $100** by completing activities like obtaining a diabetic retinal exam, attending an office visit, receiving A1C tests, enrolling in diabetes education or case management and obtaining the flu vaccine.

What plan is right for me?

Chorus Community Health Plans offers plans designed with you in mind. Plan categories differ based on the way you and the health plan share your health care costs. When deciding which plan option is right for you, consider what is important to you and how you expect to use your benefits. Some members are eligible for even lower-cost Silver plans when they apply on **healthcare.gov**.

	Catastrophic	Bronze	Silver	Gold
Monthly premium	$	$$	$$$	$$$$
Your cost	$$$$	$$$	$$	$
100% coverage for preventive prescription drugs[1]	✔	✔	✔	✔
100% coverage for preventive care[2]	✔	✔	✔	✔

[1] Visit our website for a list of covered preventive prescription drugs in the Pharmacy Benefit Guide.
[2] For preventive services recommended under the ACA when you use providers in our network.

High Deductible HSA plan

Chorus Community Health Plans offers a Bronze High Deductible Health Plan (HDHP). With the Bronze HDHP, you have the ability to combine your health insurance plan with a Health Savings Account (HSA) that provides for tax-free payment or reimbursement of eligible medical expenses to help lower your medical costs. With the Chorus Community Health Plans Bronze HDHP, you have the option to open an HSA at any participating bank or financial institution of your choice.

Catastrophic plan

If you are under the age of 30 or experiencing a hardship, the Catastrophic plan may be for you. Offering all the same essential health benefits and preventive care as our other plan offerings, the Catastrophic plan is designed for individuals who have low health care costs and primarily use their insurance for routine checkups. More information about this plan can be found on our website **chorushealthplans.org.** For a full list of qualifying hardships, please visit **healthcare.gov.**

**Bronze Zero and Bronze Limited plans are not HSA-eligible. CCHP is not responsible for the administration of any Health Savings Accounts. For more information on how to open a qualifying account, please visit your local bank or financial institution.*

$0 Medical Deductible plans

These plans are designed to offer flexibility in how you pay for your medical services. With our Bronze Copay and Silver Copay plans, members will pay specific predefined copays for each service, without an upfront medical deductible. These plans are a great option for anyone who likes to know their costs upfront, with little surprise. These plans are offered to members both on and off the Exchange.

Off-exchange plan

The Silver Choice plan is available for members to purchase off-exchange only. This plan meets all of the same ACA requirements as our on-exchange plans; however, no advanced premium tax credits or cost-share reduction benefits may be applied to this plan. You can apply for this plan on our website **chorushealthplans.org**, through your agent or by contacting our Chorus Community Health Plans Sales and Business Development Team at **(844) 708-3837.**

	SILVER CHOICE
Individual medical and prescription deductible	$5,000
Individual medical and prescription out-of-pocket maximum[1]	$9,000
Family medical and prescription maximum deductible	$10,000
Family medical and prescription out-of-pocket maximum[1]	$18,000
Primary care office visit	$50 copay
Specialty/specialist office visit	$100 copay
Inpatient and outpatient services	40% after deductible
Outpatient lab services	40% after deductible
Urgent care	40% after deductible
Emergency room	40% after deductible
Prescription drugs[2]	
Tier 1: Generic medications	$15 copay
Tier 2: Preferred medications (generic and brand)	40% after deductible
Tier 3: Non-preferred medications (generic and brand)	40% after deductible
Tier 4: Specialty medications[3]	40% after deductible
Case management programs	✔
Select $0 insulin medications	✔

[1] The out-of-pocket maximum is the sum of the deductible amount, prescription drug deductible amount (if applicable), copayment amount and coinsurance percentage of covered expenses, as shown in your Evidence of Coverage.
[2] Visit our website for a list of covered preventive prescriptions in the CCHP Prescription Medication List
[3] Many specialty medications are paid according to medical plan benefits, not prescription drug benefits.

