superior healthplan™

CHIP

Member Handbook

SuperiorHealthPlan.com

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CHIP | TEXAS Health and Human Services

Numbers to Remember

If you have any questions or need help, call Member Services. Our staff is there from 8 a.m. to 5 p.m. Monday through Friday except state-approved holidays. You can reach a nurse 24 hours a day, 7 days a week. They can answer your health questions after hours and on weekends. Our staff is bilingual in English and Spanish. If you speak another language or are deaf/hard of hearing, call Member Services for help.

Member Services, Pharmacy Helpline, Member Connections, Member Advocate or the 24-Hour Nurse Advice Line.	**1-800-783-5386**
Texas CHIP Program Helpline	1-800-647-6558
Relay Texas/TTY Line (Deaf/Hard of Hearing)	1-800-735-2989
Teladoc (Telehealth Services)	1-800-835-2362
Eye Care (Envolve Vision Services)	1-800-360-9165
Dental Care	1-800-964-2777
Behavioral Health Services Hotline	1-800-783-5386
Alcohol/Drug Crisis Line	1-800-783-5386

Behavioral Health Services

You can get behavioral health and/or substance use disorder help right away by calling 1-800-783-5386. We will help you find the best provider for you/your child. You can call 24 hours a day, 7 days a week. You should call 911 if you/your child is having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room. You do not have to wait for an emergency to get help. Our staff is bilingual in English and Spanish. If you speak another language, call for help. If you are deaf/hard of hearing call Relay Texas/TTY Line at 1-800-735-2989. You can also call 988. The 988 Suicide and Crisis Lifeline provides 24/7, confidential support to people in suicidal crisis or mental health-related distress.

Emergency Care

Call 911 or go to the nearest hospital/emergency facility if you think you need emergency care. You can call 911 for help in getting to the hospital emergency room. If you receive emergency services, call your doctor to schedule a follow up visit as soon as possible.

Remember to call Superior Member Services and let us know of the emergency care you received.

Superior defines an emergency as a condition in which you think you have a serious medical condition, or not getting medical care right away will be a threat to your/your child's life, limb or sight.

Statement of Non-Discrimination

Superior HealthPlan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Superior does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Superior:

- 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 Superior at the number on the back of your Superior member ID Card. (Relay Texas/TTY: 1-800-735-2989).

If you believe that Superior 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 complaint with:

Superior HealthPlan Complaints Department 5900 E. Ben White Blvd. Austin, TX 78741	Or	Call the number on the back of your Superior member ID card. Relay Texas/TTY: 1-800-735-2989 Fax: 1-866-683-5369

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Superior is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at 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, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance

ENGLISH:	Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, call the number on the back of your Superior ID card (TTY: 1-800-735-2989).
SPANISH:	Servicios de asistencia de idiomas, ayudas y servicios auxiliares, y otros formatos alternativos están disponibles para usted sin ningún costo. Para obtener esto, llame al numero al dorso de su tarjeta de identificación Superior (TTY: 1-800-735-2989).

SPANISH:	ATENCIÓN: Si usted habla español, disponemos de servicios lingüísticos gratuitos para usted. Llame al número al dorso de su tarjeta de identificación Superior (TTY: 1-800-735-2989).
VIETNAMESE:	XIN LƯU Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp hoàn toàn miễn phí cho quý vị. Hãy gọi số ở mặt sau trên thẻ ID thành viên Superior của quý vị (TTY: 1-800-735-2989).
CHINESE:	注意：如果您讲中文，可免费获得语言协助服务。请拨打您Superior会员卡背面的电话号码（文本电话：1-800-735-2989）。
KOREAN:	알림: 귀하께서 한국어를 사용하신다면, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Superior 회원 ID 카드 뒷면에 있는 번호로 전화하십시오(TTY: 1-800-735-2989).
ARABIC:	تنبيه: إذا كنت تتحدث اللغة العربية، فلدينا خدمات معاونة لغوية مجانية من أجلك. اتصل بالرقم الموجود على ظهر بطاقة عضوية Superior الخاصة بك (جهاز الاتصال للصم والبكم: 1-800-735-2989)
URDU:	فرمائیں: اگر آپ اردو زبان بولتے ہیں، تو زبان میں معاونت کی خدمات آپ کو مفت میں دستیاب ہیں۔ اپنے Superior ممبر آئی ڈی کارڈ کی پشت پر موجود نمبر پر کال کریں (ٹی ٹی وائی: 1-800-735-2989)۔
TAGALOG:	BIGYANG-PANSIN: kung nagsasalita ka ng Tagalog, may mga serbisyong pantulong sa wika na libre para sa iyo. Tawagan ang numero sa likod ng iyong ID card ng miyembro ng Superior (TTY: 1-800-735-2989).
FRENCH:	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont offerts gratuitement. Appelez le numéro au dos de votre carte d'identification Superior (ATS : 1-800-735-2989).
HINDI:	ध्यानार्थ: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएं, आपके लिए निःशुल्क उपलब्ध हैं। आपके Superior सदस्य आईडी कार्ड के पीछे दिए गए नंबर पर कॉल करें (TTY: 1-800-735-2989)।

Language Assistance

PERSIAN:	توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک رسانی زبانی، به صورت رایگان، آماده خدمت رسانی به شما هستند. با شماره واقع در پشت کارت شناسایی عضویت Superior خود (TTY: 1-800-735-2989) تماس بگیرید.
GERMAN:	HINWEIS: Wenn Sie Deutsch sprechen ist kostenlose Unterstützung in Ihrer Landessprache für Sie verfügbar. Rufen Sie die Nummer auf der Rückseite der Superior Mitgliedsausweiskarte an (TTY: 1-800-735-2989).
GUJARATI:	ધ્યાન આપોઃ જો તમે ગુજરાતી, ભાષા બોલતા હો તો સહાયતા સેવા, વિના મૂલ્યે, આપના માટે ઉપલબ્ધ છે. આપના Superior સભ્યપદ આઈડી કાર્ડ પાછળ આપેલા નંબર પર કોલ કરો (TTY: 1-800-735-2989)
RUSSIAN:	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Подзвоніть за номером, вказаним на зворотній стороні Вашої членської картки Superior (номер телетайпу: 1-800-735-2989).
JAPANESE:	お知らせ：日本語でのサポートを無料でご利用いただけます。Superior会員IDカードの裏面に記載の番号（TTY：1-800-735-2989）にお電話ください
LAOTIAN:	ການູນາໃຫ້ຄວາມສົນໃຈ: ຖ້າທ່ານເວົ້າພາສາ(ລາວ) ບໍ່ຣິການຄວາມຊ່ວຍເຫຼືອພາສາມີໃຫ້ທ່ານໂດຍບໍ່ເສຍເງີນ. ໃຫ້ໂທຫາເລກທີ່ຢູ່ດ້ານຫຼັງຂອງ Superior ບັດຊະມາຊິກທ່ານ (1-800-735-2989)

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About

Superior HealthPlan is a Health Maintenance Organization (HMO) that offers health care for Texans enrolled in the Children's Health Insurance Program (CHIP). Superior works with Texas Health and Human Services (HHS) and with many doctors, clinics and hospitals to give you/your child the care you need.

You/your child are able to join the Superior CHIP program because:

- You/your child meet certain eligibility criteria according to family income and size.
- You/your child is under the age of 19.
- You/your child are not able to get Medicaid.
- You/your child are U.S. citizens or legal immigrants.

You/your child will get your health care from doctors, hospitals and clinics that are in Superior's network of providers. You/your child can get regular checkups, sick visits, well care and specialty care from a Superior CHIP provider when you need it. Superior has providers for you when your doctor or Primary Care Provider (PCP) sends you to a hospital, lab or specialist. You must use a Superior provider to get your health services.

You will get a Superior ID card. It will have your PCP's name and office phone number. Carry this ID card with you all the time. Show the ID card to your doctor so they know you are covered by Superior's CHIP program.

If you do not understand the member handbook or need help reading it, call Superior Member Services at 1-800-783-5386. We can tell you how to use our services and will answer your questions. You can get this handbook in English, Spanish, audio, larger print, Braille, CD or in other language formats if you need it. To learn more, call Superior Member Services at 1-800-783-5386.

Remember:

- Carry your Superior ID card with you at all times.
- Call your doctor first if you have a medical problem that is NOT life threatening or call Superior's nurse advice line at 1-800-783-5386.
- If you cannot get your doctor, call Superior at 1-800-783-5386.
- We are here to help you 24 hours a day, 7 days a week.

Thank you for choosing Superior HealthPlan!

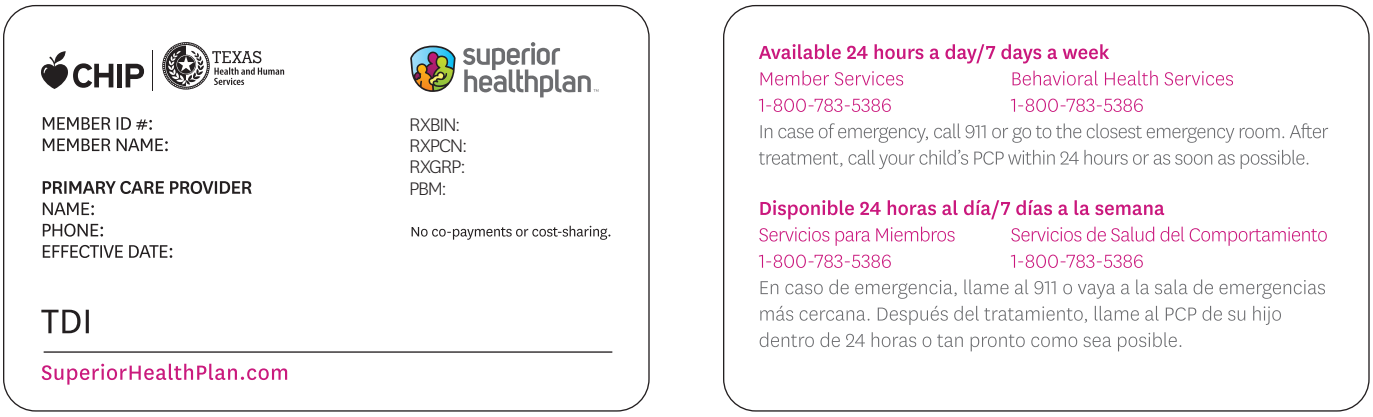
Introduction

Your Superior ID card

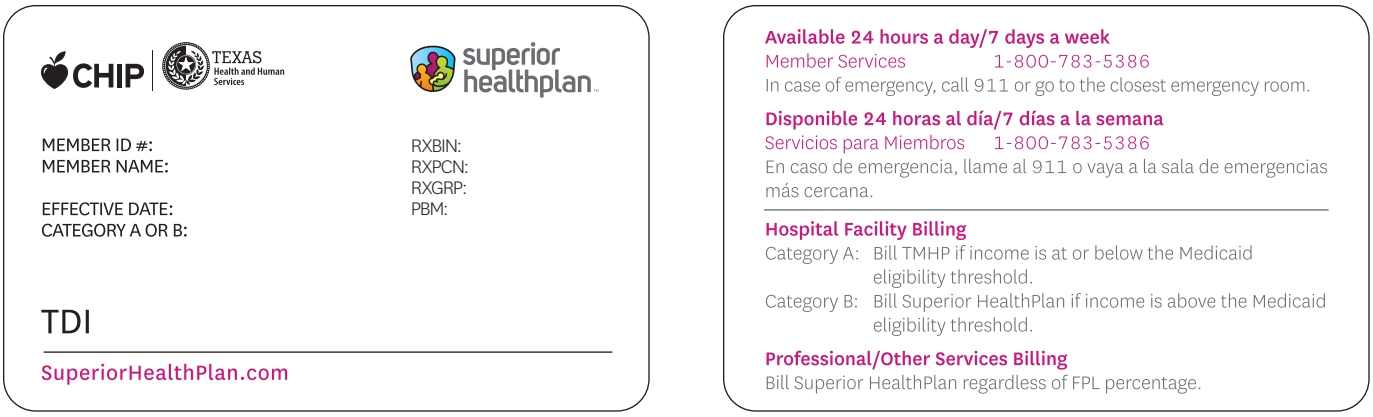
You should receive your Superior HealthPlan ID card in the mail as soon as you are enrolled with Superior. Here's what the front and back of the Superior ID card looks like. If you did not get this card, please call Superior at 1-800-783-5386.

Example Superior HealthPlan CHIP ID Card

Example Superior HealthPlan CHIP Perinate Newborn ID Card



Example Superior HealthPlan CHIP Perinatal ID Card



Introduction

Always carry your Superior ID card with you and show it to the doctor, clinic or hospital to get the care you need. They will need the facts on the card to know that you are a Superior member. Do not let anyone else use your Superior ID card. If you lose your Superior ID card, change your name or need to pick a new doctor or Primary Care Provider (PCP), call Superior at 1-800-783-5386. You will get a new ID card. You can also login to the member portal and print a temporary ID card. From the member portal you can save a digital version of your ID card or request ID card by mail as well.

Your Superior CHIP, CHIP Perinate or CHIP Perinate Newborn ID card is in English and Spanish, and has:

- Member's name
- Member's ID number
- Doctor's name and phone number
- 24 hours a day/7 days a week toll-free number for Superior Member Services
- 24 hours a day/7 days a week toll-free number for Behavioral Health Services
- Directions on what to do in an emergency

Important note to members:

As you read through your member handbook please remember:

- References to "you," "my," or "I" apply if you are a CHIP member.
- References to "my child" apply if your child is a CHIP member or a CHIP Perinate Newborn member.

More Services For Your Health

Superior members can get bonus benefits in addition to their regular benefits. These are called Value-added Services. Find out what you may be able to get on page 52.

Accessing Care - Primary Care Providers

What is a Primary Care Provider (PCP)?

When you/your child signed up with Superior, you picked a doctor from our list of providers to be your/your child's PCP. This person will:

- Make sure that you/your child gets the right care.
- Give you/your child regular checkups.
- Write prescriptions for medicines and supplies when you/your child are sick.
- Tell you if you/your child needs to see a specialist.

If you are a woman, you may pick an obstetrician (OB) or gynecologist (GYN) as your PCP. You will need to pick a PCP for each eligible family member. You can pick from:

- Pediatricians (only see children)
- General/Family Practice (they see all ages)
- Internal Medicine (they usually see adults)
- OB/GYN (they see women)
- Federally Qualified Health Centers (FQHC)
- Rural Health Clinics (RHC)

Can a clinic be my/my child's PCP?

Yes! Superior lets you pick a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your PCP. If you have any questions, call Superior at 1-800-783-5386.

What if I choose to go to another doctor who is not my/my child's PCP?

Your PCP is your/your child's doctor and they have the job of taking care of you/your child. They keep your medical records, know what medications you/your child are taking and are the best people to make sure you are getting the care you need. This is why it is very important that you stay with the same doctor. Remember: If you go to a doctor that is not signed-up as a Superior provider, Superior may not pay that doctor and you might get billed for the services.

How can I change my/my child's PCP?

If you are not happy with your/your child's doctor, talk to them. If you still are not happy, call Superior at 1-800-783-5386. They can help you pick a new doctor. You might change doctors because:

- The office is too far from your home.
- There is a long waiting time in the office.
- You can't talk to your doctor after-hours.

When will a PCP change become effective?

Once you have changed your/your child's doctor, you will get a new Superior ID card with the name and office phone number on it. This change will be effective the month after you ask. Sometimes, depending on the circumstances, we may be able to change your doctor right away.

Accessing Care - Primary Care Providers

How many times can I change my/my child's Primary Care Provider (PCP)?

There is no limit on how many times you can change your or your child's PCP. You can change PCPs by calling us toll-free at 1-800-783-5386 or writing to:

Superior HealthPlan
Attn: Member Services
5900 E. Ben White Blvd.
Austin, TX 78741

Remember: You should go to the same doctor. They will get to know your/your child's health-care needs.

Are there any reasons why my request to change a Primary Care Provider may be denied?

If you ask to change your/your child's doctor, it can be denied because:

- You already changed doctors four (4) times within a year.
- Your new doctor will not take more patients.
- Your new doctor is not a Superior PCP.

Can my PCP move me or my child to another PCP for non-compliance?

Yes. If your/your child's doctor feels that you are not following their medical advice or if you/your child miss a lot of your appointments, the doctor can ask that you go to another doctor. Your/your child's doctor will send you a letter telling you that you need to find another doctor. If this happens, call Superior at 1-800-783-5386. We will help you find a new doctor.

What if my doctor leaves the network of Superior providers?

If your/your child's doctor decides they no longer want to participate in the network of Superior providers, and that doctor is treating you/your child for an illness, Superior will work with the doctor to keep caring for you/your child until your medical records can be transferred to a new doctor in the Superior network of providers.

If your doctor leaves your area, call Superior at 1-800-783-5386 and they will help you pick another doctor close to you. You will also get a letter from Superior telling you when that doctor's last day as a Superior network provider will be.

Where can I find a list of Superior providers?

The Superior HealthPlan provider directory is a list of CHIP PCPs, physicians, hospitals, drug stores and other health-care providers that are available to you. You may find this list at www.SuperiorHealthPlan.com. Just click on "Find a Provider." If you need assistance, call Superior at 1-800-783-5386.

What is a physician incentive plan? Does Superior offer one?

Superior cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit Medically Necessary Covered Services to Members. You have the right to know if your/your child's primary care provider (main doctor) is part of this physician incentive plan. You also have a right to know how the plan works. You can call 1-800-783-5386 to learn more about this.

Accessing Specialty Care

What if I/my child needs to see a special doctor (specialist)?

Your doctor might want you/your child to see a special doctor (specialist) for certain health-care needs. While you/your child's doctor can take care of most of your health-care needs, sometimes they will want you/your child to see a specialist for your care. A specialist has received training and has more experience taking care of certain diseases, illnesses and injuries. Superior has many specialists who will work with you and your doctor to care for your needs.

What is a referral?

The doctor will talk to you about your/your child's needs and will help make plans for you to see the specialist that can provide the best care for you. This is called a referral. Your/your child's doctor is the only one that can give you a referral to see a specialist. If you/ your child has a visit, or receives services from a specialist without your doctor's referral, or if the specialist is not a Superior provider, you might be responsible for the bill. In some cases, an OB/GYN can also give you a referral for related services.

What services do not need a referral?

You do not need a referral for:

- True emergency services
- OB/GYN care
- Behavioral health services
- Routine vision services
- Routine dental services

How soon can I/my child expect to be seen by a specialist?

In some situations, the specialist may see you/your child right away. Depending on the medical need, it may take up to a few weeks after you make the appointment to see the specialist.

Does Superior need to approve the referral for specialty medical services?

Some specialist referrals from your/your child's doctor may need approval from Superior to make sure the specialist is a Superior specialist, and the visit to the specialist or the specialty procedure is needed. In these cases, the doctor must first call Superior. If you or your doctor is not sure what specialty services need approval, Superior can give you that information. Superior will review the request for specialty services and respond with a decision. This will not take more than two (2) Business Days after getting all the needed information from your doctor. Decisions are made more quickly for urgent care.

