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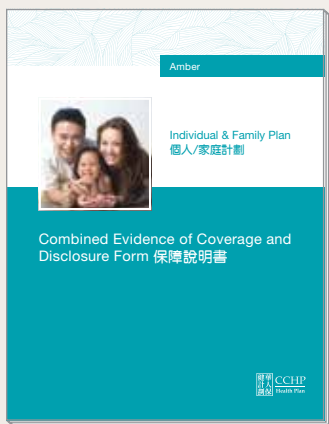
Important Plan Information 計劃重要資料

Please share with everyone in the household. 請與每位家庭成員分享。

CCHP Annual Member Notice 2015

Evidence of Coverage (EOC's) Are Available Online

The Evidence of Coverage (EOC) is a booklet that explains important details of your health plan coverage. You can view or download a copy online—anytime—at www.cchphealthplan.com. If you would like a printed copy, you can contact Member Services to request one and we'll be happy to mail you one.



temporary extension of their current health coverage for at least 18 months. Cal-COBRA is the California version of Federal COBRA which applies to employers with 2 to 19 employees. It may let you keep your health coverage for a total of up to 36 months. Also, once your 18 months of federal COBRA is exhausted, Cal-COBRA may extend continuation coverage for an additional 18 months, which can result in a total of 36 months of coverage.

Please contact your employer with specific questions about your rights for continuation of such coverage. Your employer is responsible for providing you with a notice of your right to receive continuing coverage under COBRA. If you are eligible for Cal-COBRA, we will send you a notice of your coverage rights.

You may also contact Member Services regarding your rights to other coverage.

No Incentives for Utilization Decisions

In order to assure that all authorization decisions are objective, CCHP uses pre-established criteria to make these decisions. CCHP reviewers who use these guidelines do not receive any financial incentives to approve or deny services. Members may request these criteria by contacting our Member Services.

COBRA / Cal-COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that applies to employers with 20 or more employees. This law may offer members a

Fraud Awareness

You are one of the first lines of defense against fraud, waste and abuse (FWA). There are many ways you can help CCHP combat FWA:

1. Report services or items that you have been billed for, but did not receive. You can review your plan statement and be on the lookout for this scheme:
 - Make sure you received the services or items billed.
 - Check the number of services billed.
 - Ensure the same service has not been billed more than once.
2. Medical transport services are sometimes necessary, but be aware that some ambulance companies are inappropriately billing. These suspect medical transport companies may bill for services that you may not have received; such as oxygen, cardiac monitoring, and more. If you suspect a medical transport company has committed fraud, you must report the matter in order to protect yourself and your health care benefits.
3. Be on the lookout for fraudulent schemes such as:
 - People going door-to-door to sell you health-care items or services (only your doctor knows what you need).
 - People calling you to ask for your health plan number.
 - People offering you money or other incentives for health care services you don't need.
 - People using your health plan member number for reimbursements of services you never received.

You can protect your identity and your benefits:

- Never give out your Social Security, health plan numbers, or banking information to someone you don't know.
- Carefully review your Plan Statement to ensure all the information is correct.
- Know that free services DO NOT require you give your plan number to anyone.

To discuss benefit, coverage or claims payment concerns, please contact Member Services.

To report suspected fraud, waste, or abuse, please call the CCHP confidential Corporate Compliance Hotline at 1-415-955-8810.



Notice of CCHP Privacy Practices and HIPAA

CCHP and its affiliated health care providers appreciate the opportunity to provide health care benefits to you and your family. CCHP understands the importance of privacy, and we are committed to maintaining the confidentiality of your medical information. We abide by the Health Insurance Portability and Accountability Act (HIPAA), a law that protects the privacy, confidentiality, and security of your health information.

HIPAA consists of several parts, which include the Privacy Rule and the Security Rule. The Privacy Rule gives you the rights over your health information and sets rules and limits on who can review your health information. It applies to all forms of protected health information, whether electronic, written, or oral. The Security Rule protects health information in electronic form and requires entities covered by HIPAA to ensure that electronic protected health information is secure.

HIPAA also requires that you receive a "Notice of Privacy Practices" from CCHP to help you understand when and how your protected health information is used and released, as well as your rights and what to do if you feel your privacy rights have been breached and to whom you can complain.

In the course of providing the health benefit programs that we administer or offer, CCHP must collect, use, and disclose protected health information. This information is considered confidential and private. It is protected against unlawful use and disclosure. The "Notice of Privacy Practices" can be viewed on our website at www.cchphealthplan.com. You may also request a paper copy of the notice by contacting Member Services.