2024 health plan options

Benefits listed are for **in-network services**. For more information, visit our website **chorushealthplans.org.**

		BRONZE			
	Catastrophic	Clear Bronze	Core Bronze	Bronze HDHP (HSA-eligible)	Bronze Copay
Individual medical and prescription deductible	$9,450	$9,100	$7,500	$7,500	$0/$3,000**
Individual medical and prescription out-of-pocket maximum[1]	$9,450	$9,100	$9,400	$7,500	$9,450
Family medical and prescription maximum deductible	$18,900	$18,200	$15,000	$15,000	$0/$6,000**
Family medical and prescription out-of-pocket maximum[1]	$18,900	$18,200	$18,800	$15,000	$18,900
Primary care office visit	3 free visits, then 0% after deductible	0% after deductible	$50 copay	0% after deductible	$70 copay
Specialty/specialist office visit	0% after deductible	0% after deductible	$100 copay	0% after deductible	$140 copay
Inpatient services	0% after deductible	0% after deductible	50% after deductible	0% after deductible	$1,500 copay/day^
Outpatient lab services	0% after deductible	0% after deductible	50% after deductible	0% after deductible	$60 copay per visit
Urgent care	0% after deductible	0% after deductible	$75 copay	0% after deductible	$65 copay
Emergency room	0% after deductible	0% after deductible	50% after deductible	0% after deductible	$2,200 copay
Prescription Drugs[2]					
Tier 1: Generic medications	0% after deductible	0% after deductible	$25 copay	0% after deductible	$30 copay
Tier 2: Preferred medications (generic and brand	0% after deductible	0% after deductible	$50* copay	0% after deductible	$150 copay
Tier 3: Non-preferred medications (generic and brand)	0% after deductible	0% after deductible	$100* copay	0% after deductible	50% after deductible
Tier 4: Specialty medications[3]	0% after deductible	0% after deductible	$500* copay	0% after deductible	50% after deductible
Case management programs	✔	✔	✔	✔	✔
Select $0 insulin medications	✔	✔	✔	✔	✔

[1] The out-of-pocket maximum is the sum of the deductible amount, prescription drug deductible amount (if applicable), copayment amount and coinsurance percentage of covered expenses, as shown in your Evidence of Coverage.

[2] Visit our website for a list of covered preventive prescriptions in the CCHP Prescription Medication List.

[3] Many specialty medications are paid according to medical plan benefits, not prescription drug benefits.

*Copay applies after deductible has been met

**Deductible applies to RX only

^Inpatient copay charge caps at 2 days

	SILVER					GOLD	
	Silver	Core Silver	Silver Copay	Standard Silver	Silver Select	Gold	Core Gold
Individual medical and prescription deductible	$5,000	$5,900	$0/$2,750**	$4,000	$3,250	$2,000	$1,500
Individual medical and prescription out-of-pocket maximum[1]	$8,500	$9,100	$9,000	$9,100	$9,100	$7,000	$8,700
Family medical and prescription maximum deductible	$10,000	$11,800	$0/$5,500**	$8,000	$6,500	$4,000	$3,000
Family medical and prescription out-of-pocket maximum[1]	$17,000	$18,200	$18,000	$18,200	$18,200	$14,000	$17,400
Primary care office visit	$30 copay	$40 copay	$40 copay	$35 copay	$35 copay	$35 copay	$30 copay
Specialty/specialist office visit	$60 copay	$80 copay	$100 copay	$70 copay	$80 copay	$70 copay	$60 copay
Inpatient services	30% after deductible	40% after deductible	$1,250 copay/day^^	20% after deductible	40% after deductible	20% after deductible	25% after deductible
Outpatient lab services	$40 copay per visit	40% after deductible	$50 copay per visit	$40 copay per visit	40% after deductible	20% after deductible	25% after deductible
Urgent care	30% after deductible	$60 copay	$45 copay	20% after deductible	40% after deductible	20% after deductible	$45 copay
Emergency room	30% after deductible	40% after deductible	$1,500 copay	20% after deductible	40% after deductible	20% after deductible	25% after deductible
Prescription Drugs[2]							
Tier 1: Generic medications	$15 copay	$20 copay	$20 copay	$20 copay	$15 copay	$10 copay	$15 copay
Tier 2: Preferred brand medications (generic and brand)	30% after deductible	$40 copay	$140 copay	$85 copay	$75 copay	$65 copay	$30 copay
Tier 3: Non-preferred medications (generic and brand)	30% after deductible	$80* copay	40% after deductible	20% after deductible	40% after deductible	20% after deductible	$60 copay
Tier 4: Specialty medications[3]	30% after deductible	$350* copay	40% after deductible	20% after deductible	40% after deductible	20% after deductible	$250 copay
Case management programs	✔	✔	✔	✔	✔	✔	✔
Select $0 insulin medications	✔	✔	✔	✔	✔	✔	✔

