

# 2026 Sendero Member Handbook State Mandated Platinum Plan

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# Welcome to Sendero!

Dear Member,

Thank you for choosing Sendero Health Plans for your healthcare coverage! To get the most from your Sendero Plan, please read the entire Sendero Handbook. For a complete explanation of your health care coverage please refer to your Evidence of Coverage (EOC), Summary of Benefits in Coverage (SBC), and Schedule of Coverage (SOC) which will answer many of your questions in detail. You can find your EOC, SBC, and the SOC on our website at <http://senderohealth.com>. The information in this handbook will help answer most of your questions including those related to:

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

Sendero is committed to meeting the needs of our members and providing services to people of all cultures, races, ages, ethnicities, religious backgrounds and disabilities with the upmost respect, dignity, and accountability for you, our valued member. Our values communicate not just who we are, but also our commitment to meeting the needs of our members and community.

## Sendero Values

- Integrity
- Diversity & Inclusion
- Efficiency
- Accountability
- Local
- Service

Sendero Health Plans (Sendero) is a nonprofit, community-based subsidiary of the Travis County Healthcare District (d.b.a. Central Health). Sendero is a health maintenance organization (HMO) that provides benefits to eligible members who reside, live or work in the Travis Service Area, which includes Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis, and Williamson Counties. As part of your benefits package, Sendero has in-network providers and facilities to deliver the healthcare treatment you need. You must reside, live or work within the service area to be eligible for healthcare coverage with Sendero.

## Important Information

<b>Call Us:</b>	Member Support: Toll Free: 1-844-800-4693 For Hearing Impaired (TTY): 7-1-1
<b>Write Us:</b>	Sendero Health Plans 1111 E. Cesar Chavez St. Austin, TX 78702
<b>Business Hours:</b>	Monday through Friday 8:00 AM – 5:00 PM CST
<b>After hours</b>	If you call before or after hours, leave a voice message. We will return your call the next business day.
<b>Suicide &amp; Crisis Help Line (988Lifeline.org)</b>	9-8-8
<b>24/7 Virtual Urgent Care</b>	24/7 Virtual Urgent Care is available to all Sendero members 24 hours a day, 7 days a week at no additional cost. For more information, call 1-844-800-4693.
<b>Vision and Eye Care Number: (Envolve Benefit Options)</b>	Call 1-855-279-9680 for information about vision benefits and services available to Members under the age of 21.
<b>Pharmacy Line: (Navitus Health Solutions)</b>	Call 1-866-333-2757 for information about medication and pharmacy benefits.
<b>Pediatric Dental Line: (Liberty Dental)</b>	Call 1-866-609-0426 for information about dental benefits available to Members under the age of 19.

## **Notice of Rights - Figure 28 TAC §11.1612(c):**

[Figure: 28 TAC §11.1612\(c\)](#)

Your rights with a Health Maintenance Organization (HMO) plan  
Notice from the Texas Department of Insurance

### **Your plan**

Your HMO plan contracts with doctors, facilities, and other health care providers to treat its members. Providers that contract with your health plan are called "contracted providers" (also known as "in-network providers"). Contracted providers make up a plan's network. Your plan will only pay for health care you get from doctors and facilities in its network. However, there are some exceptions, including for emergencies, when you didn't pick the doctor, and for ambulance services.

### **Your plan's network**

Your health plan must have enough doctors and facilities within its network to provide every service the plan covers. You shouldn't have to travel too far or wait too long to get care. This is called "network adequacy." If you can't find the care you need, ask your health plan for help. You have the right to receive the care you need under your in-network benefit.

If you don't think the network is adequate, you can file a complaint with the Texas Department of Insurance at [www.tdi.texas.gov](http://www.tdi.texas.gov) or by calling 800-252-3439.

### **List of doctors**

You can get a directory of health care providers that are in your plan's network. You can get the directory online [www.SenderoHealth.com](http://www.SenderoHealth.com) or by calling 1-844-800-4693. If you used your health plan's directory to pick an in-network health care provider and they turn out to be out-of-network, you might not have to pay the extra cost that out-of-network providers charge.

### **Bills for health care**

If you got health care from a doctor that was out-of-network when you were at an in-network facility, and you didn't pick the doctor, you won't have to pay more than your regular copay, coinsurance, and deductible. Protections also apply if you got emergency care at an out-of-network facility or lab work or imaging in connection with in-network care.

If you get a bill for more than you're expecting, contact your health plan. Learn more about how you're protected from surprise medical bills at [tdi.texas.gov](http://tdi.texas.gov).

## **Benefits/Covered Services**

To receive the benefits as indicated in your Evidence of Coverage (EOC) and Summary of Benefits and Coverage (SBC) you must choose an In-Network Provider, within your health benefits plan network, to provide your care (other than emergency care and emergency transportation).

Sendero's network includes physicians, specialty providers, urgent care facilities and hospitals.


Please consult your EOC and the 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 Member Support toll-free at 1-844-800-4693 for assistance.

Below is an example of an SBC that provides details about covered services, co-pays and exclusions.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services  
Sendero Health Plans: Central Platinum Off Exchange-600

Coverage Period: 01/01/2026 – 12/31/2026

Coverage for: Individual, Individual + Spouse, Family | Plan Type: HMO



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call us at 1-844-800-4693 or visit us at [www.SenderoHealth.com](http://www.SenderoHealth.com). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at [www.https://www.healthcare.gov/sbc-glossary](https://www.healthcare.gov/sbc-glossary) or call 1-844-800-4693 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$0/Individual or \$0/Family	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. <a href="#">Preventive care</a> and primary care services are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without cost-sharing and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No	You don't have to meet <a href="#">deductible</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	\$4,900/Individual or \$9,800/Family	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	<a href="#">Premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="https://senderohealth.com/physician_search/">https://senderohealth.com/physician_search/</a> or call 1-844-800-4693 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to	Yes.	This <a href="#">plan</a> will pay some or all of the costs to see a <a href="#">specialist</a> for covered services but only if you

Your covered services include but are not limited to:

- preventive care visits
- maternity care
- behavioral health
- vision care
- prescription drugs
- emergency care
- durable medical equipment (DME)

- 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 of your covered services require that you pay a copay. A copay is a fixed amount you pay for a covered health care service.

Certain covered services require preauthorization before receiving the service. If a service requires preauthorization, and Sendero does not authorize it, the service(s) provided will be denied.

**Please note:** The application of a deductible and coinsurance only applies to Consumer Choice health benefit plans and does not apply to State Mandated health benefit plans.

