

# MEMBER QUICK REFERENCE GUIDE

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

### Telehealth

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 age 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 are balance billed, please contact Customer Service 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 you received for investigation purposes.

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



## Member Portal

The Sendero Member Portal can help you:

- Select or change your PCP and print 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 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 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.

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

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

**Coinsurance:** 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) plus any deductibles (if applicable) you owe.

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

For State Mandated Plans, an HMO may not impose copayment charges on any enrollee in any calendar year, when the copayments made by the enrollee in that calendar year total 200 percent of the total annual premium cost. Additionally, an HMO may not require copayment charges that exceed 50 percent of the total cost of services provided. Please note deductibles do not apply to state mandated plans.