What is prior authorization? How do I learn more?

Some medical services require approval from Superior. This is called prior authorization. You can learn more about what services require prior authorization by visiting www.SuperiorHealthPlan.com. Click on "Medicaid and CHIP Plans" and "Member Resources." You can also call Member Services at 1-800-783-5386.

Accessing Specialty Care

How do I ask for a second opinion?

You have the right to a second opinion from a Superior provider if you are not satisfied with the plan of care offered by the specialist. Your Primary Care Provider (PCP) should be able to give you a referral for a second opinion visit. If your doctor wants you to see a specialist that is not a Superior provider, that visit will have to be approved by Superior.

What if I/my child needs to be admitted to a hospital?

If you/your child needs to be admitted to a hospital for inpatient hospital care, your doctor must call Superior to let us know about the admission. If you/your child receives inpatient services without notifying Superior of the admission, you may be billed for the hospital stay.

Superior will follow your/your child's care while in the hospital to ensure that you/your child gets the proper care. The discharge date from the hospital will be based on medical need to remain in the hospital. When medical needs no longer require hospital services, Superior and your/your child's doctor will set a hospital discharge date. We recommend you see your doctor for a follow up appointment within one week after being discharged from the hospital

If you or your doctor do not agree with a decision to discharge you from the hospital, you have the right to ask for a review of the decision. This is called an expedited appeal. Superior will make a decision on your expedited appeal within one Business Day. Your appeal rights are also described in this handbook in the appeals section.

If you have an admission through the emergency room:

If you/your child needs urgent or emergency admission to the hospital, you should get medical care right away and then you or the doctor should call Superior as soon as possible to tell us of the admission. If you are unsure if you need to go to the emergency room, you can call Superior's 24- hour nurse advice line, at 1-800-783-5386. Our nurses are ready to help you 24 hours a day, 7 days a week. Teladoc is open 24 hours a day, 7 days a week at 1-800-835-2362. Or visit www.teladoc.com/Superior.

Superior will follow your/your child's care while in the hospital to ensure that you/your child gets the proper care. The discharge date from the hospital will be decided based only on medical needs. When your medical needs no longer require hospital services, Superior and your/your child's doctor will set a hospital discharge date. We recommend you see your doctor for a follow up appointment within one week after being discharged from the hospital.

To stay up to date on the Coronavirus (COVID-19), visit SuperiorHealthPlan.com/coronavirus.

Accessing Care – Just for Women

What if I need/my daughter needs OB/GYN care?

You/your daughter can get OB/GYN services from your doctor. You can also pick an OB/GYN specialist to take care of your/your daughter's female health needs. An OB/GYN can help with pregnancy care, yearly checkups or if you/your daughter have female health concerns. You/your daughter do not need a referral from your Primary Care Provider (PCP) for these services. Your/your child's OB/GYN and doctor will work together to make sure you get the best care.

Women's health specialists include, but are not limited to:

- Obstetricians
- Gynecologists
- Certified Nurse Midwives

Attention Members

You have the right to pick an OB/GYN for yourself/your daughter without a referral from your/your daughter's Primary Care Provider. OB/GYN services include, but are not limited to:

- One well-woman checkup per year. (Breast exams, mammograms, pap tests)
- Care related to pregnancy.
- Care for any female medical condition.
- Referral to a special doctor (specialist) within the network.

Superior allows you/your daughter to pick any OB/GYN, whether that doctor is in the same network as your/your daughter's PCP or not.

How do I choose an OB/GYN?

You may pick an OB/GYN provider from the list in Superior's provider directory on our website. Just go to www.SuperiorHealthPlan.com and click on "Find a Provider." If you need help picking an OB/GYN, call Superior at 1-800-783-5386. If you/your daughter is pregnant, the OB/GYN will see you/your daughter within two (2) weeks of your request for an appointment. Once you choose an OB/GYN for you/your daughter, you should go to the same OB/GYN for each visit so they will get to know your/your child's health-care needs.

If I don't choose an OB/GYN, do I have direct access or will I need a referral?

If you do not choose an OB/GYN as your main doctor, you can still get most services from a Superior OB/GYN without calling your doctor, or getting approval from Superior. All family planning services, OB care and routine GYN services and procedures can be accessed directly through the Superior OB/GYN you choose.

Can I/my daughter stay with an OB/GYN who is not with Superior?

If your/your daughter's OB/GYN is not with Superior, please call our Member Services team at 1-800-783-5386. We will work with your doctor so he/she can keep seeing you or we will be more than happy to help you pick a new doctor within the plan.

What if I/my daughter is pregnant? Who do I need to call?

If you think or know you/your daughter are pregnant, make an appointment to see your doctor or an OB/GYN. They will be able to confirm if you are pregnant or not and discuss the care the unborn child will need. When you know that you are pregnant, call Superior at 1-800-783-5386. Superior can provide you with a care manager to make sure you/your daughter gets the right medical care for your/your daughter's pregnancy.

Accessing Care – Just for Women

How soon can I/my daughter be seen after contacting my OB/GYN for an appointment?

If you/your daughter is pregnant, the OB/GYN should see you/your daughter within two (2) weeks of your request for an appointment.

What other services and education does Superior offer pregnant women?

Superior has a special program to help you with your pregnancy called Start Smart for Your Baby®. This program answers your questions about childbirth, newborn care and eating habits. Superior also provides home visits for new mothers as needed, and hosts special baby showers in many areas to teach you more about your pregnancy and new baby. For more information on baby shower dates and locations, visit www.SuperiorHealthPlan.com or call Member Services at 1-800-783-5386.

You may also connect with your care team through the Wellframe Care app. Wellframe is an application for your smartphone or tablet. The Wellframe app sends you daily tips and advice to help you and your baby stay healthy. You can also send a private message to your nurse at any time. Your Superior nurse can answer questions about your pregnancy or help you find extra resources. To install, download the Wellframe app from www.wellframe.com/download on your smartphone or tablet and select Create My Account.

Extra Benefits for Pregnant Women

Superior has even more services for pregnant women! Go to page 54 to find out what you can get to help you have a healthy baby.

Accessing Care - Special Health Programs

Healthy Texas Women Program

The Healthy Texas Women Program provides family planning exams, related health screenings and birth control to women ages 18 to 44 whose household income is at or below the program's income limits (200 percent of the federal poverty level). You must submit an application to find out if you can get services through this program. In addition to family planning services, Texas Health and Human Services created Healthy Texas Women Plus. Healthy Texas Women Plus is an enhanced, cost-effective and limited postpartum services package for women enrolled in the Healthy Texas Women program. Healthy Texas Women Plus will be provided in the postpartum period for not more than 12 months after the enrollment date. While all women in Healthy Texas Women have access to screening, diagnosis and medication to treat postpartum depression, women with Healthy Texas Women Plus coverage will also be able to receive outpatient individual, family and group psychotherapy services, as well as peer specialist services.

To learn more about services available through the Healthy Texas Women Program, write, call, or visit the program's website:

Address: Healthy Texas Women
P.O. Box 149021
Austin, TX 78714-9021
Phone: 1-877-541-7905 (toll-free)
Website: https://www.healthytexaswomen.org/htw-program
Fax: 1-866-993-9971

Health and Human Services (HHS) Primary Health Care Program

The HHS Primary Health Care Program serves women, children, and men who are unable to access the same care through insurance or other programs. To get services through this program, a person's income must be at or below the program's income limits (200 percent of the federal poverty level). A person approved for services may have to pay a co-payment, but no one is turned down for services because of a lack of money.

Primary Health Care focuses on prevention of disease, early detection and early intervention of health problems. The main services provided are:

- Diagnosis and treatment
- Emergency services
- Family planning
- Preventive health services, including vaccines (shots) and health education, as well as laboratory, x-ray, nuclear medicine or other appropriate diagnostic services

Secondary services that may be provided are nutrition services, health screening, home health care, dental care, rides to medical visits, medicines your doctor orders (prescription drugs), durable medical supplies, environmental health services, treatment of damaged feet (podiatry services), and social services.

You will be able to apply for Primary Health Care services at certain clinics in your area. To find a clinic where you can apply, visit Health Texas Women Find a Doctor Locator at https://www.healthytexaswomen.org/find-doctor.

Accessing Care - Special Health Programs

To learn more about services you can get through the Primary Health Care Program, email, call, or visit the program's website:

Website: https://hhs.texas.gov/services/health/primary-health-care-services-program
Phone: 1-512-776-5922
1-800-222-3986 (toll-free)
Email: PrimaryHealthCare@hhsc.state.tx.us

Healthy Texas Women Breast & Cervical Cancer Services Program

The Breast and Cervical Cancer Services Program provides primary, preventive, and screening services to women age 18 to 64 whose income is at or below the program's income limits (200 percent of the federal poverty level). Outreach and direct services are provided through community clinics under contract with HHS. Community health workers will help make sure women get the preventive and screening services they need, such as clinical breast examination, mammogram, pelvic examination and pap test.

You can apply for these services at certain clinics in your area. To find a clinic where you can apply, visit https://www.healthytexaswomen.org/find-doctor.

To learn more about services you can get through the Healthy Texas Women Breast and Cervical Cancer Services Program, visit the program's website, call, or email:

Website: www.healthytexaswomen.org
Phone: 1-512-776-7796
Fax: 1-512-776-7203
Email: BCCSPrgoram@hhsc.state.tx.us

Healthy Texas Women Family Planning Program

The Family Planning Program has clinic sites across the state that provide quality, low-cost, and easy-to-use birth control for women and men.

To find a clinic in your area, visit https://www.healthytexaswomen.org/find-doctor.

To learn more about services you can get through the Family Planning program, visit the program's website, call, or email:

Website: www.healthytexaswomen.org/family-planning-program
Phone: 1-800-335-8957
Email: famplan@hhsc.state.tx.us

Accessing Care – CHIP Perinatal Mothers

How do I pick a perinatal care provider? Will I need a referral?

Choosing your perinatal care provider is very important. If you are a CHIP perinatal mother, your perinatal provider will help take care of all your pregnancy health-care needs. You will need to pick a provider immediately. You can pick a provider for your pregnancy from the list in the provider directory on Superior's website at www.SuperiorHealthPlan.com. Just click on "Find a Doctor." If you need help picking a provider, please call Member Services at 1-800-783-5386.

Can a clinic be my perinatal care provider?

Superior lets you pick a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your perinatal provider. If you have any questions, call Member Services at 1-800-783-5386.

How soon can I be seen after contacting a perinatal provider for an appointment?

Remember to call your perinatal provider to make a visit as soon as possible. Your doctor will see you within two (2) weeks of your request.

What do I need to bring with me to my doctor's visits?

You must take your current Superior ID card with you when you get any health-care services. You will need to show your Superior ID card each time.

Can I stay with a perinatal provider if they are not with Superior?

If your perinatal provider is not with Superior, please call Member Services. We will work with your doctor or clinic so he/she can keep seeing you or we will be more than happy to help you pick a new doctor within the plan. If you go to a doctor that is not signed up as a Superior perinatal provider and do not contact Superior to get approval to see that doctor, Superior may not pay that doctor and you may get billed for the services.

When does the coverage under CHIP Perinatal end?

You will be able to get OB services through your CHIP Perinatal coverage until you deliver your baby. After your baby is born, you are allowed two (2) postpartum visits before coverage ends.

Will the state send me anything when the CHIP Perinatal coverage ends?

The state will send you a letter telling you that you no longer have these benefits.

To help you get and stay well, visit our helpful forms and links webpage: https://www.superiorhealthplan.com/members/medicaid/resources/helpful-links.html.

Accessing Care – CHIP Perinate Newborns

How long is my baby covered? How does renewal work?

Your baby's coverage is for 12 months. The coverage begins on his or her date of birth. After the 12 months of coverage ends, you can apply through the state CHIP office to have your baby covered under the CHIP program.

Can I choose my baby's Primary Care Provider before the baby is born? Who do I call? What information do they need?

You can pick your baby's doctor before he/she is born. Just call Superior with the name and address of the doctor you want to care for your baby. If you don't know which doctor you want, Superior can help you pick a doctor for your baby, just call us at 1-800-783-5386. Our Member Services representative will need the following information: the mother's name, baby's name, date of birth and baby's CHIP ID number, if available.

How and when can I switch my baby's Primary Care Provider (PCP) or doctor?

As soon as Superior knows you are pregnant, we send you information about your pregnancy and your unborn baby. Superior will ask you to choose a doctor for your baby, even before the baby's birth. This will ensure that your baby's doctor will check the baby while in the hospital, and then take care of your baby's health-care needs after you and the baby are discharged from the hospital. After the baby is born, Superior is told about your baby's birth. We enter your baby's information in our system. If you have not selected a doctor for the baby before birth, you will be contacted to select a doctor for your baby. After the baby is 30 days old, you can change the doctor for the baby if you want a different doctor from the one you originally chose.

How do I sign up my newborn baby?

If you are a Superior member when you have your baby, your baby is enrolled with Superior on his/her date of birth. Superior gets information from the hospital to add your baby as a new Superior member. It is still important that you contact the Texas CHIP program to also report the birth of your baby, so your baby can get all the health care he/she needs.

How and when do I tell my health plan about the birth of my baby? How and when do I tell my caseworker about the birth of my baby?

You should let Superior know as soon as possible about the birth of your baby. We may already have the information about your baby's birth, but call us just in case. We will verify the correct date of birth and name for your baby. Call your caseworker after your baby is born. You do not have to wait until you get your baby's Social Security Number to get your baby signed up.

What benefits does my baby receive at birth?

If your child lives in a family with an income at or below the Medicaid eligibility level, your newborn will be moved to Medicaid for 12 months of continuous Medicaid coverage beginning on his or her date of birth. Call 1-800-964-2777 to learn more about Medicaid coverage. If your family has an income above the Medicaid eligibility level, your child will be eligible to receive the CHIP benefits outlined in this handbook. Texas Health and Human Services (HHS) will enroll your newborn in your CHIP plan, following standard cut-off rules.

Accessing Care – Appointments

How do I make an appointment?

You can call your doctor's office to make an appointment. If you need help making an appointment or if you need help with transportation, an interpreter or other services, call Superior at 1-800-783-5386. Please keep your appointment. If you cannot keep your appointment, let the office know as soon as you can. This will give them time to put another patient in that appointment time.

What do I need to bring with me to my/my child's doctor's visits?

You must take your/you child's current Superior ID card with you when you get any health-care services. You will need to show your Superior ID card each time. Also take your child's shot record if your child needs his/her vaccines.

How do I get medical care after the doctor's office is closed?

If your/your child's doctor's office is closed, the doctor will have a number you can call 24 hours a day. You may have to leave a message and wait for a call back. The doctor can tell you what you need to do if you are not feeling well. If you cannot reach your/your child's doctor or want to talk to someone while you wait for the doctor to call you back, call Superior's nurse advice line at 1-800-783-5386. Our nurses are ready to help you 24 hours a day, 7 days a week. You can also call Teladoc for non-emergency medical issues when your PCP's office is closed. Teladoc is open 24 hours a day, 7 days a week at 1-800-835-2362. Or visit www.teladoc.com/Superior. If you think you have a real emergency, call 911 or go to the nearest emergency room.

How do I get after hours care?

If you need to see a doctor after normal business hours, call Superior. We can help you find a doctor who offers after hours care. You can also visit www.SuperiorHealthPlan.com and search for a doctor in your area who is open late. Go to the emergency department or call 911 right away if you have a life-threatening emergency.

What if I/my child gets sick or injured when out of town or traveling?

If you/your child needs medical care when traveling, call us toll-free at 1-800-783-5386 and we will help you find a doctor. If you/your child needs emergency services while traveling, go to a nearby hospital, then call us toll-free at 1-800-783-5386.

What if I/my child are out of state?

If you/your child has an emergency out of state, go to the nearest emergency room for care. If you/your child gets sick and need medical care while you are out-of-state, call your Superior doctor or clinic. Your doctor can tell you what you need to do if you are not feeling well. Please show your Superior ID card before you are seen. Have the doctor call Superior for an authorization number. The phone number to call is on the back of your Superior ID card.

What if I/my child are out of the country?

Medical services performed out of the country are not covered by CHIP.

What do I have to do if I/my child move?

As soon as you have your new address, give it to HHS by calling 2-1-1 or updating your account on www.YourTexasBenefits.com and call Superior's Member Services at 1-800-783-5386. Before you get CHIP services in your new area, you must call Superior, unless you need emergency services. You will continue to get care through Superior until HHS changes your address.

Accessing Care – Changing Health Plans

CHIP and CHIP Perinate Newborn

What if I want to change health plans? Who do I call?

You are allowed to make health plan changes:

- For any reason within 90 days of enrollment in CHIP.
- For cause at any time.
- If you move to a different service delivery area.
- During the annual CHIP re-enrollment period.

For more information, call CHIP toll-free at 1-800-964-2777.

How many times can I change health plans? When will my change become effective?

You can change health plans once per year. If you call to change your health plan on or before the 15th of the month, the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take place the first day of the second month after that. For example:

- If you call on or before April 15, your change will take place on May 1.
- If you call after April 15, your change will take place June 1.

Can Superior HealthPlan ask that I leave the plan (for non-compliance, etc.)?

Yes. Superior might ask that a member be taken out of the plan for "good cause." "Good cause" could be, but is not limited to:

- Fraud or abuse by a member.
- Threats or physical acts leading to harming of Superior staff or provider.
- Making threats or mistreating a staff person.
- Sending digital communication that is inappropriate, threatening or graphic.
- Theft.
- Letting someone use your ID card.
- Repeatedly missing appointments.

Superior will not ask you to leave the program without trying to work with you. If you have any questions about this process, call Superior at 1-800-783-5386. Texas Health and Human Services (HHS) will decide if a member can be told to leave the program.

CHIP Perinatal

What if I want to change health plans?

If you meet certain income requirements, your baby will be moved to Medicaid and get 12 months of continuous Medicaid coverage from date of birth.

Your baby will continue to receive services through the CHIP program if you meet the CHIP Perinatal requirements. Your baby will get 12 months of continuous CHIP Perinatal coverage through his or her health plan, beginning with the month of enrollment as an unborn child.

Accessing Care – Changing Health Plans

Once you pick a health plan for your unborn child, the child must stay in this health plan until the child's CHIP Perinatal coverage ends. The 12 month CHIP Perinatal coverage begins when your unborn child is enrolled in CHIP Perinatal and continues after your child is born.

If you do not pick a plan within 15 days of getting the enrollment packet, HHS will pick a health plan for your unborn child and send you information about that health plan. If HHS picks a plan for your unborn child, you will have 90 days to pick another health plan if you are not happy with the plan HHS chooses.

The children must remain with the same health plan until the end of the CHIP Perinatal member's enrollment period, or the end of the other children's enrollment period, whichever happens last. At that point, you can pick a different health plan for the children.