### **In-Network versus Out of Network**

Your Sendero Plan is a network-based plan. The network provides you access to facilities, primary care, and specialty providers within your health benefits package and the Sendero service area. To find out what network pertains to the plan you are enrolled in, please visit: <http://senderohealth.com> or call Member Support at 1-844-800-4693.

In-network providers agree to Sendero’s standards, processes, and fee schedules. In addition, in-network providers agree not to balance bill Sendero members for any unpaid amounts for services rendered other than co-payment (s) amounts. Sendero providers are located within the Travis service area, which includes Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis, and Williamson Counties.

Likewise, if you need to see a specialist or visit a facility, your primary care provider can assist you by requesting a referral or preauthorization so you can receive treatment and/or care from an in-network specialist or facility within your health benefits plan package. By seeing an in-network provider, specialist, or facility within your health benefits plan network, you will keep your out-of-pocket expenses to a minimum. To see a list of the Sendero Plan in-network providers, specialists, and facilities within your health benefits plan network, visit <https://senderohealth.com/find-a-doctor>.

Out-of-network providers are not contracted to provide services for Sendero members, with the exception of assessment and stabilization for Emergency Care. The Sendero Plan excludes coverage for services rendered by an out-of-network provider, and you may be balance billed for these services.



When medically necessary covered services are not available through in-network physicians or providers, your Primary Care Physician (PCP) can request a preauthorization for an out-of-network referral. However, please note that out-of-network care which is not preauthorized by Sendero will not be paid, unless it is an emergency. The total charges from an out-of-network provider for non-emergency services are the complete and full responsibility of the Sendero member.

## **Maternity Services**

Maternity services include prenatal care, delivery, postnatal treatment, and pregnancy complications.

Prenatal and postnatal care are covered benefits. Any blood work, ultrasound, genetic testing and/ or any other medical service requested or provided by your doctor may be subject to a copay amount.

Vaginal Delivery includes the first 48 hours of inpatient care for the mother and newborn. Cesarean Section Delivery includes the first 96 hours of inpatient care for the mother and newborn.

Except for emergency care, out-of-network prenatal, postnatal care, delivery, and inpatient services are not covered benefits without Sendero's preauthorization for out-of-network services.

## **Behavioral Health**

If a Sendero member, including dependents, need treatment for a mental/emotional or substance use disorder call Sendero at 1-844-800-4693. The Sendero network includes mental health and substance use disorder professionals who can help. Some behavioral health problems, such as severe depression, may require urgent care. You may schedule an appointment with an in-network behavioral health provider. You do not need a referral from your PCP for behavioral health treatment as long as the behavioral health provider is in-network.

## **Preventive Health Services**

Sendero wants you to stay healthy and find any problems as early as possible. Certain preventive health services are covered without cost sharing. These services must be provided by in-network providers.

The full list of covered preventive services is available in your Sendero *Evidence of Coverage* document located on <https://www.senderohealth.com/members>. A summary of these is listed below:

- Routine physical examinations
- Routine immunizations
- Well-baby and well-child care
- Well-woman examinations
- Screenings for:
  - Abdominal aortic aneurysm
  - Abnormal blood pressure
  - Anemia
  - Autism
  - Certain cancers (breast, cervical, colorectal, lung, prostate)
  - Cardiovascular disease
  - Cervical and ovarian cancer
  - Childhood vision screenings
  - Depression
  - Diabetes and gestational diabetes
  - Domestic/interpersonal violence
  - Excessive Alcohol or drug use
  - Hearing and/or sight problems
  - Hepatitis
  - Cholesterol
  - HIV (human immunodeficiency virus)
  - Obesity
  - Oral health
  - Osteoporosis/bone density
  - Preeclampsia
  - RH incompatibility
  - Routine newborn screenings

- Routine childhood developmental screenings
- Sexually transmitted disease (Chlamydia, Gonorrhea, HPV, Syphilis)
- Tobacco use
- Tuberculosis
- Urinary tract infection during pregnancy
- Counseling for
  - Alcohol or drug use
  - Breast cancer genetic testing and chemoprevention
  - Breast feeding
  - Certain medications or treatments
  - Contraception
  - Fluoride prevention supplements
  - Fluoride varnish
  - Folic acid supplements
  - Healthy living, including prevention of chronic illness
  - HIV prevention (pre-exposure)
  - Iron supplements
  - Nutrition/diet
  - Obesity
  - Quitting smoking
  - Tobacco cessation interventions

## **Dental Services**

Routine dental services are not a covered benefit. However, Sendero does provide dental coverage in these situations.

- a. Covered Oral Surgery (with preauthorization),
- b. Pediatric Members receive dental coverage up to the age of 19 (coverage will end on the last day of the month in which the Member turns 19),
- c. Care or treatment due to an external, accidental injury to sound natural teeth and supporting tissue, or
- d. Dental care or treatment provided to a newborn child which are necessary to correct or treat a congenital defect, disease or anomaly.

Sendero will limit Covered Services to the least expensive service that we determine will produce professionally adequate results. Cost sharing and limitations depend on type and site of service.

## **Prescription Drugs (Formulary Drugs)**

Sendero 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 Member Support representative, who can answer questions about your copayments. The Sendero Plan Formulary is also posted on the Sendero Plan website at [senderohealth.com/dbsearch/Pharmacies/](http://senderohealth.com/dbsearch/Pharmacies/). Please note that over-the-counter medications are not a covered benefit and some prescribed medications require preauthorization.

A brand name drug is very similar to 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. The United States 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 preauthorization. If your provider decides that you should take a drug in this group, he or she will contact us to receive authorization/approval before giving you a prescription for the drug. Your provider must complete a preauthorization form and send it to us to make a decision. After the request is reviewed, we will inform you and/or your provider of our decision. If we approve the drug, you may obtain it from a participating pharmacy. If we do not approve the request, we will inform you and/or your provider of our decision. You have the right to request an appeal, or second review, if the request is not approved. We will tell you how to do this when we give you our decision.

There are different coverage levels, depending on the 'tier' assigned to your drug on the Sendero 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.

- Tier 1- Preventative care drugs for qualified members; Zero out of pocket cost.
- Tier 2 – Most affordable drugs which include generics and select brand drugs, lowest out of pocket cost.
- Tier 3 – Preferred drugs have been proven to be effective and may be favorably priced compared to other drugs that treat the same condition; Middle-level out of pocket cost.