[1] The out-of-pocket maximum is the sum of the deductible amount, prescription drug deductible amount (if applicable), copayment amount and coinsurance percentage of covered expenses, as shown in your Evidence of Coverage.
[2] Visit our website for a list of covered preventive prescriptions in the CCHP Prescription Medication List.
[3] Many specialty medications are paid according to medical plan benefits, not prescription drug benefits.
*Copay applies after deductible has been met
**Deductible applies to RX only
^^Inpatient copay charge caps at 3 days

Cost-share reduction plans

These plans are based on your household income and only available to on-exchange members who qualify. Please visit **healthcare.gov** for more information and to apply.

	SILVER			CORE SILVER			SILVER COPAY		
	200	**150**	**100**	**200**	**150**	**100**	**200**	**150**	**100**
Individual medical and prescription deductible	$3,200	$750	$150	$5,700	$700	$0	$0/$2,750**	$0/$500**	$0/$100**
Individual medical and prescription out-of-pocket maximum[1]	$7,350	$3,100	$1,600	$7,200	$3,000	$1,800	$7,400	$2,400	$700
Family medical and prescription deductible	$6,400	$1,500	$300	$11,400	$1,400	$0	$0/$5,500**	$0/$1,000**	$0/$200**
Family medical and prescription out-of-pocket maximum[1]	$14,700	$6,200	$3,200	$14,400	$6,000	$3,600	$14,800	$4,800	$1,400
Primary care office visit	$30 copay	$20 copay	$5 copay	$40 copay	$20 copay	$0	$40 copay	3 free visits, then $30 copay	3 free visits, then $15 copay
Specialty/specialist office visit	$60 copay	$40 copay	$10 copay	$80 copay	$40 copay	$10 copay	$100 copay	$60 copay	$40 copay
Inpatient and outpatient services	30% after deductible	20% after deductible	10% after deductible	40% after deductible	30% after deductible	25%	$1,250 copay/day^^	$100 copay/day^	$70 copay/day^
Outpatient lab services	$40 copay per visit	$10 copay per visit	$5 copay per visit	40% after deductible	30% after deductible	25%	$50 copay per visit	$30 copay per visit	$30 copay per visit
Urgent care	30% after deductible	20% after deductible	10% after deductible	$60 copay	$30 copay	$5 copay	$45 copay	$45 copay	$45 copay
Emergency room	30% after deductible	20% after deductible	10% after deductible	40% after deductible	30% after deductible	25%	$1,400 copay	$200 copay	$100 copay
Prescription drugs[2]									
Tier 1: Generic medications	$15 copay	$5 copay	$5 copay	$20 copay	$10 copay	$0	$20 copay	$15 copay	$10 copay
Tier 2: Preferred medications (generic and brand)	30% after deductible	20% after deductible	10% after deductible	$40 copay	$20 copay	$15 copay	$140 copay	$70 copay	$25 copay
Tier 3: Non-preferred medications (generic and brand)	30% after deductible	20% after deductible	10% after deductible	$80* copay	$60* copay	$50 copay	40% after deductible	30% after deductible	20% after deductible
Tier 4: Specialty medications[3]	30% after deductible	20% after deductible	10% after deductible	$350* copay	$250* copay	$150 copay	40% after deductible	30% after deductible	20% after deductible
Case management programs	✔	✔	✔	✔	✔	✔	✔	✔	✔
Select $0 insulin medications	✔	✔	✔	✔	✔	✔	✔	✔	✔

*Copay applies after deductible has been met

**Deductible applies to RX only

^Inpatient copay charge caps at 2 days

^^Inpatient copay charge caps at 3 days

[1] The out-of-pocket maximum is the sum of the deductible amount, prescription drug deductible amount (if applicable), copayment amount and coinsurance percentage of covered expenses, as shown in your Evidence of Coverage.