You can ask to change health plans:

- For any reason within 90 days of enrollment in CHIP Perinatal;
- If you move into a different service delivery area; and
- For cause at any time.

If you have children covered by CHIP, their health plans might change once you are approved for CHIP Perinatal coverage. When a member of the family is approved for CHIP Perinatal coverage and picks a perinatal health plan, all children in the family that are enrolled in CHIP must join the health plan providing the CHIP Perinatal services.

Note: If you are a CHIP Perinatal member and have children who are covered by CHIP, copayments, cost sharing and enrollment fees still apply for those children enrolled in the CHIP program.

Can Superior HealthPlan ask that I leave the plan (for non-compliance, etc.)?

Yes. Superior might ask that a member be taken out of the plan for "good cause." "Good cause" could be, but is not limited to:

- Fraud or abuse by a member
- Theft
- Threats or physical acts leading to harming of Superior staff or providers
- Refusal to go by Superior's policies and procedures, like:
  - Letting someone use your ID card.
  - Missing visits over and over again.
  - Being rude or acting out against a provider or a staff person.
  - Keep using a doctor that is not a Superior provider.

Superior will not ask you to leave the program without trying to work with you. If you have any questions about this process, call Superior at 1-800-783-5386. Texas Health and Human Services (HHS) will decide if a member can be told to leave the program.

Who do I call?

For more information, call toll-free at 1-800-964-2777.

Accessing Care – Interpreter Services

Can someone interpret for me when I talk with my/my child's doctor or perinatal provider? Who do I call for an interpreter?

Superior has staff that speaks English and Spanish. If you speak another language or are deaf/hard of hearing and need help, please call Member Services at 1-800-783-5386 (Relay Texas/TTY Line 1-800-735-2989).

You can also call Member Services at 1-800-783-5386 if you need someone to go to a doctor's visit with you to help you understand the language. Superior works closely with companies that have lots of people who speak different languages or can serve as sign language interpreters.

How far in advance do I need to call? How can I get a face-to-face interpreter in the providers' office?

Member Services will help you set up the doctor's visit. They will get someone to go to the visit with you. Superior recommends you call at least two (2) Business Days (48 hours) before your visit to coordinate for a face-to-face interpreter.

Superior Health Tip

If you are having trouble managing your care, Superior has Care Managers that can help. Just call Member Services at 1-800-783-5386 for help.

Accessing Care - Online Services

Telehealth Services

What are Telehealth Services?

Telehealth services are virtual health-care visits with a provider through a mobile app, online video or telephone. Most providers in Superior's network can offer telehealth services for certain health-care needs. Ask your provider if they offer telehealth services. Superior members can access doctors as needed by phone and/or video for non-emergency medical issues. You can receive medical advice, a diagnosis and a prescription when appropriate.

Superior treats telehealth services with in-network providers in the same way as face-to-face visits with in-network providers.

- A telehealth visit with an in-network Superior provider does not require prior authorization.
- A telehealth visit with an in-network Superior provider is subject to the same co-payments, co insurance and deductible amounts as an in-person visit with an in-network provider.

Telehealth and telemedicine services from are available to you when your PCP's office is closed. You can receive medical help for illnesses such as:

- Colds, flu and fever
- Sinuses, allergies
- Respiratory infections
- Pink Eye
- Rash, skin conditions

With telehealth services, you can make an appointment for a time that works with your schedule. Use the information below to get started:

1. Most providers in Superior's network can offer telehealth services for certain health-care needs. Ask your provider if they offer telehealth services.
2. For 24/7 help, you can sign up and activate your Teladoc account by visiting Teladoc.com/Superior or calling 1-800-835-2362 (TTY: 711).

Note: If you are a CHIP Perinatal member, telehealth and telemedicine services are not available.

Secure Member Portal

What is the Secure Member Portal?

We want you to get the most from your health insurance. Superior's Secure Member Portal is a convenient and secure tool to help you manage your health care. You are able to use and view your account wherever you are on a computer or your smartphone.

To create your member account please visit Member.SuperiorHealthPlan.com.

Accessing Care - Online Services

All you need to register is:

- Your date of birth.
- Your member ID number (found on your Superior ID card).

By creating a free account, you can:

- Check your eligibility.
- Find a provider.
- Change your Primary Care Provider (PCP).
- Check your rewards balance.
- Keep your profile current, and more.

A digital version of your ID card is also available from the Secure Member Portal to access at any time. You can show your digital ID card when you see the doctor* and use your coverage. There is no more waiting for your printed card (or a replacement) to come in the mail. The digital ID card:

- Is easy to download.
- Can be saved on your smartphone:
  - Android: save to camera roll.
  - iPhone: save to mobile wallet.
- Can be viewed through your account or you can print a copy.

Visit Member.SuperiorHealthPlan.com to explore these new features.

*__Note__: Be sure to talk with your doctor to confirm they will accept your digital ID card.

Digital Health Records

What are My Options for Managing My Digital Health Records?

In 2021, a new federal rule made it easier for Superior members* to manage their digital medical records. This rule is called the Interoperability and Patient Access rule (CMS-9115-F) and makes it easier to get your health records when you need it most.

You now have full access to your health records on your mobile device. This allows you to manage your health better and know what resources are available to you.

*Beginning in 2022, the Payer-to-Payer Data Exchange portion of this rule will allow former and current members to request that their health records go with them as they switch health plans. For more information about this rule, visit the Payer-to-Payer Data Exchange section found on this webpage.

The New Rule Makes it Easy to Find Information** on:

- Claims (paid and denied)
- Pharmacy drug coverage
- Specific parts of your clinical information
- Health-care providers

**You can get information for dates of service on or after January 1, 2016.

For more information, please visit https://www.superiorhealthplan.com/members/medicaid/resources/interoperability-and-patient-access.html.

Care Defined

For CHIP Members and CHIP Perinate Newborn Members

What is an emergency, an emergency medical condition, and an emergency behavioral health condition?

Emergency care is a covered service. Emergency care is provided for emergency medical conditions and emergency behavioral health conditions. An emergency medical condition is a medical condition characterized by sudden acute symptoms, severe enough (including severe pain) that would lead an individual with average knowledge of health and medicine, to expect that the absence of immediate medical care could result in:

- Placing the member's health in serious jeopardy.
- Serious impairment to bodily functions.
- Serious dysfunction of any bodily organ or part.
- Serious disfigurement.
- In the case of a pregnant CHIP member, serious jeopardy to the health of the CHIP member or her unborn child.

An emergency behavioral health condition means any condition, without regard to the nature or cause of the condition, which in the opinion of an individual, possessing average knowledge of health and medicine:

- Requires immediate intervention and/or medical attention without which the member would present an immediate danger to himself or others.
- Renders the member incapable of controlling, knowing or understanding the consequences of his/her actions.

What are emergency services or emergency care?

Emergency services and/or emergency care means health-care services provided in an in-network or out-of-network hospital emergency department, free-standing emergency medical facility, or other comparable facility by in-network or out-of-network physicians, providers or facility staff to evaluate and stabilize emergency medical conditions and/or emergency behavioral health conditions. Emergency services also include any medical screening examination or other evaluation required by state or federal law that is necessary to determine whether an emergency medical condition and/or an emergency behavioral health condition exists. Call 911 or go to the nearest hospital/emergency facility if you think you need emergency care.

For CHIP Perinatal Members

What is an emergency, emergency medical condition and an emergency behavioral health condition?

A CHIP Perinatal member is defined as an unborn child. Emergency care is a covered service if it directly relates to the delivery of the unborn child until birth. Emergency care is provided for the following emergency medical conditions:

- Medical screening examination to determine emergency when directly related to the delivery of the unborn child.
- Stabilization services related to the labor with delivery of the covered unborn child.
- Emergency ground, air, and water transportation for threatened labor is a covered benefit.
- Emergency ground, air and water transportation for an emergency associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) is a covered benefit.

Care Defined

Benefit Limits: Post-delivery services or complications resulting in the need for emergency services for the mother of the CHIP Perinatal member are not covered benefits.

An emergency behavioral health condition means any condition, without regard to the nature or cause of the condition, which in the opinion of a prudent layperson, possessing average knowledge of health and medicine:

- Requires immediate intervention and/or medical attention without which the mother of the unborn child would present an immediate danger to the unborn child or others.
- That renders the mother of the unborn child incapable of controlling, knowing, or understanding the consequences of her actions.

What is Emergency Services or Emergency Care?

"Emergency Services" or "Emergency Care" are covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an Emergency Medical Condition, including post-stabilization care services related to labor and delivery of the unborn child. Call 911 or go to the nearest hospital/emergency facility if you think you need emergency care.

How soon can I/my child expect to be seen for an emergency?

Emergency wait time will be based on your medical needs and determined by the emergency facility that is treating you.

What is post-stabilization?

Post-stabilization care services are services covered by CHIP that keep your condition stable following emergency medical care.

What is urgent medical care? How soon can I/my child expect to be seen?

If you/ your child needs medical care for things such as minor cuts, burns, infections, nausea or vomiting, then your visit is urgent. Call your doctor. He/she can usually see you within 24 hours. If you have trouble getting an appointment for an urgent medical need, call Superior for help at 1-800-783-5386.

You also can call Superior's 24-hour nurse advice line at 1-800-783-5386 for help with getting the care you need. If your PCP's office is closed, you can also call Teladoc for non-emergency medical issues. Teladoc is open 24 hours a day, 7 days a week at 1-800-835-2362. Or visit www.teladoc.com/Superior.

What is routine medical care? How soon can I/my child expect to be seen?

If you or your child needs a physical checkup, then the visit is routine. Your doctor should see you within two (2) weeks (sooner if they can). If you need to see a specialty doctor, then the doctor should see you within three (3) weeks. Superior will be happy to help you make an appointment, just call us at 1-800-783-5386.

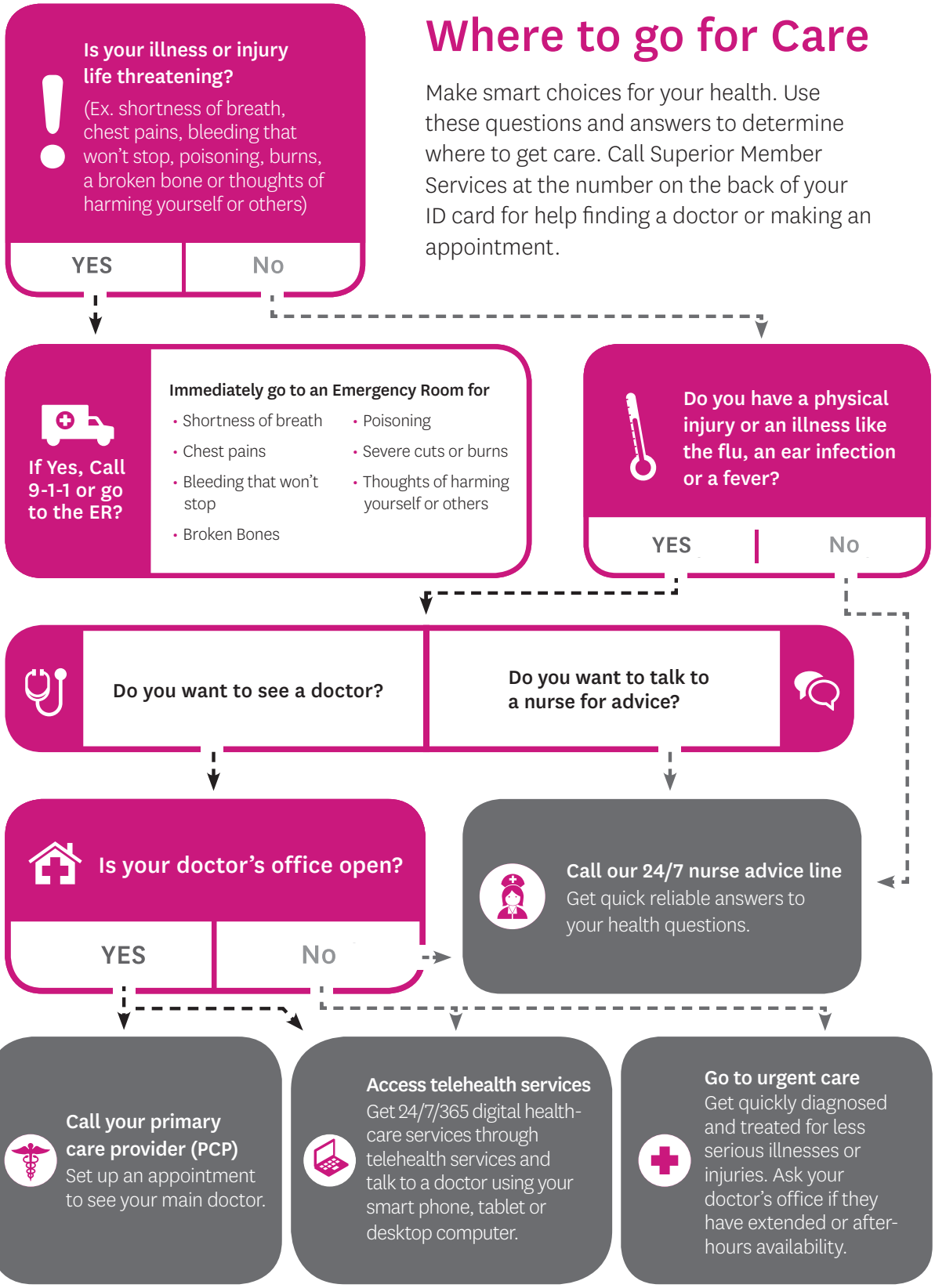
You/your child must see a Superior provider for routine and urgent care. You can always call Superior at 1-800-783-5386 if you need help picking a Superior provider.

Remember: It is best to see your doctor before you get sick so that you can build your relationship with him/her. It is much easier to call you doctor with your medical problems if he/she knows who you are.

Care Defined

Where to go for Care

Make smart choices for your health. Use these questions and answers to determine where to get care. Call Superior Member Services at the number on the back of your ID card for help finding a doctor or making an appointment.



Care Defined

Where should I go for care?

When you get sick or hurt, you have several options to get the care you need. Use our "Find a Provider" tool at SuperiorHealthPlan.com to locate a doctor in Superior's network or call Member Services at 1-800-783-5386.

Do you need to see your Primary Care Provider (PCP)?

Your PCP is your main doctor. Call the office to schedule a visit if you don't need immediate medical care.

See your PCP if you need:

- Help with colds, flus and fevers
- Care for ongoing health issues like asthma or diabetes
- An annual wellness exam
- Vaccinations
- General advice about your overall health

Do you need to see your psychiatrist?

Your psychiatrist is your primary behavioral health doctor. Call the office to schedule a visit if you don't need immediate psychiatric care.

See your psychiatrist if you:

- Have changes in mood that last more than 3 days
- Have changes in sleep pattern
- Need medication refills

If you have thoughts of harming yourself or others, call 911 or go to the Emergency Room (ER).

Do You Need To Call Our 24/7 Nurse Advice Line?

Our 24/7 nurse advice line is a free health information phone line. Nurses are available to answer questions about your health and get help for you.

Contact our 24/7 nurse advice line if you need:

- Help knowing if you should see your PCP or psychiatrist
- Help caring for a sick child
- Answers to questions about your physical health or behavioral health

Do you need to call Telehealth?

Telehealth offers convenient, 24-hour access to in-network health-care providers for non-emergency health issues. You can get medical advice, a diagnosis or a prescription by phone or video. Use Telehealth anytime or schedule an appointment wherever and whenever you need it.

Contact Telehealth for illnesses such as:

- Sinus problems and allergies
- Colds, the flu and fevers
- Upper respiratory infections
- Rash and skin problems

Do you need to go to an urgent care center?

If you cannot wait for an appointment with your PCP, an urgent care center can give you fast, hands-on care for more immediate health issues. Go to an in-network urgent care center if you have an injury or illness that must be treated within 24 hours.

Visit your nearest urgent care for:

- Sprains
- Ear infections
- High fevers
- Flu symptoms with vomiting

Urgent care centers can offer shorter wait times than the Emergency Room (ER).

Do you need to go to the Emergency Room (ER)?

Go to the ER if your illness or injury is life-threatening. Call 911 right away if you have an emergency or go to the nearest hospital.

Immediately go to an ER if you have:

- Chest pains
- Bleeding that won't stop
- Shortness of breath
- Broken bones
- Poisoning
- Severe cuts or burns
- Thoughts of harming yourself or others

Remember to bring your member ID card and Medicaid ID card with you when you see your PCP, visit an urgent care center or go to the ER.

Care Defined

For CHIP and CHIP Perinatal Members:

What does medically necessary mean?

Covered services for CHIP members, CHIP Perinate Newborn members and CHIP Perinatal members must meet the CHIP definition of "medically necessary." A CHIP Perinatal member is an unborn child.

