

**COMMUNITY FIRST**

MARKETPLACE

**UNIVERSITY COMMUNITY  
CARE PLAN**

# UNIVERSITY COMMUNITY CARE PLAN MEMBER HANDBOOK



**MEMBER SERVICES 210-358-6400**

**TOLL-FREE 1-888-512-2347**

University Community Care Plan by Community First is a qualified health plan on the Health Insurance Marketplace®.



# **UNIVERSITY COMMUNITY CARE PLAN MEMBER HANDBOOK**

**University Community Care Plan covers residents of Bexar County.**

University Community Care Plan Member Services  
1-888-512-2347 (toll-free)  
210-358-6400 (local)

*Updated October 2025*

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### INTRODUCTION

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Welcome to **University Community Care Plan by Community First Insurance Plans (Community First)**, a health insurance plan on the Health Insurance Marketplace®. We are so happy you chose us for your health care needs.

Community First was created with the health of our local community in mind. We are proud to be your neighbor! We believe that everyone should have access to high quality health care and we are honored that you have put your trust in our hands.

With nearly 30 years of history as a local, non-profit health care plan in your area, we understand the unique health care needs of our community. We truly care about our Members' health and can help you access the health care services you need including doctors, hospitals, and community resources.

Please read this Member Handbook for information about your health plan benefits and what is covered under your new health plan.

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

If you need help understanding or reading this handbook, our Member Services Representatives can assist you in both English and Spanish. A Member Handbook is available in English and Spanish upon request, free of charge and mailed to you within three business days. You can request one by contacting Member Services at 1-833-434-2347.

If you would like to request this handbook in large print, braille or another language, please contact Member Services at 1-833-434-2347.

## MEMBER SERVICES

Our Member Services Representatives can answer your questions about all covered services under your health care plan. Member Services can also help you find a network provider, access services and community resources, send you a new Member ID card, and help resolve any problems or complaints.

<b>CALL</b>	1-888-512-2347 Monday through Friday, 8:30 a.m. to 5:00 p.m. (CST) Message service available on weekends and holidays. This call is free. For emergency services, dial 911 or go to the nearest emergency room. We have free interpreter services for people who do not speak English.
<b>TTY</b>	711, 24 hours a day, 7 days a week. This call is free. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

## NURSE LINE

Community First has a Nurse Line available 24 hours a day, 7 days a week, 365 days a year to help you get the care you need.

<b>CALL</b>	1-888-512-2347 24 hours a day, 7 days a week. This call is free. We have free interpreter services for people who do not speak English.
<b>TTY</b>	711, 24 hours a day, 7 days a week. This call is free. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

## MENTAL HEALTH & SUBSTANCE USE SERVICES

Call toll-free to talk to someone if you need immediate help. For suicidal thoughts, substance use, and/or a mental health crisis, call the 988 Suicide & Crisis Lifeline or go to the nearest emergency room.

<b>CALL</b>	1-877-221-2226 24 hours a day, 7 days a week. This call is free. We have free interpreter services for people who do not speak English.
<b>TTY</b>	711, 24 hours a day, 7 days a week. This call is free. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

## MEMBER SERVICES

### VISION & DENTAL

Community First offers limited vision and dental coverage to our Members. Call Member Services or review your plan documents for more information about eligibility, benefits, or to find a provider.

<b>CALL</b>	1-888-512-2347 Monday-Friday, 8:30 a.m. to 5:00 p.m. (CST)
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### PHARMACY

Community First's partner for pharmacy benefits is Navitus Health Solutions. If you have questions about your prescription drug medication benefits, call the toll-free number on your pharmacy benefit Member ID card or call Member Services at the number listed below.

<b>CALL</b>	1-888-512-2347 Monday-Friday, 8:30 a.m. to 5:00 p.m. (CST)
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### WEBSITE

You can make your premium payment and access plan information and resources online 24 hours a day, 7 days a week on our website [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com). Find features and information, including:

- Secure Member Portal
- Member Newsletters
- Additional benefits available to you as a University Community Care Plan Member
- Important Plan Documents
- Provider and Pharmacy Directories

### COMMUNITY FIRST LOCATIONS

Community First has two locations to serve you:

#### Corporate Office

12238 Silicon Drive, Suite 100  
San Antonio, TX 78249

#### Community Office at Avenida Guadalupe

1410 Guadalupe Street, Suite 222  
San Antonio, TX 78207

### OFFICE HOURS

8:30 a.m. to 5:00 p.m.

Monday through Friday, with the exception of state-approved holidays



## UNDERSTANDING YOUR PLAN

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University Community Care Plan is a health insurance plan on the Health Insurance Marketplace® provided and managed by Community First.

The Health Insurance Marketplace® (also known as “Marketplace” or “Exchange”) is operated by the federal government and can be accessed at [Healthcare.gov](https://www.healthcare.gov).

### PLAN OVERVIEW

University Community Care Plan includes coverage for health care services, including:

- Doctor visits and preventive care
- Inpatient and outpatient hospital services
- Labs and X-rays
- Urgent care
- Emergency care
- Ambulance services
- Prescription drugs
- Care before and after a baby is born
- Mental health and substance use disorder services
- Habilitative and rehabilitative services
- Pediatric services

### PLAN NETWORK

University Community Care Plan is an **Exclusive Provider Organization (EPO)**. This means that as a Member, you must seek care from our network of exclusive, preferred providers conveniently located in your service area (Bexar County).

A “preferred provider” is a physician or health care provider, or an organization of physicians or health care providers, who contracts with Community First to provide medical care or health care to University Community Care Plan Members.

A “non-preferred provider” is a provider who does not have a contract with Community First to provide services to you. You will be responsible for payment if you see a non-preferred provider, except as noted in the contract and written description or as otherwise required by law.

For a list of preferred providers available to you, please visit [UniversityCommunityCarePlan.com](https://UniversityCommunityCarePlan.com) and click on “Find A Provider.”

### PREMIUM

Your premium is the amount you pay for your health insurance every month. Once you enroll in University Community Care Plan, you’ll pay your premium directly to Community First. Your coverage won’t start until you pay your first premium.

Make sure you continue to pay your monthly premiums on time. If you don’t, your coverage could end.

## MEMBER IDENTIFICATION (ID) CARD

Your premium amount depends on your plan and if you are receiving a premium tax credit, cost-sharing reductions, or financial assistance.

You can pay your premium online or by mail.

### 1. Online Payment

Go to [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com) and select “Make a Payment” from the “Members” dropdown menu to pay using your bank account or credit/debit card. You will need to enter either your Exchange ID (the Exchange Subscriber ID number located on your invoice) or the last 4 digits of your Social Security number to find your account and pay online.

### 2. Pay by Mail

Make checks payable to Community First Insurance Plans and mail to:

**Community First Insurance Plans**  
12238 Silicon Drive, Ste. 100  
San Antonio, TX 78249

If you need help, call Member Services at 1-888-512-2347.

## PLAN DOCUMENTS

You can learn more about your benefits, cost sharing amounts, and what services require prior authorization by reviewing your plan documents, including:

- **[Summary of Benefits and Coverage](#)**: An easy-to-read summary document that lists important information about your plan such as cost-sharing, coverage limitations, exceptions, and benefits scenarios.
- **[Schedule of Benefits](#)**: A helpful chart showing eligible services and supplies according to your health care coverage. Includes what services require prior-authorization from the plan and copay/coinsurance amounts.
- **[Evidence of Coverage](#)**: A document that describes in detail the health care benefits covered by the health plan, including vision and hearing services. Provides documentation of what that plan covers and how it works, including how much you pay.
- **[Formulary](#)**: A list of generic and brand name prescription drugs covered by your health plan.
- **[Provider Directory](#)**: An alphabetical list of network providers that you can see as part of your plan including primary care providers, specialists, OB/GYNs, behavioral health providers, and more.