[2] Visit our website for a list of covered preventive prescriptions in the CCHP Prescription Medication List

[3] Many specialty medications are paid according to medical plan benefits, not prescription drug benefits.

	STANDARD SILVER			SILVER SELECT		
	200	150	100	200	150	100
Individual medical and prescription deductible	$4,000	$750	$100	$3,100	$500	$100
Individual medical and prescription out-of-pocket maximum[1]	$7,250	$2,800	$1,250	$7,350	$3,000	$900
Family medical and prescription deductible	$8,000	$1,500	$200	$6,200	$1,000	$200
Family medical and prescription out-of-pocket maximum[1]	$14,500	$5,600	$2,500	$14,700	$6,000	$1,800
Primary care office visit	$35 copay	$20 copay	$10 copay	$35 copay	$30 copay	$20 copay
Specialty/specialist office visit	$70 copay	$50 copay	$20 copay	$80 copay	$60 copay	$40 copay
Inpatient and outpatient services	20% after deductible	10% after deductible	5% after deductible	40% after deductible	20% after deductible	10% after deductible
Outpatient lab services	$40 copay per visit	$35 copay per visit	$20 copay per visit	40% after deductible	20% after deductible	10% after deductible
Urgent care	20% after deductible	10% after deductible	5% after deductible	40% after deductible	20% after deductible	10% after deductible
Emergency room	20% after deductible	10% after deductible	5% after deductible	40% after deductible	20% after deductible	10% after deductible
Prescription drugs[2]						
Tier 1: Generic medications	$20 copay	$10 copay	$5 copay	$15 copay	$10 copay	$10 copay
Tier 2: Preferred medications (generic and brand)	$50 copay	$25 copay	$15 copay	$75 copay	$50 copay	$40 copay
Tier 3: Non-preferred medications (generic and brand)	20% after deductible	10% after deductible	5% after deductible	40% after deductible	20% after deductible	10% after deductible
Tier 4: Specialty medications[3]	20% after deductible	10% after deductible	5% after deductible	40% after deductible	20% after deductible	10% after deductible
Case management programs	✔	✔	✔	✔	✔	✔
Select $0 insulin medications	✔	✔	✔	✔	✔	✔

2024 dental plan options

Chorus Community Health Plans is pleased to have partnered with Dental Professionals of Wisconsin to offer comprehensive dental plans that cover both children and adults. Our plan options offer flexibility to purchase the coverage that best suits you and your family's needs and are sold on and off the Exchange during the Annual Open Enrollment Period or through a Special Enrollment Period. Please visit **chorushealthplans.org/chorusdental** to locate plan-specific details, participating providers and pricing.

	Essential Plan		Standard Plan		Premier Plan		
	In-network coverage	**Out-of-network coverage**	**In-network coverage**	**Out-of-network coverage**	**In-network coverage**	**Out-of-network coverage**	**Waiting Periods**
Individual deductible	$75	$150	$75	$150	$50	$100	
Family deductible*	$225	$450	$225	$450	$150	$300	
Individual out-of-pocket maximum (MOOP)	$375 per child N/A for adults	N/A	$375 per child N/A for adults	N/A	$375 per child N/A for adults	N/A	
Family out-of-pocket maximum (MOOP)	$750 per family N/A for adults	N/A	$750 per family N/A for adults	N/A	$750 per family N/A for adults	N/A	
Individual maximum coverage allowance	$750 per adults N/A for children		$1000 for adults N/A for children		$1500 for adults N/A for children		
Family maximum coverage allowance	$1,500 per adults N/A for children		$2000 for adults N/A for children		$3000 for adults N/A for children		
Class A: Diagnostic/ Preventive	$0	50% after deductible	$0	50% after deductible	$0	50% after deductible	N/A
Class B: Basic/Restorative	50% after deductible *(No adult coverage, no waiting period)*	60% after deductible *(No adult coverage, no waiting period)*	20% after deductible	60% after deductible	20% after deductible	60% after deductible	**Standard and premier plans:** 6 months for adults N/A for children
Class C: Major	50% after deductible *(No adult coverage, no waiting period)*	75% after deductible *(No adult coverage, no waiting period)*	50% after deductible	75% after deductible	50% after deductible	75% after deductible	**Standard and premier plans:** 12 months for adults N/A for children
Class D: Child-only orthodontia	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	N/A

*Family deductible is for 3 or more family members.

