IDEALCARE HANDBOOK

Get the best answers for your healthcare needs from local folks you trust.

SenderoHealth.com
1-888-6-IDEAL-1 / 1-888-643-3251

We speak Austin!

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WELCOME

Dear Subscriber,
Sendero Health Plans is pleased that you have chosen IdealCare, our Federally Facilitated Exchange individual health care coverage product. Sendero Health Plans (Sendero), a local non-profit health maintenance organization (HMO), is sponsored by the Travis County Healthcare District (d.b.a. Central Health). IdealCare products provide benefits to eligible members who live in the Travis Service Area which includes Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis, and Williamson Counties. You can also find our service area map at **www.senderohealth.com/idealcarenetwork** along with much more helpful information. The information in this handbook will help answer any of your questions. This handbook provides a summary of:

- Your health care benefits
- How you and your family can receive health care services from in-network providers
- Your rights and responsibilities
- Sendero procedures

To get the most from your IdealCare Plan, please read the entire IdealCare Handbook. For a complete explanation of your health care coverage please refer to your Evidence of Coverage and Schedule of Benefits which will answer many of your questions in detail.

Sendero Health Plans' Customer Service department is available Monday through Friday 8:00 am to 5:00 pm toll-free at **1-888-6-IDEAL-1 / 1-888-643-3251**.
You may also write Sendero Health Plans at:

2820 East Ben White Blvd., Ste. 400
Austin, Texas 78741-6931

Sendero is committed to meeting the needs of our subscribers and providing services to people of all cultures, races, ages, ethnic/religious backgrounds and disabilities with the upmost respect, dignity, and accountability for you, our valued subscriber. Our values communicate who we are, as well as our commitment to meeting the needs of our members and community. They guide us and remind us what is important.

Sendero's values are:

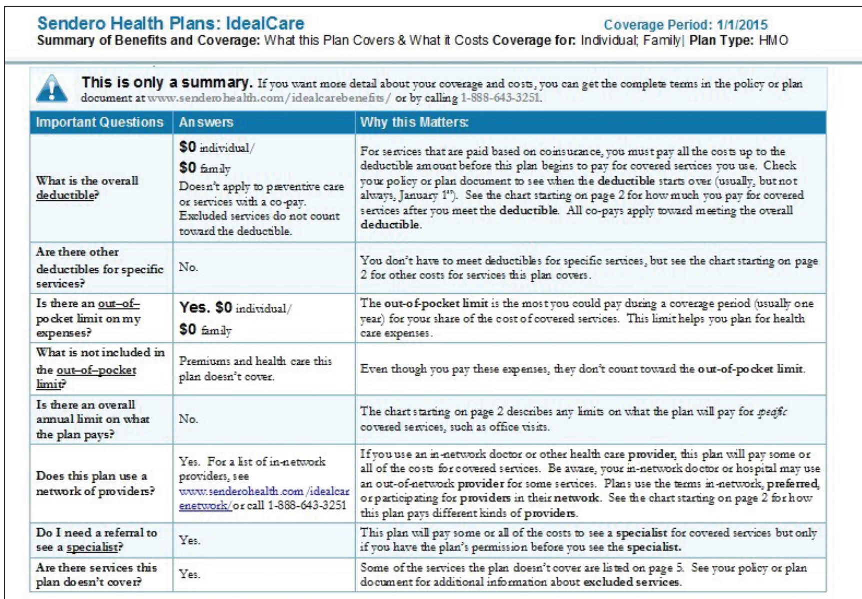
- Commitment to quality and accessible health care at an affordable price
- Loyalty to our members
- Integrity in all business interactions
- Accountability to our community

Welcome to IdealCare by Sendero Health Plans!

BENEFITS /COVERED SERVICES

To receive the benefits as indicated in your EOC and Schedule of Benefits and Coverage you must choose an In-Network Provider to provide you care (other than emergency care and emergency transportation). Sendero's network of care includes physicians, specialty providers, urgent care facilities and hospitals. Please consult your Evidence of Coverage (EOC) and the Summary of Benefits and Coverage (SBC) for a listing of benefits, covered services, limitations and exclusions. If you need help understanding your EOC, SBC or to inquire if a certain service is covered or requires preauthorization, call Customer Service toll-free at **1-888-6-IDEAL-1 / 1-888-643-3251** for assistance. You can also find your EOC and the SBC on our website at **http://senderohealth.com/idealcareeng/benefits.html**

Below is an example of an SBC which will provide more details about covered services, co-pays, coinsurance, exclusions and deductible, if applicable:



Sendero Health Plans: IdealCare Coverage Period: 1/1/2015
Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual; Family| **Plan Type:** HMO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.senderohealth.com/idealcarebenefits/ or by calling 1-888-643-3251.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	**$0** individual/ **$0** family Doesn't apply to preventive care or services with a co-pay. Excluded services do not count toward the deductible.	For services that are paid based on coinsurance, you must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible**. All co-pays apply toward meeting the overall **deductible**.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	**Yes. $0** individual/ **$0** family	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out–of–pocket limit?	Premiums and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the **out-of-pocket limit**.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of in-network providers, see www.senderohealth.com/idealcarenetwork/ or call 1-888-643-3251	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs for covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the terms in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	Yes.	This plan will pay some or all of the costs to see a **specialist** for covered services but only if you have the plan's permission before you see the **specialist**.
Are there services this plan doesn't cover?	Yes.	Some of the services the plan doesn't cover are listed on page 5. See your policy or plan document for additional information about **excluded services**.

Some of your covered services are included but are not limited to: preventive care visits, maternity care, behavioral health, vision care, prescription drugs, emergency care, durable medical equipment, dietary formulas necessary for the treatment of phenylketonuria (PKU) or other heritable diseases, amino –acid bases elemental formulas, acquired brain injury treatment, treatment for Autism Spectrum Disorder, diabetes equipment and supplies, benefits for routine patient costs for members in certain clinical trials.

Some covered services require that you pay either a coinsurance or a copay. Coinsurance is your share of the costs of a covered health care service, calculated as a percentage of the allowed amount for the service. You pay coinsurance plus any deductibles, if applicable. A copay is a fixed amount you pay for a covered health care service. The amount may vary by the type of covered health care service.

Certain covered services require preauthorization before receiving the service. If the required preauthorized service is not authorized by Sendero all services will be denied. Failure to obtain preauthorization may result in you being financially responsible.

Your Sendero IdealCare Plan is a network based plan; the network provides you access to facilities and primary care and specialty providers within the service area. In-network providers agree to Sendero's standards, processes, and fee schedules. Also, in-network providers agree not to balance bill patients, our members, for any unpaid amounts for services rendered other than co-payment (s), coinsurance or applicable deductible amounts. If you need the services of a specialist or facility, your primary care provider can assist you by initiating a referral or preauthorization request to keep your medical treatment in-network. To find a provider closest to you or to see a list of the IdealCare Plan in-network providers, you may visit **www.senderohealth.com/idealcarenetwork**.

Out-of-network providers are not contracted to provide services for IdealCare members. With the exception of assessment and stabilization for Emergency Care, the IdealCare Plan excludes coverage for services rendered by an out-of-network provider and you may be balance billed for these services. Services provided by an out-of-network provider, which are not preauthorized by Sendero, are excluded from coverage. The total charges from an out-of-network provider are the complete and full responsibility of the IdealCare member.