- Tier 4 – Non-preferred drugs have not been found to be any more cost effective than available generics or preferred brand; higher out of pocket cost.
- Tier 5 – Specialty Drug (SP) typically require special dispensing and have limited availability and patient populations, Highest out of pocket cost.

Refer to your Summary of Benefits and Coverage and your Evidence of Coverage for additional details or contact Member Support toll-free at 1-844-800-4693.

Some drugs require step therapy. This means that you must try a “first step” drug before we can pay for the “second step” drug. Usually generic drugs are in the “first step.”

Sendero may not require step therapy for covered prescription drugs used to treat stage four advanced metastatic cancer. This only applies to an FDA approved drug when its use is consistent with best practices for the treatment of stage four-advanced metastatic cancer or an associated condition and is supported by peer-reviewed, evidence-based literature.

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, we will fill your original drug prescription.

Chronic Eye Disease eye drops, are dispensed at a 30/60/90-day supply. For more information, please contact the Navitus Customer Care Pharmacy Line at 1-866-333-2757. Mail order is available for Sendero 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 [senderohealth.com/dbsearch/Pharmacies/](https://senderohealth.com/dbsearch/Pharmacies/). 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 preauthorization requirements
- How to obtain preauthorization 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

To check on coverage for a specific drug, you can review our online formulary or call Navitus Customer Care Pharmacy Line at 1-866-333-2757. If the drug you are taking is not listed in our formulary you may ask that we cover the drug by making an exception request. Your physician will need to tell us the reasons why he or she believes we should make an exception to our formulary.

If you need to request a Medication Exception, any of the following people can request a coverage determination:

- You, the member.
- Your doctor may ask us for a coverage determination for you or
- Your representative (family member or friend that has been identified as your representative).

Submit the request to Navitus (Sendero's Pharmacy Benefits Manager). You can ask for two kinds of determination:

- Standard Request- a request that is not urgent. The turnaround time to receive a response to your request is 72 hours following receipt of the request.
- Expedited Requests- an urgent request, which is defined as: there is an imminent and serious threat to your health. The turnaround time to receive a response to your request is 24 hours following receipt of the request.

Requests can be made verbally or in writing. If you want to submit your request in writing, use the Model Coverage Determination Request Form found on the Navitus Benefits Member Portal. You or your doctor can fill the form out and fax it to 1-855-668-8551 or log in to the Pharmacy Benefits Member Portal and submit the form

electronically. If you need help initiating the process for Medication Exception, please call the Navitus Customer Care Pharmacy Line at 1-866-333-2757.

## **Using Your Formulary Benefits**

You can get your prescription filled by presenting your Sendero ID Card at any in-network pharmacy. Sendero also has a Prescription Drug 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 showing your Sendero ID Card to the pharmacists, you are providing them with all the information they need to fill your prescription. The pharmacist will ask you to pay for the copayment amounts for your prescription. Your payment for a prescription drug should be the lowest amount between your copayment, the allowable claim amount, or the amount you would pay if purchasing the prescription without health benefits or discounts. If you have any questions about your prescription, ask the pharmacist.

## **Emergency Care**

Emergency Care includes health care services you receive in a hospital emergency room or comparable facility to evaluate and stabilize certain medical conditions including behavioral health conditions. Emergency 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 your 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

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
- Stroke
- Poisoning
- Severe bleeding
- Convulsions
- Fractures

- Severe abdominal pain
- Severe injuries or trauma
- Shock from sudden illness or injury
- Difficulty in breathing, such as in a severe asthma attack

If you are having an emergency and need care immediately, go to the nearest emergency room or call 9-1-1.

If you are not sure how urgent your symptoms are, you can access the 24/7 Virtual Urgent Care Service through NormanMD at no additional cost for immediate medical advice from a physician. You can register for the service online at:

<https://www.senderohealth.com/telemedicine/>

If you receive Emergency Services at an in-network facility and you receive a balance bill from a non-network facility-based physician, or other health care practitioner for Emergency Services, please contact Member Support at 1-844-800-4693. Sendero will reimburse the non-network facility-based physician or provider at the usual and customary or agreed upon rate. You should not be balance billed for Emergency Services. You may be required to submit a copy of the itemized billing statement for investigation purposes. Sendero will work to hold you harmless for any amounts beyond the copayment or other out-of-pocket amounts that you would have paid had Sendero's network included network physicians or providers from whom you could obtain emergency services. Sendero will not require you to pay more than the usual fee when a non-network facility-based physician renders services to you in a network facility.

## **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.

If, after an evaluation, 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 for follow-up care.

If the emergency physician refers you to a specialist, you must follow-up with your PCP prior to seeing a specialist. 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 emergency room.

If you need Emergency Services, while outside of the Sendero Service Area, go to a nearby hospital and call Member Support at 1-844-800-4693.



If you receive Emergency Services and are balance billed by a non-network facility, physician, or other health care practitioner, please contact Member Support at 1-844-800-4693. Sendero will reimburse the non-network facility, physician or other healthcare provider at the usual and customary or agreed upon rate. You should not be balance billed for Emergency Services. You may be required to submit a copy of the itemized billing statement for investigation purposes.

Sendero does not offer any health care coverage outside of the United States of America, unless for medical emergencies in accordance with TIC §843.002(7) and 28 TAC §11.506(b)(9). (Emergency conditions are of a recent onset and severity (such as severe pain) that would lead a person with average knowledge to believe that the person's condition, sickness or injury is such that failure to get immediate medical care could jeopardize, impair or disfigure the person or a fetus. (Also see Emergency Care section.)

## **How To Obtain Care After Normal Office Hours**

If you are sick, have a severe injury that needs an assessment and / or treatment at night, or on the weekend, you can contact your PCP. Your PCP will advise you of the steps you can take to seek care based on your symptoms. Your PCP may be available directly or will arrange to assist you with another provider 24 hours, 7 days a week.

Sendero offers all members 24/7 Virtual Urgent Care with a physician at no additional cost. You can register for the service online at:  
<https://www.senderohealth.com/telemedicine/>.

If a covered person receives covered services as telemedicine medical services, telehealth, and / or teledentistry from an in-network Healthcare Practitioner, coverage for these services is the same as seeing a Healthcare Practitioner at an in-person setting. There is not a separate annual maximum, or lifetime maximum for covered services delivered as telemedicine medical services or telehealth 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.