Get a quote online at **chorushealthplans.org.**

Monthly premiums vary based on your income. To see if you qualify for reduced premiums with a subsidy or a cost-share reduction plan, please visit our website at **chorushealthplans.org** or **healthcare.gov.**

1

Before you apply, be sure to:

Gather the information you'll need for everyone you want to be covered by Chorus Community Health Plans, including:

- Social Security numbers
- Employer and income tax statements, W-2 or pay stubs
- If you have health insurance, have the policy numbers handy.
- Proof of legal residency

2

Apply:

- You can apply with us online at **chorushealthplans.org**, talk to your insurance agent or go to **healthcare.gov.**
- After you choose a plan, talk to your insurance agent to find out what your premium will be.

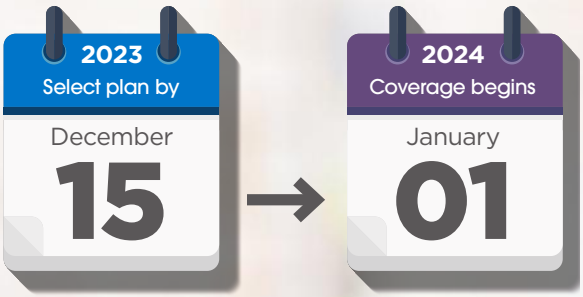
3

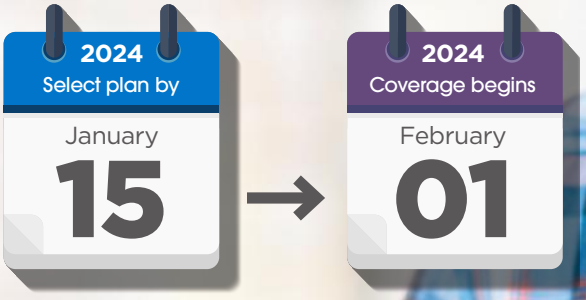
After you apply, be sure to:

- Get to know your network of providers, hospitals and clinics by browsing our provider directory at **chorushealthplans.org/find-a-doc.**
- Pay your first month's premium. Payment is required to be paid by your policy effective date.
- Check your mail for your Chorus Community Health Plans member ID card and Welcome Kit.

CHORUS
COMMUNITY HEALTH PLANS

The 2024 open enrollment period runs from **Nov. 1, 2023 – Jan. 15, 2024** to secure coverage for 2024!





If you have any questions about what the health plan you have chosen covers, call Chorus Community Health Plans Member Sales at **(844) 708-3837**.

Terms and provisions

Protecting your personal health information is as important to us as it is to you. We want you to know how your protected health information (PHI) may be used and disclosed, and how you can get access to your PHI. We've prepared a few answers to some of the most frequently asked questions about the safeguards we have in place for your PHI.

We encourage you to read the Notice of Privacy Practices. It is included in your Evidence of Coverage, and prospective members can read it online at **chorushealthplans.org** or call (844) 201-4672 for a copy. When we make a significant change in our privacy practices, we change the Notice of Privacy Practices and send it to our members or post it on our website at **chorushealthplans.org**.

How can I access my medical records?
For complete listings of your medical records or billing statements, Chorus Community Health Plans (CCHP) recommends that you contact your health care practitioner. Practitioners may charge you reasonable fees to cover their costs for providing records or completing requested forms. If you request medical forms or records from us, we also may charge you reasonable fees to cover costs for completing the forms or providing the records. Contact us for more information.

What does CCHP do to safeguard my privacy?
We have technological and administrative protections in place to guard the privacy of our members' PHI, including race, ethnicity and language data. Some of the ways CCHP protects members' PHI are:

- We have mandatory staff training on how to protect and secure PHI.
- We secure PHI on our computers with firewalls and passwords.
- We have policies and procedures in place to protect PHI.