All plan documents are available on our website at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com) and on the Member Portal. You can also request plan documents be mailed to you, free of charge, by calling Member Services at 1-888-512-2347.

## MEMBER IDENTIFICATION (ID) CARD

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When you sign up to become University Community Care Plan Member, you will receive a Community First Member ID card. If you do not receive a card, please call Member Services.

## YOUR MEMBER ID CARD

The following information can be found on your Member ID card:

- Your plan name
- Your first and last name
- Member ID number
- Group number
- Policy effective date (starting date of coverage under your health care plan)
- What to do in the event of an emergency
- How to reach Member Services

## Community First Member ID Card - University Community Care Plan

COMMUNITY FIRST INSURANCE PLANS		University Community Care Plan	
<b>GOLD PLAN</b>		<b>Effective Date:</b> 01/01/2023	
<b>Group Number:</b> CMC00614819163251TX001000101CMC006149040			
<b>Name:</b>	<b>ID#:</b>	<b>Primary Care Physician:</b>	
Member 1	AD000000000000	Provider Name	
Member 2	AD000000000000	Provider Name	
Member 3	AD000000000000	Provider Name	
Member 4	AD000000000000	Provider Name	
Member 5	AD000000000000	Provider Name	
Member 6	AD000000000000	Provider Name	
<b>EPO NETWORK</b>	<b>RED EXCLUSIVO</b>	<b>In-Network Cost-Sharing</b>	<b>Costos compartidos dentro de la red</b>
Must remain in the network, unless it's an emergency. No referrals are needed.	Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias.	Medical Deductible: Individual \$XX / Family \$XX Maximum Out of Pocket: Individual \$XX / Family \$XX	Deductible médico: Individual \$XX / Familia \$XX Gastos máximos de su bolsillo: Individual \$XX / Familia \$XX
Navitus Health Solutions		RxBIN: 610602	RxPCN: NVT RxGRP: CFHX
<p><b>In a life threatening emergency</b> Go to the nearest emergency room and call your Primary Care Physician within 24 hours.</p> <p><b>Member Services Department</b> Local: 210-358-6400 Toll-Free: 1-888-512-2347</p> <p><b>Telecommunication Device for the Deaf</b> TDD: 711</p> <p><b>Website:</b> UniversityCommunityCarePlan.com</p>		<p><b>Instrucciones en caso de emergencia</b> Vaya a la sala de emergencias más cercana y llame a su Proveedor de cuidado primario dentro de 24 horas.</p> <p><b>Departamento de servicios para miembros</b> Local: 210-358-6400 Gratis: 1-888-512-2347</p> <p><b>Dispositivo de telecomunicaciones para sordos</b> Línea TDD: 711</p> <p><b>Sitio web:</b> UniversityCommunityCarePlan.com</p>	
<p><b>FOR PROVIDERS</b></p> <p><b>Notice to hospitals and other providers:</b> All inpatient admissions require pre-authorization, except in the case of emergency. Please call Community First within 24 hours at 210-358-6400 for authorization. Possession of this card does not guarantee eligibility. Providers may call 210-358-6400 to verify eligibility. Outside of the University Community Care EPD Network, the Member only has coverage for emergency care.</p> <p><b>All claims with itemized bills, including diagnosis, should be mailed to:</b> Community First Health Plans PO Box 240969, Apple Valley, MN 55124</p> <p><b>Submit electronic claims to Availity:</b> <b>Payer ID - COMMF, Pharmacy Help Desk:</b> 1-866-333-2757</p> <p>CFHP_1479COMM_0921</p>			
		<p><b>EPO NETWORK</b></p>  <p>QHP</p>	

## USING YOUR MEMBER ID CARD

Carry your Community First Member ID card with you at all times. Show this card to your doctor so they know you are covered by University Community Care Plan.

## LOST OR STOLEN MEMBER ID CARD

If your Community First Member ID Card is lost or stolen, please call Member Services at 1-888-512-2347 and ask for a new one. You can also log in to our secure Member Portal at [UniversityCommunityCarePlan.com](https://UniversityCommunityCarePlan.com) to print a temporary ID card and/or request a new one.

## MEMBER PORTAL

Once your University Community Care Plan becomes effective, you can register for access to your secure Member Portal at:

[UniversityCommunityCarePlan.com](https://UniversityCommunityCarePlan.com)

### To Register:

1. Go to [UniversityCommunityCarePlan.com](https://UniversityCommunityCarePlan.com) and click on the Member Portal link.
2. Click "Register Account."
3. Follow the directions to enter information about you and your plan from your Member ID card. It's fast and easy.

## PRIMARY CARE PROVIDER (PCP)

Once registered, you can:

- Review your benefits including all plan documents
- Check status of claims
- Find Community First Providers in your network
- Print a temporary Member ID card

## PRIMARY CARE PROVIDER (PCP)

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### CHOOSING A PRIMARY CARE PROVIDER

A primary care provider (PCP) is your own doctor or health care clinic. Your PCP will take care of your medical needs and act as your main health care provider.

**As a University Community Care Plan Member, you are not required to have a PCP, but by selecting one from our network of providers, you are taking an important first step in improving your health and well-being.**

A PCP can be a:

- Pediatrician
- Family or general practitioner
- Internist
- Obstetrician/gynecologist (OB/GYN)
- Nurse Practitioner (NP) or Physician Assistant (PA)

You can choose a PCP from our Provider Directory at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com) or by logging into the Member Portal. You can also call Member Services at 1-888-512-2347 if you need help.

### PREVENTIVE SERVICES

As a Member of University Community Care Plan, your PCP can provide preventive health care services at no-cost to you, including:

- Well-child care through age 17
- Periodic health assessments for Members ages 18 and older
- Immunizations
  - Childhood immunizations for Members through age 6
  - Immunizations for Members over age 6

**Remember, your PCP is the most important person on your health care team!**

### WHEN TO SEE YOUR PRIMARY CARE PROVIDER

Your PCP is your best resource for health advice. You should see your PCP regularly, even if you have no health concerns. They can recommend certain screenings depending on your age and risk factors and provide needed preventive care.

### MAKING AN APPOINTMENT

Call your PCP's office to make an appointment. Tell your PCP's office you are a University Community Care Plan Member and have your Member ID card with you when you call.

**What do I need to bring with me to my appointment?**

- Your Community First Member ID card
- Information about your health history
- A list of all medications you are currently taking
- Any known health risks
- Community First checkup checklist (see below) or a list of questions you have for your doctor

We care about your health. Preventive care services like regular health checkups with your PCP are essential to helping create better health outcomes. They also help your doctor get to know you so they can help plan for future health care needs.

**COMMUNITY FIRST CHECKUP CHECKLIST**

## What To Ask At Your Health Checkup

### 5 questions to ask your Primary Care Provider (PCP)

Here are a few important questions you might want to ask your primary care provider at your next health checkup. Print and take this list with you to your appointment or pull it up on your phone while you are waiting to be seen.

- 1 This is how I'm feeling. Do these symptoms seem normal to you?** Tell your primary care provider exactly how you're feeling. Be honest. Ask if what you're feeling is normal.
- 2 What screening tests do I need?** Ask your primary care provider if they recommend certain screenings depending on your age, gender, and family history.
- 3 Am I at a healthy weight?** If you want to lose weight, ask for help creating a diet and exercise plan.
- 4 Are there better treatment options available for my condition?** If you're not happy with your current medication or treatment, ask for other options.
- 5 What should I do before my next visit?** Ask when you should be seen next and what you can work on between appointments.

