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Together for everyone

2022 individual and family health plans

Children's Community Health Plan is now



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 170,000 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 14 counties including Brown, Calumet, Door, Kenosha, Kewaunee, Manitowoc, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, 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.

A white icon of a tooth with two small stars on either side, set against a dark blue circular background.

Comprehensive dental plans

A white icon of a hand holding a five-pointed star, set against a dark blue circular background.

Member incentives and case management programs

A white icon of a medical cross inside a rounded square, set against a dark blue circular background.

Select insulin medications paid at 100%

A white icon of a heart with a pulse line (ECG) passing through it, set against a dark blue circular background.

Preventive care paid at 100%¹

CCHP on Call

A white icon of a person's head and shoulders with a stethoscope around their neck, set against a dark blue circular background.

No-cost 24/7 nurseline with MD consultations
(with prescription capabilities)

A white icon showing three stylized figures of medical professionals (a doctor and two nurses) standing together, set against a dark blue circular background.

High-quality provider network

¹For 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 specialists, pharmacies and chiropractors, which makes finding care close to home easier.

When you go to an out-of-network provider for emergency services, CCHP pays the provider a specific amount, based on our policies. This is called the Maximum Allowed Amount. The Maximum Allowed Amount may be less than the amount the provider billed. Because we are not contracted with out-of-network providers, we recommend you use our in-network providers.



A provider search tool for all your needs

It is important to verify that your provider is still a part of the Chorus Community Health Plans network.

Please visit our website at chorushealthplans.org/find-a-doc 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

CALUMET COUNTY

Ascension Calumet Hospital

DOOR COUNTY

Door County Medical Center

MANITOWOC COUNTY

Holy Family Memorial Medical Center

OCONTO COUNTY

Bellin Health Oconto Hospital

OUTAGAMIE COUNTY

Ascension NE Wisconsin St. Elizabeth Hospital

WINNEBAGO COUNTY

Ascension NE Wisconsin Mercy Hospital
Children's Wisconsin Hospital – Fox Valley

Network hospitals in our SOUTHEAST WISCONSIN service area include:

KENOSHA COUNTY

Froedtert Kenosha Hospital
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 – St. Joseph Campus
Ascension St. Francis Hospital
Children's Wisconsin Hospital
Froedtert Hospital and the Medical College of Wisconsin
Midwest Orthopedic Specialty Hospital – Franklin
Orthopaedic Hospital of Wisconsin – Glendale
Rogers Behavioral Health – Brown Deer
Rogers Behavioral Health – West Allis

OZAUKEE COUNTY

Ascension – Columbia St. Mary's Hospital – Ozaukee

RACINE COUNTY

Ascension All Saints Hospital – Spring Street Campus
Ascension All Saints Hospital – Wisconsin Avenue Campus

WASHINGTON COUNTY

Froedtert West Bend Hospital

WAUKESHA COUNTY

Ascension SE Wisconsin Hospital – Elmbrook Campus
Froedtert Menomonee Falls Hospital

ProHealth Oconomowoc Memorial Hospital NEW for 2022!
ProHealth Rehabilitation Hospital of Wisconsin NEW for 2022!
ProHealth Waukesha Memorial Hospital NEW for 2022!

Rogers Behavioral Health

Value YOU Deserve



Wellness Incentive Program

Chorus Community Health Plan 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.

- **\$20 reward** for registering for the member portal (subscriber only)
- **\$20 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 dietician 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 earn \$25 when they take the NutriQuiz, and \$25 when they sign up for a visit.

Freespira

Freespira is a free program for members with panic disorder or PTSD (post-traumatic stress disorder). Members are provided a tablet with 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.



Diabetes case management program

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

- Our plans offer coverage for eight 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 the BlueStar® app, which helps track your fitness, provides access to healthy recipes, meal plans and lifestyle tips, offers real-time coaching and helps organize your medications and set reminders so you never miss a dose.
- 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, obtaining the flu vaccine and using the BlueStar app.

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.

CCHP on Call

Available 24/7, members can call our no-cost nurse line for symptom assessment and help finding the appropriate level of care to help keep costs down. Depending on the need, you could be referred to a nearby facility that has extended hours, directed to your family doctor, given at-home treatment advice or offered a medical doctor (MD) consultation over the phone. With MD consultations, the doctors may be able to send a prescription (if appropriate) to the local pharmacy.

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.

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.

	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.