Where can I find more information on my privacy rights?
You can find more information in our official Notice of Privacy Practices in your Evidence of Coverage found online at **chorushealthplans.org**. A copy of your EOC will also be mailed to you upon enrollment. Please read it carefully. CCHP reserves the right to change our privacy practices and the contents of this Notice of Privacy Practices as allowed by law. When we make a significant change in our privacy practices, we will change this notice and send it to our members or post it on our website at **chorushealthplans.org**.

Pharmaceutical Management Procedures
Our formulary is the list of Food and Drug Administration (FDA) -approved drugs that we cover. Our Pharmacy and Therapeutics (P&T) Committee researches and evaluates drugs it may cover. Committee members include doctors and pharmacists who meet regularly during the year to review and update the formulary. Committee members base their decision on the drug's safety, effectiveness and cost.

Our formulary is a four-tier formulary consisting of generic, preferred, non-preferred, and specialty tiers. Medications on the preferred tier may be available to members at a lower cost share than the non-preferred tier. Members may also have access to select preventive and insulin medications at no cost share. Formulary high-cost medications such as biological and infusions are covered in the specialty tier, which may have stricter days'-supply limitations than the other tiers. The $0 medication tier has some preventive medications covered at no cost share to the member. Some medications may be subject to utilization management criteria, including but not limited to: Prior Authorization rules, quantity limits or step therapy. Selected medications are not covered with this formulary. You can contact Customer Service for a list of drugs that are covered by your plan or you can go to **chorushealthplans.org/formulary** for this information. When you have the list, you may show it to your doctor to determine whether to prescribe one of the drugs on this list for your medication needs.

Medications not covered
The following medications are benefit exclusions and will not be covered under the pharmacy benefit: antimalarial agents when used for prevention; anti-obesity medications, including but not limited to appetite suppressants and lipase inhibitors; blood or blood plasma products; compounded products containing excluded ingredients; drugs labeled for investigational use; fertility agents; legend vitamins (other than prenatal, fluoride and certain therapeutic

vitamins); most over-the-counter medications, needles/syringes (other than insulin), nutrition and dietary supplements; therapeutic devices/appliances; and urine strips.

This is not a complete list and there may be other medications that are not covered. For more information, please contact Customer Service at the phone number on the back of your member ID card.

If the drug you take is not on the list of covered drugs for your benefit plan, you can ask us if we would cover it as a non-formulary exception. A request for a non-formulary exception will only be approved if there is documented evidence that the formulary alternatives are not effective in treating your condition; the formulary alternatives would cause adverse side effects; or a contraindication exists such that you cannot safely try the formulary drug.

If you need to request a non-formulary exception, contact Customer Service or access the exception request form at **chorushealthplans.org/forms**. When you make this request, we may contact your prescriber or physician for information to support your request.

CCHP's network of retail pharmacies includes hundreds of locations, independent pharmacies, as well as multi-store chains throughout the region. You can take your prescription to any pharmacy in the network. You must use 75 percent of your drug before you can get a refill. Go to **chorushealthplans.org/pharmacy** for specific pharmacy names, locations and telephone numbers.

Utilization Management

CCHP wants its members to get the best possible care when they need it most. Therefore, we use a prior authorization process, which is part of our Utilization Management (UM) Program. Utilization Management is the evaluation of the appropriateness and medical need of health care services procedures and facilities according to evidence-based criteria or guidelines, and under the provisions of your health benefits plan. CCHP utilizes Milliman Care Guidelines (MCG) to determine medical necessity. These are clinical decision support tools used for treating specific patient conditions with appropriate levels of care and optimal progression toward discharge or transition. CCHP selects criteria, which align the interests of the member, provider and health plan, have evidence-based development, including input from recognized medical experts and are applied to a broad number of members.

CCHP-contracted providers are responsible for obtaining prior authorization before they provide services to covered members. However, if a provider is not contracted with CCHP and provides services, or if CCHP is not contacted by the provider, it is ultimately the responsibility of the covered member to ensure prior authorization was obtained.