## TYPES OF MEDICAL CARE

### ROUTINE MEDICAL CARE

Routine medical care is covered under your plan. Routine medical care is the regular care you get from your PCP to help keep you healthy, such as regular checkups. You can call your PCP to make an appointment for routine medical care. Routine medical care includes:

- Regular checkups
- Treatment when you are sick
- Follow-up care when you have medical tests
- Prescriptions

## TYPES OF MEDICAL CARE

Contact your PCP to make an appointment for routine medical care including regular health checkups.

### URGENT MEDICAL CARE

Another type of medical care is urgent care. There are some injuries and illnesses that are probably not emergencies but can turn into emergencies if they are not treated within 24 hours. Some examples are:

- Minor injuries, burns, or cuts
- Minor breathing issues
- Sore throat or stomach pain
- Muscle sprains/strains

Urgent medical care is covered under your plan. For urgent medical care, you should call your PCP's office, even on nights and weekends. Your doctor will tell you what to do.

In some cases, your doctor may tell you to go to an urgent care clinic. If your doctor tells you to go to an urgent care clinic, you don't need to call the clinic before going. You need to go to an in-network clinic that accepts University Community Care Plan.

### EMERGENCY MEDICAL CARE

Emergency medical care is provided for emergency medical conditions and emergency behavioral health conditions, including:

- Chest pain or pressure that may move out to the arm, neck, back, shoulder, jaw, or wrist
- Severe stomach pain that comes on suddenly
- A sudden decrease in or loss of consciousness
- Severe shortness of breath

For emergency medical care, you should:

- Go to the nearest emergency room.
- Call 911 if you need help getting to the hospital.
- Call your PCP as soon as possible after your emergency care.
- Your PCP will give you follow-up care.

Emergency medical care and post-stabilization services (services that keep your condition stable following emergency medical care) is covered under your plan.

## SPECIALISTS

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A specialist is a doctor who provides health care for a specific disease or part of the body. There are many kinds of specialists. Here are a few examples:

- Oncologists care for patients with cancer.
- Cardiologists care for patients with heart problems.
- Orthopedists care for patients with bone, joint, or muscle problems.

Your primary care provider can help you find a specialist. **Community First does not require you to have a referral to make a specialist appointment.** However, some specialists do require a referral as part of their internal policies. You can find a list of network specialists in our [Provider Directory](#) located at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com) or call Member Services for assistance.

## COST-SHARING & IMPORTANT TERMS

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### DEDUCTIBLE

A **deductible** is an amount you pay for covered health care services before your insurance plan starts to pay.

### COPAYMENT & COINSURANCE

A **copayment** or a “copay” is the fixed amount you pay each time you receive certain medical services. You pay a copay at the time you get the medical service.

**Coinsurance** is the percentage you pay of the total cost of certain medical services. You pay a coinsurance at the time you get the medical service.

Not all covered services require a copay or coinsurance. You can review a list of your health care benefits as a University Community Care Plan Member and find out whether a health care service requires a copay or coinsurance in the Benefits Chart on the following page.

**The specific copay and coinsurance amounts that apply to you depend on your plan and can be found in your plan’s [Schedule of Benefits](#) located at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com).** Member Services can also assist you in determining your copay and coinsurance amounts.

### OUT-OF-POCKET MAXIMUM

There is a limit to how much you have to pay out-of-pocket each year for health care services that are covered by our plan. This limit is called the maximum out-of-pocket amount for medical services.

**The specific out-of-pocket maximum that applies under your plan can be found in your plan’s [Schedule of Benefits](#) located at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com).** Member Services can also assist you in determining when you have satisfied the out-of-pocket maximum for your plan.

**HEALTH CARE BENEFITS**

On the following page, you will find a chart of your health care benefits. **Please Note: this chart is a general overview of covered health care benefits under your plan.**

The following plan-specific documents can provide a more detailed look into your covered health care benefits and copay/coinsurance amounts:

- Summary of Benefits and Coverage
- Schedule of Benefits and Cost-Sharing
- Evidence of Coverage

You can find these plan documents online at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com) or contact Member Services if you'd like a printed copy mailed to you free of charge.

**PRIOR AUTHORIZATION**

Some of the services listed in the Benefits Chart are covered only if your PCP or other network provider gets approval from us first. This is called **prior authorization**. Covered services that may need prior authorization are marked in the Benefits Chart by an asterisk (\*).

If you obtain health care services, in circumstances other than a medical emergency or urgent care, from a non-participating provider without prior authorization from Community First, you will be held financially responsible for the entire cost of services.

**HOW TO GET COVERED HEALTH CARE SERVICES**

If you have a primary care provider, they will work with you to make sure you get the health care services you need. However, University Community Care Plan Members are not required by Community First to have a referral for covered health care services. This means you see any specialist or provider in your network without first being directed by your PCP. However, some specialists do require a referral as part of their internal policies. If you need help, contact Member Services at 1-888-512-2347.

<b>BENEFITS CHART</b>	
<b>COVERED HEALTH CARE SERVICE</b>	<b>COST SHARING</b>
<b>Professional Services</b>	Primary Care Provider (PCP) Office or Home Visit: copay may apply Specialist Office or Home Visit: copay may apply
<b>*Inpatient Hospital Services</b>	Copay applies for each admission <b>*Prior authorization from the plan may apply</b>
<b>Outpatient Facility Services</b>	Outpatient Surgery (hospital or other facility setting): copay applies Radiation Therapy and Chemotherapy: copay applies Dialysis: copay applies



## BENEFITS CHART

COVERED HEALTH CARE SERVICE	COST SHARING
<p><b>*Outpatient Infusion Therapy Services</b></p>	<p>Routine Maintenance Drug (hospital, home, office, infusion suite setting): copay applies</p> <p>Non-Maintenance Drug: copay applies</p> <p>Chemotherapy: copay applies</p> <p><b>*Prior authorization from the plan may apply</b></p>
<p><b>*Outpatient Laboratory and X-Ray Services</b></p>	<p>Computerized Tomography (CT Scan): copay applies</p> <p>Computerized Tomography Angiography (CTA): copay applies</p> <p>Magnetic Resonance Angiography (MRA): copay applies</p> <p>Magnetic Resonance Imaging (MRI): copay applies</p> <p>Positron Emission Tomography (PET Scan): copay applies</p> <p>SPECT/Nuclear Cardiology studies: copay applies</p> <p>Other X-ray Services: copay applies</p> <p>Outpatient Lab: copay applies</p> <p><b>*Prior authorization from the plan may apply</b></p>
<p><b>*Rehabilitation Services, Habilitation Services, and Therapies</b></p>	<p>Limited to 35 visits per calendar year, including chiropractic services for rehabilitation and habilitation services: copay may apply</p> <p><i>Visit limitations do not apply to behavioral health services or the treatment of an acquired brain injury. Benefits for Autism Spectrum Disorder will not apply toward and are not subject to any rehabilitation and habilitation services visit maximums</i></p> <p><b>*Prior authorization from the plan may apply</b></p>
<p><b>Maternity Care</b></p>	<p>Prenatal and Postnatal Visit: copay applies (after the initial office visit, subsequent office visits are covered in full)</p> <p>Inpatient Hospital Services (for each admission): copay applies</p> <p>Breastfeeding Support, Counseling, and Supplies (electric breast pumps are limited to one per calendar year): no copay</p> <p>Complications of Pregnancy: covered services for complications of pregnancy will be the same as for treatment of any other physical illness and may require prior authorization</p>

