SENDERO HEALTH PLANS

Consumer choice plan disclosure statement

This health plan does not include the same level of benefits required in other plans.

This HMO plan is a consumer choice plan. This plan doesn't include the same level of benefits that are in Texas health plans known as state-mandated plans. This plan does include all health benefits required by the Affordable Care Act.

To see all benefits offered by this plan, go to the plan's "Summary of Benefits and Coverage.

Benefit/coverage:	This plan:	A health plan with required benefits (state-mandated plan):
Deductible The amount you pay for care before the plan begins to share the cost.	Has a deductible.	Has no deductibles for in-network care.
Out-of-pocket costs The amount you pay when you receive care, up to an annual limit.	Includes out-of-pocket costs that meet federal requirements but may sometimes be more than in a state-mandated plan.	A copay must be less than 50% of the total cost of the service. Annual out-of-pocket costs must be capped at 200% of your annual premium cost if you alert the plan.
Habilitative and Rehabilitative care Care that helps you improve skills for daily living.	Has no limit on the amount of care if it is needed for medical reasons.	Has no limit on the amount of care if it is needed for medical reasons.
Autism care Autism spectrum disorder is a disorder that often affects how a person interacts with others and communicates.	Has no limit on the amount of care if it is needed for medical reasons.	Has no limit on the amount of care that is ordered by your doctor.
Substance use disorder treatment Inpatient or outpatient care to treat a substance use disorder.]	Must cover inpatient and outpatient care for substance use disorders in the same way the plan covers medical care to treat other types of health conditions.	Must cover inpatient and outpatient care for substance use disorders in the same way the plan covers medical care to treat other types of health conditions.

If you want a plan with all required benefits:

We also offer a state-mandated plan that includes all required benefits. This plan is not on Healthcare.gov and does not allow you to get help with premiums and out-of-pocket costs

To learn more about this plan, call 1-844-800-4693 or visit https://www.senderohealth.com/members

When you first bought this consumer choice plan, you agreed to the following statements:

I understand the consumer choice plan I am applying for does not provide the same level of coverage required in other Texas health plans (state-mandated plans).

_____ [I understand if my health changes and this plan does not meet my needs, in most cases I won't be able to get a new plan until the next open enrollment period.[10]]

_____ I understand I can get more information about consumer choice plans from the Texas Department of Insurance's website, www.tdi.texas.gov/consumer/consumerchoice.html, or by calling the Consumer Help Line at 1-800-252-3439.

_____ Sendero Health Plans gave me the option of applying for a health plan that is similar to the consumer choice plan I am choosing that contains all benefits required in Texas.

Don't sign this document if you don't understand it.
No firme este documento si no lo comprende.

Print the name of the person applying: _____

Signature of the person applying: _____

Date of signature: _____

Name of business, if applicable: _____

Sendero Health Plans must give you a copy of this statement upon request.