CCHP's UM department reviews the following types of services and may require CCHP authorization for coverage:

- Pre-service – these are services that are reviewed prior to a visit or before you receive the service. CCHP will make a decision on these within 14 days of receipt.
- Pre-service urgent - these are services that are reviewed prior to a visit or before you receive the service in an expeditious manner. CCHP will make a decision within 72 hours.
- Concurrent – services that are occurring now such as an inpatient stay. CCHP will make a decision within 24 hours.
- Post-service – these are services that have already occurred. CCHP will make a decision within 30 days.

The CCHP website includes a list of services that require authorization. Your member handbook will also guide you on the services that require authorization and those services that are not covered under your benefit. You will receive written notification of a service that is denied because it is not part of the covered benefits or because it has been deemed not medically necessary. The letter will explain the service that was denied, why the request was denied, and what your rights are, such as the right to appeal. The letter will include instruction on how to appeal.

CCHP allows you or your authorized representative to request an appeal. You have the right to be represented by anyone you choose, including an attorney. An appeal will be accepted in any written form, such as a letter or a fax. CCHP must receive it within 3 years from the date we sent the denial notice.

Non-covered benefits

There are certain benefits which are not covered by

Chorus Community Health Plans. This list includes but is not limited to: homeopathy, acupuncture, holistic medicine, hypnosis, massage and relaxation therapy, yoga, infertility treatment, bariatric surgery, cosmetic surgery, dental braces, work-related injuries, any injuries sustained while participating in an illegal act or occupation, experimental services and routine foot care. This is not a full list of non-covered benefits. A complete list of exclusions is available in the Evidence of Coverage online at **chorushealthplans.org**.

Accident-only dental services
Chorus Community Health Plans do not include adult or pediatric dental services, except in the event of accidental injury. Dental coverage is available in the federal Health Insurance Marketplace and can be purchased separately. Please contact your agent or the federal Health Insurance Marketplace at **healthcare.gov** if you wish to purchase a separate dental insurance product.

Services obtained from out-of-network providers
If you use a doctor, hospital or other provider that is not part of your network, you will not receive network benefits or discounts, and you will be responsible for all expenses associated with that out-of-network service. For example, providers who are not part of your network do not accept office visit copays, and you will be responsible for the entire charge for that office visit. Be aware that your in-network doctor or hospital may use an out-of-network provider for some services.

This plan is an Exclusive Provider Organization. Except as specifically stated in the Evidence of Coverage found online at **chorushealthplans.org**, services received from an out-of-network provider are not covered. In addition, certain services you wish to receive from in-network providers require Prior Authorization. If you wish to receive coverage for those services, you must obtain Prior Authorization from us. If you do obtain services from an out-of-network provider that are covered under the Evidence of Coverage, the Maximum Allowed Amount is determined by CCHP based on the contract's fee schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined in the EOC found online at **chorushealthplans.org**.

If you incur non-covered expenses, you are responsible for making the full payment to the health care provider for those expenses. The fact that a health care provider has performed or prescribed a medically necessary procedure, treatment, or supply, or the fact that it may be the only available treatment for a bodily injury or Illness, does not mean that the procedure, treatment or supply is covered under the plan. Please review the Evidence of Coverage for all covered benefits, which can be found online at **chorushealthplans.org**.

May I request CCHP release my PHI to another person or organization?
Yes, if you want to give another person or organization permission to access your health information, you can complete and return the Personal Health Information Authorization Form found online at **chorushealthplans.org.**

Is there any time or reason you would share my PHI?
There are some good reasons we might share or use your PHI. We may share or use your PHI as permitted by law, including reasons such as:

- To pay providers for services you receive
- To coordinate treatment and care
- To authorities regarding abuse, neglect or domestic violence
- To a coroner or medical examiner or funeral director
- To public health agencies in the event of a serious health or safety threat

As a CCHP member, what are my privacy rights?
Remember, federal law protects your rights regarding your private health information, no matter what form it's in – oral, written or electronic. Some of your privacy rights include:

- To decide if your PHI will be used in a certain way, such as marketing
- To ask to see and to get a paper copy of your PHI
- Add corrections to your PHI
- Ask that certain people not be given information about your health or treatment
- Get a report on when and why your PHI was used or shared
- File a complaint if you think your rights or privacy have been violated

Visit **chorushealthplans.org** or talk to your insurance agent to apply. For more information, call **(844) 708-3837.**

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