<b>BENEFITS CHART</b>	
<b>COVERED HEALTH CARE SERVICE</b>	<b>COST SHARING</b>
<b>Family Planning Services</b>	<p>Diagnostic Counseling, Consultations, and Planning Services: copay applies</p> <p>Insertion or Removal of Intrauterine Device (IUD), including cost of device: copay may apply</p> <p>Diaphragm or Cervical Cap Fitting, including cost of device: copay may apply</p> <p>Insertion or Removal of Birth Control Device Implanted Under the Skin, including cost of device: copay may apply</p> <p>Injectable Contraceptive Drugs, including cost of drug: copay may apply</p> <p>Vasectomy/Tubal Ligation: copay applies</p>
<b>Infertility Services</b>	<p>Diagnostic Counseling, Consultations, Planning, and Treatment Services: copay applies</p> <p><i>Once the Infertility workup and testing have been completed, subsequent workups and testing require approval of a Community First Medical Director</i></p>
<b>*Behavioral Health Services</b>	<p>Outpatient Mental Health Care: copay applies</p> <p>Inpatient Mental Health Care: copay applies</p> <p>Serious Mental Illness: copay applies</p> <p>Chemical Dependency Services: copay applies</p> <p><b>*Prior authorization from the plan may apply</b></p>
<b>Emergency Services</b>	<p>Emergency Care (including emergency room services for mental health care or chemical dependency): copay may apply</p> <p>Post-stabilization: If post stabilization care is required after an Emergency Care condition has been treated and stabilized, the treating provider will contact Community First, who must approve or deny coverage of the post-stabilization care requested</p>
<b>Urgent Care Services</b>	Copay applies
<b>Telehealth (Virtual) Visits</b>	Copay applies
<b>*Ambulance services</b>	<p>Copay applies</p> <p><b>*Prior authorization from the plan may apply</b></p>

## BENEFITS CHART

COVERED HEALTH CARE SERVICE	COST SHARING
<b>*Extended Care Services</b>	<p>Skilled Nursing Facility Services: copay applies for each day, up to 25 days per calendar year</p> <p>Hospice Care: copay applies for each day</p> <p>Home Health Care: copay applies per visit, up to 60 visits per calendar year</p> <p><b>*Prior authorization from the plan may apply</b></p>
<b>Well Checkups</b>	<p>Well-Child Care (through age 17): no copay</p> <p>Periodic Health Assessments (ages 18 and older): no copay</p>
<b>Immunizations</b>	<p>Childhood Immunizations (routine immunizations recommended by the American Academy of Pediatrics): no copay</p> <p>Most Immunizations (for Members over age 6): no copay</p>
<b>Bone Mass Measurement</b>	No copay
<b>Well-Woman Services</b>	<p>Well-Woman Exam (once every 12 months, includes, but not limited to, exam for cervical cancer [Pap smear]): no copay</p> <p>Screening Mammogram (for female Members ages 35 and over, and for female Members with other risk factors, once every 12 months): no copay</p> <p>Early Detection Test for Ovarian Cancer (CA125 blood test) (once every 12 months): copay applies</p> <p>Contraceptive Services and Supplies (Contraceptive education, counseling and certain female FDA approved contraceptive methods, female sterilization procedures and devices): no copay</p>
<b>Pediatric Hearing Loss</b>	<p>Screening Test (from birth through 30 days): no copay</p> <p>Follow-Up Care (from birth through 24 months): no copay</p>
<b>Colorectal Screening</b>	<p>Screening for the Detection of Colorectal Cancer (for Members ages 50 and older): no copay</p> <p>Annual Fecal Occult Blood Test (once every 12 months): no copay</p> <p>Flexible Sigmoidoscopy with Hemoccult of the Stool (limited to one every 5 years): no copay</p> <p>Colonoscopy (limited to one every 10 years): no copay</p>

<b>BENEFITS CHART</b>	
<b>COVERED HEALTH CARE SERVICE</b>	<b>COST SHARING</b>
<b>Vision &amp; Hearing Screenings</b>	<p>Eye and Ear Screenings (for Members through age 17, once every 12 months): copay may apply</p> <p>Eye and Ear Screenings (for Members age 18 and older, once every two years): copay may apply</p> <p><i>Covered children to age 19 have additional vision and hearing benefits as described in the Vision Services and Hearing Services sections in this Handbook</i></p>
<b>Cardiovascular Screening</b>	<p>Early Detection Test for Cardiovascular Disease (limited to one every five years): copay applies</p> <p>Computer Tomography (CT) Scanning: copay applies</p> <p>Ultrasonography: copay applies</p> <p><i>Note: Tests are available to each covered Member who is (1) a male older than 45 years of age and younger than 76 years of age, or (2) a female older than 55 years of age and younger than 76 years of age. The Member must be a diabetic or have a risk of developing coronary heart disease, based on a score derived using the Framingham Heart Study coronary prediction algorithm that is intermediate or higher</i></p>
<b>Prostate Exam</b>	Exam for Prostate Cancer (once every 12 months): copay applies
<b>*Dental Surgical Procedures</b>	<p>Outpatient Surgery: copay applies</p> <p>Inpatient Hospital Services: copay applies</p> <p><b>*Prior authorization from the plan applies</b></p>
<b>*Cosmetic, Reconstructive, or Plastic Surgery</b>	<p>Outpatient Surgery: copay applies</p> <p>Inpatient Hospital Services: copay applies</p> <p><b>*Prior authorization from the plan applies</b></p>
<b>Allergy Care</b>	<p>Testing and Evaluation: copay applies</p> <p>Injections/Serum: copay applies</p>
<b>Diabetes Care</b>	<p>Diabetes Self-Management Training: no copay</p> <p>Diabetes Equipment: copay applies</p> <p>Diabetes Supplies: no copay</p> <p><i>Some diabetes supplies are only available utilizing pharmacy benefits, through a participating pharmacy</i></p>

## BENEFITS CHART

COVERED HEALTH CARE SERVICE	COST SHARING
<b>*Prosthetic Appliances and Orthotic Devices</b>	Prosthetic Appliances and Orthotic Devices: copay applies  Cochlear Implants (limit one per impaired ear with replacements as medically necessary or audiological necessary): copay applies  <b>*Prior authorization from the plan applies</b>
<b>*Durable Medical Equipment (DME)</b>	Copay applies  <b>*Prior authorization from the plan applies</b>
<b>*Speech and Hearing Services</b>	Inpatient & Outpatient Care: covered services for inpatient and outpatient care for speech and hearing services will be the same as for treatment of any other physical illness  Medically Necessary Hearing Aids or Cochlear Implant (for individuals 18 years or younger): copay applies  <i>Benefits for Autism Spectrum Disorder will not apply towards and are not subject to any speech and hearing services visit maximums</i>  <b>*Prior authorization from the plan may apply</b>
<b>*Hearing Aids</b>	Audiometric Examination (to determine type and extent of hearing loss once every 36 months): no copay  Fitting and Purchase of Hearing Aid Device(s): copay applies  <b>*Prior authorization from the plan may apply</b>
<b>Autism Spectrum Disorder</b>	Treatment and Services (e.g., evaluation and assessment, screening at 18 and 24 months, applied behavioral analysis, behavior training and management, speech/occupational/physical therapy, medication or nutritional supplements): covered services for Autism Spectrum Disorder will be the same as for treatment of any other physical illness

### LIMITS TO COVERED SERVICES

There may be limits to some covered services. If you have questions about limits on any covered service, ask your doctor or call Member Services.