Medically necessary means:

1. Health-care services that are:
    a. reasonable and necessary to prevent illnesses 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 disability, cause illness or infirmity of a member, or endanger life;
    b. provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions;
    c. consistent with the health-care practice guidelines and standards that are endorsed by professionally recognized health-care organizations or governmental agencies;
    d. consistent with the member's diagnoses;
    e. no more intrusive or restrictive than necessary to give a proper balance of safety, effectiveness, and efficiency;
    f. not experimental or investigative; and
    g. not primarily for the convenience of the member or provider; and
2. Behavioral health services that:
    a. are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
    b. are provided in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
    c. are furnished in the most appropriate and least restrictive setting in which services that can be safely provided;
    d. are furnished in the most appropriate level or supply of service that can safely be provided;
    e. could not be omitted without adversely affecting the member's mental and or physical health or the quality of care rendered;
    f. are not experimental or investigative; and
    g. are not primarily for the convenience of the member or provider.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Inpatient General Acute and Inpatient Rehabilitation Hospital Services	Medically necessary services include, but are not limited to, the following: • Hospital-provided physician or provider services. • Semi-private room and board (or private if medically necessary as certified by attending). • General nursing care. • Special duty nursing when medically necessary. • ICU and services. • Patient meals and special diets. • Operating, recovery and other treatment rooms. • Anesthesia and administration (facility technical component). • Surgical dressings, trays, casts, splints. • Drugs, medications and biologicals. • Blood or blood products that are not provided free-of-charge to the patient and their administration. • X-rays, imaging and other radiological tests (facility technical component). • Laboratory and pathology services (facility technical component). • Machine diagnostic tests (EEGs, EKGs, etc). • Oxygen services and inhalation therapy. • Radiation and chemotherapy. • Access to HHS-designated Level III perinatal centers or hospitals meeting equivalent levels of care. • In-network or out-of-network facility and physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section. • Hospital, physician and related medical services, such as anesthesia, associated with dental care. • Inpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Inpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to: dilation and curettage (D&C) procedures, appropriate provider-administered medications, ultrasounds, and histological examination of tissue samples. • Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat: - cleft lip and/or palate; - severe traumatic, skeletal and/or congenital craniofacial deviations; - severe facial asymmetry secondary to skeletal; - defects, congenital syndromal conditions and/or tumor growth or its treatment. • Surgical implants. • Other artificial aids including surgical implants.	• Requires authorization for non-emergency care and care following stabilization of an emergency condition. • Requires authorization for in-network or out-of-network facility and physician services for a mother and her newborn(s) after 48 hours following an uncomplicated vaginal delivery and after 96 hours following an uncomplicated delivery by caesarian section.	Applicable level of inpatient copay applies.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Inpatient General Acute and Inpatient Rehabilitation Hospital Services (continued)	Inpatient services for a mastectomy and breast reconstruction include: • All stages of reconstruction on the affected breast; • External breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed. • Surgery and reconstruction on the other breast to produce symmetrical appearance; and • Treatment of physical complications from the mastectomy and treatment of lymphedemeas. • Implantable devices are covered under inpatient and outpatient services and do not count towards the DME 12 month period limit.		
Skilled Nursing Facilities (Includes Rehabilitation Hospitals)	Services include, but are not limited to, the following: • Semi-private room and board. • Regular nursing services. • Rehabilitation services. • Medical supplies and use of appliances and equipment furnished by the facility.	• Requires authorization and physician prescription • 60 days per 12-month period limit.	Copays do not apply.
Transplants	Services include, but are not limited to, the following: • Using up-to-date FDA guidelines. • All non-experimental human organ and tissue transplants. • All forms of non-experimental corneal, bone marrow and peripheral stem cell transplants, including donor medical expenses.	Requires authorization.	Copays do not apply.
Outpatient Hospital, Comprehensive Outpatient Rehabilitation Hospital, Clinic (Including Health Center) and Ambulatory Health Care Center	Services include, but are not limited to, the following services provided in a hospital clinic or emergency room, a clinic or health center, hospital-based emergency department or an ambulatory health-care setting: • X-ray, imaging, and radiological tests (technical component). • Laboratory and pathology services (technical component). • Machine diagnostic tests. • Ambulatory surgical facility services. • Drugs, medications and biologicals. • Casts, splints, dressings. • Preventive health services. • Physical, occupational and speech therapy. • Renal dialysis. • Respiratory services. • Radiation and chemotherapy.	May require prior authorization and physician prescription.	• Applicable level of copay applies to prescription drug services. • Copays do not apply to preventive services or outpatient services.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Outpatient Hospital, Comprehensive Outpatient Rehabilitation Hospital, Clinic (Including Health Center) and Ambulatory Health Care Center (continued)	• Blood or blood products that are not provided free-of-charge to the patient and the administration of these products. • Facility and related medical services, such as anesthesia, associated with dental care, when provided in a licensed ambulatory surgical facility. • Outpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Outpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to: dilation and curettage (D&C) procedures, appropriate provider-administered medications, ultrasounds, and histological examination of tissue samples. • Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat: – cleft lip and/or palate; – severe traumatic, skeletal and/or congenital craniofacial deviations; – severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions and/or tumor growth or its treatment. • Facility and related medical services, such as anesthesia, associated with dental care, when provided in a licensed ambulatory surgical facility. • Surgical implants. • Other artificial aids including surgical implants. • Outpatient services provided at an outpatient hospital and ambulatory health-care center for a mastectomy and breast reconstruction as clinically appropriate include: – all stages of reconstruction on the affected breast; – external breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed. – surgery and reconstruction on the other breast to produce symmetrical appearance; and – treatment of physical complications from the mastectomy and treatment of lymphedemeas. • Implantable devices are covered under inpatient and outpatient services and do not count towards the DME 12 month period limit.		

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Physician/ Physician Extender Professional Service	Services include, but are not limited to the following: • American Academy of Pediatrics recommended well-child exams and preventive health services (including but not limited to vision and hearing screening and immunizations). • Physician office visits, in-patient and outpatient services. • Laboratory, x-rays, imaging and pathology services, including technical component and/or professional interpretation. • Medications, biologicals and materials administered in physician's office. • Allergy testing, serum and injections. • Professional component (in/outpatient) of surgical services, including: - surgeons and assistant surgeons for surgical procedures including appropriate follow-up care; - administration of anesthesia by physician (other than surgeon) or CRNA; - second surgical opinions; - same-day surgery performed in a hospital without an over-night stay; - invasive diagnostic procedures such as endoscopic examinations. • Hospital-based physician services (including physician-performed technical and interpretive components). • Physician and professional services for a mastectomy and breast reconstruction include: - all stages of reconstruction on the affected breast; - external breast prosthesis for the breast(s) on which medically necessary mastectomy have been performed; - surgery and reconstruction on the other breast to produce symmetrical appearance; and - treatment of physical complications from the mastectomy and treatment of lymphedemeas. • In-network and out-of-network physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section. • Physician services medically necessary to support a dentist providing dental services to a CHIP member such as general anesthesia or intravenous (IV) sedation. • Physician services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Physician services associated with miscarriage or non-viable pregnancy include, but are not limited to: dilation and curettage (D&C) procedures, appropriate Provider-administered medications, ultrasounds, and histological examination of tissue samples.	May require authorization for specialty services.	Applicable level of copay applies to office visits. Copays do not apply to preventive services.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Physician/ Physician Extender Professional Services (continued)	• Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat: - cleft lip and/or palate; - severe traumatic, skeletal and/or congenital craniofacial deviations; - severe facial asymmetry secondary to skeletal defects; - congenital syndromal conditions and/or tumor growth or its treatment.		
Durable Medical Equipment (DME), Prosthetic Devices and Disposable Medical Supplies	Covered services include DME (equipment which can withstand repeated use and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness, injury, or disability, and is appropriate for use in the home), including devices and supplies that are medically necessary and necessary for one or more activities of daily living and appropriate to assist in the treatment of a medical condition, including but not limited to: • Dental devices. • Prosthetic devices such as artificial eyes, limbs, braces and external breast prostheses. • Prosthetic eyeglasses and contact lenses for the management of severe ophthalmologic disease. • Hearing aids. • Diagnosis-specific disposable medical supplies, including diagnosis-specific prescribed specialty formula and dietary supplements. • Orthotic braces and orthotics.	• $20,000 per 12-month period limit for DME, prosthetics, devices and disposable medical supplies (diabetic supplies and equipment are not counted against this cap).	
Birthing Center Services	Birthing services provided by a licensed birthing center.	• Limited to facility services (e.g., labor and delivery). • Applies only to CHIP members.	None.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Services rendered by a Certified Nurse Midwife or physician in a licensed birthing center.	• CHIP members: Covers prenatal services and birthing services rendered in a licensed birthing center. • CHIP Perinate Newborn members: Covers services rendered to a newborn immediately following delivery.		None.
Home and Community Health Services	Services that are provided in the home and community, including, but not limited to: • Home infusion. • Respiratory therapy. • Visits for private duty nursing (R.N., L.V.N.). • Skilled nursing visits as defined for home health purposes (may include R.N. or L.V.N.). • Home health aide when included as part of a plan of care during a period that skilled visits have been approved. • Speech, physical and occupational therapies.	• Requires prior authorization and physician prescription. • Services are not intended to replace the child's caretaker or to provide relief for the caretaker. • Skilled nursing visits are provided on intermittent level and not intended to provide 24-hour skilled nursing services. • Services are not intended to replace 24-hour inpatient or skilled nursing facility services.	Copays do not apply.
Inpatient Mental Health Services	Services include, but are not limited to: • Mental health services, including for serious mental illness, furnished in a free-standing psychiatric hospital, psychiatric units of general acute care hospitals and state-operated facilities. • Neuropsychological and psychological testing.	• Does not require Primary Care Provider (PCP) referral. • When inpatient psychiatric services are ordered by a court of competent jurisdiction pursuant to the Texas Health and Safety Code Chapters 573, Subchapters B and C, or 574, Subchapters A through G, Texas Family Code Chapter 55, Subchapter D. • As a condition of probation, the court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination. • These requirements are not applicable when the Member is considered incarcerated as defined by UMCM Section 16.1.15.2.	Copays do not apply.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Outpatient Substance Use Disorder Treatment Services	Services include, but are not limited to: • Prevention and intervention services that are provided by physician and non-physician Providers, such as screening, assessment and referral for chemical dependency disorders. • Partial hospitalization. • Intensive outpatient services - defined as an organized non-residential service providing structured group and individual therapy, educational services, and life skills training that consists of at least 10 hours per week for four to 12 weeks, but less than 24 hours per day. • Outpatient treatment service is defined as consisting of at least one to two hours per week providing structured group and individual therapy, educational services, and life skills training. • When outpatient substance use disorder treatment services are required: - as a court order, consistent with Chapter 462, Subchapter D of the Texas Health and Safety Code,: or - as a condition of probation, the court order serves as a binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination. • These requirements are not applicable when the Member is considered incarcerated as defined by UMCM Section 16.1.15.2.	• May require prior authorization. • Does not require Primary Care Provider referral.	Copays do not apply.
Rehabilitation Services	Services include, but are not limited to: Habilitation (the process of supplying a child with the means to reach age-appropriate developmental milestones through therapy or treatment) and rehabilitation services include, but are not limited to the following: • Physical, occupational and speech therapy. • Developmental assessment.	Requires prior authorization and physician prescription.	Copays do not apply.
Hospice Care Services	Services include, but are not limited to: • Palliative care, including medical and support services, for those children who have six (6) months or less to live, to keep patients comfortable during the last weeks and months before death. • Treatment services, including treatment related to the terminal illness. • Services apply to the hospice diagnosis.	• Services apply to the hospice diagnosis. • Up to a maximum of 120 days with a six (6) month life expectancy. • Patients electing hospice services may cancel this election at anytime.	Copays do not apply.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Outpatient Mental Health Service	Services include but are not limited to: • Mental health services, including for serious mental illness, provided on an outpatient basis. • Neuropsychological and psychological testing • Medication management • Rehabilitative day treatments. • Residential treatment services. • Sub-acute outpatient services (partial hospitalization or rehabilitative day treatment). • Skills training (psycho-educational skill development).	• Does not require Primary Care Provider referral. • The visits can be furnished in a variety of community-based settings (including school and home-based) or in a state-operated facility. • When outpatient psychiatric services are ordered by a court of competent jurisdiction, pursuant to: - the Texas Health and Safety Code Chapters 573, Subchapters B and C, or 574, Subchapters A through G, Texas Family Code Chapter 55, Subchapter D,: or - a condition of probation, the court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination. • These requirements are not applicable when the Member is considered incarcerated as defined by UMCM Section 16.1.15.2. • A Qualified Mental Health Provider - Community Services (QMHP-QS), defined by and credentialed through the Health and Human Services (HHS) in Title 1 T.A.C., Part 15, Chapter 353, Subchapter P, Rule 353.1403. QMHP-CSs shall be providers working through an HHS-contracted Local Mental Health Authority or a separate HHS-contracted entity. QMHP-CSs shall be supervised by a licensed mental health professional or physician and provide services in accordance with HHS skills training (which can be components of interventions such as day treatment and in-home services), patient and family education, and crisis services.	Copays do not apply.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Inpatient and Residential Substance Use Disorder Treatment Services	Services include, but are not limited to: • Inpatient and residential substance use disorder treatment services including detoxification and crisis stabilization, and 24-hour residential rehabilitation programs. • When inpatient and residential substance use disorder treatment services are required: - as a court order, consistent with Chapter 462, Subchapter D of the Texas Health and Safety Code,: or - as a condition of probation, the court order serves as a binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination. • These requirements are not applicable when the Member is considered incarcerated as defined by UMCM Section 16.1.15.2.	• Requires prior-authorization for non-emergency services. • Does not require primary care provider referral.	Copays do not apply.
Emergency Services, including Emergency Hospitals, Physicians, and Ambulance Services	The health plan cannot require authorization as a condition for payment for emergency conditions or labor and delivery. Covered services include, but are not limited to, the following: • Emergency services based on prudent lay person definition of emergency health condition. • Hospital emergency department room and ancillary services and physician services 24 hours a day, 7 days a week, both by in-network and out-of-network Providers. • Medical screening examination. • Stabilization services. • Access to HHS designated Level I and Level II trauma centers or hospitals meeting equivalent levels of care for emergency services. • Emergency ground, air and water transportation. • Emergency dental services, limited to fractured or dislocated jaw, traumatic damage to teeth, and removal of cysts.	Requires authorization for post-stabilization services.	Applicable copays apply to non-emergency ER room visits (facility only).

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Prenatal Care and Pre-Pregnancy Family Services and Supplies	• Covered, unlimited prenatal care and medically necessary care related to diseases, illness, or abnormalities related to the reproductive system, and limitations and exclusions to these services are described under inpatient, outpatient and physician services.	Primary and preventive health benefits do not include pre- pregnancy family reproductive services and supplies, or prescription medications prescribed only for the purpose of primary and preventive reproductive health care.	Copays do not apply.
Drug Benefits	Services include, but are not limited to, the following: • Outpatient drugs and biologicals; including pharmacy dispensed and provider-administered outpatient drugs and biologicals; and • Drugs and biologicals provided in an inpatient setting.	Some drug benefits require prior authorization.	Applicable level of copay applies for pharmacy dispensed drug benefits.
Vision Benefit	Covered services include: • One examination of the eyes to determine the need for and prescription for corrective lenses per 12-month period, without authorization. • One pair of non-prosthetic eyewear per 12-month period.	• The health plan may reasonably limit the cost of the frames/lenses. • Does not require authorization for protective and polycarbonate lenses when medically necessary as part of a treatment plan for covered diseases of the eye.	Applicable levels of copay applies to office visits billed for refractive exam.
Chiropractic Services	Covered services do not require physician prescription and are limited to spinal subluxation.	• Requires authorization for 12 visits per 12-month period limit (regardless of number of services or modalities provided in one visit). • Requires authorization for additional visits.	Applicable level of copay applies to chiropractic office visits.
Tobacco Cessation Program	Covered up to $100 for a 12- month period limit for a plan approved program.	• Does not require authorization. • Health plan defines plan-approved program. • May be subject to formulary requirements.	Copays do not apply.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Value-added Services	• 24-hour nurse hotline. • $150 upgrade for choice of eyeglass frames and lenses or contact lenses not covered by CHIP once per year. • $25 reward for getting a flu shot on or before member's second birthday. • Online mental health resources and nicotine recovery programs through a website and mobile app. • Healthy play and exercise programs. • Health and wellness products through the mail every three (3) months. • Home visits for members who are pregnant. • Joy for All™ battery-operated plush companion pet. • Annual sports/school physical. • Rewards cards for pregnant members who go to their prenatal and postpartum visits. • Asthma supplies and support. • Online social services resource directory for members through https://www.superiorhealthplan.com/members/medicaid/resources.html. • Stop smoking kit. • Rewards for pregnant members through the Start Smart® For Your Baby Program. • Transportation assistance.	Does not require authorization. CHIP Perinatal moms are excluded from these benefits: • $150 upgrade for choice of eyeglass frames and lenses or contact lenses not covered by CHIP once per year. • $25 reward for getting a flu shot on or before member's second birthday. • Joy for All™ battery-operated plush companion pet. • Annual sports/school physical. • Asthma supplies. • Stop smoking kit. • Health and wellness products through the mail every three (3) months. • Transportation assistance. • Healthy play and exercise programs. • Home visits for members who are pregnant.	Copays do not apply.

*Copayments do not apply to preventive services or pregnancy-related assistance.

CHIP and CHIP Perinate Newborn – Benefits and Services

How do I get these services for me/my child?

Your/your child's doctor will work with you to make sure you/your child gets the services needed. These services must be given by your/your child's doctor or referred by your/your child's doctor to another provider.

What benefits does my baby receive at birth?

If your family is at or below the Medicaid eligibility guidelines, your newborn will be moved to Medicaid for 12 months of continuous Medicaid coverage beginning on the date of birth. Call 1-800-964-2777 to learn more about Medicaid coverage. If your family is above the Medicaid eligibility guidelines, your child will be eligible to receive the CHIP benefits outlined in this handbook.

You can also get help with breast feeding by visiting www.TexasWIC.org or by calling 1-800-942-3678. For 24-hour breast feeding support, call the Texas Lactation Support hotline at 1-855-550-6667.

What number do I call to find out more about these services?

To learn more about your benefits, call Superior at 1-800-783-5386.

What services are not covered by CHIP?

The following is a list of some of the services not covered by the CHIP program or Superior:

- Abortions except as allowed by state law
- Care that is not medically necessary
- Family planning services
- First aid supplies
- Items for personal cleanliness and grooming
- Services decided to be experimental or for research
- Services not approved by the Primary Care Provider (PCP), unless the PCP approval is not needed (i.e. family planning and behavioral health)
- Services or items only for cosmetic purposes
- Gender affirming surgery

You will be held responsible for non-covered CHIP services. It is your responsibility to determine which services are covered or not. A listing of all CHIP exclusions is found on the next page.

Remember: If you have any questions on what is or what is not a covered service, please call Superior at 1-800-783-5386.

What is Early Childhood Intervention?

Early Childhood Intervention (ECI) is a program in Texas for families with children, up to three-years-old, who have disabilities or problems with development. ECI services are offered at no cost to Superior members. Services include:

- Evaluation and assessment
- Development of an Individual Family Service Plan (IFSP)
- Care Management
- Translation and interpreter services

CHIP and CHIP Perinate Newborn – Benefits and Services

What are some examples of ECI services?

- Audiology and vision services
- Nursing and nutrition services
- Physical therapy
- Occupational therapy
- Speech-language therapy
- Specialized skills training

Do I need a referral for this? Where do I find an ECI provider?

Yes, you need a referral to request an evaluation of your child. To find an ECI provider, call Superior at 1-800-783-5386.

CHIP and CHIP Perinate Newborn excluded services:

- Inpatient and outpatient infertility treatments or reproductive services other than prenatal care, labor and delivery, and care related to disease, illnesses, or abnormalities related to the reproductive system.
- Contraceptive medications prescribed only for the purpose of primary and preventive reproductive health care (i.e. cannot be prescribed for family planning).
- Personal comfort items including but not limited to personal care kits provided on inpatient admission, telephone, television, newborn infant photographs, meals for guests of patient, and other articles that are not required for the specific treatment of sickness or injury.
- Experimental and/or investigational medical, surgical or other health-care procedures or services that are not generally employed or recognized within the medical community.
- Treatment or evaluations required by third parties including, but not limited to, those for schools, employment, flight clearance, camps, insurance or court other than a court of competent jurisdiction pursuant to the Texas Health and Safety Code Chapters 573, Subchapters Band C, 574, Subchapter D or 462, Subchapter D and Texas Family Code Chapter 55, Subchapter D.
- Dental devices solely for cosmetic purposes.
- Private duty nursing services when performed on an inpatient basis or in a skilled nursing facility.
- Mechanical organ replacement devices including, but not limited to artificial heart.
- Hospital services and supplies when confinement is solely for diagnostic testing purposes, unless otherwise pre-authorized by Superior HealthPlan
- Prostate and mammography screening.
- Elective surgery to correct vision.
- Cosmetic surgery/services solely for cosmetic purposes.
- Out-of-network services not authorized by Superior HealthPlan except for emergency care and physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section, and services provided by an FQHC.
- Gastric procedures for weight loss.
- Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity, except for the services associated with the treatment for morbid obesity as part of a treatment plan approved by Superior HealthPlan.
- Medications prescribed for weight loss or gain.
- Acupuncture services, naturopathy and hypnotherapy.
- Immunizations solely for foreign travel.
- Routine foot care such as hygienic care.
- Diagnosis and treatment of weak, strained, or flat feet and the cutting or removal of corns, calluses and toenails (this does not apply to the removal of nail roots or surgical treatment of conditions underlying corns, calluses or ingrown toenails).