MATERNITY SERVICES

In-network Prenatal and postnatal care are covered benefits and subject to a copayment for the initial prenatal visit. Prenatal and postnatal care is the care you receive from your OB/GYN. Any blood work, ultrasound or any other medical service requested or provided by your OB/GYN are subject to copay, coinsurance or applicable deductible amounts.

Delivery and all inpatient services are covered benefits and are subject to a copayment per delivery.

Out of network Prenatal, postnatal care, delivery and all inpatient services are not covered benefits without prior approval for services rendered outside of the network.

Service	**In Network**	**Out of Network**
Prenatal and Postnatal Care	100% of Allowed Amount after a $[0 - $25] Copayment for the initial prenatal Visit	No coverage for Out-of- Network Services
Delivery and all inpatient services	100% of Allowed Amount after a [$0 - $1,500] Copayment per delivery	No coverage for Out-of- Network Services

URGENT CARE

An urgent care situation is not as serious as an emergency. Urgent care includes services other than those for an emergency that result from an acute injury or illness that is severe or painful enough to lead a person to believe failure to get treatment within 24 hours would cause serious deterioration of his or her health.

If you are within the IdealCare Plan service area and cannot reach your PCP, you may call Customer Service toll-free at **1-888-6-IDEAL-1 / 1-888-643-3251**. Customer Service can assist you with finding an in-network urgent care center.

BEHAVIORAL HEALTH

If you or a family member needs treatment for a mental or emotional disorder or have a problem because of drugs or chemical dependency disorders, call Customer Service toll-free at **1-888-6-IDEAL-1 / 1-888- 643-3251** or **1-855-765-9696**. The IdealCare Plan network includes mental health and substance abuse professionals, who can see you and help you get treatment. Some substance abuse or mental health problems, such as severe depression, also may require urgent care. You can access an in-network behavioral health provider directly. You do not need a referral from your PCP.

PREVENTATIVE HEALTH SERVICES

Sendero is required that certain screening, exams and immunizations be covered without cost sharing. Preventative services and routine exams must be provided by an In-Network Provider unless the required services is not available from an In-Network Provider; Preauthorization is required to obtain Preventive and routine services from an Out-of-Network Provider. Age and frequency limitations may apply. Below is a list of Preventative services:

COVERED PREVENTIVE HEALTH SERVICES FOR CHILDREN:

1. Autism screening for children at 18 and 24 months
2. Behavioral assessments for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 1 to 14 years, 15 to 17 years
3. Blood pressure screening for children ages: 0 to 11 months, 1 to 4 years , 5 to 10 years, 11 to 14 years, 15 to 17 years
4. Cervical dysplasia screening for sexually active females
5. Depression screening for adolescents
6. Developmental screening for children under age 3
7. Dyslipidemia screening for children at higher risk
8. Gonorrhea preventive medication for the eyes of all newborns
9. Fluoride chemoprevention supplements for children without fluoride in their water source

10. Hearing loss screening for all newborns from birth through the date the child is 30 days old
11. Height, weight and body mass index measurements
12. Hematocrit or hemoglobin screening
13. HIV screening for adolescents at higher risk
14. Hypothyroidism screening for high-risk newborns
15. Immunization vaccines recommended by Advisory Committee on Immunization Practices (ACIP):
    - Diphtheria,Tetanus,Pertussis
    - Haemophilus influenzae type b
    - Hepatitis A
    - Hepatitis B
    - Human Papillomavirus
    - Inactivated Poliovirus
    - Influenza (flu shot)
    - Measles, Mumps, Rubella
    - Meningococcal
    - Pneumococcal
    - Rotavirus
    - Varicella
16. Iron supplements for children ages 6 to 12 months at risk for anemia
17. Lead screening for children at risk of exposure
18. Medical history for all children throughout development
19. Obesity screening and counseling
20. Oral Health risk assessment for young children through age 10
21. Phenylketonuria (PKU) genetic disorder screening in newborns
22. Skin cancer behavioral counseling for children and adolescents age 10 and older who have fair skin about minimizing exposure to ultraviolet radiation
23. Sexually transmitted infection prevention counseling and screening for adolescents at higher risk
24. Sickle cell screening for all newborns
25. Tobacco use education and counseling for children and adolescents
26. Tuberculin testing for children at higher risk
27. Vision acuity screening for all children between the age of 3 and 5 years for detectable vision problems
28. Well-baby care (after the newborn's initial examination and discharge from the Hospital
29. Well child check-ups

COVERED PREVENTIVE HEALTH SERVICES FOR WOMEN:

1. Anemia screening on a routine basis
2. Breast Cancer risk assessment and genetic counseling and testing (BRCA) for women at higher risk
3. Breast Cancer Screening Mammography*-one every 1 to 2 years for women over 40
4. Breast Cancer Chemoprevention counseling for women at higher risk
5. Breast Cancer Chemoprevention medication for women at higher risk to reduce their risk
6. Breastfeeding comprehensive support and counseling and access to breastfeeding supplies, for pregnant and nursing women

7. Cervical cancer screening for sexually active women
8. Chlamydia Infection screening* for sexually active women age 21 to 65
9. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs).
10. Domestic and interpersonal violence screening and counseling for all women
11. Folic acid supplements for women who may become pregnant
12. Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
13. Gonorrhea screening for all women at higher risk
14. Hepatitis B screening for pregnant women at their first prenatal visit
15. HIV screening and counseling for sexually active women
16. Human Papillomavirus (HPV) DNA test every 3 years for women with normal cytology results who are 30 or older
17. Osteoporosis screening for women over age 65 and those under 65 depending on risk factors
18. Rh Incompatibility screening follow-up testing for women at higher risk
19. Sexually transmitted infections counseling for sexually active women
20. Syphilis screening for women at increased risk
21. Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco user
22. Urinary tract or other infection screening for pregnant women
23. Well-woman visits

COVERED PREVENTIVE HEALTH SERVICES FOR ADULTS:

1. Abdominal Aortic Aneurysm screening for men age 65 and older who have ever smoked (one time)
2. Aspirin use to prevent cardiovascular disease for men and women of certain ages:
    a. Men ages 45 to 79 at risk for myocardial infarction
    b. Women ages 55 to 79 at risk of ischemic stroke
3. Alcohol Misuse screening and counseling for adults age 18 or older
4. Blood Pressure screening for all adults age 18 or older
5. Cholesterol screening for:
    a. Men age 35 and older;
    b. Men under age 20 to 35 who have heart disease or identified at high risk; or
    c. Women age 20 and to 35 who are at increased risk for coronary heart disease.