### SERVICES NOT COVERED

The following is a list of services your plan generally does not cover. Check your plan documents or call Member Services for more information and a list of any other excluded services:

- Abortion (except for a pregnancy that, as certified by a physician, places the woman in danger of death or a serious risk of substantial impairment of a major bodily function unless an abortion is performed)
- Acupuncture

## CARE AWAY FROM HOME

- Bariatric surgery
- Cosmetic surgery (except for the correction of congenital deformities or for conditions resulting from accidental injuries, scars, tumors or diseases when medically necessary)
- Dental care (adult)
- Infertility treatment (diagnosis and treatment covered; in vitro not covered)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (adult)
- Routine foot care (except in connection with diabetes, circulatory disorders of the lower extremities, peripheral vascular disease, peripheral neuropathy, or chronic arterial or venous insufficiency)
- Weight loss programs

## CARE AWAY FROM HOME

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**Only emergency care services are covered outside of the plan's service area.**

Continuing or follow-up treatment for accidental injury or emergency care is limited to care required before you can return to the service area without medically harmful or injurious consequences.

For more information, please review your plan specific documents at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com) or call Member Services at 1-888-512-2347.

## ADDED BENEFITS

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**What added benefits do I get as a University Community Care Plan Member?**

Community First offers incredible added benefits to our Members, including:

ADDED BENEFITS
<b>24/7 Nurse Line:</b> Convenient, after-hours phone support from Registered Nurses who can provide medical advice and help you get the care you need.
<b>Health &amp; Wellness Programs:</b> A family of no-cost Health & Wellness Programs to help you manage and learn more about your chronic condition including hypertension, asthma, obesity, and diabetes.
<b>Pregnancy Support:</b> Education and support for expecting moms through our Healthy Expectations Maternity Program, including a Mommy & Me baby shower and more.
<b>Scholarships:</b> Opportunities to get financial assistance for career training, education, and more.
<b>Prescription Delivery:</b> Mail-order delivery service for certain prescription drugs.
<b>Telehealth:</b> Virtual visits as an alternative to an in-person visit for consultations, follow-up appointments, management of chronic conditions or medication, and more.

**How can I get these benefits?**

To learn how you can receive these benefits as a University Community Care Plan Member, visit [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com) or call Member Services at 1-888-512-2347.

**HEALTH EDUCATION PROGRAMS**

Community First's no-cost health education programs are designed to help you get and stay healthy. Our **Health & Wellness Programs** include:

**HEALTHY EXPECTATIONS MATERNITY PROGRAM**

Pregnancy can be a wonderful, transformative time. However, it can also be overwhelming as you prepare to welcome your new baby. Healthy Expectations provides educational resources and support for expectant moms.

Educational topics include:

- Prenatal and postpartum education
- Information about labor, delivery, and post-delivery
- Breastfeeding
- Newborn care

Community First also hosts monthly Mommy & Me baby showers for expecting mothers enrolled in Healthy Expectations. Each shower is led by a knowledgeable Health Educator and an experienced O.B. nurse.

**DIABETES IN CONTROL: DIABETES MANAGEMENT PROGRAM**

If you are among the millions of Americans who have diabetes, we want to help you learn all that you can to help manage your disease.

**Diabetes in Control** was developed to help you manage your diabetes more effectively by checking blood sugar regularly, eating healthy food, being active, taking medicines as prescribed, and handling stress effectively.

Members can also join the YMCA Diabetes Prevention Program, a no-cost, year-long, evidence-based program designed to help adults at risk of developing Type 2 diabetes. Includes a complimentary 4-month YMCA membership for two adults and up to four children.

**ASTHMA MATTERS: ASTHMA MANAGEMENT PROGRAM**

Asthma is a chronic lung condition that causes inflammation and swelling of the airways, sensitivity to things that make swelling worse, and decreased airflow in the lungs. There is no cure for asthma, but you can learn to manage it so you can maintain a normal activity level and minimize the need for emergency treatment.

**Asthma Matters** was developed to provide you with the tools needed to prevent chronic and troublesome symptoms and improve your well-being.

## HEALTH EDUCATION PROGRAMS

Program goals include:

- Help you understand the causes or triggers of your asthma
- Achieve normal or near-normal lung function
- Participate in physical activity without symptoms
- Decrease the frequency and severity of flare-ups

### **HEALTHY MIND: BEHAVIORAL HEALTH PROGRAM**

Community First is committed to helping improve the behavioral health and wellness of our Members. If you are struggling, it is important to remember you are not alone. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

**Healthy Mind** can help you determine the type of behavioral health assistance you may need and provide information to help you choose a professional counselor or doctor who can best assist you with the following:

- Aggressive behavior
- Family violence
- Anxiety and depression
- Grief
- Autism
- Suicidal behavior
- Physical, sexual, or emotional abuse
- Divorce or marital problems
- Drug and alcohol abuse
- Stress
- Eating disorders
- Hyperactivity disorders

### **HEALTHY HEART: BLOOD PRESSURE MANAGEMENT PROGRAM**

High blood pressure, also known as hypertension, often has no symptoms. However, it can significantly increase your risk for serious health conditions such as heart attack, stroke, heart failure, and kidney disease.

**Healthy Heart** can help you learn how to manage your blood pressure by taking medication properly and implementing healthy lifestyle changes.

### **HEALTHY LIVING: HEALTHY LIFESTYLE MANAGEMENT PROGRAM**

Achieving and maintaining a healthy lifestyle is never beyond reach. **Healthy Living** is designed for Members who are ready to take the first step toward a healthier life.

**Healthy Living** offers the knowledge and resources needed to understand how to incorporate healthy habits into your everyday life that can last a lifetime.



University Community Care Plan Members who participate in **Healthy Living** can also join YMCA Weight Loss Program - 16 Weeks to Wellness, a no cost program for those interested for those interested in implementing and maintaining a healthy lifestyle. 16 Weeks to Wellness includes a complimentary 4-month YMCA membership for two adults and up to four children.

### HOW TO JOIN

For more information about Community First Health & Wellness Programs or to join, please visit [CommunityFirstHealthPlans.com/Health-and-Wellness-Programs](https://CommunityFirstHealthPlans.com/Health-and-Wellness-Programs) and take the online Health Assessment.

You can also contact a Health Educator to learn more or to take the assessment over the phone at 210-358-6055 or email [healthyhelp@cfhp.com](mailto:healthyhelp@cfhp.com).

## PRESCRIPTION DRUG BENEFITS

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University Community Care Plan pays for most of the medication your doctor says you need. Your doctor will write a prescription so you can take it to the drug store, or may be able to send the prescription for you.

### PRESCRIPTION DRUG FORMULARY

The Prescription Drug Formulary, also called the “Drug List,” is a list of all prescription drugs that University Community Care Plan covers. To find out if a drug you are taking is on the Drug List, you can:

- Visit our website at [UniversityCommunityCarePlan.com](https://UniversityCommunityCarePlan.com). The Drug List on our website is always the most current and up-to-date list.
- Call Member Services to find out if a drug is on the plan’s Drug List or to ask for a copy of the list be mailed to you.

### NETWORK DRUG STORES

As a University Community Care Plan Member, you must go to a participating network pharmacy to fill your prescription drug medication(s). You can find a list of network pharmacies covered under your plan below.