CHIP and CHIP Perinate Newborn – Benefits and Services

CHIP and CHIP Perinate Newborn excluded services continued:

- Replacement or repair of prosthetic devices and durable medical equipment due to misuse, abuse or loss when confirmed by the member or the vendor.
- Corrective orthopedic shoes.
- Convenience items.
- Over-the-counter medications.
- Orthotics primarily used for athletic or recreational purposes.
- Custodial care (care that assists a child with the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, toileting, special diet preparation, and medication supervision that is usually self-administered or provided by a parent. This care does not require the continuing attention of trained medical or paramedical personnel.) This exclusion does not apply to hospice services.
- Housekeeping.
- Public facility services and care for conditions that federal, state, or local law requires be provided in a public facility or care provided while in the custody of legal authorities.
- Services or supplies received from a nurse, which do not require the skill and training of a nurse.
- Vision training and vision therapy.
- Reimbursement for school-based physical therapy, occupational therapy, or speech therapy services are not covered except when ordered by a physician or Primary Care Provider.
- Donor non-medical expenses.
- Charges incurred as a donor of an organ when the recipient is not covered under Superior coverage while traveling outside of the United States and U.S. Territories (including Puerto Rico, U.S. Virgin Islands, Commonwealth of Northern Mariana Islands, Guam, and American Samoa).

CHIP and CHIP Perinate Newborn – Covered and Excluded Supplies

Supplies	Covered	Excluded	Comments/Member Contract Provisions
Ace Bandages		X	Exception: If provided by and billed through the clinic or home care agency it is covered as an incidental supply.
Alcohol, Rubbing		X	Over-the-counter supply.
Alcohol, Swabs (diabetic)	X		Over-the-counter supply not covered, unless RX provided at time of dispensing.
Alcohol, swabs	X		Covered only when received with IV therapy or central line kits/supplies.
Ana Kit Epinephrine	X		A self injection kit used by patients highly allergic to bee stings.
Arm Sling	X		Dispensed as part of office visit.
Attends (Diapers)	X		Coverage limited to children age 4 or over only when prescribed by a physician and used to provide care for a covered diagnosis as outlined in a treatment care plan.
Bandages		X	
Basal Thermometer		X	Over-the-counter supply.
Batteries – initial	X		For covered DME items.
Batteries – replacement	X		For covered DME when replacement is necessary due to normal use.
Betadine		X	See IV therapy supplies.
Books		X	
Clinitest	X		For monitoring of diabetes.
Colostomy Bags			See Ostomy Supplies.
Communication Devices		X	
Contraceptive Jelly		X	Over-the-counter supply. Contraceptives are not covered under the plan.
Dental Devices	X		Coverage limited to dental devices used for the treatment of craniofacial anomalies, requiring surgical intervention.
Cranial Head Mold		X	
Diabetic Supplies	X		Monitor calibrating solution, insulin syringes, needles, lancets, lancet device, and glucose strips.
Diapers/Incontinent Briefs/Chux	X		Coverage limited to children age 4 or over only when prescribed by a physician and used to provide care for a covered diagnosis as outlined in a treatment care plan.

CHIP and CHIP Perinate Newborn – Covered and Excluded Supplies

Supplies	Covered	Excluded	Comments/Member Contract Provisions
Diaphragm		X	Contraceptives are not covered under the plan.
Diastix	X		For monitoring diabetes.
Diet, Special		X	
Distilled Water		X	
Dressing Supplies/ Central Line	X		Syringes, needles, Tegaderm, alcohol swabs, Betadine swabs or ointment, tape. Many times these items are dispensed in a kit when includes all necessary items for one dressing site change.
Dressing Supplies/ Decubitus	X		Eligible for coverage only if receiving covered home care for wound care.
Dressing Supplies/ Peripheral IV Therapy	X		Eligible for coverage only if receiving home IV therapy.
Dressing Supplies/ Other		X	
Dust Mask		X	
Ear Molds	X		Custom made, post inner or middle ear surgery.
Electrodes	X		Eligible for coverage when used with a covered DME.
Enema Supplies		X	Over-the-counter supply.
Enteral Nutrition Supplies	X		Necessary supplies (e.g., bags, tubing, connectors, catheters, etc.) are eligible for coverage. Enteral nutrition products are not covered except for those prescribed for hereditary metabolic disorders, a non-function or disease of the structures that normally permit food to reach the small bowel, or malabsorption due to disease.
Eye Patches	X		Covered for patients with amblyopia.
Formula		X	Exception: Eligible for coverage only for chronic hereditary metabolic disorders, a non-function or disease of the structures that normally permit food to reach the small bowel, or malabsorption due to disease (expected to last longer than 60 days when prescribed by the physician and authorized by plan.) Physician documentation to justify prescription of formula must include: Identification of a metabolic disorder. Dysphagia that results in a medical need for a liquid diet.

CHIP and CHIP Perinate Newborn – Covered and Excluded Supplies

Supplies	Covered	Excluded	Comments/Member Contract Provisions
Formula		X	Presence of a gastrostomy, or Disease resulting in malabsorption that requires a medically necessary nutritional product. Does not include formula: For members who could be sustained on an age-appropriate diet. Traditionally used for infant feeding. In pudding form (except for clients with documented oropharyngeal motor dysfunction who receive greater than 50 percent of their daily caloric intake from this product). For the primary diagnosis of failure to thrive, failure to gain weight, or lack of growth or for infants less than 12 months of age unless medical necessity is documented and other criteria, listed above, are met. Food thickeners, baby food, or other regular grocery products that can be blenderized and used with an enteral system that are not medically necessary, are not covered, regardless of whether these regular food products are taken orally or parenterally.
Gloves		X	Exception: Central line dressings or wound care provided by home care agency.
Hydrogen Peroxide		X	Over-the-counter supply.
Hygiene Items		X	
Incontinent Pads	X		Coverage limited to children age 4 or over only when prescribed by a physician and used to provide care for a covered diagnosis as outlined in a treatment care plan.
Insulin Pump (External) Supplies	X		Supplies (e.g., infusion sets, syringe reservoir and dressing, etc.) are eligible for coverage if the pump is a covered item.
Irrigation Sets, Wound Care	X		Eligible for coverage when used during covered home care for wound care.

CHIP and CHIP Perinate Newborn – Covered and Excluded Supplies

Supplies	Covered	Excluded	Comments/Member Contract Provisions
Irrigation Sets, Urinary	X		Eligible for coverage for individual with an indwelling urinary catheter.
IV Therapy Supplies	X		Tubing, filter, cassettes, IV pole, alcohol swabs, needles, syringes and any other related supplies necessary for home IV therapy.
K-Y Jelly		X	Over-the-counter supply.
Lancet Device	X		Limited to one device only.
Lancets	X		Eligible for individuals with diabetes.
Med Ejector	X		
Needles and Syringes/Diabetic			See Diabetic Supplies.
Needles and Syringes/IV and Central Line			See IV Therapy and Dressing Supplies/Central Line.
Needles and Syringes/Other	X		Eligible for coverage if a covered IM or SubQ medication is being administered at home.
Normal Saline			See Saline, Normal.
Novopen	X		
Ostomy Supplies	X		Items eligible for coverage include: belt, pouch, bags, wafer, face plate, insert, barrier, filter, gasket, plug, irrigation kit/sleeve, tape, skin prep, adhesives, drain sets, adhesive remover, and pouch deodorant. Items not eligible for coverage include: scissors, room deodorants, cleaners, rubber gloves, gauze, pouch covers, soaps, and lotions.
Parenteral Nutrition/ Supplies	X		Necessary supplies (e.g., tubing, filters, connectors, etc.) are eligible for coverage when the health plan has authorized the parenteral nutrition.
Saline, Normal	X		Eligible for coverage: • when used to dilute medications for nebulizer treatments. • as part of covered home care for wound care. for indwelling urinary catheter irrigation.

CHIP and CHIP Perinate Newborn – Covered and Excluded Supplies

Supplies	Covered	Excluded	Comments/Member Contract Provisions
Stump Sleeve	X		
Stump Socks	X		
Suction Catheters	X		
Syringes			See Needles/Syringes.
Tape			See Dressing Supplies, Ostomy Supplies, IV Therapy Supplies.
Tracheostomy Supplies	X		Cannulas, tubes, ties, holders, cleaning kits, etc. are eligible for coverage.
Under Pads			See Diapers/Incontinent Briefs/Chux.
Unna Boot	X		Eligible for coverage when part of wound care in the home setting. Incidental charge when applied during office visit.
Urinary, External Catheter & Supplies		X	Exception: Covered when used by incontinent male where injury to the urethra prohibits use of an indwelling catheter ordered by the Primary Care Provider and approved by the plan.
Urinary, Indwelling Catheter & Supplies	X		Covers catheter, drainage bag with tubing, insertion tray, irrigation set and normal saline if needed.
Urinary, Intermittent	X		Covers supplies needed for intermittent or straight catherization.
Urine Test Kit	X		When determined to be medically necessary.
Urostomy supplies			See Ostomy Supplies.

CHIP and CHIP Perinate Newborn – Benefits and Services

Behavioral Health (Mental Health and Substance Use Disorders)

How do I get help if I have/my child has behavioral (mental) health, alcohol or drug problems? Do I need a referral for this?

Behavioral health refers to mental health and substance use disorder (alcohol and drug) treatment. Sometimes talking to friends or family members can help you work out a problem. When that is not enough, you should call your doctor or Superior. We can connect you with mental health and substance use disorder specialists to help you and your child.

You do not have to get a referral from your PCP to access behavioral health services. You can go to any Superior provider for these services. We will help you find the best provider for your child. Call 1-800-783-5386 to get help right away, 24 hours a day, 7 days a week.

How do I know if I/my child needs help?

Help might be needed if you/your child:

- Can't cope with daily life.
- Feel very sad, stressed or worried.
- Are not sleeping or eating well.
- Want to hurt yourself or others or has thoughts about hurting yourself.
- Are troubled by strange thoughts (such as hearing voices).
- Drink or use other substances more than usual.
- Have problems at work or at home.
- Seem to be having problems at school.

When you/your child have a mental health or substance use disorder problem, it is important for you to work with someone who knows you. We can help you find a provider who will be a good match for you/your child. The most important thing is for your/your child to have someone to talk to so you/they can work on solving your/their problems.

What do I do in a behavioral health emergency?

You should call 911 if you/your child is having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room. You do not have to wait for an emergency to get help. Call 1-800-783-5386 for someone to help you/your child with depression, mental illness, substance use disorder or managing your/your child's emotions.

The 988 Suicide and Crisis Lifeline provides 24/7, confidential support to people in suicidal crisis or mental health-related distress. Call 988 if you are experiencing behavioral health related distress including: thoughts of suicide, mental health, substance use crisis, or any other kind of emotional distress.

What do you do if you/your child are already in treatment?

If you/your child is already getting care, ask your provider if they are in the Superior network. If the answer is yes, you do not need to do anything. If the answer is no, ask your provider to call Superior at 1-844-744-5315. We want you/your child to keep getting the care they need. If your provider does not join the Superior network, we will work with the provider to keep caring for you/your child until medical records can be transferred to a new Superior provider.

CHIP and CHIP Perinate Newborn – Benefits and Services

Collaborative Care Model

The Collaborative Care Model (CoCM) coordinates care for members between a community Behavioral Health Care Manager (BHCM) and a consulting psychiatrist with the participation of a primary care provider. The team share roles and tasks, and together are responsible for a members wellbeing. CoCM helps manage Behavioral Health conditions as chronic diseases, instead of treating acute symptoms.

CoCM services focus on:

- **Patient-Centered Team Care**. Partnership between all team members using shared care plans that include the members personalized goals.
- **Population-Based Care**. Monitoring of members to make sure they are getting the personalized attention they need for improvement.
- **Measurement-Based Treatment to Target**. Regular review and measurement of the members personal goals and clinical outcomes.
- **Evidence-Based Care**. Health care that is based on the best available, current, effective and relevant information.

Note: Superior wants to help your child stay healthy. We need to hear your concerns so that we can make our services better. Call 1-800-783-5386 or TTY (deaf/hard of hearing) 1-800-735-2989.

Dental

How do I get dental services for me/my child?

Superior will pay for some emergency dental services in a hospital or ambulatory surgical center. Superior will pay for the following:

- Treatment of a dislocated jaw.
- Treatment of traumatic damage to teeth and supporting structures.
- Removal of cysts.
- Treatment of oral abscess of tooth or gum origin.
- Treatment and devices for craniofacial anomalies.

Superior covers hospital, physician and related medical services for the above conditions. This includes services from the doctor and other services your child might need, like anesthesia or other drugs.

The CHIP medical benefit provides limited emergency dental coverage for dislocated jaw, traumatic damage to teeth, and removal of cysts; treatment of oral abscess of tooth or gum origin; treatment and devices for craniofacial anomalies; and drugs.

Your child's CHIP dental plan provides all other dental services, including services that help prevent tooth decay and services that fix dental problems. Call your child's CHIP dental plan to learn more about the dental services they offer.

What do I do if I need/my child needs emergency dental care?

During normal business hours, call your child's main dentist to find out how to get emergency services.

If your child needs emergency dental services after the main dentist's office has closed, call us toll-free at 1-800-783-5386.

CHIP and CHIP Perinate Newborn – Benefits and Services

Routine Eye Care

How do I get eye care services for myself/my child?

You/your child can get an eye exam once a year (more if his/her eyesight changes a lot). Your child can get glasses once every 12 months. If your child's vision changes a lot, he/she can get eyeglasses sooner than 12 months. The vision provider can give you more facts.

You do not need a referral from your child's Primary Care Provider (PCP) to see the eye doctor. Your child can get eye care from Superior's vision provider, Envolve Vision Services. To pick an eye care provider, call Envolve Vision Services at 1-800-360-9165.

Members with Special Health-Care Needs (MSHCN)

Who do I call if I/my child has special health-care needs and I need someone to help me?

If you/your child have special health-care needs, like a serious ongoing illness, disability, or chronic or complex conditions, you have direct access to Superior's specialists. This means you do not need a referral from your doctor to see a specialist. Call Superior at 1-800-783-5386. We can help you make an appointment with one of our specialists. We will also refer you to one of our Care Managers. Superior Care Managers are registered nurses or social workers. They can help you understand major health problems and help you get the care and services you need. A Care Managers will work with you and your doctor to:

- Develop a plan of care
- Follow your/your child's progress and make sure you are getting the care you need
- Answer your health-care questions

What other services can my plan help me with?

Superior cares about your health and well-being. We work with many services and agencies to help you get the care you need. Some of these services/agencies include:

- Texas Department of Assistive and Rehabilitative Services (DARS) Division of Blind Services
- Dental services for children
- Public health departments

To learn more about these services, call Superior at 1-800-783-5386.

Finding new treatments to better care for you

Superior has a committee of doctors that review new treatments for people with certain illnesses. They review information from other doctors and scientific agencies. The new treatments are shared with Superior's doctors. This allows them to provide the best and most current types of care for you.

CHIP Perinatal Mothers – Benefits and Services

What are the CHIP Perinatal benefits? What are my unborn child's CHIP perinatal benefits?

Type	Covered Benefit	Limitations
Care Management Services	Care Management Services are a covered benefit for the unborn child.	These covered services include outreach, informing, Care Management, care coordination and community referral.
Care Coordination Services	Care Coordination Services are a covered benefit for the unborn child.	
Value-added Services	Diaper bag, starter supply of diapers, educational materials and access to Superior's nurse advice line. See page 54 for more details.	For members in Bexar, El Paso, Lubbock, Nueces, Travis and Rural service areas.

How do I get these services for my unborn child?

Your doctor will work with you to make sure you and your unborn child get the services needed. These services must be given by your doctor or referred by your doctor to another provider.

What benefits does my baby receive at birth?

If your family is at or below the Medicaid eligibility guidelines, your newborn will be moved to Medicaid for 12 months of continuous Medicaid coverage beginning on the date of birth. Call 1-800-964-2777 to learn more about Medicaid coverage. If your family is above the Medicaid eligibility guidelines, your child will be eligible to receive the CHIP benefits outlined in this handbook.

What services are not covered for CHIP Perinatal mothers?

The following is a list of some of the services not covered by CHIP Perinatal or Superior:

- Abortions except as allowed by state law
- Care that is not medically necessary
- First aid supplies
- Infertility services
- Items for personal cleanliness and grooming
- Items used for incontinence (i.e. adult disposable diapers)
- Services decided to be experimental or for research
- Services not approved by the doctor, unless the doctor approval is not needed (i.e. family planning and behavioral health)
- Services or items only for cosmetic purposes
- Gender affirming surgery

What if I need services that are not covered by CHIP Perinatal?

If you need services that are not covered by CHIP Perinatal, Superior will try to help you find clinics and/or doctors that might be able to help you get those services at a discount.

There are also community organizations that might be able to help you. Call our Member Connections staff at 1-800-783-5386. They can help you find these resources.

CHIP Perinatal Mothers – Benefits and Services

CHIP Perinatal member excluded services:

- Inpatient and outpatient treatments other than prenatal care, labor with delivery, and postpartum care related to the covered unborn child until birth. Services related to preterm, false or other labor not resulting in delivery are excluded services.
- Inpatient mental health services.
- Outpatient mental health services.
- Durable medical equipment (DME) or other medically related remedial devices.
- Disposable medical supplies.
- Home and community-based health-care services.
- Nursing care services.
- Dental services.
- Inpatient substance use disorder treatment services and residential substance use disorder treatment services.
- Outpatient substance use disorder treatment services.
- Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders.
- Hospice care.
- Skilled nursing facility and rehabilitation hospital services.
- Emergency services other than those directly related to the delivery of the covered unborn child.
- Transplant services.
- Tobacco cessation programs.
- Chiropractic services.
- Medical transportation not directly related to the labor or threatened labor and/or delivery of the covered unborn child.
- Personal comfort items including, but not limited to, personal care kits provided on inpatient admission, telephone, television, newborn infant photographs, meals for guests of patient, and other articles which are not required for the specific treatment related to labor and delivery or post partum care.
- Experimental and/or investigational medical, surgical or other health-care procedures or services which are not generally employed or recognized within the medical community.
- Treatment or evaluations required by third parties including, but not limited to, those for schools, employment, flight clearance, camps, insurance or court.
- Private duty nursing services when performed on an inpatient basis or in a skilled nursing facility.
- Mechanical organ replacement devices including, but not limited to artificial heart.
- Hospital services and supplies when confinement is solely for diagnostic testing purposes and not a part of labor and delivery.
- Prostate and mammography screening.
- Elective surgery to correct vision.
- Gastric procedures for weight loss.
- Cosmetic surgery/services solely for cosmetic purposes.