Examples of Urgent Care conditions include but are not limited to

- Allergic reactions that are not severe, such as itching, rash or hives
- Cold or Flu symptoms that are not severe
- Cough that persists
- Cuts and scrapes
- Diaper rash
- Earache
- Fainting
- Insect bites and rashes
- Low-grade fever with no rash
- Minor or moderate accidents
- Repeated diarrhea or vomiting
- Sprains
- Urinary tract infection

If you are within the Sendero Plan service area and cannot reach your PCP, you may call Member Support toll-free at 1-844-800-4693. They can assist you with finding an in-network urgent care center.

## **Traveling Out Of the Service Area**

When you plan to be out of the Sendero Service area, contact your primary care physician (PCP) ahead of time to schedule appointments, or obtain prescriptions to last the duration of your time away.

Sendero does not cover non-emergency services when you are out of the Sendero 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 need Emergency Services, while outside of the Sendero Service Area, go to a nearby hospital and call Member Support at 1-844-800-4693. If you receive Emergency Services and are balance billed by a non-network facility, physician, or other health care practitioner, please contact Member Support at 1-844-800-4693. Sendero will reimburse the non-network facility, physician or other healthcare provider at the usual and customary or agreed upon rate. You may have an Emergency room copay, coinsurance or deductible, but should not be balance billed for out-of-network Emergency Services beyond your usual in-network rate. Sendero may ask for a copy of the itemized billing statement for investigation purposes.

1. Sendero does not offer any health care coverage outside of the United States of America, unless for medical emergencies in accordance with TIC §843.002(7) and 28 TAC §11.506(b)(9). (Emergency conditions are of a recent onset and severity (such as severe pain) that would lead a person with average knowledge to believe

that the person's condition, sickness or injury is such that failure to get immediate medical care could jeopardize, impair or disfigure the person or a fetus. (Also see Emergency Care section.)

## **Hospital Services**

When you require hospitalization, your PCP or specialist will refer you to an in-network hospital. Your PCP and Sendero's Medical Management staff will also assist you with coordinating your care throughout your hospital stay.

Please verify that the hospital is in-network. Member Support can assist you with verifying if the hospital is in your plan network. Member Support is available Monday – Friday from 8:00 am to 5:00 pm at 1-844-800-4693.

If you are emergently admitted to an out-of-network hospital, you or your representative must call Sendero at 1-844-800-4693 within 48 hours to notify us.

## **Balance Billing**

If you receive care at an in-network hospital, within your health benefits plan network, there is a possibility that some of the hospital-based providers are not in-network with Sendero. Some examples of hospital-based providers are anesthesiologist, radiologist, pathologist, an emergency department physician, a neonatologist, or an assistant surgeon. This also includes non-network diagnostic imaging and laboratory service providers. These providers may 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.

If you receive a balance bill, you should contact Sendero at 1-844-800-4693. You should not be balance billed for Emergency Services. You may have an Emergency room copay, coinsurance or deductible, but should not be billed for out-of-network Emergency Services beyond your usual in-network rate. Sendero may ask for a copy of the itemized billing statement for investigation purposes.

## **Payment for Service and Claims**

You are responsible for your copayment(s) and coinsurance, if applicable, at the time services are rendered. Other than your cost share, you should not receive a bill for covered services from an in-network provider, within your health benefits plan network. If you think you received a bill in error, please call Member Support toll-free at 1-844-800-4693 for assistance.

To help assist the provider with submitting claims timely to Sendero, **please provide your plan coverage information as soon as possible and respond to any correspondence sent to you by the provider.**

You *may* be responsible for billed charges if your claim is not submitted to Sendero within 95 days from the date of service.

### **Explanation of Benefits (EOB)**

An EOB is a statement that Sendero generates that summarizes the cost of the healthcare services you have received. An EOB shows your health care provider's charge, whether Sendero issued payment and how much you may be responsible for paying. You can access your EOB by logging into the Member Portal.

If you need assistance accessing your EOB or would like a copy mailed to you, please contact our Member Support Department at 1-844-800-4693.

### **Medical Limitations and Exclusions**

As described in the Evidence of Coverage (EOC), some services are excluded and not covered. (see the EOC for further information)

- Services provided by a non-participating (out-of-network) provider, except as described in the EOC.
- Services received when you are not covered under this plan.
- Services that are not Medically Necessary are Experimental or Investigational or are related in any way to a non-covered service. Denials of coverage for experimental or investigational requests are adverse determinations and entitled to the utilization review process including reviews by an independent review organization,
- Services provided outside of the United States of America, unless for medical emergencies in accordance with TIC §843.002(7) and 28 TAC §11.506(b)(9). (Emergency conditions are of a recent onset and severity (such as severe pain) that would lead a person with average knowledge to believe that the person's condition, sickness or injury is such that failure to get immediate medical care could jeopardize, impair or disfigure the person or a fetus. (Also see Emergency Care section.)
- Services resulting from illegal activity or war.
- Services that should be covered by a different insurance entity such as workman's compensation, car insurance, etc.
- Any charges related to a missed appointment, filling out forms or getting your medical records
- Custodial Care
- Cosmetic services

- Unnecessary ambulance transport
- Services provided by a family member
- Abortion services
- Breast reduction services
- Infertility treatment
- Most adult vision services
- Over the counter medications or supplies, including splints, etc.
- Weight loss services, surgeries or medications
- Hospital procedures that could be done out-patient
- Routine foot care and supplies/orthotics, except as required by federal law in 42 C.F.R. Sections 410.100, 414.202, 414.210, and 414.228.
- Hair restoration or replacement services (other than related to cancer)
- Immunizations required solely for travel
- Services required for school, camp, employment, etc.
- Non-traditional physical or occupational therapy services
- Alternative treatments such as acupuncture, homeopathy, most biofeedback, etc. Any exclusion for biofeedback therapy does not apply for an acquired brain injury diagnosis.
- Personal items for comfort, activity or cleaning such as air conditioner, exercise equipment, shower chair, sauna, etc.

## **Prescription Drug Exclusions**

As described in the Evidence of Coverage (EOC), some medications are not covered. (see the EOC for further information)

- Not medically necessary medications
- Non-formulary medications
- Medications for non-covered conditions
- Medications for non-FDA approved indications
- Medications that have not followed step therapy requirements, dispensing limitations, been lost or damaged or are intentionally misused
- Medications for use in a facility that usually supplies the medications
- Experimental medications, denials of coverage for experimental or investigational requests are adverse determinations and entitled to the utilization review process including reviews by an independent review organization
- Weight loss medications
- Cosmetic medications
- Fertility and infertility medications
- Medications to treat sexual dysfunction
- Compounded (custom made) medications such as hormones, etc.