\$0 Medical Deductible plan New for 2022!

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

**Bronze HDHP Zero and Bronze HDHP 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.*

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.

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 team at **(844) 708-3837**.

	SILVER CHOICE
Individual medical and prescription deductible	\$5,300
Individual medical and prescription maximum out-of-pocket	\$8,700
Family medical and prescription maximum deductible	\$10,600
Family medical and prescription maximum out-of-pocket	\$17,400
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	
Tier 1: Generic	\$15 copay
Tier 2: Preferred brand	40% after deductible
Tier 3: Non-preferred brand	40% after deductible
Tier 4: Specialty prescriptions	40% after deductible
Tier 5: ACA preventive prescriptions	\$0
Tier 6: Select generics, including select insulin	\$0
Case management programs	✓
CCHP on Call nurse line	✓

2022 health plan options

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

	BRONZE			SILVER			GOLD
	Bronze	Bronze HDHP (HSA-eligible)	Bronze Copay	Silver	Silver Select	Standard Silver	Gold
Individual medical and prescription deductible	\$7,500	\$7,000	\$0 / \$3000	\$5,400	\$3,250	\$4,000	\$2,000
Individual medical and prescription maximum out-of-pocket ¹	\$8,700	\$7,000	\$8,700	\$8,700	\$8,700	\$8,700	\$6,500
Family medical and prescription maximum deductible	\$15,000	\$14,000	\$0 / \$6000	\$10,800	\$6,500	\$8,000	\$4,000
Family medical and prescription out-of-pocket maximum ¹	\$17,400	\$14,000	\$17,400	\$17,400	\$17,400	\$17,400	\$13,000
Primary care office visit	\$60 copay	0% after deductible	\$55 copay	\$50 copay	\$35 copay	\$35 copay	\$30 copay
Specialty/specialist office visit	\$120 copay	0% after deductible	\$120 copay	\$100 copay	\$80 copay	\$70 copay	\$60 copay
Inpatient services	50% after deductible	0% after deductible	\$1,500 copay	40% after deductible	40% after deductible	20% after deductible	20% after deductible
Outpatient lab services	50% after deductible	0% after deductible	\$60 copay	40% after deductible	40% after deductible	\$40 copay per visit	20% after deductible
Urgent care	50% after deductible	0% after deductible	\$55 copay	40% after deductible	40% after deductible	20% after deductible	20% after deductible
Emergency room	50% after deductible	0% after deductible	\$1,850 copay	40% after deductible	40% after deductible	20% after deductible	20% after deductible
Prescription Drugs ²							
Tier 1: Generic	\$20 copay	0% after deductible	\$20 copay	\$15 copay	\$15 copay	\$15 copay	\$10 copay
Tier 2: Preferred brand	50% after deductible	0% after deductible	\$130 copay	40% after deductible	\$65 copay	\$65 copay	\$65 copay
Tier 3: Non-preferred brand	50% after deductible	0% after deductible	50% after deductible	40% after deductible	40% after deductible	20% after deductible	20% after deductible
Tier 4: Specialty prescriptions ³	50% after deductible	0% after deductible	50% after deductible	40% after deductible	40% after deductible	20% after deductible	20% after deductible
Tier 5: ACA preventive prescriptions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 6: Select generics, including select insulin	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Case management programs	✓	✓	✓	✓	✓	✓	✓
CCHP on Call nurse line	✓	✓	✓	✓	✓	✓	✓

¹The 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.

²Visit our website for a list of covered preventive prescriptions in the CCHP Pharmacy Benefit Guide.