CHIP Perinatal Mothers – Benefits and Services

CHIP Perinatal member excluded services (continued):

- Out-of-network services not authorized by Superior except for emergency care related to the labor and delivery of the covered unborn child, and services provided by an FQHC.
- Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity.
- Acupuncture services, naturopathy and hypnotherapy.
- Immunizations solely for foreign travel.
- Routine foot care such as hygienic care.
- Diagnosis and treatment of weak, strained, or flat feet and the cutting or removal of corns, calluses and toenails (this does not apply to the removal of nail roots or surgical treatment of conditions underlying corns, calluses or ingrown toenails).
- Corrective orthopedic shoes.
- Convenience items.
- Orthotics primarily used for athletic or recreational purposes.
- Custodial care (care that assists with the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, toileting, special diet preparation, and medication supervision that is usually self-administered or provided by a caregiver. This care does not require the continuing attention of trained medical or paramedical personnel).
- Housekeeping.
- Public facility services and care for conditions that federal, state, or local law requires be provided in a public facility or care provided while in the custody of legal authorities.
- Services or supplies received from a nurse, which do not require the skill and training of a nurse.
- Vision training, vision therapy, or vision services.
- Reimbursement for school-based physical therapy, occupational therapy, or speech therapy services are not covered.
- Donor non-medical expenses.
- Charges incurred as a donor of an organ.
- Telehealth and telemedicine services.

Superior Health Tip

Medicines can be safe if you take them correctly. Medicines can help you get better when you are sick. Medicines can also keep a health problem under control. Here are a few tips on how to use medicine safely:

- Read and follow the directions on the label.
- Take the exact amount written on the label.
- Take each dose around the same time each day.
- Use the same pharmacy for all of your prescriptions.
- Don't share your medicine or take someone else's medicine.

Pharmacy

What are CHIP prescription drug benefits?

You get unlimited prescriptions through your CHIP coverage if you go to a drug store that takes Superior members. There are some medications that may not be covered through CHIP. The formulary is listed on the Texas Vendor Drug website at https://www.txvendordrug.com/formulary. The Texas Vendor Drug Program determines which medications are covered for CHIP. The drug store can let you know which medications are not covered, or help you find another medication that is covered. You can also ask your doctor or clinic about what medications are covered, and what is best for you.

What are prescription drug benefits for CHIP Perinatal members?

Your unborn child's prescription drug benefits include unlimited prescriptions and prenatal vitamins. You can go to any drug store in Superior's network. There are some medications that may not be covered through CHIP Perinate. The Texas Vendor Drug Program determines which medications are covered for CHIP Perinate members. The formulary is listed on the Texas Vendor Drug website at https://www.txvendordrug.com/formulary.

The drug store can let you know which medications are not covered, or help you find another medication that is covered. You can also ask your doctor or clinic about what medications are covered, and what is best for you.

How do I get my/my child's medications? Who do I call if I have problems getting my/my child's medications?

CHIP, CHIP Perinatal and CHIP Perinate Newborn cover most of the medications your/your child's doctor says you need. Your/your child's doctor will write a prescription so you can take it to the drug store, or may be able to send the prescription for you. Exclusions include: contraceptive medications prescribed only for the purpose to prevent pregnancy, medications for weight loss or gain and certain over-the-counter (OTC) drugs. You may have to pay a copayment for each prescription filled depending on your income. There are no co-payments required for CHIP Perinate Newborn members. If you have trouble getting your medications, please call Member Services at 1-800-783-5386.

How do I find a network drug store? What do I bring with me to the drug store?

Superior provides prescriptions for all its members through drug stores contracted with Superior. You can get your prescriptions filled at most drug stores in Texas, such as CVS (which includes locations inside of Target), HEB, Walmart and Randalls. If you need help finding a drug store, call Superior at 1-800-783-5386. A list is also available online at www.SuperiorHealthPlan.com.

Remember: Always take your Superior ID card with you to the drug store.

What if I go to a drug store not in the network?

Superior has many contracted drug stores that can fill your medications. It is important that you show your CHIP ID card and Superior ID card at the drug store. If the drug store tells you they do not take Superior members, you can call Superior's Member Services at 1-800-783-5386, and we can help you find a drug store that can fill your medications for you. If you choose to have the drug store fill your medications and they do not take Superior members, you will have to pay the full cost for the medication.

Pharmacy

What if I have other primary insurance?

If you have other primary insurance, please show both your primary insurance and your CHIP insurance at the drug store. The drug store should run the primary insurance first, then the CHIP insurance.

What if I need my medications delivered to me?

Superior also offers many medications by mail. Some Superior drug stores offer home delivery services. Call Member Services at 1-800-783-5386 to learn more about mail order or to find a drug store that may offer home delivery service in your area.

What if I need/my child needs birth control pills?

The drug store cannot give you/your child birth control pills to prevent pregnancy. You/your child can only get birth control pills if they are needed to treat a medical condition. Formulary coverage for birth control pills are determined by the state formulary.

What if I lose my/my child's medications?

If you lose your medications, you should call your doctor or clinic for help. If your doctor or clinic is closed, the drug store where you got your medication should be able to help you. You can also call Superior Member Services at 1-800-783-5386, and we can help you get the medications you need.

What if I can't get the medication my/my child's doctor approved?

If your/your child's doctor cannot be reached to approve a prescription, you/your child may be able to get a three (3)-day emergency supply of your/your child's medication. Call Superior at 1-800-783-5386 for help with your medications and refills. Your drug store can also call the pharmacy help desk for assistance.

What if I need/my child needs an over-the-counter medication?

The drug store can only give you limited over-the-counter medication as part of your/your child's CHIP benefit. Covered over-the-counter medications on formulary are listed on the Texas Vendor Drug website at https://www.txvendordrug.com/formulary. If you need/your child needs an over-the-counter medication that is not listed on the Texas Vendor Drug formulary, you will have to pay for it.

Stay Connected with Superior's Member Portal

Superior's Member Portal is a convenient and secure tool to help you manage your health care. By creating a free account, you can:

- View your health history.
- Print a temporary ID card.
- Review your health benefits.

Visit www.SuperiorHealthPlan.com and click on "For Members." Then, click "Login."

Bonus Benefits and Services

What extra benefits and services do I get as a member of Superior HealthPlan? How do I get these?

As a member of Superior, you are able to get extra benefits and services in addition to your regular benefits. These are called Value-added Services. These include:

CHIP

- **24-Hour Nurse Advice Line**. Access to Superior's 24-hour nurse advice line. Call 1-800-783-5386 to contact a registered nurse for health questions 24 hours a day, 7 days a week.
- **Extra Help Getting a Ride**.
  - Rides for members to Social Security Administration-approved physician for appointments requested by disability determination services. Rides must be pre-authorized and scheduled at least two (2) business days before the appointment. Travel reimbursement, ambulance and emergency transport are excluded. Members must be accompanied by a responsible adult. Excludes CHIP Perinate members.
  - Rides for members to participate in Superior's Member Advisory Group (MAG) meetings. If the Superior member is a child, LAR and siblings may accompany member. The number of riders is limited to the space available in the transportation vehicle provided. The most cost-effective method of transportation will be offered. Travel reimbursement, ambulance, and emergency transport are excluded. CHIP Perinate members are excluded.
- **Extra Vision Benefits**. $150 retail allowance towards select prescription eyeglass frames, lenses or contact lenses not covered by CHIP, once per year. Coverage is for frames and lenses and does not cover additional features such as tints and coating. This allowance may not be used toward replacement eyewear or sunglasses. The member will be responsible for any charges exceeding $150. Excludes CHIP Perinate members.
- **Flu Shot**. $25 rewards card for getting a flu shot on or before member's second birthday. Members can earn this Value-added Service twice before child's second birthday. Flu shot must be administered according to the CDC recommended child immunization schedule. CHIP Perinate pregnant members are excluded.
- **Healthy Play and Exercise Programs (Boys & Girls Clubs)**. Up to a $60 allowance for CHIP members to use towards a one-time club membership for members 6-18 years old or a one-time sports registration fee for members 6-12 years old through Superior's partnerships with select Boys and Girls Clubs (BGC). Activities may vary by location. Members are subject to the rules and regulations of the participating BGC they choose to join. There must be a contracted BGC within the area of the member's residence in order to be eligible. Limit one per member, per year, not to exceed $60. Excludes BGC locations in Bexar, El Paso and Nueces service delivery areas and CHIP Perinate members.
- **Healthy Play and Exercise Programs (YMCA)**.
  - Six-month YMCA membership for members, ages birth to 17 years old, and one adult family member, at locations included in the Texas State Alliance of YMCAs. Activities may vary by location. Members are subject to the rules and regulations of the participating YMCA they choose to join. 6-month membership must be consecutive and is available once per year. The family member must be an adult over 18 years of age and cannot be enrolled with Superior. There must be a Texas State Alliance of YMCAs within the vicinity of the member's residence to be eligible. CHIP Perinate members are not eligible.
  - A family-based weight-management program, Healthy Weight and Your Child, for children ages 5-17 and with a BMI at or greater than the 85th percentile. Program focuses on healthy eating, regular physical activity and behavior change to encourage a positive life-long lifestyle transformation. Families must commit to the 25-session, 4-month program prior to signing up. Excludes Lubbock, Nueces, RSA service delivery areas and CHIP Perinate members.

Bonus Benefits and Services

- **Help for Members with Asthma**. Allergy-free mattress cover and pillowcase for members enrolled in Asthma Care Management. Available every 2 years. Excludes CHIP Perinate members.
- **Home Visits for Members who are Pregnant**. Members who are enrolled in Service Management for high-risk pregnancy may receive a home visit to help address their special symptoms. Excludes CHIP Perinate members.
- **Joy for All™**. Joy for All™ battery-operated plush companion pet available to members enrolled in Case Management for at least 60 days in the Bexar, El Paso or MRSA Central service delivery areas. Value-added Service must be authorized by Superior's Case Management upon member's request. Limited to one per member lifetime. Excludes CHIP Perinate members.
- **My Health Pays® Rewards Program**. Superior's rewards program offers financial, non-cash incentives that reward pregnant members for completing healthy activities related to their pregnancy and delivery. Rewards are loaded onto a prepaid card. Pregnant members can receive awards for completing these activities following confirmation of the visit:
  - $100 for prenatal visit within the first trimester or 42 days of enrollment with Superior.
  - $50 for postpartum visit within 7-84 days of delivery.
- **Nicotine Recovery Program**. Online nicotine recovery program through a web and mobile app that offers a wide variety of resources to help members meet their nicotine recovery goals. This online resource provides ideas, information and education such as expert videos, interactive activities and stories of hope.
- **Online Mental Health Resources**. Online mental health resources through a website and mobile app that offers a range of resources to support mental health and overall well-being. Members can also engage in personalized e-Learning programs to help address depression, anxiety, stress, chronic pain, substance use and sleep issues.
- **Online Social Services Resource Directory**. Online social services resource directory for members through https://www.superiorhealthplan.com/members/medicaid/resources.html to help locate community supports such as food and nutrition, housing, education and employment services.
- **Over-the-Counter (OTC) Items**. Up to $25 every quarter, per member for commonly-used OTC items. This benefit covers items that do not need a prescription and are not otherwise covered by CHIP. Members will select from a catalog of items supplied by Superior. Members can place orders via the Superior member portal (https://member.superiorhealthplan.com/sso/login) or by calling the vendor's toll-free number. Unused balances are not carried over from quarter to quarter and members are allowed only one order per quarter. The total cost of items must be less than or equal to the program allowance in order for the items to be shipped to the member's home. Products may not be returned. OTC items may be ordered for the member only. Excludes CHIP Perinate members.
- **Smoking Cessation**. Telephonic outreach, education and support services offered to reduce the health risks associated with smoking during pregnancy through Superior's Puff-Free Pregnancy program. Members receive an individualized cessation plan, health kit to support smoking abstinence and materials that enhance understanding and compliance. Pregnant members receive a smoking cessation support kit upon enrolling in the program and completing an initial assessment. Excludes CHIP Perinate members.
- **Sports/School Physicals**. Annual sports/school physicals for CHIP members. This Value-added Service is restricted to one physical per year with a maximum reimbursement of $35. The sports physical must be provided by a contracted Superior provider. Excludes CHIP Perinate members.
- **Start Smart® For Your Baby Program**. Superior's award-winning program for pregnant CHIP members offers educational materials and supplies. Pregnant members can earn Value-added Services one time per

pregnancy. Pregnant members can receive a diaper bag, starter supply of diapers and educational materials by:

- Completing a Notification of Pregnancy (NOP) form and;
- Attending a Baby Shower hosted by Superior.

Pregnant CHIP members have access to a mobile app which offers pregnancy-related support and information according to their pregnancy stage.

CHIP Perinate

- **24-Hour Nurse Advice Line**. Access to Superior's 24-hour nurse advice line. Call 1-800-783-5386 to contact a registered nurse for health questions 24 hours a day, 7 days a week.
- **My Health Pays® Rewards Program**. Superior's rewards program offers financial, non-cash incentives that reward pregnant members for completing healthy activities related to their pregnancy and delivery. Rewards are loaded onto a prepaid card. Pregnant members can receive awards for completing these activities following confirmation of the visit:
  - $100 for prenatal visit within the first trimester or 42 days of enrollment with Superior.
  - $50 for postpartum visit within 7-84 days of delivery.
- **Nicotine Recovery Program**. Online nicotine recovery program through a web and mobile app that offers a wide variety of resources to help members meet their nicotine recovery goals. This online resource provides ideas, information and education such as expert videos, interactive activities and stories of hope.
- **Online Mental Health Resources**. Online mental health resources through a website and mobile app that offers a range of resources to support mental health and overall well-being. Members can also engage in personalized e-Learning programs to help address depression, anxiety, stress, chronic pain, substance use and sleep issues.
- **Online Social Services Resource Directory**. Online social services resource directory for members through https://www.superiorhealthplan.com/members/medicaid/resources.html to help locate community supports such as food and nutrition, housing, education and employment services.
- **Start Smart® For Your Baby Program**. Superior's award-winning program for pregnant CHIP members offers educational materials and supplies. Pregnant members can earn Value-added Services one time per pregnancy. Pregnant members can receive a diaper bag, starter supply of diapers and educational materials by:
  - Completing a Notification of Pregnancy (NOP) form and;
  - Attending a Baby Shower hosted by Superior.

  Pregnant CHIP members have access to a mobile app which offers pregnancy-related support and information according to their pregnancy stage.

Value-added Services may have restrictions and limitations. These services are effective 9/1/22-8/31/23. For an up-to-date list of these services, go to www.SuperiorHealthPlan.com. For questions or to learn how to get these benefits for you/your child, call Member Services at 1-800-783-5386.

How can I learn more about the benefits and services that are available?

Superior wants to make sure you are linked to quality health care and social services. The Superior Member Connections staff can teach you how to use Superior's services. They can visit you at home, talk to you on the phone or send you facts by mail. They will help you with things like:

- Information on the CHIP program
- How to pick a doctor
- How to use your member handbook
- How to use Superior services

Bonus Benefits and Services

- Preventive, urgent and emergent care
- Visits to specialists
- Complaint and appeal procedures
- Procedures for leaving the program

Superior Member Connections can also give you resources to help you get food, housing, clothing and utility services. To learn more, please call Superior's Member Connections staff at 1-800-783-5386.

Asthma Program

If you or your child has asthma, Superior has a special program that can help you. Asthma is a disease that makes it hard to breathe. People with asthma have:

- Shortness of breath.
- Have a tightness in their chest.
- Make a whistling sound when they breathe.
- Cough a lot, especially at night.

Call Superior at 1-800-783-5386 if you or your child:

- Has been in the hospital for asthma during the past year.
- Has been in the emergency room in the past two months for asthma.
- Has been in the doctor's office three or more times in the past six months for asthma.
- Takes oral steroids for asthma.

Attention-Deficit/Hyperactivity Disorder (ADHD) Program

If you or your child are diagnosed with ADHD and you would like assistance helping to manage your or their symptoms, Superior has a program that can help you. Some common symptoms of ADHD in children include:

- Difficulty with concentration or easily distracted
- Impulsive behavior
- Being unable to play or engage in activities quietly

Call Superior at 1-800-783-5386 if you would like to:

- Learn more about your or your child's symptoms and treatment options.
- Get assistance finding and/or making an appointment with a behavioral health provider.
- Better understand how you can support yourself or your child.

Care Management

Superior has experienced nurses who can help you understand problems you/your child may have. These include:

- Asthma
- Diabetes
- Chronic obstructive pulmonary disease (COPD)
- Transplants
- Using the emergency room frequently
- Being in the hospital often
- Wounds that won't heal
- Multiple diseases or conditions

Our nurses will help you stay healthy and get you the care you need. We help you find care close to you. We will

Bonus Benefits and Services

work with your doctor to improve your health. The goal of our program is to learn what information or services you need. We want you to become more independent with your health. Please call us at 1-800-783-5386 to talk to a nurse. Our staff is there from 8 a.m. to 5 p.m. Monday through Friday except state-approved holidays. You can reach a nurse 24 hours a day, 7 days a week. They can answer your health questions after hours and on weekends.

Although our nurses can help you, we know you may not want this. If you don't want to be in the program, you can quit at any time by calling your nurse.

Also:

- Superior nurses may contact you if a doctor asks us to call you, if you ask us to call, or if Superior feels we can help you.
- We may ask you questions about your health.
- We will give you information to help you understand how to get the care you need.
- We will talk to your doctor and other people who treat you to get you care.
- You should call us at 1-800-783-5386 if you want to talk to a nurse about being in this program.

Depression Program

If you are concerned because you or your child has felt down or stressed and would like help in managing those symptoms, Superior has a program that can help you. Some of the common symptoms of depression in children are:

- Persistent sadness and/or irritability
- Low self-esteem
- Loss of interest in previously enjoyed activities
- Change in appetite or sleep
- Little interest or pleasure in doing things
- Risk taking behaviors
- Trouble with concentration
- Physical complaints, like headaches or stomachaches

Call Superior at 1-800-783-5386 if you would like to:

- Learn more about your or your child's symptoms and treatment options.
- Get assistance finding and/or making an appointment with a behavioral health provider.
- Better understand how you can support yourself or your child.