6. Colorectal Cancer screening for adults 50 and older
7. Depression screening
8. Diabetes (Type 2) screening for adults with high blood pressure
9. Diet counseling for adults at higher risk for chronic disease
10. Hepatitis C Virus screening for adults at higher risk; and offer a screening to all adults born between 1945-1965
11. HIV screening for everyone ages 15 to 65, and other ages at increased risk
12. Immunization vaccines currently recommended by ACIP:

a. Haemophilus influenza type b
b. Hepatitis A
c. Hepatitis B
d. Herpes Zoster
e. Human Papillomavirus
f. Influenza (Flu Shot)
g. Measles, Mumps, Rubella
h. Meningococcal
i. Pneumococcal
j.Tetanus, Diphtheria, Pertussis
k. Varicella

13. Lung cancer screening for adults ages 55-80 who have a 30 pack-year smoking history who currently smoke or have quit within the past 15 years
14. Obesity screening for all adults
15. Obesity counseling for all adults with a body mass index of 30 kg/m2 or higher
16. Routine Annual Physical
17. Sexually Transmitted Infection prevention counseling for adults at higher risk
18. Skin cancer behavioral counseling for young adults to age 25 who have fair skin about minimizing exposure to ultraviolet radiation
19. Syphilis screening for all adults at higher risk
20. Tobacco Use screening for all adults and cessation interventions for tobacco users

COVERED BENEFITS

Primary Care Visit to Treat an Injury or Illness	Home Health Care Services*	Other Providers Visit (Nurse, Physician Assistant)	Outpatient Services (including facility provider and surgical fees)
Hospice Services	Infertility Treatment* (diagnosis of the cause of infertility only)	Routine Eye Exam*	Specialist Visit
Urgent Care Center / Facility Services	Emergency Services (including room and transportation)	Inpatient Hospital Services (including facility, provider, and surgical fees)	Skilled Nursing Services*
Prenatal and Postnatal Care	Delivery and all inpatient maternity care services	Behavioral Health* (inpatient and outpatient services)	Substance Abuse Disorder* (inpatient and outpatient services)
Prescription Drugs (see IdealCare formulary)	Outpatient Rehabilitation Services* (including physical, occupational, speech therapy, and Chiropractic care)	Durable Medical Equipment / Prosthetic Devices	Hearing Aids*
Imaging (including CT, PET scans, MRIs, laboratory services, x- rays, and diagnostic)	Transplants*	Dialysis	Diabetes Education/ Management
Reconstructive Surgery*	Infusion Therapy	Treatment for Temporomadibular Joint Disorders*	Nutritional Counseling

*Review your Evidence of Coverage and the SBC for coverage specifications, limitations and exclusions. You can also find your Evidence of Coverage and the Summary of Benefits on our website at **http://senderohealth.com/idealcareeng/benefits.html**

NON-COVERED BENEFITS

Dental Care (including routine, accidental, major, orthodontia)	Private Duty Nursing	Long-term/Custodial Nursing Home Care
Acupuncture Treatment	Weight Loss Programs / Bariatric Surgery	Abortion for Which Public Funding is Prohibited

PRESCRIPTION DRUGS (FORMULARY DRUGS)

IdealCare maintains a formulary list that tells you which medications are generic, preferred and non-preferred. A copy of the current list can be obtained by calling a Customer Service representative, who also can answer your questions about your copayments. The IdealCare Plan Formulary also is posted on the IdealCare Plan website at **www.senderohealth.com/idealcareformulary.** Please note that over-the- counter medications are not a covered benefit and some prescribed medications require prior authorization.

There is little difference between a brand name drug and the generic version. Generic drugs have the same active ingredients as brand name drugs and are less costly. They may be a different color and shape. Your pharmacy will fill your prescription with a generic drug if it is available. Food and Drug Administration (FDA) requires generic drugs to have the same high quality, strength, purity and stability as brand-name drugs. If your provider does not want a generic substitution, he or she must contact us and tell us the reason. If we do not approve the request, you and/or your provider will be informed of our decision. You have the right to request an appeal if the request is not approved. We will tell you how to do this when we give you or your provider our decision.

For some drugs, our approval is required. This is called prior authorization. If your provider decides that you should take a drug in this group, he or she will contact us to receive authorization before giving you a prescription for the drug.

Your provider must complete a prior authorization form and send it to us so that a decision about coverage can be reached. After the request is reviewed, you and/or your provider will be informed of our decision. If we approve the drug, you may obtain it from a participating pharmacy. If we do not approve the request, you and/or your provider will be informed of our decision. You have the right to request an appeal if the request is not approved. We will tell you how to do this when we give you our decision.

You have different coverage levels, depending on what 'tier' drug you are assigned to on the IdealCare Plan pharmacy formulary. With a five-level drug benefit, your prescription medications fall into one of the five categories or 'tiers'. Each tier has a different copay or coinsurance. Refer to your Summary of Benefits and Coverage and your Evidence of Coverage for additional details or contact Customer Service toll-free at **1-888-6-IDEAL-1 / 1-888-643-3251**.

Some drugs require step therapy. This means that you must try a first step drug before the second step drug will be covered. Usually generic drugs are in the first step.

You may be asked to take a drug that is chemically different from the drug originally prescribed. This different drug will have the same therapeutic purpose and will be used for the same FDA approved conditions. This is called Therapeutic Interchange. The pharmacist or your prescriber may ask you to take this drug and will explain the reasons why he or she believes this is a better drug choice for you. You do not have to agree. If you do not agree, your original drug prescription will be filled.

- Tier 1 – Most affordable drugs which include generics and select brand drugs; lowest copay.
- Tier 2 – Preferred drugs have been proven to be effective and may be favorably priced compared to other drugs that treat the same condition; Middle-level copay.
- Tier 3 – Non-preferred drugs have not been found to be any more cost effective than available generics or preferred band; Higher copay.
- Tier 4 – Specialty Drug (SP) typically require special dispensing, and have limited availability and patient populations; Highest coinsurance.
- Tier 5 – Preventative care drugs for qualified enrollees; Zero copay

All medications are dispensed on a 30 day supply. Mail order is not available for IdealCare members.

We encourage safe use of drugs by setting a maximum quantity per month for some drugs. These quantity limits are based on the FDA guidelines and the manufacturer's recommendations. There are circumstances that warrant exceptions to these limits. Your physician can request an exception by contacting us and telling us the reason for the exception. We will inform you about our decision. If we do not approve the request for an exception to the quantity limits we inform your physician how to appeal the decision.

For more information about our pharmacy procedures and to see if a drug is included in our formulary go to **www.senderohealth.com/idealcareformulary**. The formulary will tell you about:

- The drugs included in our formulary
- Quantity limits and copayments for drugs
- Restrictions that apply to drugs such as prior authorization requirements
- How to obtain prior authorization for a drug, if required
- How your physician may request an exception to our formulary, including the documentation that we require to review this request
- How you or your physician may appeal our decision not to approve the request for an exception.
- The process for generic substitution of drugs
- Step therapy requirements
- Therapeutic interchange requirements
- Any other requirements, restrictions, limitations, or incentives that apply to the use of certain drugs

USING YOUR FORMULARY BENEFITS

You can get your prescription filled at any in-network pharmacy. Simply present your IdealCare Plan ID card at any in-network pharmacy (local neighborhood or chain store pharmacy). IdealCare by Sendero also has a Prescription Portal available on our website that will help you find a pharmacy close to you, confirm your copay for your prescription(s) and provide additional information about your medications.

When you show your IdealCare Plan ID card you give pharmacists all the information they need to file the claim on your behalf. The pharmacist will ask you for the copayment, coinsurance or applicable deductible amounts for your prescription, and he or she will submit a pharmacy claim to Sendero for you.