- Any over the counter medications
- Dietary and nutritional supplements, not including generally recognized prescribed medication or nutritional supplements in relation to autism spectrum disorder (ASD).

Any refunds of purchases regardless of whether member was able to take all the medication Refer to the Benefits and Eligible Expenses Section in the EOC for more information, including appeals and exception requests.

## **Preauthorization Requirements**

Preauthorization (also known as prior authorization) lets Sendero know in advance that you need a specific care plan or service. Your PCP or in-network treating provider is responsible for obtaining the necessary preauthorization. Preauthorization does not guarantee payment of services if the physician or provider has materially misrepresented the proposed health care services or has substantially failed to perform the proposed health care services. Please confirm with your provider if the treatment or services are covered by Sendero and if an authorization is needed. The availability of benefits is subject to other Sendero requirements such as limitations and exclusions, payment of premium, and eligibility at the time of care and service.

Sendero's preauthorization program uses written, medically acceptable screening criteria, and procedures that are established and updated with input from in-network providers.

Sendero will notify your PCP or treating provider of the decision regarding the pre-authorization request no later than the third day after the request is 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 calendar 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 appropriate timeframe 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. If Sendero receives a preauthorization request for services after the services have been rendered, the requested services will be denied for no preauthorization within three (3) calendar days from receipt of request.

Per Texas preauthorization exemptions, some physician or providers are not required to obtain preauthorization for a particular health care service if the physician or provider meets exemption criteria for certain health care services.

## Continuity of Care

Continuity of care is important to your health. Continuity of care is concerned with quality of care over time. It is the process by which the patient and his/her physician-led care team are cooperatively involved in ongoing health care management toward the shared goal of high quality, cost-effective medical care. If you are receiving treatment for a medical condition at the time your PCP and/or specialist leaves the Sendero network, you may be eligible to continue the treatment for a period of time with your treating provider regardless of the provider's network status, as long as the provider is medically competent and professional.

Per Texas Insurance Code § 843.362. Continuity of Care; Obligation of Health Maintenance Organization

"In this section, "special circumstance" means a condition regarding which a treating physician or provider reasonably believes that discontinuing care by that physician or provider could cause harm to a member who is a patient. Examples of a member who has a special circumstance include a member with a disability, acute condition, or life-threatening illness, or who is past the 24th week of pregnancy."

If your physician identifies that you have a special circumstance, they will request to continue providing your care and your health plan will continue to pay the previously agreed upon in-network rates for your care. Your continuity of care (COC) time period depends on the diagnosis. For pregnancy, the COC lasts until your follow-up visit six weeks after delivery. For chronic illnesses COC can last for three months and for terminal illnesses COC can last for nine months.

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 ends. Sendero will work with you to facilitate the transition to a new provider as appropriate. Contact Member Support toll-free at 1-844-800-4693 for more information.

## How To File Or Voice A Complaint

You have the right to file a complaint if you are unhappy about the services/ benefits or care you received from Sendero or a Sendero provider, call us at 1-844-800-4693. A full investigation will be conducted on your complaint. Sendero will let you know the results of our investigation and will follow-up with you in writing within 30 calendar days from receipt of your verbal or written complaint and/or Complaint Form.

You can also file a complaint by completing and returning the Complaint Form found on our website at <https://senderohealth.com>.

Sendero will not discriminate or punish a member or a member's representative for making a complaint, an Appeal, or requesting an Expedited Appeal. Sendero will not cancel coverage or refuse to renew coverage because the member or a person acting on behalf of the member has filed a complaint against Sendero or appealed a decision of Sendero. Furthermore, Sendero will not punish a physician or providers because the physician or provider has filed a complaint or appealed a decision on behalf of the member.

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

Texas Department of Insurance (TDI)  
Consumer Protection, MC: CO-CP  
P.O. Box 12030  
Austin, TX 78711-2030  
Fax: (512) 490-1007  
Web: <http://www.tdi.texas.gov>  
E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

## **Appeal Process**

You may appeal a decision that adversely affects your coverage, benefits or your relationship with Sendero. If you are not happy with the decision, you may file an appeal by phone or mail. You may call us toll-free at 1-844-800-4693 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:

Sendero by Sendero Health Plans  
Attn: Appeals  
1111 E. Cesar Chavez St.  
Austin, TX 78702

If your circumstance involves a life-threatening condition, prescription drugs or intravenous infusions for which the patient is receiving health benefits under the evidence of coverage you are entitled to an immediate appeal to an Independent Federal External Review.

If Sendero decides to deny coverage for your prescription drugs or infusions while you are already receiving them, Sendero will let you know at least 30 days before they stop covering them.

When you appeal an adverse determination for a concurrent review of health care services Sendero will provide:

- Coverage for the contested health care services, including prescription drugs and intravenous infusion, continues while the appeal is being considered.



- Even if you lose the appeal, Sendero can charge you for the applicable copayment (your portion of the cost), during the period in which the appeal was being considered and you received the services.
- Sendero cannot punish a member, physician or provider because they filed a complaint or appealed a decision on behalf of the member.

## **Expedited Appeals**

An Expedited Appeal is when Sendero 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 and continued treatment has been denied, or if prescription drugs or intravenous infusions are denied. To request an Expedited Appeal, call our Medical Management department toll-free at 1-844-800-4693. You may also request an Expedited Appeal in writing. We will decide as soon as possible, but no later than 1 (one) working day from the date all information necessary to complete the appeal is received or 72 hours after Sendero Health Plans receives the request, whichever is more sooner. We may provide the determination by telephone or electronic transmission but will provide a written determination within 3 calendar days of the initial telephonic or electronic notification.

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 appealed services are not medically necessary, you may be responsible for them. If Sendero 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 Federal External Review**

Some appeals that are denied by Sendero may be allowed a second review by an Independent Federal External Review. Any member whose Appeal of an Adverse Determination is denied by Sendero may request the second review through the Federal External Review Process. To find out about the process to request a Federal External Review, you may call Sendero's Medical Management Department at 1-844-800-4693 for more information. You may also visit <https://www.externalappeal.com> to download and complete an HHS Federal External Review Request Form and return it to:

MAXIMUS Federal Services, Inc.,  
3750 Monroe Avenue, Suite 705,  
Pittsford, NY 14534,  
Toll- Free phone: 1-888-866-6205  
Fax: 1-888-866-6190

If you have any additional questions regarding this process, please call Sendero Medical Management Department at 1-844-800-4693, Monday – Friday 8 AM to 5 PM.

