



# MEMBER QUICK REFERENCE GUIDE

[www.senderohealth.com](http://www.senderohealth.com)



## Important Phone Numbers

### Sendero Customer Service

1-844-800-4693

Monday to Friday, 8 a.m. to 5 p.m.

### Marketplace Health Insurance

1-800-318-2596 ([www.HealthCare.gov](http://www.HealthCare.gov))

### Pharmacy Hotline

1-866-333-2757

### 24-Hour Nurse Advice Line

1-855-880-7019

### Pediatric Vision Hotline

1-855-279-9680

### Pediatric Dental Hotline

1-866-609-0426

### 24-Hour Behavioral Health Crisis Line

1-855-765-9696

### TTY for Hearing Impaired

7-1-1

### Norman MD Telemedicine

512-421-5678

## Health Services

Self-referrals for Covered Services (In-network ONLY)

- Behavioral health services
- Emergency room care
- Obstetric services
- Well-women gynecological services
- Vision care, including eyeglasses for members aged 21 and under

### For Case Management assistance

Call 1-844-800-4693.

## Find a Provider

### Where can I find a provider

(doctor/specialist/hospital/urgent care clinic)?

- Visit <https://www.senderohealth.com> to find in-network providers or hospitals. You can also contact Customer Service at 1-844-800-4693 for assistance or to request a directory.
- You will need to choose an in-network provider as your Primary Care Physician (PCP). Once you have decided on a PCP, you can contact Customer Service to add the PCP on your account. You can also select a PCP in the Member Portal.

**You must obtain services from an in-network provider.** Your plan does not offer any out of network benefits.

**If you are within the Sendero Service area and experience an emergency, go to the nearest emergency care facility.** The Sendero service area includes the following counties: Travis, Hays, Bastrop, Burnet, Lee, Caldwell, Fayette and Williamson.

**If you are outside of the Sendero service area and experience an emergency, go to the nearest emergency care facility.**

If you receive emergency services and receive a bill for more than your member responsibility, please contact Customer Service at 1-844-800-4693. You should not be billed more than your member responsibility for emergency services. You may be required to submit a copy of the itemized billing statement you received for investigation purposes.



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## Member Portal

**The Sendero Member Portal can help you:**

- Select or change your PCP and print a temporary ID card
- View and print Explanation of Benefits (EOB)
- Send a message to Customer Service

You can access the Member Portal by visiting the member section of the Sendero Health Plans website at:

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

## Payment Portal

**The Sendero Payment Portal can help you:**

- Verify premiums, payments and invoices
- Enroll in automatic monthly payments
- Enroll in a paperless option for invoices and notices

You can access the Payment Portal by visiting the member section of the Sendero Health Plans website at:

<https://www.senderohealth.com/members>. You can also access the Payment Portal through the Sendero Member Portal.

## Payment Options:

### **Automatic Payment:**

Never miss a payment again with Auto-Pay! Enrolling is fast, easy and secure!

### **Enroll here:**

<https://senderohealth.softtheon.com/account/home>  
or call us at 1-844-800-4693.

### **Pay Online:**

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

**Pay by Phone:** Call 1-877-817-4636

**Pay in Person:** Take a copy of your Sendero invoice to the Customer Service Center at your local: HEB, Wal-Mart or Fiesta. (A store-processing fee will apply.)

**Pay by Mail:** Send your payment to:  
Sendero Health Plans  
P.O. Box 842773  
Dallas, TX 75284-2773

## Glossary of Health Coverage:

**Premium:** The amount that must be paid for your health coverage or plan. You will need to pay it monthly by the first of each month.

**Co-payment:** A fixed amount (Example: \$15.00) you pay for a covered health service usually when you receive the service.

**Deductible:** The amount you need to pay for health care services you receive before your health coverage or plan begins to pay.

**Co-insurance:** Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay coinsurance (if applicable) and any deductibles (if applicable) you owe.

**Out-of-Pocket Maximum:** The most you pay during a policy period per calendar year before your health coverage or plan pays 100% for covered health benefits. The services are based on the calendar year or healthcare/exchange plan year.