EMERGENCY CARE

Emergency care includes those health care services you receive in a hospital emergency room or comparable facility to evaluate and stabilize certain medical conditions including behavioral health conditions. These conditions are of a recent onset and severity (such as severe pain) that would lead a person with average knowledge of medicine and health to believe that the person's condition, sickness or injury is such that failure to get immediate medical care could cause the following:

- Placing the patient's health in serious jeopardy
- Serious impairment of bodily functions
- Serious dysfunction of any bodily organ or part
- Serious disfigurement
- In the case of a pregnant woman, serious jeopardy to the health of the fetus

In addition, here is a limited list of situations that would also be considered medical emergencies. If you believe you have a medical emergency go to the closest emergency room or call 9-1-1. Emergencies include but are not limited to:

- Apparent heart attack
- Loss of consciousness
- Chest pain with symptoms of heart attack
- Stroke
- Poisoning
- Severe bleeding
- Convulsions
- Fractures
- Severe abdominal pain of sudden onset
- Severe injuries or trauma
- Shock from sudden illness or injury
- Difficulty in breathing, such as in a severe asthma attack

If you have any questions regarding where you should go for care please contact your PCP who will direct you based on your symptoms. You can also call Sendero's Nurse Advice Line toll-free at **1-855-880-7019.** The Nurse Advice Line is available 24 hours a day 7 days a week.

TRAVELING OR OUT OF THE SERVICE AREA

If you get sick when you are out of town or traveling call IdealCare Customer Services toll-free at **1-888- 6-IDEAL-1 /1-888-643-3251** and we can help you.

If you need emergency services while traveling, go to a nearby hospital, and then call us at **1-888-6- IDEAL-1 /1-888-643-3251**. When you or your covered family member will be temporarily away from home, you should contact your PCP ahead of time to schedule appointments or obtain prescriptions to last for the duration of your stay. Non-emergency services are not covered by IdealCare when you are out of the IdealCare service area. If you receive non-emergency services out of the service area you will be responsible to pay for the balance due to the facility or provider.

If you seek emergency services in an out-of-network facility you might be "balanced billed" by the doctors that saw you in the hospital and the hospital. Balanced bill means that the providers or facilities that are not in-network with Sendero may bill you for the difference between Sendero's allowed amount and the providers or facility billed charge.

OUT OF THE AREA EMERGENCY CARE

Emergency care services are covered in-network and out-of-network. Necessary emergency care services will be provided to you including treatment, stabilization of a medical condition, medical screening examination or other evaluation required by state or federal laws which are necessary to determine if an emergency exists.

If after a medical screening emergency treatment is determined not necessary you must contact your PCP to arrange any non-emergency care needed. If you choose to use the emergency room for non-emergency treatment you will be responsible for all billed charges. You must contact your PCP before receiving follow-up care even if you are referred to a specialty care provider from the emergency room or advised to return to the emergency room by the treating provider. You or someone acting on your behalf should contact your PCP within 24-hours or as soon as reasonably possible to arrange for follow-up care after being discharged from the hospital.

If you receive non-emergency care at an out-of-network facility you may be balance billed for additional charges from the hospital.

HOW TO OBTAIN CARE AFTER NORMAL OFFICE HOURS

If you or your family members get sick or have an injury that is severe or painful enough to require assessment and/or treatment at night or on a weekend, you should contact your PCP first, who will advise you based on your symptoms. Your PCP is available, directly or through arrangements for coverage with other providers, 24 hours a day, 7 days a week. IdealCare by Sendero Health Plans also has a 24/7 nurse advice line available for you to use. The number is
1-855-880-7019.

HOSPITAL SERVICES

When you require hospitalization, your PCP or specialist will refer you to an in-network hospital and will provide or coordinate your care throughout your hospital stay.

PAYMENT FOR SERVICES AND CLAIMS

You are responsible for your copayment(s) and/or coinsurance, and deductible, if applicable, at the time services are rendered. Other than your copayments and/or coinsurance, and deductible, if applicable, you should not get a bill from IdealCare in-network providers for covered services. If you believe you have received a bill in error call Customer Service toll-free at **1-888-6-IDEAL-1 / 1-888-643-3251** for assistance.

BALANCE BILLING

If you receive care at an in-network hospital there is a possibility that some of the hospital-based providers are not in-network with Sendero. Some examples of providers are anesthesiologist, radiologist, pathologist, an emergency department physician, a neonatologist, an assistant surgeon and/or other providers. These providers can bill you for the difference between Sendero's allowed amount and the providers billed charge. When a provider bills you for the difference this is called balance billing.

Although health care services may be or have been provided to you at a health care facility that is a member of the provider network used by your health plan, other professional services may be or have been provided at or through the facility by physicians and other health care practitioners who are not members of that network. You may be responsible for payment of all or part of the fess for this professional services that are not paid or covered by your health benefit plan.

MEDICAL LIMITATIONS AND EXCLUSIONS

The benefits as described in the EOC are not available for:

1. Any services or supplies which, subject to Utilization Review and the Appeal process including independent review, are not Medically Necessary and essential to the diagnosis or direct care and treatment of a sickness, injury, condition, disease, or bodily malfunction, except covered Preventive services specified in the EOC.
2. Any services or supplies which, subject to Utilization Review and the Appeal process including independent review, are Experimental/Investigational services and supplies, except as specified in the Covered Medical Services section of the EOC.
3. Any services or supplies provided in connection with an occupational sickness or an injury sustained in the scope of and in the course of any employment whether or not benefits are, or could upon proper claim be, provided under the Workers' Compensation law.
4. Any services or supplies provided for reduction mammoplasty.
5. Any services or supplies for which a Member is not required to make payment or for which a Member would have no legal obligation to pay in the absence of this or any similar coverage, except services or supplies for treatment of mental illness or mental retardation provided by a tax supported institution of the State of Texas.
6. Any services or supplies provided by a person who is related to a Member by blood or marriage.
7. Any services or supplies provided for injuries sustained:
    - As a result of war, declared or undeclared, or any act of war, or
    - While on active or reserve duty in the armed forces of any country or international authority.
8. Any charges:
    - Resulting from failure to keep a scheduled visit with a Physician or Other Professional Provider; or
    - For completion of any health Plan forms; or
    - For acquisition of medical records.
9. Room and board charges incurred during a Hospital Admission for diagnostic or evaluation procedures when the services can be performed on an outpatient basis without adversely affecting the Member's physical condition or the quality of medical care provided.
10. Any services or supplies provided before the patient is covered as a Member hereunder or any services or supplies provided after the termination of the Member's coverage.
11. Any services or supplies provided for Dietary and Nutritional Services, except as may be provided under the Plan:
    - Services specified in the Covered Medical Services section of the EOC; or
    - An inpatient nutritional assessment program provided in and by a Hospital and approved by Sendero; or
    - Benefits for Treatment of Diabetes; or
    - Benefits for Autism Spectrum Disorder.
12. Any services or supplies provided for Custodial Care, long-term care and nursing home care.
13. Any non-surgical (dental restorations, orthodontics, or physical therapy) or non-diagnostic services or supplies (oral appliances, oral splints, oral orthotics, devices, or prosthetics) provided for the treatment of the temporomandibular joint and all adjacent or related muscles and nerves.