## **How To Obtain Information About Providers**

Our Provider Directory contains information about the professional qualifications of our physicians. The Provider Online Search Tool at <https://senderohealth.com/find-a-doctor/> can supply information about our physicians' certification and tell you whether a particular provider is accepting new patients. It is a good idea to call the provider to make sure that they are in Sendero's network prior to receiving services. Member Support can also give you more information about a provider's qualifications such as medical school attended, residencies, board certification status, and can let you know if a provider is accepting new patients. You can call Member Support toll-free at 1-844-800-4693, if you would like more information about physicians and / or to request a printed copy of the provider directory.

## **Choosing Your Physician**

Now that you have chosen Sendero, your next choice will be deciding who will provide most of your healthcare services. Your Primary Care Physician or 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.

## **Selecting A Primary Care Provider (PCP)**

After you make your first initial payment, you must select a Primary Care Physician (PCP) for yourself as well as anyone else listed on your plan. You have a choice to select a provider who will provide most of your health care services. You will select a PCP from the Sendero network of family or general providers, internists and pediatricians, within your health benefits plan network.

The selection of a PCP is crucial for immediate access to acute and preventive care. Your PCP will provide and/or coordinate all aspects of your medical care and oversee your course of treatment to ensure that proper care is maintained. For a list of Sendero, providers visit our website at <https://senderohealth.com/find-a-doctor/>.

In-network providers, within your health benefits plan network, are in the Travis Service Area, which includes Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis, and Williamson Counties.

You can also call Member Support toll-free at 1-844-800-4693 for assistance with finding a provider. Sendero uses standardized processes to evaluate and approve providers for our network. The practices of in-network providers are reviewed on a regular basis to ensure they continue to meet Sendero's standards.

Please assist your PCP by:

- Requesting that your prior medical records be transferred to your new PCP's office.
- Presenting your Sendero ID card every time you receive medical services.
- Paying the provider copayment(s) 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) within your health benefits plan network 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.

Sendero provides no benefits for services you receive from out-of-network physicians or providers, with specific exceptions as described in your evidence of coverage and below.

You have the right to an adequate network of in-network physicians and providers (known as network physicians and providers).

If you believe that the network is inadequate, you may file a complaint with the Texas Department of Insurance at: <https://www.tdi.texas.gov/consumer/health-complaints.html>.

If Sendero approves a referral for out-of-network services because no network physician or provider is available, or if you have received out-of-network emergency care, Sendero must, in most cases, resolve the out-of-network physician's or provider's bill so that you only have to pay any applicable in-network copayment amounts.

You may obtain a current directory of network physicians and providers at the following website: at <https://senderohealth.com/find-a-doctor/> or by calling 1-844-800-4693 for assistance in finding available network physicians and providers. If you relied on materially inaccurate directory information, you may be entitled to have a claim by an out-of-network physician or provider paid as if it were from a network physician or provider, if you present a copy of the inaccurate directory information to Sendero, dated not more than 30 days before you received the service.

## **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 call Member Support toll-free at 1-844-800-4693. You may also request a PCP change through your secure member portal.

## **Selecting Your Obstetrician And Gynecologist**

**ATTENTION FEMALE MEMBERS:** You have the right to select and visit an obstetrician-gynecologist (OB-GYN) without first obtaining a referral from your PCP that is within your health benefits plan network. 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 within your health benefits plan network, without a referral or an authorization from Sendero:

- One “well-woman” examination per year. This would include a pelvic, breast exam, and a Papanicolaou test (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 Sendero OB/GYN providers within your health benefits plan network: [https://www.senderohealth.com/dbsearch/menu\\_new/](https://www.senderohealth.com/dbsearch/menu_new/) or contact Member Support if you need additional information about how to access OB/GYN services.

## **Accessing Specialty Services**

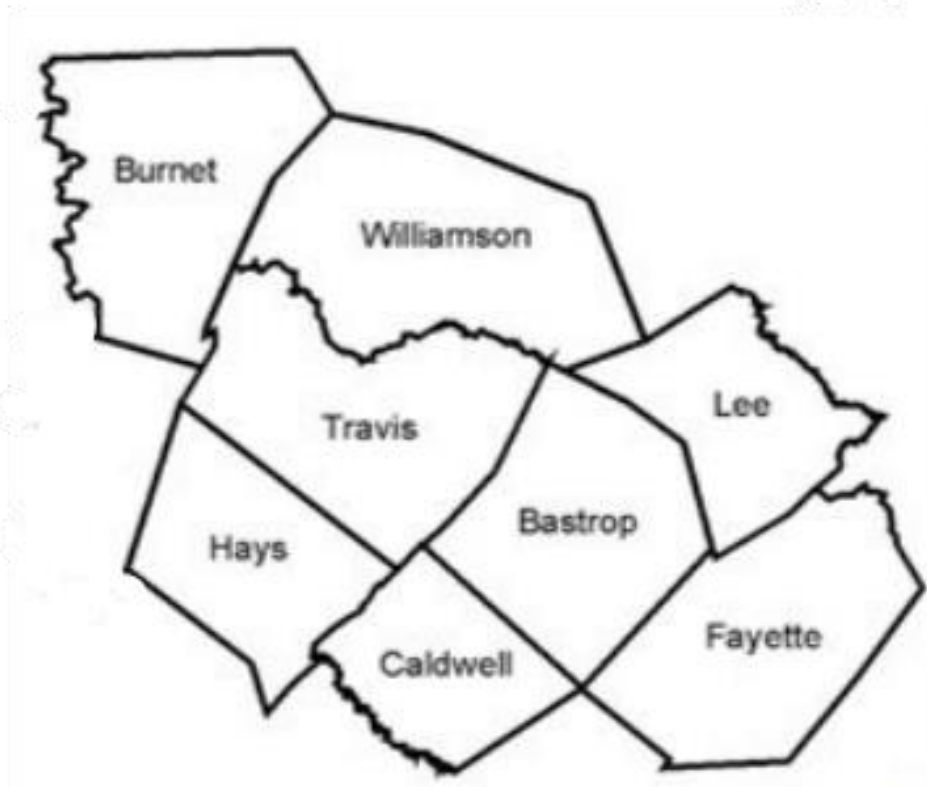
Sendero covers a full range of specialty services. If your PCP determines that your condition requires treatment by a specialist, he or she will refer you to the appropriate in-network specialist, within your health benefits plan network.