Know Your Healthcare Rights

It is important that you know your healthcare Rights and your Responsibilities as a member of CCHP.

All CCHP Members have the right to:

1. Courteous and considerate treatment; to be treated with respect and recognition of their dignity and right to privacy.
2. Receive information about CCHP, its services, its practitioners/providers, and members' rights and responsibilities.
3. Make recommendations regarding CCHP's member rights and responsibilities policy.
4. Be informed about their available health plan benefits, including a clear explanation about how to obtain services.
5. Receive appropriate preventive health services as indicated in their Evidence of Coverage (EOC).
6. Receive upon request, names, specialties and titles of the professionals responsible for their care.
7. Amend their own health care information that CCHP has when they consider it is incorrect or incomplete.
8. Participate with practitioners in the decision making regarding their health care.
9. Inspect and copy their own medical information used to make decisions about their health care.
10. Request a confidential or candid discussion with CCHP's qualified Medical Management staff regarding one's health matter and appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
11. Receive reasonable information regarding the risk for a given treatment, the length of disability and the qualifications of the care provider prior to giving consent for any procedure.
12. Additional medical or surgical opinions from out-of-network providers, in situations when your treating physician or the Plan feels this would be helpful in determining a diagnosis or course of treatment (with an approved referral).
13. Be represented by parents, guardians, family members or other conservators for those who are unable to fully participate in their treatment decisions.
14. Be fully informed of CCHP's grievance procedure and how to use it without fear of prejudicial treatment from their health care provider.

15. Voice complaints or appeals about CCHP or the care provided.
16. A timely response to request for services, complaints and inquiries regarding their health benefits and services.
17. Request a copy of CCHP's "Notice of Privacy Practices."

Members are responsible:

1. For knowing and understanding their health benefits and services and how to obtain them.
2. For contacting their physician or CCHP coordinator with any questions or concerns regarding health benefits or services.
3. To provide, to the extent possible, information that CCHP and its practitioners/providers need in order to care for them.
4. To understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
5. For cooperating with those providing health care services; however, they have the right to refuse medical treatment.
6. To follow the plans and instructions for care that they have agreed upon with their practitioners.
7. To provide CCHP with information when another source responsible to pay for health care is involved, such as liability insurance after an accident. In these cases, members have the responsibility to cooperate with their health plan for proper reimbursement of injury treatment by the other source to their health plan.

If you have any questions about your rights or responsibilities as a member of CCHP, please contact Member Services.



Medical Loss Ratio Was Met

The Affordable Care Act requires health insurers in the individual and small group markets to spend at least 80 percent of the premiums they receive on health care services and activities to improve health care quality (in the large group market, this amount is 85 percent). This is referred to as the Medical Loss Ratio (MLR) rule or the 80/20 rule. If a health insurer does not spend at least 80 percent of the premiums it receives on health care services and activities to improve health care quality, the insurer must rebate the difference.

You are receiving this notice because CCHP had a Medical Loss Ratio for 2014 that met the required Medical Loss Ratio. No refund is due to members. For information on Medical Loss Ratio, visit www.healthcare.gov.

How to File Grievances and Appeals

CCHP wants to ensure that all members are satisfied with our services. If you are unhappy with services you received from your doctor or the health plan, you have the right to file a complaint, or grievance. You, or your representative, may file a grievance regarding quality of service or an appeal to ask us to review a service we denied.

Please refer to the “Grievance and Appeals” section of your CCHP Evidence of Coverage manual for further details regarding the grievance and appeals process. For assistance with this process, please call or visit Member Services Center.

You may submit your grievance orally or in writing using the following methods:

By Telephone: 1-888-775-7888
(TTY) 1-877-681-8898

By Fax: 1-415-397-2129

In Person: *Member Services Center*
827 Pacific Avenue
San Francisco, CA 94133

By Mail: *CCHP Member Services Center*
445 Grant Avenue, Suite 700
San Francisco, CA 94108

By Web: Obtain and/or submit the grievance form on our website at www.cchphealthplan.com

You may obtain copies of the grievance and appeal forms on our website at www.cchphealthplan.com. You may also complete the online grievance and appeal form on our website and submit it to us electronically.

How to Use ER Services

It is important to know who you should contact when you are in a medical emergency situation. If you are having an emergency medical condition, call 911 or go to the nearest hospital emergency department. An emergency medical condition is a situation where you are having sudden or serious symptoms that are severe enough that not getting immediate medical attention may potentially result in any of the following: (1) placing your health in serious danger; (2) serious damage to bodily functions; or (3) serious damage of any bodily organ or part.