14. Any Medical-Surgical and Preventive Services incurred for dental care and treatments, Oral Surgery, or dental appliances, except as provided for in the Benefits for Dental Services specified in this EOC.
15. Any services or supplies provided for Cosmetic, Reconstructive, or Plastic Surgery, except as provided for in the Benefits for Cosmetic, Reconstructive, or Plastic Surgery section of this EOC.
16. Any services or supplies provided for:
    - Treatment of myopia and other errors of refraction, including refractive surgery; or
    - Orthoptics or visual training; or
    - Eyeglasses or contact lenses for adults (age 19 and older), provided that intraocular lenses shall be specific exceptions to this Exclusion; or
    - Inpatient Hospital Services or Medical-Surgical and Preventive Services for routine physical examinations performed on an inpatient basis, except for the initial examination of a newborn child.
17. Except as specifically included as an Eligible Expense, any Medical Social Services, bereavement counseling, vocational counseling, or Marriage and Family Therapy.
18. Any occupational therapy services which do not consist of traditional physical therapy modalities and which are not part of an active multi-disciplinary physical rehabilitation program designed to restore lost or impaired body function, except as may be provided under the Benefits for Autism Spectrum Disorder as specified in this EOC and/or determined by the Plan.
19. Habilitation/Rehabilitation services include chiropractic, physical therapy, occupational therapy, and speech therapy; such services are limited to a combined total of 35 visits per year in an outpatient setting. This Limitation does not apply to the treatment of autism spectrum disorder in children through the 9 years of age.
    (The limitation does not apply to the IdealCare Total (Gold) plan)).
20. Travel or ambulance services because it is more convenient for the patient than other modes of transportation whether or not recommended by a Physician or Other Professional Provider.
21. Any service or supplies provided for reduction of obesity or weight, including surgical procedures, even if the Member has other health conditions which might be helped by a reduction of obesity or weight.
22. Any services or supplies provided primarily for:
    - Environmental Sensitivity;
    - Clinical Ecology or any similar treatment not recognized as safe and effective by the American Academy of Allergists and Immunologists; or
    - Inpatient allergy testing or treatment.
23. Any services or supplies provided as, or in conjunction with, chelation therapy, except for treatment of acute metal poisoning.
24. Any services or supplies provided for, in preparation for, or in conjunction with:
    - Sterilization reversal (male or female);
    - Transsexual surgery;
    - Sexual dysfunctions;
    - In vitro fertilization; and
    - Treatment of infertility including promotion of fertility through extra-coital reproductive technologies including, but not limited to, artificial insemination, intrauterine insemination, super ovulation uterine capacitation enhancement, direct

intra-peritoneal insemination, trans-uterine tubal insemination, gamete intra-fallopian transfer, pronuclear oocyte stage transfer, zygote intra- fallopian transfer, and tubal embryo transfer.

25. Any services or supplies in connection with an elective termination of a pregnancy (abortion).
26. Any services or supplies in connection with routine foot care, including the removal of warts, corns, or calluses, or the cutting and trimming of toenails in the absence of diabetes, circulatory disorders of the lower extremities, peripheral vascular disease, peripheral neuropathy, or chronic arterial or venous insufficiency.
27. Any services or supplies in connection with foot care for flat feet, fallen arches, or chronic foot strain.
28. Any prescription antiseptic or fluoride mouthwashes, mouth rinses, or topical oral solutions or preparations.
29. Any services or supplies provided for the following treatment modalities:
    - Acupuncture;
    - Intersegmental traction;
    - Surface EMGs;
    - Spinal manipulation under anesthesia; and
    - Muscle testing through computerized kinesiology machines such as Isostation, Digital Myograph and Dynatron.
30. The Home Health Care benefit is limited to 60 visits per Calendar Year. (The limitation does not apply to the IdealCare Total (Gold) plan))
31. The Home Health Care benefit excludes coverage for the following:
    - Food or home delivered meals;
    - Social case work or homemaker services;
    - Services that are primarily for Custodial Care;
    - Transportation services; or
    - Durable Medical Equipment.
32. Any items that include, but are limited to, an orthodontic or other dental appliance; splints or bandages provided by a Physician in a non-hospital setting or purchased "over the counter" for support of strains and sprains; orthopedic shoes which are a separable part of a covered brace, specially ordered, custom-made or built-up shoes, cast shoes, shoe inserts designed to support the arch or affect changes in the foot or foot alignment, arch supports, elastic stockings and garter belts, except those that are required as part of federal preventive services. Note: This exclusion does not apply to podiatric appliances when provided as Diabetic Equipment.
33. Any benefits in excess of any specified day/visit/frequency or Calendar Year maximums.
34. Any services and supplies provided to a Member incurred outside the United States if the Member traveled to the location for the purposes of receiving medical services, supplies, or drugs.
35. Organ and Tissue Transplant benefits are excluded for any organ or tissue transplant procedure (or the services performed in preparation for, or in conjunction with, such a procedure) that Sendero determines to be Experimental/Investigational, except as specified in the Covered Medical Services section of the EOC.
36. Organ and Tissue Transplant donor expenses for a Member are excluded if the recipient is not covered under this Plan.

37. Items that are primarily for your convenience or personal use that are not primarily used to serve a medical purpose or are useful to you in the absence of illness or injury or that are inappropriate for use in your home are Excluded from your Durable Medical Equipment coverage. Examples of Excluded items include air conditioners; air purifiers, physical fitness equipment and whirlpool bath equipment.
38. Hearing Aids are Limited to one Medically Necessary Hearing Aid per ear every three years.
39. Replacement Prosthetic Appliances and Orthotics when due to loss or misuse by the Member.
40. Private duty nursing services.
41. Any Covered Drug that is provided under the Pharmacy Benefits portion of the Plan.
42. Any services or supplies not specifically defined as Eligible Expenses in this Plan.
43. Biofeedback is excluded from coverage.
44. Screening mammography is limited to one per Calendar Year.
45. Tobacco Cessation counseling services are limited to 2 attempts per eligible member per calendar year. Each attempt is limited to 4 counseling sessions of at least 10 minutes each. Tobacco cessation drugs are limited to Provider-prescribed, FDA approved prescription and over-the-counter products specified in the Sendero Drug List. Each attempt is up to a 90-day treatment regimen. The quantity of covered drugs will be subject to the recommended course(s) of treatment. See "Covered Wellness Benefits" and the IdealCare Drug List.

PRIOR AUTHORIZATION REQUIREMENTS

Prior authorization lets Sendero know in advance that a specific service is needed for you. Your PCP or in-network treating provider is responsible for obtaining the necessary preauthorization. In the event that your PCP or in-network treating provider fails to obtain preauthorization, services rendered without preauthorization may result in you being balanced billed. However, preauthorization does not guarantee payment of benefits. The availability of benefits is subject to other requirements of Sendero, such as limitations and exclusions, payment of premium, and eligibility at the time care and services are provided.

Sendero's preauthorization program uses written, medically acceptable screening criteria and review procedures that are established and periodically updated with involvement from network providers.

Sendero will notify your PCP or submitting provider of your approval or denial of the prior-authorization request no later than the third day after the date the request was received. If the preauthorization request is for concurrent hospitalization care, Sendero will notify your PCP or submitting provider within 24 hours after the request is received. If the preauthorization is for post-stabilization treatment or life- threatening conditions, Sendero will provide notification to your PCP or submitting provider no later than one hour after the request was received. If Sendero denies the service(s) we will provide written notification within three working days from the telephone or electronic transmission of the adverse determination. If the circumstance involves post-stabilization treatment or life-threatening conditions Sendero will provide a response for the proposed services requested within the time appropriate to the circumstance relating to the delivery of the services and the condition of the member, but in no case to exceed one hour from receipt of the request.