Intellectual or Developmental Disability (IDD) Management Program

If you or your child is diagnosed with or have symptoms of an Intellectual or Developmental Disability (autism spectrum disorder) Superior has a program that can help manage and understand your symptoms. Assistance is available for members under 18 years of age. Some of the common symptoms of IDD in children are:

- Limited or delayed cognitive, language or learning skills
- Limited adaptive functions including communicating effectively, interacting with others and taking care of oneself

Bonus Benefits and Services

- Impaired social communication, restricted interests, and repetitive behaviors
- Trouble connecting with others' thoughts or feelings
- Difficulty reading others' body language and facial expressions

Call Superior at 1-800-783-5386 if you would like to:

- Learn more about your or your child's symptoms.
- Better understand how you can support yourself or your child.
- Get assistance finding and/or making an appointment with a behavioral health provider.

Pregnancy Substance Use Program

If alcohol or drug use has interfered with your or your child's behaviors and you would like help, Superior has a program that can assist you. Call Superior at 1-800-783-5386 if you are pregnant and:

- Would like education and resources to help reduce or stop your or your child's use.
- Family and/or friends have expressed concern about your or your child's use.
- Want to know more about treatment options.
- Have had difficulty reducing or helping your child reduce or stop use and have not been successful.

Substance Use Disorder Program

If alcohol or drug use has interfered with your or your child's behaviors and you would like help, Superior has a program that can assist you.

Call Superior at 1-800-783-5386 if you:

- Would like education and resources to help reduce or stop your or your child's use.
- Family and/or friends have expressed concern about your or your child's use.
- Want to know more about treatment options.
- Have had difficulty reducing or helping your child reduce or stop use and have not been successful.

Superior Health Tip

Asthma is one of the most common chronic diseases of childhood. Your doctor can help you keep it under control.

Health Education for CHIP and CHIP Perinatal Mothers

What else does Superior offer for members to learn about health care?

Superior has a lot of information available for you online. This includes a quarterly member newsletter. You can find this at www.SuperiorHealthPlan.com by clicking on "Medicaid & CHIP Plans" and then on "Member News."

There are also interactive health lessons and tools available for you online. This includes On. Target plans that can help you learn about living well with chronic illnesses, healthy eating tips, finding exercise you enjoy and more. You can find this at www.SuperiorHealthPlan.com by logging into Superior's Member Portal. Click "Tell Us About Your Health" and then on "Wellness Assessment."

What health education classes does Superior offer?

Superior wants you to lead a healthy life. That is why we started the Superior Health Education Program. This program gives you facts to help make better health choices for you and your family.

Superior also hosts special baby showers in many areas to teach you more about your pregnancy and new baby. For more information on baby shower dates and locations, please visit www.SuperiorHealthPlan.com or call Member Services at 1-800-783-5386. Classes include:

- Start Smart for Your Baby® - A special program for pregnant women that includes education classes, Care Management and baby showers.

Superior also conducts quarterly Member Advisory Group meetings to help you learn more about your benefits, services and an opportunity to provide feedback about how Superior is helping with your health-care needs. You can find out more by visiting www.SuperiorHealthPlan.com or calling Member Services at 1-800-783-5386.

What health education classes are offered by other agencies?

Superior will also let you know about other health education classes offered within the community that can help you and your family. Some community health education programs are:

- Youth diabetes education classes
- Youth asthma education classes
- Nutrition classes for the whole family
- CPR classes
- Healthy eating classes

If you need extra help because you are pregnant or if you or your child has asthma or another serious medical condition, call Superior at 1-800-783-5386. They will refer you to Superior's Care Management program. It has registered nurses who can help you manage your (or your child's) illness. The nurses will work with you and your doctor(s) to coordinate your care and make sure you have what you need to help keep you/your healthy.

The Head Start Program

Head Start is a program offered to many children in Texas. The program provides children ages five (5) and younger with health services and early childhood education that help them get ready for school. Children may qualify for the program based on their family's income.

Programs may be held in schools, child care facilities or community agencies. Some of the benefits of Head Start are:

- **Education:** The program helps many children learn and grow. Early Head Start services are available for at least six (6) hours each day. Head Start preschool services include half-day or full-day programs.
- **Health:** Health services are provided. These include vaccines as well as dental, medical and mental health services.

Health Education for CHIP and CHIP Perinatal Mothers

- **Parent Involvement:** Parents of children in the program can be on committees, attend classes or volunteer.
- **Social Services:** Support may be available to families to find the services they need. This may include nutritional support or other needs.
- **Home-Based Services:** Head Start staff members may visit children in their home and work with parents to be their children's main teacher.

Enrolling in Head Start

Many children will qualify for Head Start. The children's family must meet income guidelines. A list of guidelines is provided by the U.S. Department of Health and Human Services. Go to https://www.benefits.gov/benefit/1941 to learn more. The children's birth certificate or other form of identification is needed to finish enrolling.

There are many Head Start programs in Texas. These programs can be found at https://eclkc.ohs.acf.hhs.gov/programs/texas-head-start-collaboration-office.

Please note that children who enroll in Head Start are required to get a well child checkup within 45 days of enrolling. Call Superior if you/your child need help scheduling an appointment or finding a doctor.

Superior Health Tip

You should know the general signs of danger during pregnancy. Call your doctor if you notice any of the following:

- Severe, steady headache
- Vaginal bleeding
- Blurred or double vision
- Decreased movement of the baby
- Cramping for more than 2 hours
- Clear, pink, or brownish water leaking or gushing from the vagina

Advance Directives

This section applies to young adults 18 years and older only.

What are advance directives? How do I get an advance directive?

An advance directive lets you make decisions about your health care before you get too sick. What you decide is put in writing. Then, if you become too sick to make decisions about your health care, your doctor will know what kind of care you do or do not want. The advance directive can also say who can make decisions for you if you are not able to.

Through this document, you will have the right to make decisions about your health care, like what kind of health care, if any, you will or will not accept. If you sign either of these documents, your doctor will make a note in your medical records so that other doctors know about it.

Superior wants you to know your right to decide so you can fill out the papers ahead of time. These are the types of advance directives you can choose under Texas law:

- **Directive to Doctor (Living Will)** – A living will tells your doctor what to do. It helps you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. In the state of Texas you can make a living will. Your doctor must follow your living will in case you become too sick to decide about your care.
- **Durable Power of Attorney for Health Care** – This is a document that lets you name someone else to make decisions about your health care in case you are not able to make those decisions yourself.
- **Declaration of Mental Health Treatment** – This tells your doctor about the mental health care you want. In the state of Texas you can make this choice. It expires three (3) years after you sign it or at any time you pick to cancel it, unless a court has considered you incapacitated.
- **Out-of-Hospital Do Not Resuscitate** – This tells your doctor what to do if you are about to die. In the state of Texas your doctor must follow this request if you become too sick.

When you talk to your doctor about an advance directive, he or she might have the forms in their office to give you. You can also call Superior at 1-800-783-5386 and we will help you get one.

What if I am too sick to make a decision about my medical care?

All adults in hospitals, nursing homes, behavioral health facilities and other health-care places have rights. For example, you have the right to know what care you will get, and that your medical records will always be private.

A federal law gives you the right to fill out a paper form known as an “advance directive.” An advance directive is a living will or power of attorney for health care when a person is not able to make a decision on their own because of their health. It gives you the chance to put your wishes in writing about what kind of health care you want or do not want, under special, serious medical conditions when you might not be able to tell your wishes to your doctor, the hospital or other staff.

Member Billing

What do I do if I get a bill from my/my child's doctor or perinatal provider? Who do I call? What information will they need?

The scheduled copayments and deductibles are the only amounts that a provider can collect from you. Please remember to show your Superior ID card before you see the doctor. First, call the provider that is billing you. They might not have the right facts. You should not be billed for any services covered by CHIP as long as you go to a Superior Provider. If you get a bill for services Superior should have paid for, call Member Services at 1-800-783-5386. When you call, give the Member Services staff the following facts:

- Date of service
- Your Patient Account Number
- Invoice number
- Name of provider
- Amount of bill
- The phone number listed on the statement

We will look into why you got the bill and offer an explanation and resolution as appropriate.

CHIP

What are copayments? How much are they and when do I have to pay them?

Copayments for medical services or prescription drugs are paid to the health-care provider at the time of service. Your child's Superior ID card lists the copayments that apply to your family. Present your ID card when your child gets office visits or emergency room services or has a prescription filled.

Co-payments do not apply, at any income level, to:

- Preventive care such as well-child or well-baby visits or immunizations.
- Pregnancy related assistance.
- Outpatient office visits for Behavioral Health (Mental Health and Substance Use Disorders) services.
- Mental Health and Substance Use Disorders residential treatment services.
- CHIP members who are Native American or Alaskan Native.*
- CHIP Perinatal members.

*Members do not have any cost-sharing. This includes enrollment fees and co-pays. If you are Native American or Alaskan Native and your member ID card shows that a copay is required, please call Superior so we can send you a new card.

Member Billing

The table below lists the CHIP copayment schedule. It is listed according to a family's income.

Effective January 1, 2014	
Enrollment Fees (for 12-month enrollment period):	**Charge**
At or below 151% of FPL*	$0
Above 151% up to and including 186% of FPL	$35
Above 186% up to and including 201% of FPL	$50

Federal Poverty Levels (FPL)	Office Visits (non-preventative)	Non-Emergency ER	Generic Drug	Brand Drug	Facility Co-pay, Inpatient (per admission)	Cost-sharing Cap
At or Below 151%	$5	$5	$0	$5	$35	5% of family income**
Above 151% up to and including 186%	$20	$75	$10	$35	$75	5% of family income**
Above 186% up to and including 201%	$25	$75	$10	$35	$125	5% of family income**

*The federal poverty level (FPL) refers to income guidelines established annually by the federal government.
**Per 12-month term of coverage.

What are the CHIP cost sharing limits?

The member guide you received from CHIP when you joined CHIP includes a tear-out form that you should use to track your CHIP expenses. To make sure that you do not go over your cost-sharing limit, please keep track of your CHIP-related expenses on this form. The enrollment packet welcome letter tells you exactly how much you must spend before you are able to mail the form back to CHIP. If you have lost your welcome letter, please call CHIP at 1-800-647-6558. They will tell you what your once-a-year cost-sharing limit is. When you reach your once-a-year cost-sharing limit, please send the form to CHIP. They will notify us at Superior HealthPlan. We will issue a new member ID card. This new card will show that no copayments are due when you/your child receives services for the remainder of the enrollment period.

CHIP Perinatal

How much do I have to pay for my unborn child's health care under CHIP Perinatal?

There are no enrollment fees, copayments or cost-sharing fees for CHIP Perinatal members. This means that you do not have to pay when you see a perinatal doctor.

Will I have to pay for services that are not covered by CHIP Perinatal?

Superior will only pay for covered benefits, but there may be other community resources that can provide the service you want at a low or no cost to you. If you need services that are not covered by CHIP Perinatal,
Superior will try to help you find providers and other community organizations that might be able to help you get those services.

There are also community organizations that might be able to help you. Call our Member Connections staff at 1-800-783-5386. They can help you find these resources.

Getting Help With Benefits and Services

What should I do if I have a complaint? Who do I call?

Superior wants to help. If you have a complaint, call us toll-free at 1-800-783-5386 to tell us about your problem. We will send you a form to fill out and send back to us about your complaint. A Superior Member Services Advocate can also help you file complaint. Just call 1-800-783-5386. Most of the time, we can help you right away, or at the most, within a few days. Superior cannot take any action against you as a result of your filing a complaint.

You can also file a complaint through our website. Go to www.SuperiorHealthPlan.com and click on "Contact Us" in the upper right hand corner on the page. You can also use Superior's complaint form. A copy of the complaint form can be printed from Superior's website. You can mail the form to:

Superior HealthPlan
ATTN: Complaints
5900 E. Ben White Blvd.
Austin, Texas 78741-9903

Interpreter services are provided free of charge, please call Member Services at 1-800-783-5386 (TTY: 1-800-735-2989) for assistance.

What are the requirements and timeframes for filing a complaint?

You can file a complaint at any time. A complaint may be filed by calling 1-800-783-5386, or by mail, by faxing 1-866-683-5369 or online at www.SuperiorHealthPlan.com.

Can someone from Superior help me file a complaint?

Someone from Superior Member Services can help you file a complaint. Just call 1-800-783-5386 (Relay Texas/TTY Line 1-800-735-2989). You may also file a complaint face-to-face with any representative from Superior who will document your complaint within 24 hours of receipt on your behalf.

How long will it take to process my complaint?

Most of the time we can help you right away. Superior will have a written answer to your complaint within 30 days of the date you submit your complaint to us.

Do I have the right to meet with a complaint appeal panel?

If you are not satisfied with Superior's response to your complaint, you have the right to meet with a complaint appeal panel. The panel is made up of members, providers and Superior staff. The panel will meet with you and a final response to your complaint will be completed within 30 calendar days of receiving your written request for an appeal.

If I am not satisfied with the outcome, who else can I contact?

If you are not satisfied with the answer to your complaint, you can also complain to the Texas Department of Insurance by calling toll-free to 1-800-252-3439. If you would like to make your request in writing send it to:

Texas Department of Insurance
Consumer Protection
P.O Box 149091
Austin, Texas 78714-9091

If you can get on the Internet, you can send your complaint in an e-mail to http://www.tdi.texas.gov/consumer/complfrm.html.

Getting Help With Benefits and Services

How will I find out if services are denied or limited? What can I do if my doctor asks for a service for me/my child that's covered by Superior, but Superior denies or limits it?

Superior will send you a letter if a requested service is denied or limited. If you disagree with the decision, you may file an appeal.

When do I have the right to ask for an appeal?

You have the right to appeal Superior's decision if CHIP covered services are denied based on lack of medical need. Superior's denial is called an "adverse benefit determination." You can appeal the adverse benefit determination if you think Superior:

- Is stopping coverage for care you think you/your child needs.
- Is denying coverage for care you think should be covered.
- Provides a partial approval of a request for a covered service.

You, a doctor or someone else acting on your/your child's behalf can appeal an adverse benefit determination.

What are the timeframes for the appeals process?

You will have 60 days from the date of the denial letter to appeal the decision. Superior will acknowledge your appeal within five (5) Business Days of receipt, and complete the appeal within 30 calendar days.

Does my request have to be in writing?

You can call us to let us know you want to appeal an adverse benefit determination or you can send your request in writing. If you need help, Superior can help you put your appeal in writing.

Can someone from Superior help me file an appeal?

You, your provider or another person acting on your behalf can file an appeal. A Superior Member Advocate can help you with any questions you have about filing an appeal. You can call Member Services at 1-800-783-5386 (TTY: 1-800-735-2989) with any questions. Interpreter services are provided free of charge, call Member Services for assistance.

What is an expedited appeal?

An expedited appeal is when Superior HealthPlan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize your life or health. Expedited appeals are available for a denial of emergency care, denial of a continued hospitalization, and denial of prescription drugs or intravenous infusions.

Who can help me in filing an expedited appeal?

You, your provider or another person acting on your behalf can file an appeal. A Superior Member Advocate can help you with any questions you may have related to an expedited appeal. You can call Member Services at 1-800-783-5386 with any questions.

How do I ask for an expedited appeal? Does my request have to be in writing?

You, your provider or another person acting on your behalf can ask for an expedited appeal by calling Superior's Appeals team at 1-800-218-7453. You can also ask for an expedited appeal in writing and send it to Superior's Appeal Department by fax at 1-866-918-2266.

What are the timeframes for an expedited appeal?

Superior will make a decision about your expedited appeal within one (1) Business Day, and send you a letter within 72 hours.

What is a specialty review?

Once an appeal is requested, your provider can ask for a specialty review. A specialty review is when your provider requests the review be completed by a particular type of specialist.

What are the timeframes for a specialty review?

Your provider can request a specialty review up to 10 working days after you file an appeal or your appeal is denied. The specialty review must be completed within 15 working days from the date your health care provider's request is received.

What is an External Review?

An External Review is an outside review of your health plan's denial of a service you and your doctor feel is medically necessary. The External Review process is managed by MAXIMUS Federal Services for CHIP members. This organization is not related to your doctor or to Superior. There is no cost to you for an External Review. You can ask for an External Review after you complete the appeal process with Superior, or if Superior has denied a service that you think is life threatening.

How do I ask for an External Review?

All External Review requests must be sent directly to MAXIMUS Federal Services, the External Review Organization for Superior CHIP members.
To request an External Review, you must provide the following information: name, address, phone number, email address, whether the request is expedited or standard, a completed Appointment of Representative Form (if someone is filing on your behalf) and a brief summary of the reason you disagree with Superior's decision.

You must fill out the HHS Federal External Review Request Form that is sent with the adverse benefit determination or appeal letter. Include your adverse benefit determination letter from Superior when mailing or faxing your request to MAXIMUS. If you need this form, Superior can provide a copy to you. The form is available on Superior's website here: https://www.superiorhealthplan.com/content/dam/centene/Superior/Medicaid/PDFs/external-review-request-info-form-fillable.pdf.

Send your request for External Review directly to MAXIMUS at:

MAXIMUS Federal Services
3750 Monroe Avenue, Suite 705
Pittsford, NY 14534
Fax number: 1-888-866-6190

Getting Help With Benefits and Services

What are the timeframes for this process?

The MAXIMUS Federal Services examiner will contact Superior immediately when they receive the request for External Review. Within five (5) Business Days, Superior will give the examiner all documents and information used to make the internal appeal decision.

For standard External Review request:

You or someone acting for you will receive written notice of the final External Review decision as soon as possible. You will receive notice no later than 45 days after the examiner receives the request for an External Review.

For expedited or fast External Review request:

The MAXIMUS examiner will give Superior and you or the person filing on your behalf the External Review decision as quickly as medical status requires. You will get a decision no later than 72 hours of us receiving the request. You or someone acting for you will receive the decision by phone. MAXIMUS will also send a written version of the decision within 48 hours of the phone call.

Take Charge Of Your Mental Health

Online mental health resources are available 24/7 from your computer or mobile device. You can engage in personalized e-Learning programs to help address:

- Depression
- Anxiety
- Stress
- Chronic pain
- Substance use
- Sleep issues
- And more

We are proud to offer a range of resources to support mental health and overall well-being.

Rights and Responsibilities

Your Right to Privacy

The following notice describes how medical facts about you are to be used and disclosed and how you can get access to these facts. Please review it carefully.

At Superior HealthPlan, your privacy is important to us. We will do all we can to protect your health records. You may get a copy of our privacy notice at www.SuperiorHealthPlan.com or by calling Member Services at 1-800-783-5386. By law, we must protect your health records and send you this notice. This notice tells you how we use your health records. It describes when we can share your records with others. It explains your rights about the use of your health records. It also tells you how to use those rights and who can see your health records. This notice does not apply to facts that do not identify you.

When we talk about your health records in this notice, it includes any facts about your past, present or future physical or mental health while you are a member of Superior. This includes providing health care to you. It also includes payment for your health care while you are our member.