<b>NETWORK PHARMACIES</b>	
<p><b>MEDICAL CENTER PAVILION</b>                      4647 Medical Drive                      San Antonio, TX 78229                      210-358-8145                      Monday through Sunday, 8 a.m. to 8 p.m.</p>	<p><b>ROBERT B. GREEN CAMPUS</b>                      903 W. Martin Street                      San Antonio, TX 78207                      210-358-3400                      Monday through Sunday, 8 a.m. to 8 p.m.</p>
<p><b>TEXAS DIABETES INSTITUTE</b>                      701 S. Zarzamora Street                      San Antonio, TX 78207                      210-358-7000                      Monday through Friday, 8 a.m. to 5 p.m.                      Closed on Saturdays &amp; Sundays</p>	<p><b>UNIVERSITY FAMILY HEALTH CENTER                      - SOUTHEAST</b>                      1055 Ada Street                      San Antonio, TX 78223                      210-358-5515                      Monday through Friday, 8 a.m. to 8 p.m.                      Closed on Saturdays &amp; Sundays</p>
<p><b>UNIVERSITY FAMILY HEALTH CENTER                      - SOUTHWEST</b>                      2121 SW. 36th Street                      San Antonio, TX 78237                      210-358-5100                      Monday through Friday, 8 a.m. to 8 p.m.                      Closed on Saturdays &amp; Sundays</p>	<p><b>UNIVERSITY HOSPITAL</b>                      4502 Medical Drive                      San Antonio, TX 78229                      210-358-4000                      Open 24 hours/7 days a week</p>

**What if I go to a drug store not in the network?**

If you go to a drug store that is not in the network, your prescription may not be covered. You may be responsible for the prescription medication charges. You will need to take your prescription to a pharmacy that accepts University Community Care Plan.

**How do I transfer my prescriptions to a different network pharmacy?**

If you need to transfer your prescription(s), take the following steps:

1. Call the new network pharmacy you would like to transfer your prescription(s) to and give the needed information to the pharmacist; or
2. Bring your prescription container to the new network pharmacy.

**What do I bring with me to the drug store?**

You should bring your Community First Member ID card with you to the drug store.

**Who do I call if I have problems getting my medication?**

If you have problems getting your covered medications, please call Member Services at 1-888-512-2347. We can work with you and your pharmacy to make sure you get the medication(s) you need.

**What if I lose my medication?**

If you lose your medication, call your doctor for help. If your doctor's office is closed, the pharmacy where you got your medications may be able to help you. You can also call Member Services for assistance at 1-888-512-2347.

**PRESCRIPTION DRUG COST-SHARING**

Your pharmacy benefit consists of four tiers.

- The first tier generally includes generic drugs.
- The second tier generally includes preferred brand name drugs.
- The third tier generally includes non-preferred brand name drugs.
- The fourth tier generally includes specialty 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.

You can look up your copay/coinsurance amounts for generic, preferred brand drugs, non-preferred brand drugs, and specialty drugs by reviewing your plan's [Schedule of Benefits and Cost-Sharing](#) located at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com).

**MEDICATION DELIVERY****Can I get my medication delivered to me?**

For certain kinds of drugs, you can use the plan's network mail-order services. Generally, the drugs available through mail-order are drugs that you take on a regular basis for a chronic or long-term medical condition.

To find out if your prescription qualifies for mail order, please contact your local University Health pharmacy.

**VISION SERVICES**

University Community Care Plan offers the following vision benefits for Members:

**VISION SCREENINGS**

- Vision screenings for Members through age 17, once every 12 months (conducted by the Member's primary care provider or other network provider)
- Vision screenings for Members ages 18 and older, once every two years (conducted by the Member's primary care provider or other network provider)

**PEDIATRIC VISION CARE BENEFIT**

Children up to age 19 (dependents) who are covered under your health plan are eligible for coverage under University Community Care Plan's Pediatric Vision Care Benefit.

For purposes of this Pediatric Vision Care Benefit, Members must see a licensed therapeutic optometrist, ophthalmologist, or optometrist operating within the scope of his or her license, or a dispensing optician. You can find participating network vision providers in the [Provider Directory](#) located at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com).

## DENTAL SERVICES

### **Pediatric Vision Care Benefits include:\***

- Vision examination (covered once per calendar year)
- Frames (covered once per calendar year)
- Standard plastic, glass, or poly spectacle lenses (covered once per calendar year)
  - Single Vision
  - Bifocal
  - Trifocal
  - Lenticular
- Lens options
  - Tint
  - Standard Plastic Scratch Coating
  - Standard Polycarbonate
- Contact lenses (covered once per calendar year as an alternative to glasses)

To review a detailed description of your Pediatric Vision Care Benefits including copayment amounts, please review your plan's [Evidence of Coverage](#) located at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com). You can also contact Member Services with questions or if you need help finding a network provider.

*\*Copayments and plan allowances may apply.*

## DENTAL SERVICES

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**General dental services are not covered under University Community Care Plan, but the following limited oral surgical procedures are covered when prescribed by your primary care provider or a network provider and performed in a participating provider's office or in the inpatient or outpatient setting:\***

- Treatment for accidental injury to sound natural adult teeth, the jaw bones or surrounding tissues, not caused by biting or chewing, when treatment is completed within 24 months of the initial treatment.
- Treatment or correction of a non-dental physiological condition which has resulted in severe functional impairment.
- Treatment for tumors and cysts requiring pathological examination of the jaws, cheeks, lips, tongue, roof and floor of the mouth.
- Diagnostic and surgical treatment of conditions affecting the temporomandibular joint (including the jaw or craniomandibular joint) as a result of an accident, a trauma, a congenital defect, a developmental defect, or a pathology.
- Removal of complete bony impacted teeth.

*\*Prior authorization from the plan may apply.*

To review a detailed description of covered dental surgical procedures including copayment amounts, please review your plan's [Evidence of Coverage](#) located at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com). You can also contact Member Services with questions or if you need help finding a network provider.

## HEARING SERVICES

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University Community Care Plan offers the following hearing benefits for Members:

### HEARING SCREENINGS

- Hearing screenings for Members through age 17, once every 12 months (conducted by the Member's primary care provider or other network provider).
- Hearing screenings for Members ages 18 and older, once every two years (conducted by the Member's primary care provider or other network provider).

### PEDIATRIC HEARING LOSS

Covered services include:

- Screening test from birth through 30 days.
- Follow-up care from birth through 24 months.

### HEARING AIDS

Covered services and equipment include:\*

- One audiometric examination to determine type and extent of hearing loss once every 36 months.
- Fitting and purchase of hearing aid device(s).

Medically necessary hearing aids or cochlear implant and related services and supplies are covered for individuals 18 years or younger. This includes fitting and dispensing services, treatment for habilitation and rehabilitation, and (for cochlear implant) an external speech processor and controller with necessary component and replacement every three years.

To review a detailed description of your covered hearing services, including copayment amounts, please review your plan's [Evidence of Coverage](#) located at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com). You can also contact Member Services with questions or if you need help finding a network provider.

*\*Copayments and prior authorization from the plan may apply.*

## BEHAVIORAL HEALTH

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Behavioral Health Services including mental health and substance use support are available to all University Community Care Plan Members.

**Behavioral Health services include:\***

- Outpatient mental health care
- Inpatient mental health care
- Chemical dependency services
- Serious mental illness

**Members can also call the Community First Behavioral Health & Substance Use Crisis Line at 1-877-221-2226, 24 hours, 7 days a week. The phone line is staffed by trained personnel. Call to talk to someone if you need help right away.**

## MEMBER BILLING

If you need emergency services, call 911 or the Suicide & Crisis Lifeline 988.