CONTINUITY OF CARE

Continuity of care is important to your health. If you are receiving treatment for a medical condition at the time your PCP and/or specialist leaves the Sendero IdealCare network, you may be eligible to continue the treatment for a period of time with your treating providers regardless of the provider's network relationship. Sendero will work with you to facilitate the transition to a new provider as appropriate. Contact Customer Service toll-free at **1-888-6-IDEAL-1 / 1-888-643-3251** for more information.

Providers are required by contract to provide Sendero with a 90-day written notice of their intent to terminate their participation in the network. Sendero will make every effort to provide a 30-day notice to impacted members when a provider's network relationship terminates. Sendero will work with you to facilitate the transition to a new provider as appropriate.

SELECTING A PRIMARY CARE PROVIDER (PCP)

Once you have chosen an IdealCare Plan, your next choice is to select a provider who will provide the majority of health care services to you and your covered family members. Your primary care provider (PCP) will be the one you call when you need medical advice, when you are sick and when you need preventive care such as immunizations. Each member may select his or her own PCP. You will select a PCP from the IdealCare Plan's network of family or general providers, internists and pediatricians. The selection of a PCP is crucial for immediate access to acute and preventive care.

For a list of Sendero providers that provide services to IdealCare Plan members, visit our website at **www.senderohealth.com/idealcarenetwork**. You can also call our Customer Service for assistance toll- free at **1-888-6-IDEAL-1 / 1-888-643-3251**. Your PCP is your personal provider who will provide and/or coordinate all aspects of your medical care and oversee your course of treatment to ensure that proper care is maintained. Sendero uses standardized processes to evaluate and approve providers for inclusion in the Sendero network. In-network providers are reviewed on a regular basis to ensure they continue to meet Sendero's standards. Your PCP is your main source of medical care and your link to specialists, hospitals and other providers.

Please assist your PCP by:

- Requesting that your prior medical records be transferred to your PCP's office.
- Presenting your IdealCare member ID card whenever you receive medical services.
- Paying the provider the copayment(s), coinsurance or applicable deductible amounts at the time of service.
- Contacting your PCP as soon as possible after a medical emergency so he or she can arrange for follow- up care.
- Obtaining a referral from your PCP before seeking non-emergency specialty medical care, except

when accessing care from an obstetrician/gynecologist (OB/GYN) or behavioral health provider.

Your PCP is available, directly or through arrangements for coverage with other providers, 24 hours a day, 7 days a week. If you are admitted to an inpatient facility, a provider other than your PCP may direct and oversee your care. If you have a chronic, disabling or life-threatening condition, you may request to use a specialty care provider as your PCP. For a specialty care provider to be named as your PCP, he or she must meet all Sendero PCP requirements and be willing to accept the responsibility of coordinating all of your health care needs. If you want to request a specialty care provider as your PCP, call Customer Service to make the change request.

CHANGING YOUR PRIMARY CARE PROVIDER

We want our members to be satisfied with all aspects of their health care. If for any reason you want to change your PCP, please call Customer Service toll-free at **1-888-6-IDEAL-1 / 1-888-643-3251**. You may also request a PCP change through our secure member portal at **https://senderosc.alderaplatform.com**.

SELECTING YOUR OBSTETRICIAN AND GYNECOLOGIST

ATTENTION FEMALE MEMBERS: You have the right to select an in-network OB/GYN to whom you have access without first obtaining a referral from your PCP. You are not required to select an OB/GYN. You may elect to receive your OB/GYN services from your PCP.

You have the right to obtain the following services with an in-network provider without a referral or an authorization from Sendero:

- One “well-woman” examination per year. This would include a pelvic and breast exam and a Pap test.
- Care for all gynecological conditions.
- Care for any disease or treatment within the scope of the provider’s license, including diseases of the breast.

Check our website for a listing of in-network IdealCare OB/GYN providers **www.senderohealth.com/idealcarenetwork** or contact Customer Service if you need additional information about how to access OB/GYN services.

ACCESSING SPECIALTY SERVICES

The IdealCare Plan covers a full range of specialty services. If your PCP determines that your condition requires treatment by a specialist, he or she will refer you to the appropriate in-network specialist.

NOTE: You are not required to obtain a referral from your PCP to access care from an OB/GYN or behavioral health provider within the IdealCare Plan network.

For a list of specialty care providers in the IdealCare Plan network, visit our website at www.senderohealth.com/idealcarenetwork. This list is updated every two weeks. You may also call Customer Service for the most current network provider information toll-free at **1-888-6-IDEAL-1 / 1- 888-643-3251.**

SCHEDULING APPOINTMENTS

When scheduling an appointment to see a health care provider, be specific about your medical needs. This information enables the provider's staff to schedule your needs and the provider's time appropriately. Notify the provider's office as soon as possible if you cannot keep an appointment. Providers may charge you a cancellation fee if the cancellation is not made within 24-hours of the appointment time; this fee would be your responsibility. Consult your providers for their policies regarding cancellations.

COORDINATION OF BENEFITS

As a Marketplace participant, you need to notify the Exchange if you gain or have access to other coverage, such as a plan offered by an employer. If you have any questions about coordination of benefits, contact Customer Service toll-free at **1-888-6-IDEAL-1 / 1-888-643-3251**

HOW TO SUBMIT A CLAIM FOR COVERED SERVICES

Most providers will file claims for you. If your provider does not a file claim for you please submit an itemized bill or receipt within 95 days of the last day on which you received services. No payment will be made on any claim that is received more than one year after the last day on which you received services. Sendero will review the claim and if the services received were provided by an in-network provider and or facility we will pay the claim based on our contracted rate with the provider and or facility. If you receive emergency services from an out-of-network physician or provider, Sendero will pay the provider at the usual and customary rate or at an agreed rate. Non-emergency services received from an out-of-network provider and or facility will not be covered.

Send your claim to:
IdealCare by Sendero Health Plans Attn: Claims
P.O. Box 3869
Corpus Christi, TX 78463

If you choose to receive medical treatment from an out-of-network provider or at an out-of-network facility, or you receive non-emergency treatment in an emergency room, urgent care centers, or other facilities without authorization from Sendero, you will be responsible for the bill(s). If you receive Emergency Services from an out-of-network facility you will be responsible for any balance of billed services not paid by Sendero. If you receive a bill for laboratory work or another service, which should have been sent to Sendero, contact Customer Service and they will assist you. Customer Service can also assist you if you have paid for services which you believe should be reimbursed.

HOW TO FILE OR VOICE A COMPLAINT

If you have concerns about or are unhappy about the services or care you have received from IdealCare, an IdealCare provider or any aspect of your health plan benefits, please call us. Call IdealCare's Customer Service toll-free at **1-888-6-IDEAL-1 / 1-888-643-3251**. A full investigation of your complaint will be completed and our decisions will be forwarded to you in writing within 30 calendar days from receipt of your verbal or written complaint and/or complaint form. The complaint form can found on our website at **www.senderohealthplans.com** or by calling our Customer Service toll-free at **1-888-6-IDEAL-1 / 1-888- 643-3251.**

IdealCare will not discriminate or take punitive action against a member or a member's representative for making a complaint, an Appeal, or an Expedited Appeal. IdealCare will not engage in retaliatory action, including refusal to renew or cancellation of coverage, against a member because the member or a person acting on behalf of the member has filed a complaint against IdealCare or appealed a decision of IdealCare.