Please note: You will also receive a privacy notice from the State of Texas outlining their rules for your health records. Other health plans and health-care providers have other rules when using or sharing your health records. We ask that you get a copy of their privacy notices and read them carefully.

Confidentiality

When you or your child talks to someone, you share private facts. Your child's provider can share these facts only with staff helping with you/your child's care. These facts can be shared with others when you say it is okay.

Superior works to deal with you/your child's physical and mental health or substance use disorder treatment giving them the best care you/they need.

As a member of Superior HealthPlan, you can ask for and get the following information each year:

- Information about Superior and our network providers – at a minimum primary care doctors, specialists and hospitals in our service area. This information will include names, address, telephone numbers, languages spoken (other than English), identification of providers that are not accepting new patients, and qualifications for each network provider such as:
    - Professional qualifications
    - Specialty
    - Medical school attended
    - Residency completion
    - Board certification status
    - Demographics
- Any limits on your freedom of choice among network providers.
- Your rights and responsibilities.
- Information on complaint, appeal and fair hearing procedures.
- Information about Superior's Quality Improvement Program is available on our website: www.SuperiorHealthPlan.com. To request a hard copy call Member Services at 1-800-783-5386.

Rights and Responsibilities

- How you get benefits, including authorization requirements.
- How members can get benefits, including authorization requirements and family planning services, from out-of-network providers and/or limits to those benefits.
- How you get after hours and emergency coverage and/or limits to those kinds of benefits, including:
    - What makes up emergency medical conditions, emergency services and post-stabilization services.
    - The fact that you do not need prior authorization from your Primary Care Provider (PCP) for emergency care services.
    - How to get emergency services, including instructions on how to use the 911 telephone system or its local equivalent.
    - A statement saying you have the right to use any hospital or other settings for emergency care.
    - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits you cannot get through your PCP.
- Superior practice guidelines.

More Services For Your Health

Depression can be treated. Superior can help. Call 1-800-783-5386 or Relay Texas/TTY (deaf/hard of hearing) at 1-800-735-2989 to learn more.

CHIP and CHIP Perinate Newborn Rights and Responsibilities

What are my Rights and Responsibilities?

Member Rights:

1. You have the right to get accurate, easy-to-understand information to help you make good choices about your child's health plan, doctors, hospitals and other providers.
2. Your health plan must tell you if they use a "limited provider network." This is a group of doctors and other providers who only refer patients to other doctors who are in the same group. "Limited providers network" means you cannot see all the doctors who are in your health plan. If your health plan uses "limited networks," you should check to see that your child's Primary Care Provider (PCP) and any specialist doctor you might like to see are part of that same "limited network."
3. You have the right to know how your doctors are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your child. You have the right to know about what those payment are and how they work.
4. You have the right to know how Superior decides whether a service is covered and/or medically necessary. You have the right to know about the people in the health plan who decide those things.
5. You have the right to know the names of the hospitals and other providers in your health plan and their addresses.
6. You have a right to pick from a list of health-care providers that is large enough so that your child can get the right kind of care when your child needs it.
7. If a doctor says your child has special health-care needs or a disability, you may be able to use a specialist as your child's PCP. Ask your health plan about this.
8. Children who are diagnosed with special health-care needs or a disability have the right to special care.
9. If your child has special medical problems, and the doctor your child is seeing leaves your health plan, your child may be able to continue seeing that doctor for three months, and Superior must continue paying for those services. Ask your plan about how this works.
10. Your daughter has the right to see a participating obstetrician/gynecologist (OB/GYN) without a referral from her PCP and without first checking with Superior. Ask your plan how this works. Some plans may make you pick an OB/GYN before seeing that doctor without a referral.
11. Your child has the right to emergency services if you reasonably believe your child's life is in danger, or that your child would be seriously hurt without getting treated right away. Coverage of emergencies is available without first checking with your health plan. You may have to pay a copayment depending on your income. Copayments do not apply to CHIP Perinatal members.
12. You have the right and responsibility to take part in all the choices about your child's health care.
13. You have the right to speak for your child in all treatment choices.
14. You have the right to get a second opinion from another doctor in your health plan about what kind of treatment your child needs.
15. You have the right to be treated fairly by your health plan, doctors, hospitals, and other providers.
16. You have the right to talk to your child's doctors and other Providers in private, and to have your child's medical records kept private. You have the right to look over and copy your child's medical records and to ask for changes to those records.

CHIP and CHIP Perinate Newborn Rights and Responsibilities

17. You have the right to a fair and quick process for solving problems with your health plan and the plan's doctors, hospitals, and others who provide services to your child. If your health plan says it will not pay for a covered service or benefit that your child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.
18. You have a right to know that doctors, hospitals, and others who care for your child can advise you about your child's health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
19. You have a right to know that you are only responsible for paying allowable copayments for covered services. Doctors, hospitals, and others cannot require you to pay any other amounts for covered services.
20. You have the right to make recommendations about Superior's Member Rights & Responsibilities Policies.
21. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do, or to prevent you from leaving or is to punish you.

Member Responsibilities:

You and your health plan both have an interest in seeing your child's health improve. You can help by assuming these responsibilities.

1. You must try to follow healthy habits. Encourage your child to stay away from tobacco and to eat a healthy diet.
2. You must become involved in the doctor's decisions about your child's treatments.
3. You must work together with your health plan's doctors and other providers to pick treatments for your child that you have all agreed upon.
4. If you have a disagreement with your health plan, you must try first to resolve it using the health plan's complaint process.
5. You must learn about what your health plan does and does not cover. Read your member handbook to understand how the rules work.
6. If you make an appointment for your child, you must try to get to the doctors office on time. If you cannot keep the appointment, be sure to call and cancel it.
7. If your child has CHIP, you are responsible for paying your doctor and other providers' copayments that you owe them. If your child is getting CHIP Perinatal services, you will not have any copayments for that child.
8. You must report misuse of CHIP or CHIP Perinatal services by health-care providers, other members, or health plans.
9. You must talk to your provider about your medications that are prescribed.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at 1-800-368-1019. You can also view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr.

CHIP Perinatal Member Rights and Responsibilities

What are my Rights and Responsibilities?

Member Rights:

1. You have the right to get accurate, easy-to-understand information to help you make good choices about your unborn child's health plan, doctors, hospitals and other providers.
2. You have the right to know how the Perinatal providers are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your unborn child. You have the right to know about what those payments are and how they work.
3. You have the right to know how the health plan decides whether a perinatal service is covered and/or medically necessary. You have the right to know about the people in the health plan who decide those things.
4. You have the right to know the names of the hospitals and other Perinatal providers in your health plan and their addresses.
5. You have a right to pick from a list of health-care providers that is large enough so that your unborn child can get the right kind of care when it is needed.
6. You have a right to emergency perinatal services if you reasonably believe your unborn child's life is in danger, or that your unborn child would be seriously hurt without getting treated right away. Coverage of such emergencies is available without first checking with your health plan.
7. You have the right and responsibility to take part in all the choices about your unborn child's health care.
8. You have the right to speak for your unborn child in all treatment choices.
9. You have the right to be treated fairly by your health plan, doctors, hospitals, and other Providers.
10. You have the right to talk to your Perinatal provider in private, and to have your medical records kept private. You have the right to look over and copy your medical records and to ask for changes to those records.
11. You have the right to a fair and quick process for solving problems with your health plan and the plan's doctors, hospitals, and others who provide perinatal services to your unborn child. If your health plan says it will not pay for a covered service or benefit that your unborn child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.
12. You have a right to know that doctors, hospitals, and other Perinatal providers can give you information about you or your unborn child's health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
13. You have a right to make recommendations about Superior's Member Rights & Responsibilities policies.

CHIP Perinatal Member Rights and Responsibilities

Member Responsibilities:

You and your health plan both have an interest in having your baby born healthy. You can help by assuming these responsibilities.

1. You must try to follow healthy habits. Stay away from tobacco and eat a healthy diet.
2. You must become involved in the decisions about your unborn child's care.
3. If you have a disagreement with your health plan, you must try first to resolve it using the health plan's complaint process.
4. You must learn about what your health plan does and does not cover. Read your CHIP Perinatal Handbook to understand how the rules work.
5. You must try to get to the doctors office on time. If you cannot keep the appointment, be sure to call and cancel it.
6. You must report misuse of CHIP Perinatal services by health-care providers, other members, or health plans.
7. You must talk to your provider about your medications that are prescribed.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at 1-800-368-1019. You can also view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Effective 07.01.2017

Revised 08.21.2019

For help to translate or understand this, please call 1-800-783-5386. Deaf and hard of hearing TTY: 1-800-735-2989.

Interpreter services are provided free of charge to you.

Covered Entities Duties:

Superior HealthPlan is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Superior HealthPlan is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in effect and notify you in the event of a breach of your unsecured PHI. Superior HealthPlan may create, receive or maintain your PHI in an electronic format and that information is subject to electronic disclosure.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

Superior HealthPlan reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as any of your PHI we receive in the future. Superior will promptly revise and distribute this Notice whenever there is a material change to the following:

- The Uses or Disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the notice.

We will make any revised Notices available on our website.

Internal Protections of Oral, Written and Electronic PHI:

Superior protects your PHI. We have privacy and security processes to help.

These are some of the ways we protect your PHI.

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.

Notice of Privacy Practices

- We use technology to keep the wrong people from accessing your PHI.

Permissible Uses and Disclosures of Your PHI:

The following is a list of how we may use or disclose your PHI without your permission or authorization:

- **Treatment** - We may use or disclose your PHI to a physician or other health-care provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.
- **Payment** - We may use and disclose your PHI to make benefit payments for the health-care services provided to you. We may disclose your PHI to another health plan, to a health-care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include:
  - Processing claims
  - Determining eligibility or coverage for claims
  - Issuing premium billings
  - Reviewing services for medical necessity
  - Performing utilization review of claims
- **Health-Care Operations** - We may use and disclose your PHI to perform our health-care operations. These activities may include:
  - Providing customer services
  - Responding to complaints and appeals
  - Providing case management and care coordination
  - Conducting medical review of claims and other quality assessment
  - Improvement activities

  In our health-care operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its health-care operations. This includes the following:
  - Quality assessment and improvement activities
  - Reviewing the competence or qualifications of health-care professionals
  - Case management and care coordination
  - Detecting or preventing health-care fraud and abuse.
- **Group Health Plan/Plan Sponsor Disclosures** – We may disclose your protected health information to a sponsor of the group health plan, such as an employer or other entity that is providing a health-care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

Other Permitted or Required Disclosures of Your PHI:

- **Fundraising Activities** – We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.
- **Underwriting Purposes** – We may disclose your PHI for underwriting purposes, such as to make a

determination about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing your PHI that is genetic information in the underwriting process.

- **Appointment Reminders/Treatment Alternatives** - We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose weight.
- **As Required by Law** - If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.
- **Public Health Activities** - We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness of products or services under the jurisdiction of the FDA.
- **Victims of Abuse and Neglect** - We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.
- **Judicial and Administrative Proceedings** - We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to the following:
  - An order of a court
  - Administrative tribunal
  - Subpoena
  - Summons
  - Warrant
  - Discovery request
  - Similar legal request
- **Law Enforcement** - We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:
  - Court order
  - Court-ordered warrant
  - Subpoena
  - Summons issued by a judicial officer
  - Grand jury subpoena

  We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness, or missing person.
- **Coroners, Medical Examiners and Funeral Directors** - We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.
- **Organ, Eye and Tissue Donation** - We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of:
  - Cadaveric organs
  - Eyes
  - Tissues
- **Threats to Health and Safety** - We may use or disclose your PHI if we believe, in good faith, that the

use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

- **Specialized Government Functions** - If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI:
  - To authorized federal officials for national security
  - To intelligence activities
  - To the Department of State for medical suitability determinations
  - For protective services of the President or other authorized persons
- **Workers' Compensation** - We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- **Emergency Situations** – We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interests. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.
- **Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.
- **Research** - Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

Uses and Disclosures of Your PHI That Require Your Written Authorization:

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

- **Sale of PHI** – We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.
- **Marketing** – We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.
- **Psychotherapy Notes** – We will request your written authorization to use or disclose any of you psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or health-care operation functions.

Individuals Rights:

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us. Our contact information is at the end of this Notice.

Notice of Privacy Practices

- **Right to Revoke an Authorization** - You may revoke your authorization at any time. The revocation of your authorization must be in writing. The revocation will be effective immediately, except to the extent that we have already taken actions in reliance of the authorization and before we received your written revocation.
- **Right to Request Restrictions** - You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or health-care operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or health-care operations to a health plan when you have paid for the service or item out of pocket in full.
- **Right to Request Confidential Communications** - You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where your PHI should be delivered.
- **Right to Access and Received Copy of your PHI** - You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such a review, or if the denial cannot be reviewed.
- **Right to Amend your PHI** - You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision and we will attach your statement to the PHI you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- **Right to Receive an Accounting of Disclosures** - You have the right to receive a list of instances within the last 6 years period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health-care operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.

Notice of Privacy Practices

- **Right to File a Complaint** - If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.

  You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-800-368-1019, (TTY: 1-866-788-4989).

  WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.
- **Right to Receive a Copy of this Notice** - You may request a copy of our Notice at any time by using the contact information list at the end of the Notice. If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice.

Race, Ethnicity and Language Information:

Superior is committed to keeping your race, ethnicity and language (REL) information confidential. We use some of the following methods to protect your information:

- Maintaining paper documents in locked file cabinets
- Requiring that all electronic information remain on physically secure media
- Maintaining your electronic information in password-protected files

We may use or disclose your REL information to perform our operations as your Managed Care Organization. These activities may include:

- Assessing health-care disparities
- Designing intervention programs
- Designing and directing outreach materials
- Informing health-care practitioners and providers about your language needs

We will never use your REL information for underwriting, rate setting or benefit determinations or disclose your REL information to unauthorized individuals.

Contact Information

If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights you can contact us in writing or by phone using the contact information listed below.

Superior HealthPlan
Attn: Privacy Official
5900 E. Ben White Blvd.
Austin, TX 78741

Toll Free Phone Number: 1-800-218-7453
Relay Texas (TTY): 1-800-735-2989

HHS Privacy Notice: https://www.hhs.gov/hipaa/filing-a-complaint/index.html

Fraud, Waste, and Abuse

Report CHIP Waste, Abuse, Or Fraud

Do you want to report CHIP fraud, waste, or abuse?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health-care providers, or a person getting CHIP benefits is doing something wrong. Doing something wrong could be fraud, waste, or abuse, which is against the law. For example, tell us if you think someone is:

- Getting paid for CHIP services that weren't given or necessary
- Not telling the truth about a medical condition to get medical treatment
- Letting someone else use their CHIP ID
- Using someone else's CHIP ID
- Not telling the truth about the amount of money or resources he or she has to get benefits

To report fraud, waste, or abuse, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184 or
- Visit https://oig.hhsc.state.tx.us/ and click the red "Report Fraud" box to complete the online form; or
- You can report directly to your health plan:

  Superior HealthPlan
  Attn: Compliance Department
  5900 E. Ben White Blvd.
  Austin, Texas 78741-9903
  1-866-685-8664

To report fraud, waste, or abuse, gather as much information as possible.

When reporting about a provider (a doctor, dentist, counselor, etc.) include:

- Name, address, and phone number of provider
- Name and address of the facility (hospital, nursing home, home health agency, etc.)
- Medicaid number of the provider and facility if you have it
- Type of provider (doctor, physical therapist, pharmacist, etc.)
- Names and the number of other witnesses who can help in the investigation
- Dates of events
- Summary of what happened

When reporting about someone who gets benefits, include:

- The person's name
- The person's date of birth, social security number, or case number if you have it
- The city where the person lives
- Specific details about the fraud, waste, or abuse

Glossary of Terms

- **Appeal** - A request for your managed care organization to review a denial or a grievance again.
- **Complaint** - A grievance that you communicate to your health insurer or plan.
- **Copayment** - A fixed amount (for example, $15) you pay for a covered health-care service, usually when you receive the service. The amount can vary by the type of covered health-care service.
- **Durable Medical Equipment (DME)** - Equipment and supplies ordered by a health-care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches, or blood testing strips for diabetics.
- **Emergency Medical Condition** - An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.
- **Emergency Medical Transportation** - Ground or air ambulance services for an emergency medical condition.
- **Emergency Room Care** - Emergency services you get in an emergency room.
- **Emergency Services** - Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.
- **Excluded Services** - Health-care services that your health insurance or plan doesn't pay for or cover.
- **Face-to-face** – Interactions taking place in-person or via audio and visual communication methods that meets the requirements of the Health Insurance Portability and Accountability Act. Face-to-face does not include audio-only communication.
- **Grievance** - A complaint to your health insurer or plan.
- **Habilitation Services and Devices** - Health-care services such as physical or occupational therapy that help a person keep, learn, or improve skills and functioning for daily living.
- **Health Insurance** - A contract that requires your health insurer to pay your covered health-care costs in exchange for a premium.
- **Home Health Care** - Health-care services a person receives in a home.
- **Hospice Services** - Services to provide comfort and support for persons in the last stages of a terminal illness and their families.
- **Hospitalization** - Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.
- **Hospital Outpatient Care** - Care in a hospital that usually doesn't require an overnight stay.
- **In-Person** - An interaction within the physical presence of another person. Does not include audio-visual or audio-only communication.
- **Medically Necessary** - Health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.
- **Network** - The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health-care services.
- **Non-participating Provider** - A provider who doesn't have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization from your health insurer or plan to obtain services from a non-participating provider, instead of a participating provider. In limited cases such as there are no other providers, your health insurer can contract to pay a non-participating provider.

Glossary of Terms

- **Participating Provider** - A provider who has a contract with your health insurer or plan to provide covered services to you.
- **Physician Services** - Health-care services a licensed medical physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) provides or coordinates.
- **Plan** - A benefit, like Medicaid, to pay for your health-care services.
- **Pre-authorization** - A decision by your health insurer or plan before you receive it that a health-care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval, or pre-certification. Preauthorization isn't a promise your health insurance or plan will cover the cost.
- **Premium** - The amount that must be paid for your health insurance or plan.
- **Prescription Drug Coverage** - Health insurance or plan that helps pay for prescription drugs and medications.
- **Prescription Drugs** - Drugs and medications that by law require a prescription.
- **Primary Care Physician** - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health-care services for a patient.
- **Primary Care Provider** - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health-care services.
- **Provider** - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), health-care professional, or health-care facility licensed, certified, or accredited as required by state law.
- **Rehabilitation Services and Devices** - Health-care services such as physical or occupational therapy that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.
- **Skilled Nursing Care** - Services from licensed nurses in your own home or in a nursing home.
- **Specialist** - A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.
- **Urgent Care** - Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Notes

5900 E. Ben White Blvd.
Austin, TX 78741

SuperiorHealthPlan.com