For other questions related to Behavioral Health Services, please call University Community Care Plan at 1-888-512-2347 or review your plan documents located at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com).

*\*Copayments and prior authorization from the plan may apply.*

## MEMBER BILLING

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If you get a bill for the full cost of health care or drugs, send the bill to us.

- If the services or drugs are covered, we will pay the provider directly.
- If the services or drugs are covered and you already paid more than your share of the cost, it is your right to be paid back.
- If the services or drugs are not covered, we will tell you.

Here are examples of times when you may need to ask our plan to pay you back or to pay a bill you got:

- When you get emergency health care from an out-of-network provider.
- When you purchase certain diabetes equipment and supplies.
- When you pay the full cost for a prescription because you do not have your Member ID card with you.

## REIMBURSEMENT

If you pay a bill for covered services and you believe that Community First is responsible for those charges, then submit a copy of the paid bill along with a completed claim form to Community First Member Services requesting reimbursement (Claim forms may be obtained by calling Member Services or by logging into the [Member Portal](#)).

Please include all of the following information on your request:

- The patient's name, address, Member ID, and your relationship to the plan subscriber from your identification card.
- Name and address of the provider (if not on the bill).

If you receive a bill for authorized covered services from a non-participating provider, you may ask Community First to pay the provider directly. Send the bill to Community First according to the procedures listed above.

You can also mail your request for payment together with any bills or receipts to us at this address:

### **Community First Insurance Plans**

Attention: Member Services Resolution Unit  
12238 Silicon Drive, Suite 100  
San Antonio, TX 78249

Contact Member Services at 1-888-512-2347 if you have any questions. If you don't know what you should have paid, or you receive bills and you don't know what to do about those bills, we can help.

**BALANCE BILLING**

Balance bills, sometimes called “surprise medical bills” happen when a provider charges more for treatment than your health benefit plan pays and you get the bill for the difference. This often happens in three situations:

- While getting treatment at an in-network hospital or facility, you also get care from another out-of-network provider.
- You are visiting an in-network doctor, but that doctor sends your lab work or imaging to an out-of-network provider for testing or review.
- When getting emergency treatment at an out-of-network hospital or facility.

As a University Community Care Plan Member, you have new protections against some balance bills. Call Member Services and we can help you determine if you should have been billed. If you should not have been billed, we can contact your provider to remind them of the surprise billing law and educate them on their options.

For more information about balance billing, please visit [UniversityCommunityCarePlan.com/Balance-Billing](http://UniversityCommunityCarePlan.com/Balance-Billing).

**RENEWING, UPDATING, & CHANGING COVERAGE**

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You can renew, update, or change your health insurance plan during the Open Enrollment Period which begins on November 1 each year. Make your choice and sign up by December 15 for coverage that starts January 1 the following year.

By November 1, you should get two letters – one from Community First and one from the Health Insurance Marketplace®. Together they’ll explain:

- Your coverage status
- Which plan (if any) you’ll be enrolled in or matched with if you don’t act by December 15
- Any changes in your coverage and financial help
- Directions if you need to send the Marketplace any documents

If you have any life changes, you should report them to Community First. These changes include:

- Your mailing address or contact information
- Changes that affect your family size, like getting married or divorced, or having a baby
- Changes that affect your household income, like changing jobs
- Changes to the coverage that’s available to you, like becoming eligible for Medicare or Medicaid, or getting insurance through a job

Report life changes by updating your Marketplace application online at [HealthCare.gov](http://HealthCare.gov) or by calling the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). If you need assistance, call Member Services at 1-888-512-2347.

### COMPLAINTS AND APPEALS

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**Members are required to submit all complaints through Community First's internal Complaints and Appeals process, which we have outlined for you in this section.**

Community First encourages the informal resolution of complaints. Community First will not retaliate against you, including cancellation of coverage or refusal to renew coverage, simply because you, or person acting on behalf of you has filed a complaint against Community First or appealed a decision of Community First.

Community First will not retaliate against any participating provider, including termination of or refusal to renew a contract, simply because a participating provider has, on your behalf filed a Complaint against Community First or appealed a decision made by Community First.

Complaints/Appeals should be directed to Community First Member Services at 1-888-512-2347 or in writing to:

**Community First Insurance Plans**  
Attention: Member Services  
12238 Silicon Drive, Suite 100  
San Antonio, TX 78249

At any time, you have the right to contact the Texas Department of Insurance at 1-800-252-3439 or in writing at:

**Texas Department of Insurance**  
PO Box 12030  
Austin, Texas 78711-2030

### COMPLAINT RESOLUTION PROCESS

1. You, or someone acting on your behalf, notifies Community First orally or in writing of a complaint.
2. Upon receipt of a written complaint, we will send you a letter acknowledging receipt of your complaint within five (5) business days of receipt of the complaint. This letter will include the date Community First received the complaint as well as a description of the Complaint and Appeals process and timeframes. If Community First receives an oral complaint, we will include a one-page complaint form, along with the above information, which should be completed and returned immediately for prompt resolution of the complaint.
3. Community First will investigate the complaint and send you or your designated representative a letter explaining the resolution of your complaint. Community First will acknowledge, investigate, and resolve your complaint within 30 calendar days from the date we receive your written complaint or your completed complaint form.
4. Investigation and resolution of complaints relating to emergency care or denials of continued hospital stays shall be concluded according to the medical or dental immediacy of the case, but will not exceed one (1) business day from the date the complaint is received by Community First.



**COMPLAINT APPEAL PROCESS**

1. If you are not satisfied with Community First's resolution of your complaint, you or your designated representative may notify Community First, in writing, of your wish to appeal our decision.
2. Community First will send you a letter acknowledging receipt of your complaint appeal within five (5) business days of receiving your written request for appeal.
3. Community First will schedule a hearing before a Complaint Appeal Panel where you or your dependent normally receive health care services within the service area, unless you and Community First agree to another site. Instead of appearing in person, you may conference in by telephone or you may address a written appeal to the Complaint Appeal Panel.
  - a) The Panel will consist of individuals appointed by Community First. The Panel consists of equal numbers of Community First staff, providers, and Members. No individual serving on the panel may have previously been involved in the disputed decision that is the subject of the appeal.
  - b) All providers serving on the Panel must have experience in the area of care that is in dispute and must be independent of the provider(s) who made any prior determination(s). If specialty care is in dispute, the Appeal Panel will include an additional person who is a specialist in the field of care to which the appeal relates. Members serving on the Appeal Panel may not be employees of Community First.
4. No later than five (5) business days before the hearing, unless you agree otherwise, Community First shall provide you or your designated representative:
  - a) Any documentation that Community First staff will present to the Panel;
  - b) The specialization of any providers consulted during the investigation; and
  - c) The name and affiliation of each Community First representative on the Panel
5. You, or your designated representative if you are a minor or disabled, are entitled to:
  - a) Appear in person before the Appeals Panel;
  - b) Present alternative expert testimony; and
  - c) Request the presence of and question any person responsible for making the decision resulting in the appeal.
6. Relevant documents will be reviewed by the Appeals Panel and considered along with relevant presentations and discussions. You or your designated representative and Community First will be allowed to present any relevant information and have witnesses or counsel present.
7. The Appeals Panel renders a recommendation and Community First notifies you or your designated representative of Community First's decision regarding your appeal.
8. Community First will complete the complaint appeal process no later than 30 calendar days after the date your written request for an appeal is received by Community First. Any review by an Appeal Panel will be obtained within this time frame.
9. At any time, you have the right to contact the Texas Department of Insurance at 1-800-252-3439.