IdealCare will not engage in retaliatory action, including refusal to renew or termination of a contract, against a provider because the provider has, on behalf of a member, reasonably filed a complaint against IdealCare or appealed a decision of IdealCare.

At any time you may file a complaint with the Texas Department of Insurance (TDI) by writing or calling:

Texas Department of Insurance (TDI)
P.O. Box 149104 Austin, Texas 78714-9104
1-800-252-3439
Web: www.tdi.texas.gov
E-mail: ConsumerProtection@tdi.texas.go

APPEAL PROCESS

You may appeal a decision that adversely affects coverage, benefits or your relationship with Sendero Health Plans. If you are not happy with a decision we make you may file an appeal by phone or mail. You may call us toll-free at **1-888-6-IDEAL-1 /1-888-643-3251** if you need assistance with starting the appeal process. If you need language assistance let us know and we will provide translation services. You may send a written appeal to:

IdealCare by Sendero Health Plans Attn: Appeals
2028 E. Ben White Blvd., Suite 400 Austin, TX 78748

If your circumstance involves a life-threatening condition you are entitled to an immediate appeal to an IRO. This process is not required to comply with procedures for an appeal of the URA;s adverse determination.

EXPEDITED APPEALS

An Expedited Appeal is when IdealCare is required to make a decision quickly based on your health status, and taking the time for a standard appeal could jeopardize your life or health, such as when you are in the hospital or continued treatment has been denied. To request an Expedited Appeal, call our Health Services department toll-free at **1-855-297-9191**. You may also request an Expedited Appeal in writing.

We will make a determination as soon as possible and communicate the decision to you and your provider as soon as possible based on the immediacy of your needs but not to exceed one business day from the date of your request.

Through the expedited appeals process, you have the right to continue any service you are presently receiving until the final decision of your appeal is issued. If the services being appealed are not medically necessary, you may be responsible for them. If IdealCare denies your request for an expedited appeal, we will notify you. Your request will be moved to the regular appeals process. We will mail you our decision within 30 days.

INDEPENDENT REVIEW ORGANIZATION

Some appeals that are denied by Sendero may be reviewable by an Independent Review Organization. Any member whose Appeal of an Adverse Determination is denied by IdealCare may seek review of that determination through an appeal request for an Independent Review Organization (IRO). An IRO is a group of health care providers who are totally independent of your health plan or insurance carrier. They are available to review your appeal and make a final decision. To find out about the process to request a review by IRO, you may call our Health Services Department toll-free at **1-855-297-9191** for more information. The IRO will mail you the final decision no later than the 20th day after the date the organization receives the request. If you are still not happy, you may contact the Texas Department of Insurance (TDI) at:

Texas Department of Insurance
P.O. Box 149104 Austin, TX 78714-9104
1-800-252-3439
Web: www.tdi.texas.gov
E-mail: ConsumerProtection@tdi.texas.gov

HOW TO OBTAIN INFORMATION ABOUT PROVIDERS

Our Provider Directory contains information about the professional qualifications of our physicians. The Provider Search Tool at www.senderohealth.com/idealcarenetwork can supply information about our physicians' certification and indicate whether a particular provider is accepting new

patients, but it is usually a good idea to call the provider to make sure. Customer Service can also give you more information about a provider's qualifications such as medical school attended, residency completed and board certification status and can let you know if a provider is accepting new patients. You can call Customer Service toll-free at **1-888-6-IDEAL-1 / 1-888-643-3251** if you would like more information about physicians.

MEDICAL NECESSITY

Your provider will make decisions about your care based on "medical necessity" for both medical and behavioral health services. Medically necessary means health care services or supplies needed to prevent, diagnose, or treat an illness, injury, disease, or its symptoms. Medical necessity is:

- Reasonable and necessary to prevent illness or medical conditions or provide early screening, interventions and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member, or endanger life;
- Provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's medical conditions;
- Consistent with health care practice guidelines and standards that are issued by professionally recognized health care organizations or government agencies;
- Consistent with the diagnosis of the conditions; and
- No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness and efficiency;
- Furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- Provided at the most appropriate level or supply of services which can safely be provided; and
- Care or services that could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care required.

Customer Service representatives are available Monday through Friday 8:00 am to 5:00 pm tol free at **1- 888-6-IDEAL-1 / 1-888-643-3251**. This number is also listed on the bottom of every page of this handbook. If you are hearing impaired, call TDD toll-free at **1-800-855-2880** for assistance.

LANGUAGE ASSISTANCE

If you need to speak to a Customer Service Representative in regards to your benefits, access to care, or any other questions or concerns, we have bilingual Representatives that can help you. Our Representatives speak English and Spanish. We also offer over the phone interpreters in other languages. When you call us, you can ask to talk to someone in the language you speak. We have translation services available. These services are free. If you need help understanding your benefits or how to get care or services please call us.

If you need face-to-face interpreter assistance for your provider's appointment, call IdealCare Customer Service toll-free at **1-888-6-IDEAL-1 /1-888-643-3251**. For face-to-face interpretation you will have to call at least 48 hours in advance of your appointment.

ADVANCE DIRECTIVES

It is your right to accept or refuse medical care. Advance directives can protect this right if you ever become mentally or physically unable to choose or communicate your wishes about your care due to injury or illness.

UTILIZATION MANAGEMENT (UM) DECISION MAKING STANDARDS

UM decisions made by IdealCare employees, delegates and contractors must be based solely on appropriateness of care and service and existence of coverage. IdealCare does not specifically reward providers or other individuals for issuing denials of coverage. Financial incentives for UM decision makers does not encourage decisions that result in underutilization.

DENIALS OR LIMITATIONS OF PROVIDER'S REQUEST FOR COVERED SERVICES

Sendero may deny coverage for health care services that are not covered by your benefit plan. If Sendero denies healthcare services a letter will be mailed to you with the explanation for the denial with instructions on how to file an appeal.

If you are not happy with the decision, you may file an appeal by phone or by mail. You may also request an appeal if Sendero denied payment of services in whole or in part. Send in the appeal form or call us at toll-free at **1-888-6-IDEAL-1 /1-888-643-3251**. If you appeal by phone, you or your representative will need to send us a written signed appeal. You do not need to do this if an Expedited Appeal is requested.

A letter will be mailed to you within 5 working days to tell you we received your appeal and we will mail you our decision within 30 calendar days. If IdealCare needs more information to process your appeal, we will notify you of what is needed within the appeal acknowledgement letter. For life threatening care concerns or hospital admissions, you may request an Expedited Appeal.

CUSTOMER SERVICE

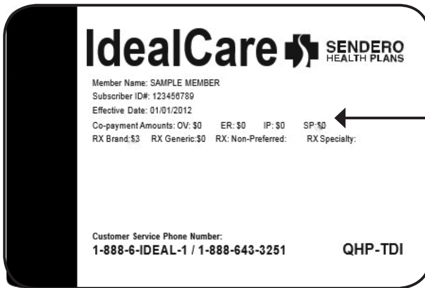
Your IdealCare Customer Service Department is here when you need them. Specially trained representatives are available to assist you with questions regarding your benefits.

