

MEMBERSHIP AND ELIGIBILITY

Section III

I. MEMBER RIGHTS AND RESPONSIBILITIES

Community Health Plan is dedicated to providing quality healthcare to our members. Our Customer Service Representatives assist members with questions about benefits, providers, etc. Each of our members has rights and responsibilities that facilitate optimal care and treatment of their illnesses/injuries. The following is a list of Member Rights and Responsibilities:

MEMBER RIGHTS

- A right to receive information about Community Health Plan, its services, its practitioners and providers and member rights and responsibilities
- A right to be treated with respect and recognition of their dignity and right to privacy
- A right to participate with practitioners in decisions about their health care
- A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- A right to voice complaints or appeals about Community Health Plan or the care it provides
- A right to make recommendations regarding Community Health Plan's members' rights and responsibilities policies

MEMBER RESPONSIBILITIES

- A responsibility to supply information (to the extent possible) that Community Health Plan and its practitioners and providers need in order to provide care
- A responsibility to follow plans and instructions for care that they have agreed on with their practitioners
- A responsibility to understand their health problems and participate in developing mutually agreed upon treatment goals, to the degree possible

II. ENROLLMENT PROCEDURES

Each subscriber must complete an Enrollment Form with information on each dependent. An effective date of coverage will be assigned for each new member.

Please contact our Customer Service Representatives if you have any questions regarding member eligibility.

Community Health Plan: (816) 271-1247 or 1-800-990-9247

III. MEMBER IDENTIFICATION CARDS

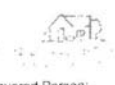

Upon enrolling in Community Health Plan, each member will receive an Identification Card that includes his/her identification number and designated payments. The member's Identification Card does not guarantee eligibility since a member can disenroll from Community Health Plan and retain the card.

When a member visits your office, ask to see their most recent Community Health Plan Member Identification Card, make a copy of it for the member's medical record.

An office visit copayment amount will be noted on the front of the Member Identification Card. Copayments may also change upon the renewal of contract by an employer group or an individual contract holder.

Occasionally, a newly enrolled member may seek service before receiving a Member Identification Card or before the Eligibility Report is issued. To verify eligibility refer to the MyCHP Service program online at www.mychp.com or contact our Customer Service Department.

An example of the Community Health Plan member identification card for the PPO product, as well as examples of the member identification cards for the Advanced Choice individual product; Value, Value Plus and Consumers Value options can be found on the following pages.

Identification#: **Not a Valid Card**
EFFECTIVE DATE:



Covered Person:
Plan Type: **VALUE PLUS**
GRP ID: 90000
Product Type: **Fully-Insured Individual Plan (PPO)**
Copays:
OV: **\$20** ER: **\$100**
PHARMACARE: BIN 610468 PCN:COMHP

COMMUNITY HEALTH PLAN
Heartland Health Business Plaza,
137 N. Belt, St. Joseph, MO 64506

CUSTOMER SERVICE: (816) 271-1247 or (800) 990-9247
24-HOUR NURSE LINE: (816) 271-4000 or (800) 455-2476
Pharmacare Customer Service: (800) 777-1023

Members are responsible for co-payments, deductibles and co-insurance.

To prior authorize all medical or surgical admissions, call (800) 447-5819 or (816) 271-4019

Identification#: **Not a Valid Card**
EFFECTIVE DATE:

Covered Person:
Plan Type: **VALUE**
GRP ID: 90000
Product Type: **Fully-Insured Individual Plan (PPO)**
Copays:
OV: **20%** ER: **\$100**
PHARMACARE: BIN 610468 PCN:COMHP

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To prior authorize all medical or surgical admissions call (800) 447-5819 or (816) 271-4019




www.mychp.com
Member # **07120019700**
Effective Date: **01/01/08**

Member Name
Group
Group Number
Product Type: **Self-Funded (ERISA) PPO Plan**
Copays:
OV: **\$25/45** ER: **\$150**
PHARMACARE: BIN 610468 PCN:COMHP

COMMUNITY HEALTH PLAN
Heartland Health Business Plaza, 137 N. Belt, St. Joseph, MO 64506

CUSTOMER SERVICE: 816-271-1271 OR 800-990-9247
24-HOUR HEALTH ADVICE: 816-271-4000 OR 800-455-2476
Pharmacare Customer Service 1-800-777-1023

Members are responsible for copayments, deductibles and co-insurance.

To prior authorize all medical or surgical admissions call 1-800-447-5819 or 816-271-4019




www.mychp.com
Member # **05010007301**
Effective Date: **01/01/08**

Member Name
Group
Group Number
Product Type: **Fully-Insured Plan (PPO)**
Copays:
OV: **\$25/25** ER: **\$75**
PHARMACARE: BIN 610468 PCN:COMHP

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Heartland Health Business Plaza, 137 N. Belt, St. Joseph, MO 64506

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24-HOUR HEALTH ADVICE: 816-271-4000 OR 800-455-2476
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IV. MEMBER CONCERNS AND INQUIRIES

An important part of Community Health Plan's program is the mechanism through which members can ask questions and resolve problems that may arise. It is to the advantage of all concerned if a question can be answered quickly and a problem can be solved promptly, fairly and informally. Often, members will address their concerns directly to their provider and a resolution will be found without Community Health Plan's intervention.

In the event that a question or problem cannot be resolved by the provider, members should be instructed to contact the Customer Service Department of Community Health Plan.

If the Customer Service Department cannot informally resolve the problem, the appeals process is available to the member.

If a member complaint involves a participating provider or office, it is Community Health Plan's policy to notify those individuals involved of such a complaint. A formal process will be followed as outlined in Community Health Plan's Utilization/Quality Management Plan.