**ARBITRATION**

If you remain dissatisfied after completion of the process described above, you may exercise your right to submit the matter to arbitration.

## ENROLLMENT

Read more about arbitration in your Evidence of Coverage located at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com) or call Member Services at 1-888-512-2347 for assistance.

### ADVERSE DETERMINATION

Adverse Determination is the determination by Community First that the health care services furnished or proposed to be furnished to a Member are not medically necessary or are experimental or investigational or not appropriate. A complaint filed concerning dissatisfaction or disagreements with an adverse determination constitutes an appeal of that adverse determination.

Read more about the process for appealing an adverse determination and the process for requesting independent review of an adverse determination in your Evidence of Coverage located at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com) or call Member Services at 1-888-512-2347 for assistance.

### EXPEDITED APPEAL

Emergency care denials, denials for care of life-threatening conditions, denials of continued stays for hospital patients, and denial of prescription drugs the patient is receiving may follow an expedited appeal procedure, if requested.

Read more about expedited appeals including timeframes in your Evidence of Coverage located at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com) or call Member Services at 1-888-512-2347 for assistance.

## ENROLLMENT

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There are different times throughout the year where you can enroll yourself and/or dependents in our plan, including:

- Initial Enrollment
- Open Enrollment
- Special Enrollment periods

It is important that you inform Community First promptly when:

- You acquire a qualified dependent;
- A new qualified dependent becomes eligible; or
- A qualified dependent becomes ineligible.

Forms are available for reporting these changes.

To learn more about enrollment in our plan, please review your [Evidence of Coverage](#) located at [UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com) or call Member Services at 1-888-512-2347 for assistance.

## **MEMBER RIGHTS AND RESPONSIBILITIES**

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### **MEMBER RIGHTS**

1. You have the right to receive information about your health plan, its services, its practitioners and providers, and your rights and responsibilities.
2. You have the right to be treated with respect, dignity, privacy, confidentiality, and nondiscrimination.
3. You have the right to participate with providers in making decisions about your health care.
4. You have the right to an open, honest discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
5. You have the right to use the complaints or appeals process through Community First and get a timely response to complaints and appeals about your health plan or the care it provides.

### **MEMBER RESPONSIBILITIES**

1. You have the responsibility to learn and understand your rights and ask for help when you need it.
2. You have the responsibility to follow all Community First rules and policies.
3. You have the responsibility to treat all doctors and health care providers with respect and courtesy.
4. If you do not understand the type of care you are receiving or what is expected from you as part of a treatment plan, you have the responsibility to inform your providers and ask for help.
5. You have the responsibility to share information about your health with your providers so you can work as a team to decide what health care is best for you.
6. You have the responsibility to participate in creating a treatment plan with your provider and follow plans and instructions for care that you've agreed upon.
7. You have the responsibility to inform Community First of any changes to your personal information, including your name, address, or family members covered under your plan.

## Non-Discrimination Notice

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

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

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

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

- Qualified interpreters
- Information written in other languages

If you need these services, please contact Community First Member Services at the number on the back of your Member ID card or 1-800-434-2347. If you're deaf or hard of hearing, please call 711.

If you feel that Community First failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a complaint with Community First by phone, fax, or email at:

**Community First Compliance Coordinator**

Phone: 210-227-2347 | TTY: 711

Fax: 210-358-6014

Email: [DL\\_CFHP\\_Regulatory@cfhp.com](mailto:DL_CFHP_Regulatory@cfhp.com)

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

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

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Phone: 1-800-368-1019 | TTY: 1-800-537-7697

Complaint forms are available at:

<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

## Aviso sobre no discriminación

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

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

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

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

- Intérpretes calificados
- Información escrita en otros idiomas

Si usted necesita recibir estos servicios, comuníquese al Departamento de Servicios para Miembros de Community First al 1-800-434-2347. TTY (para personas con problemas auditivos) al 711.

Si usted cree que Community First no proporcionó servicios lingüísticos gratuitos o se siente que fue discriminado/a de otra manera por motivos de su raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, u orientación sexual, usted puede comunicarse con Community First por teléfono, fax, o correo electrónico a:

**Community First Compliance Coordinator**

Teléfono: 210-227-2347 | Línea de TTY gratuita: 711

Fax: 210-358-6014

Correo electrónico: [DL\\_CFHP\\_Regulatory@cfhp.com](mailto:DL_CFHP_Regulatory@cfhp.com)

Si usted necesita ayuda para presentar una queja, Community First está disponible para ayudarlo. Si usted desea presentar una queja sobre reclamos, elegibilidad o autorización, comuníquese con Servicios para Miembros de Community First llamando al 1-800-434-2347.

Usted también puede presentar una queja de derechos civiles ante el departamento de salud y servicios humanos de los Estados Unidos de manera electrónica a través del portal de quejas de derechos civiles, disponible en: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW, Room 509F, HHH Building

Washington, D.C. 20201

Teléfono: 1-800-368-1019 | Línea de TTY gratuita: 1-800-537-7697

Los formularios de queja están disponibles en:

<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

## Language Assistance

ENGLISH: ATTENTION: Free language assistance services are available to you. Call 1-800-434-2347 (TTY: 711).

SPANISH: ATENCIÓN: Si habla español, usted tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-434-2347 (TTY: 711).

VIETNAMESE: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-434-2347 (TTY: 711).

CHINESE: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務. 請致電 1-800-434-2347 (TTY: 711).

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-434-2347 (TTY: 711) 번으로 전화해 주십시오.

ARABIC: تادمخ اس م لا تدع وغل ل لاة ل و ت ف ك ل . ن اجم ل اب ل ص تا ر ب م ق 1-800-434-2347 م قر  
تاها مص ل ل او: 711 : عظوح ل م اذ ل تن ك ت دحت ت ر كذا، غ ل ل ا ن ا ف

URDU: و ب ے ل، ی ہ و ت پ آ و ک ن ا ب ز ی ک ددم ی ک تادمخ تف م ی م بای ت س د ی ہ ل ا ک  
راد ر گا پ آ را و د : 1-800-434-2347 (TTY: 711) رب خ :

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-434-2347 (TTY: 711).

FRENCH: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-434-2347 (ATS: 711).

HINDI: ध्यान दें: यदि आप हृदी बोलते हैं तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-434-2347 (TTY: 711) पर कॉल कर।

PERSIAN: ناگیار ترو ص ب ی ن ابز تال ی هست ، دین ک یم وگت فگ ی س راف ن ابز ه ب رگا : هجوت  
اب . دش اب یم مه ارف (TTY: 711) 1-800-434-2347 . دیری گب سامت امش ی ارب

GERMAN: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-434-2347 (TTY: 711).

GUJARATI: ध्यान दें: यदि आप हृदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-434-2347 (TTY: 711) पर कॉल करें।

RUSSIAN: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-434-2347 (телетайп: 711).

JAPANESE: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。  
1-800-434-2347 (TTY:711)まで、お電話にてご連絡ください。

LAOTIAN: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມ  
ໃຫ້ທ່ານ. ໂທ 1-800-434-2347 (TTY: 711).





# UNIVERSITY COMMUNITY CARE PLAN MEMBER HANDBOOK

## COMMUNITY FIRST

MARKETPLACE

UNIVERSITY COMMUNITY  
CARE PLAN

12238 Silicon Drive, Ste. 100  
San Antonio, Texas 78249  
[UniversityCommunityCarePlan.com](http://UniversityCommunityCarePlan.com)