Customer Service can:

- Assist you in choosing a primary care provider
- Explain covered benefits and services
- Assist you with any potential barriers to accessing health care
- Send you a new identification card (ID card), Evidence of Coverage, or any misplaced subscriber materials.

IDENTIFICATION CARD

Each IdealCare Plan subscriber will receive a subscriber identification card (ID card) which must be presented each time you visit a provider or obtain services. The ID card lists your name, member number, and copayments, coinsurance, and your deductibles, if applicable, as well as important telephone numbers. If you lose your ID card, call Customer Service toll-free at
1-888-6- IDEAL-1 / 1-888-643-3251 for a replacement card as soon as possible. Sendero does not allow for anyone, other than you or the member listed on the ID card, to receive IdealCare Plan benefits or health care services. Keep your ID card to yourself. Sendero can terminate your coverage for fraudulent or intentional misrepresentation.



Your responsibility at the office visit.

RX BIN number indicates you have prescription drug coverage.

CONFIDENTIALITY

We are committed to ensuring that your personal health information is secure and confidential. Our providers are held to the same standard. Except as required in administering your individual health care needs and fulfilling state and federal requirements, your personal information will not be disclosed without your written consent.

NOTIFICATION OF CHANGES

It is your responsibility to notify the Federally Facilitated Exchange within 30 days of a qualifying event, such as a change in marital status, the addition of dependents, a court-ordered change in coverage or other changes that may affect eligibility. The Exchange is responsible for all eligibility decisions. Please notify the Exchange and Sendero about a change in your address or contact information as soon as possible.

FRAUD, WASTE AND ABUSE

If you suspect a person who receives benefits or a provider (e.g., provider, dentist, counselor, etc.) has committed waste, abuse or fraud, you have the responsibility and a right to report it.

REPORTING PROVIDER / CLIENT WASTE, ABUSE AND FRAUD

To report waste, abuse or fraud, gather as much information as possible. You can report members or providers directly to your health plan at:

Sendero Health Plans - IdealCare
P.O. Box 3869 Corpus Christi, TX 78463
Toll Free 1-888-6-IDEAL-1 / 1-888-643-3251
Confidential Line toll-free: 1-888-874-23619

When reporting a provider (e.g., dentist, counselor, etc.) provide the following:

- Name, address and phone number of provider;
- Name and addresses of the facility (hospital, nursing home, home health agency, etc.);
- Type of provider (provider, physical therapist, pharmacist, etc.);
- Names and the number of other witnesses who can aid in the investigation;
- Dates of events; and
- Summary of what happened

When reporting a person who receives benefits provide the following:

- The person's name;
- The person's date of birth or social security number (if available);
- The city where the person resides; and
- Specific details about the waste, abuse and/or fraud.
- Dates of events

INTERNAL PROTECTION OF PERSONAL HEALTH INFORMATION

The steps IdealCare has taken to safeguard members' medical information include but are not limited to:

- Disseminated a Notice of Privacy Practices to covered members and posted it on the IdealCare website at www.senderohealth.com/IdealCare
- Disseminated a Notice of Privacy Practices and other information to providers and facilities about IdealCare's privacy practices
- In daily interaction with members and providers, IdealCare providers and Customer Service representatives inform providers and members of our procedures to verify identity and authority of callers to discuss protected health information

TECHNOLOGY ASSESSMENT

IdealCare by Sendero Health Plans systematically evaluates the inclusion of new technologies and the new applications of existing technologies as covered services in a timely manner. Your insurance benefit provides coverage only for therapies that have been shown in the scientific medical

literature to be safe and effective. The IdealCare technology assessment process assures that coverage will be available when evidence of safety and effectiveness exists. A review of current technology as well as care-specific reviews will be conducted by the IdealCare medical technology assessment team using up-to-date information from sources including but not limited to evidence based medical literature, board certified consultants, physician work groups, professional societies, and government agencies. Drugs that are new to the medical community are reviewed and discussed by the IdealCare pharmacy and therapeutics committee.

SUBROGATION

If the plan pays or provides medical benefits for an illness or injury that was caused by an act or omission of any party or entity, the plan will be subrogated to all rights of recovery of an IdealCare Member, to the extent of such benefits provided or the reasonable value of services or benefits provided by the plan. Further, the IdealCare Member, having accepted benefits by the plan agrees to assign their claim against

the person or entity responsible for their illness or injury to the plan to the extent of the benefits provided. IdealCare Member, agrees to cooperate in any way with the plan or the plan's contractor in furtherance of the subrogation/assignment claim; agree to sign any authorization requested by the plan or its contractor; and authorizes the use of their medical records and billing records in furtherance of their subrogation/assignment claim.

Please see the Evidence of Coverage located at
http://www.senderohealth.com/idealcareeng/benefits.html#
for a full description of your rights and obligations.

MEMBERS RIGHTS AND RESPONSIBILITIES

As an IdealCare by Sendero Health Plans member, you have certain rights and responsibilities, as outlined below.

You have the right to:

- Receive coverage for the medical benefits and treatment that is available when you need it and is handled in a way that respects your privacy and dignity.
- Receive information about your health benefit plan, services, and providers, member rights and responsibilities, including information about services that are covered and not covered and any costs that you will be responsible for paying.
- Have a discussion and participate with your health care professional in health decisions and have your health care professional give you information about your medical condition and your treatment options, regardless of coverage or cost. You have the right to receive this information in terms and language you understand.
- Learn about any care you receive. You should be advised of who is available to assist you with any special IdealCare programs or services you receive and who can assist you with any requests to change programs or services.
- Voice complaints and appeals about IdealCare or any provider. Our process is designed to hear and act on your complaint or concern about IdealCare and/or the quality of care you receive

from health care professionals and the various places you receive care in our network; provide a courteous, prompt response and guide you through our grievance process if you do not agree with our decision.
- Make recommendations regarding our policies that affect your rights and responsibilities. If you have recommendations or concerns, please call Customer Service at the toll-free number on your ID card.

You have the responsibility to:

- Review and understand the information you receive about your health benefit plan. Please call Customer Service when you have questions or concerns.
- Understand how to obtain services and what supplies are covered under your plan.
- Show your ID card before you receive care.
- Understand your health condition and work with your provider to develop treatment goals that you both agree upon.
- Follow the plans and instructions for care that have been agreed upon by you and your provider.
- Supply information to IdealCare and its providers in order to provide care to you
- Pay all copays, coinsurance or applicable deductible amounts for which you are responsible at the time service is rendered or when they are due.
- Keep scheduled appointments and notify the health care professional's office ahead of time if you are going to be late or miss an appointment.
- Voice your opinions, concerns or complaints to IdealCare Customer Service and/or your health care professional.
- Notify your plan administrator and treating health care professional as soon as possible about any changes in family size, address, phone number or status with your health benefit plan if you decide to dis- enroll from IdealCare's programs and services.

SERVICE AREA

Sendero products provide benefits to eligible members who live in the Travis Service Area which includes Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis, and Williamson Counties. You will find our in-network providers and facilities within the Travis Service Area.

If you move out of the Sendero service area you will no longer be eligible for coverage with Sendero.