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

For a list of specialty care providers in the Sendero network within your health benefits plan network, visit our website [https://www.senderohealth.com/dbsearch/menu\\_new/](https://www.senderohealth.com/dbsearch/menu_new/). Sendero providers will be in the Travis service area, which includes Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis, and Williamson Counties. The online search tool is updated every two weeks. You may also call Member Support for the most current network provider information toll-free at 1-844-800-4693.

## **Service Area**

Sendero products provide benefits to eligible members who reside, live or work in the Travis Service Area. The Travis Service Area includes Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis, and Williamson Counties. Sendero has in-network providers and facilities within the Travis Service Area to provide you the health care treatment you need.



## **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 appointment time appropriately. You should notify the provider's office as soon as possible if you cannot keep an appointment. Providers can charge you a fee if you do not cancel your appointment within 24-hours of the scheduled appointment time; this fee would be your responsibility. Ask your provider if he/she has a cancellation policy to ensure that you are not charged extra fees due to not canceling your appointment on time.

## **Coordination of Benefits**

Coordination of Benefits (COB) is when a plan is allowed to determine which insurance plan has the primary payment responsibility and the extent to which the other plans will contribute when an individual is covered by more than one plan.

If you are enrolled in an Off Exchange plan with Sendero, you must notify Sendero by calling 1-844-800-4693 if you gain or have access to other coverage such as a plan offered by an employer.

If you have any questions about the coordination of benefits, contact Member Support toll-free at 1-844-800-4693.

### **How To Submit A Claim For Covered Services**

Most providers will file claims for you. A claim is a detailed invoice that your health care provider (such as your doctor, clinic, or hospital) sends to the health insurer. This invoice shows exactly what services you received. If the provider does not file a claim for the services you received, you can submit the information yourself by using the claim form found online at [www.SenderoHealth.com](http://www.SenderoHealth.com).

**It is your responsibility to provide your plan coverage information at the time of service or as soon as possible, so your provider can submit claims timely. It is also important to respond to any correspondence sent to you by the provider.**

You *may* be responsible for billed charges if your claim is not submitted to Sendero within 95 days from the date of service.

Sendero will pay completed claims based on our contracted rate received by in-network providers or facilities within the health benefits plan network.

If you receive emergency services from an out-of-network physician or provider, Sendero will reimburse the provider at the usual and customary rate or at an agreed rate. You will still be responsible for any copays or coinsurance that would have occurred at an in-network facility.

If no in-network provider is available for medically necessary care, you may be allowed to see an out-of-network provider. You must first receive preauthorization and have the service approved by Sendero. You will pay the usual copayment, coinsurance or other out-of-pocket amounts in these circumstances. Otherwise, without the preauthorization and approval, non-emergency services received from an out-of-network provider or facility will not be covered.

Send your claim to:

Sendero by Sendero Health Plans  
Attn: Claims  
1111 E. Cesar Chavez St.

If you choose to receive non-emergency medical treatment from an out-of-network provider, at an out-of-network facility, 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 and you are balance billed, please contact Member Support at 1-844-800-4693. You should not be balance billed for Emergency Services. You may be required to submit a copy of the itemized billing statement for investigation purposes.

To help assist the provider with submitting claims timely to Sendero, please provide your plan coverage information as soon as possible and respond to any correspondence sent to you by the provider. You may be responsible for billed charges if your claim is not submitted to Sendero within 95 days from the date of service.

If you receive a bill for laboratory work or another service, which should have been sent to Sendero, contact Member Support and we will assist you. We can also assist you if you pay for services which you believe should be reimbursed.

## **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 care 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.
- 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.

- 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.

## **Advance Directives**

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

## **Utilization Management (UM) Decision Making Standards**

UM decisions made by Sendero employees, delegates and contractors must be based solely on appropriateness of care and service and existence of coverage. Sendero does not specifically reward providers or other individuals for issuing denials of coverage. There is no financial incentive for UM decision makers to 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 including instructions on how to file an appeal, if applicable.

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 for covered benefits from an in-network provider, within your health benefits plan network. You can mail your completed appeal form to us or call us toll-free at 1-844-800-4693. You can also download an appeal form at: <http://senderohealth.com>. 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

Mail in appeal form to:

Sendero Health Plans  
Attn: Appeals  
1111 E. Cesar Chavez St.  
Austin, TX 78702

A letter will be mailed to you within five business days informing you that your appeal has been received. We will mail you our decision within 30 calendar days. If Sendero 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.

## Member Support

The Sendero Member Support Department has specially trained representatives who are available to assist you with questions regarding your benefits.

They can:

- Assist you in choosing a PCP.
- Explain covered benefits and services.
- Help coordinate around any barriers to accessing health care.
- Send you a new ID card, EOB or any other lost member material.

Our Member Support Representatives are available Monday through Friday 8:00 am to 5:00 pm toll-free at 1-844-800-4693. If you are hearing impaired, call TTY toll-free at 7-1-1 for assistance.

## Language Assistance

If you need to speak to a Member Support Representative regarding your benefits, access to care, or have any other questions or concerns, please call us. We have bilingual representatives that can assist you in English and Spanish. If you speak a language other than English or Spanish, we can provide an interpreter over the phone to assist with translation. There is no charge for this service.



If you need face-to-face interpretation assistance for a medical appointment, call us toll-free at 1-844-800-4693. At minimum, we will need a 48-hour notice prior to your appointment date to schedule a face-to-face interpreter for your appointment.


## Identification Card

Sendero Plan Members will receive a Member ID card which must be presented each time you visit a provider or obtain services. The ID card lists the Member name, Member ID number, Effective Date, Co-payment amounts and your selected PCP. Important telephone numbers are also listed on your ID card.

If you lose your ID card, call Member Support toll-free at 1-844-800-4693 for a replacement card as soon as possible. Sendero does not allow anyone, other than the

Member(s) listed on the ID card, to receive Sendero benefits. Keep your ID card to yourself. Sendero can terminate your coverage for fraudulent or intentional misrepresentation.