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

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			SILVER SELECT			STANDARD SILVER		
	200	150	100	200	150	100	200	150	100
Individual medical and prescription deductible	\$2,750	\$750	\$250	\$3,000	\$750	\$100	\$4,000	\$1,000	\$250
Individual medical and prescription maximum out-of-pocket	\$6,950	\$2,900	\$1,650	\$6,950	\$2,900	\$1,000	\$6,950	\$2,900	\$1,350
Family medical and prescription deductible	\$5,500	\$1,500	\$500	\$6,000	\$1,500	\$200	\$8,000	\$2,000	\$500
Family medical and prescription maximum out-of-pocket	\$13,900	\$5,800	\$3,300	\$13,900	\$5,800	\$2,000	\$13,900	\$5,800	\$2,700
Primary care office visit	\$40 copay	\$20 copay	\$5 copay	\$35 copay	\$30 copay	\$25 copay	\$30 copay	\$20 copay	\$10 copay
Specialty/specialist office visit	\$80 copay	\$40 copay	\$10 copay	\$75 copay	\$70 copay	\$50 copay	\$60 copay	\$50 copay	\$20 copay
Inpatient and outpatient services	35% after deductible	20% after deductible	10% after deductible	40% after deductible	20% after deductible	10% after deductible	20% after deductible	10% after deductible	5% after deductible
Outpatient lab services	35% after deductible	20% after deductible	10% after deductible	40% after deductible	20% after deductible	10%after deductible	\$35 copay per visit	\$35 copay per visit	\$20 copay per visit
Urgent care	35%after deductible	20% after deductible	10% after deductible	40% after deductible	20% after deductible	10% after deductible	20% after deductible	10% after deductible	5% after deductible
Emergency room	35% after deductible	20% after deductible	10% after deductible	40% after deductible	20% after deductible	10% after deductible	20% after deductible	10% after deductible	5% after deductible
Prescription drugs									
Tier 1: Generic	\$10 copay	\$5 copay	\$5 copay	\$15 copay	\$10 copay	\$10 copay	\$15 copay	\$10 copay	\$5 copay
Tier 2: Preferred brand	35% after deductible	20% after deductible	10% after deductible	\$55 copay	\$50 copay	\$40 copay	\$40 copay	\$25 copay	\$15 copay
Tier 3: Non-preferred brand	35% after deductible	20% after deductible	10% after deductible	40% after deductible	20% after deductible	10% after deductible	20% after deductible	10% after deductible	5% after deductible
Tier 4: Specialty prescriptions	35% after deductible	20% after deductible	10% after deductible	40% after deductible	20% after deductible	10% after deductible	20% after deductible	10% after deductible	5% after deductible
Tier 5: ACA preventive prescriptions	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 6: Select generics, including select insulin	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Case management programs	✓	✓	✓	✓	✓	✓	✓	✓	✓
CCHP on Call nurse line	✓	✓	✓	✓	✓	✓	✓	✓	✓

Dental plans New for 2022!

Chorus Community Health Plans is pleased to have partnered with Dental Professionals of Wisconsin to offer a comprehensive dental plan that covers both children and adults. Both a standard and premier plan option offer flexibility to purchase the plan that best suits you and your family’s needs. Please visit chorushealthplans.org/chorusdental to locate plan specific details, participating providers, and pricing.

	Premier Plan in-network coverage	Premier Plan out-of-network coverage	Standard Plan in-network coverage	Standard Plan out-of-network coverage	Waiting Periods
Individual deductible	\$50	\$100	\$75	\$150	
Family deductible	\$150	\$300	\$225	\$450	
Individual maximum out-of-pocket (MOOP)	\$375 per child N/A for adults	N/A	\$375 per child N/A for adults	N/A	
Family maximum out-of-pocket (MOOP)	\$750 per family N/A for adults	N/A	\$750 per family N/A for adults	N/A	
Individual maximum coverage allowance	\$1000 for adults N/A for children	\$1000 for adults N/A for children	\$1000 for adults N/A for children	\$1000 for adults N/A for children	
Family maximum coverage allowance	\$2000 for adults N/A for children	\$2000 for adults N/A for children	\$2000 for adults N/A for children	\$2000 for adults N/A for children	
Class A: Diagnostic/Preventive	0%	50% after deductible	0%	50% after deductible	N/A
Class B: Basic/Restorative	20% after deductible*	60% after deductible*	20% after deductible	60% after deductible	6 months for adults N/A for children
Class C: Major	50% after deductible	75% after deductible	50% after deductible	75% after deductible	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	N/A



Get a quote online at [Chorushealthplans.org](https://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 on your Chorus Community Health Plans, including:

- Social Security numbers
- Employer and income tax statements, W-2s, 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:

- Find local network providers, hospitals and clinics in 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.



The 2022 Open Enrollment period runs from **Nov. 1, 2021** – **Jan. 15, 2022** to secure coverage for 2022!



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 six-tier formulary consisting of a generic tier, a preferred brand tier, a non-preferred brand tier, a specialty drug tier, a select generic tier, and a \$0 select tier. Brand drugs on the Preferred tier will be available to members at a lower cost share than non-preferred brands. 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 Select 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 or on the first page of this guide.

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

CCHP 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 instance, 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.

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