 <b>SENDERO</b> HEALTH PLANS	Sendero Health Central Platinum TDI Effective Date:
	Name: Member ID#: PCP: PCP Phone #:
Office Visit:    Specialist: In-Patient Stay:    Emergency Room: Deductible:    individual /    family Maximum-Out-of-Pocket:    individual /    family <small>*Indicates copayment applies after deductible **Indicates copayment applies with deductible          ***Indicates coinsurance deductible does not apply. Coinsurance % applies after deductible</small> www.senderohealth.com	 RX Generic / Brand:    / RX GROUP #: SNXA, PCN: NVT and BIN #: 610602

IMPORTANT INFORMATION / INFORMACIÓN IMPORTANTE	
CUSTOMER SERVICE/ SERVICIO AL CLIENTE ..... 1-844-800-4693 TTY/ LÍNEA DE AYUDA TTY..... 7-1-1 VISION SERVICES/ SERVICIOS PARA LA VISTA ..... 1-855-279-9680 PHARMACY/FARMACIA.....1-866-333-2757 PROVIDER UM FAX.....512-901-9724 UM QUESTIONS.....1-855-297-9191 SUICIDE & CRISIS LINE (988Lifeline.org)/ LÍNEA DE SUICIDIO Y CRISIS..... 9-8-8	
24/7 ON-DEMAND VIRTUAL URGENT CARE - CONNECT TO A DOCTOR WITHIN MINUTES ANYWHERE IN TEXAS: <a href="https://care.normanmd.com/en/#/security/login">https://care.normanmd.com/en/#/security/login</a> 24/7 ATENCIÓN DE URGENCIA VIRTUAL - CONECTESE CON UN DOCTOR EN MINUTOS EN CUALQUIER LUGAR DE TEXAS: <a href="https://care.normanmd.com/es/#/security/login">https://care.normanmd.com/es/#/security/login</a>	
Submit Professional Claims to: Sendero Health Plans, 1111 E. Cesar Chavez St., Austin, TX 78702 Payor ID: Trizetto/Cognizant: MV440	
REV09/25	

## 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.

If you would like someone other than yourself to access your account, or if you are the Head of Household (HOH) or Legal Guardian of a minor covered by Sendero, you must

submit a Protected Health Information (PHI) Form in order to obtain account information. The PHI form can be downloaded from the Sendero website. You can also contact Member Services at 1-844-800-4693 to request that a form be mailed to the address listed in the Member's account.

## **Notifications of Changes**

If you are enrolled in an off-exchange plan directly with Sendero, it is your responsibility to notify Sendero within 30 days, or as soon as possible, 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. Sendero is responsible for all eligibility decisions. You will also need to contact Sendero directly to update your contact information or to terminate your coverage.

## **Grace Period**

Grace Period is a time period in which an overdue premium can be paid after the due date and the member is able to keep ongoing coverage.

Off Exchange Members have a one-month grace period starts the first day of the month that you fail to make a payment. For Example:

- You don't make your June payment by June 1st.
- You are now considered in Grace Period.
- Your Grace Period ends June 30th.
- If you do not pay your entire premium amount due, no later than June 30th, you will lose coverage.
- Your last day of coverage will be May 31st.

## **Premium Refunds**

Members may call in to request a refund of overpaid premiums. The refunds can be processed by two methods, electronically or by a manual check. The type of refund that is issued depends on the method of payment. Payments made with a debit/credit card on our member portal/website, IVR, auto pay, may be reversed to your debit/credit card. Payments made by check/money order to our lockbox or auto pay with a checking or savings account are refunded by Electronic Funds Transfer (EFT) or manually via a live check. Please contact Member Support at 1-844-800-4693 to request your refund.

## **Fraud, Waste & 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 Fraud, Waste And Abuse**

To report Fraud, Waste or Abuse gather as much information as possible. You must report members or providers directly to: Lighthouse Services, and you must include Sendero's name in your report. Reporting options include:

- Confidential hotline at 833-290-0001
- Confidential fax at 215-689-3885
- Confidential email at [reports@lighthouse-services.com](mailto:reports@lighthouse-services.com)
- Confidential website at [www.lighthouse-services.com/senderohealth](http://www.lighthouse-services.com/senderohealth)
- Call Member Support at 1-844-800-4693; or
- You can report directly to:

Sendero Health Plans  
1111 E. Cesar Chavez St.  
Austin, TX 78702

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.
- 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.
- Specific details about the waste, abuse and/or fraud.
- Dates of events.

## **Internal Protection Of Personal Health Information**

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

- Sharing a Notice of Privacy Practices to covered members and posted it on the Sendero website at [www.senderohealth.com](http://www.senderohealth.com).
- Sharing a Notice of Privacy Practices and other information to providers and facilities about Sendero's privacy practices.
- In daily interaction with members and providers, Sendero providers and Member Support representatives inform providers and members of our procedures to confirm identity and authority of callers to discuss protected health information.

## **Technology Assessment**

Sendero regularly reviews new technologies and new ways to use existing technologies to determine if they should be covered. The Sendero review process ensures coverage for treatments with evidence of safety and effectiveness. The Sendero medical technology assessment team evaluates current technology and specific care treatments using the latest information from sources like medical literature, certified consultants, physician groups, societies, and government agencies. New drugs are reviewed by the Sendero pharmacy and therapeutics.

## **Subrogation**

If the plan pays medical benefits for an illness or injury that was caused by someone else's actions, the plan can claim back the costs from that party. The claim will cover the benefits provided or the reasonable value of the services.

In addition, the Sendero member who receives benefits from the plan must agree to give money to the plan to the same amount as the benefits provided. The Sendero member agrees to cooperate with the plan in this process and sign any needed forms and allow their medical and billing records to be used for this purpose.

Please see the EOC located at <https://www.senderohealth.com/members/> for a full description of your rights and obligations.

## **Members' Rights And Responsibilities**

As a Sendero member, you have certain rights and responsibilities, as outlined below.

### **You have the right to:**

- Receive coverage for the medical benefits and treatment when you need it and have your care handled in a way that respects your privacy and dignity.
- Receive information about your health benefit plan, services, providers, and 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 receive 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 Sendero programs or services you receive and who can assist you with any requests to change programs or services.
- Voice complaints and appeals about Sendero or any provider. Our process is designed to hear you and act on your complaint or concern about Sendero 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 Member Support 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 Member Support 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 Sendero and your providers in order to provide your care.
- Pay all copay 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 Sendero Member Support 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 Sendero's programs and services.

### **Nondiscrimination And Accessibility**

Sendero by Sendero Health Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate. Sendero does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender or orientation.

Sendero:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Sendero.

If you believe that Sendero has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Sendero Health Plans  
Attn: Sharon Alvis  
1111 E. Cesar Chavez St.  
Austin, TX 78702  
Telephone: 1-844-800-4693  
TTY: 711  
Fax: 512-901-9724  
[Complaints@senderohealth.com](mailto:Complaints@senderohealth.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sendero Member Support is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TTY)  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>