If you are ill but unsure of the seriousness of your condition, you may call your Primary Care Physician (PCP). In all cases, contact your PCP as soon as possible to inform them about your condition.

Literacy/Translation Services

CCHP provides free language interpreter services for non-English speaking members who may have difficulty communicating with their providers. In addition, we offer materials in other languages. Please call Member Services for assistance.

Member Services Center Contact Information

You may visit us in person at:

827 Pacific Avenue, San Francisco, 94133

Monday – Friday: 8:30a.m. to 5:00p.m.

Saturday: 9:00a.m. to 5:00p.m.

Sunday: Closed

You can also call us:

8a.m. to 8p.m., 7 days a week

1-415-834-2118

1-888-775-7888 (toll free)

1-877-681-8898 (TTY)

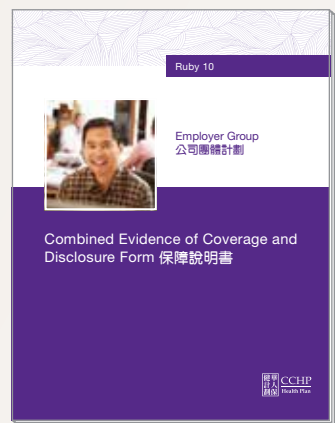
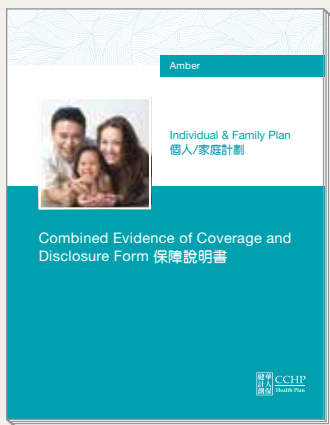




華人保健計劃 2015 年度保健會員資訊

現可上網瀏覽及下載保障說明書 (EOC)

保障說明書 (EOC) 是解釋您的醫療保健計劃的重要資料文件。華人保健計劃 (CCHP) 的會員可在本計劃網址 www.cchphealthplan.com 瀏覽及下載保障說明書。如會員想收到一份印刷版本，請聯絡會員服務部，我們非常樂意將印刷版本寄到府上。



COBRA 與 Cal-COBRA

COBRA 是一項聯辦法案，適用於有 20 名或以上員工的公司。如果員工失去醫療保健，該法例可能會暫時提供會員至少 18 個月原有的醫療保健。Cal-COBRA 是一項加州法例，適用於有兩名到 19 名員工的公司。該法例可能為您保障長達 36 個月的保健權利。一旦聯邦 COBRA 用盡，Cal-COBRA 可能為您延長保障合共 36 個月。有關您延長保障權利的詳細問題，請聯絡您的僱主。僱主有責任向您提供一份說明書，說明您有權利繼續享有 COBRA 延長保障的權利。如果您符合資格享有 Cal-COBRA，華人保健計劃會寄給您一份權利說明。有關其它醫療保健的問題，請與會員服務中心聯絡。

不受誘導的醫療決策

為確保所有醫療決定的公正，華人保健計劃使用預先制定的標準來做此類決定。遵從這些指引的醫生和護士不會因批准或否決醫療服務而獲得任何利益獎勵。會員可聯絡會員服務中心來索取有關指引的詳細資料。

防欺詐意識

您是防禦欺詐，浪費和濫用的首衛者。有很多方法您可以幫助華人保健計劃打擊欺詐，浪費和濫用：

1. 舉報您被要求支付費用但並未接受的服務或項目。您可細閱您的計劃聲明書，及留意以下事宜而避免被欺詐：
 - 確保您接受了收費服務或項目。
 - 核對收費服務編號。
 - 確保相同服務的收費次數不超過一次。
2. 醫療載送服務有時是必需的，但請留意，某些救護車公司的不當費用。這些可疑的醫療載送公司可能就您並未獲取的服務收費，例如輸氧、心臟監測等。若您懷疑某一醫療載送公司涉嫌欺詐，您必須予以舉報，以保護您自身和您的醫療保健福利。
3. 隨時留意欺詐伎倆：
 - 逐門逐戶向您推銷醫療項目或服務（只有您的醫生知道您的需求）。
 - 透過電話向您索取您的保健計劃號碼。
 - 就您不需要的醫療保健服務向您提供金錢或其他好處。
 - 利用您的保健計劃會員號碼報銷您從未接受的服務費用。

您可保護您的個人身份與福利：

- 切勿向陌生人透露您的社會安全號碼、保健計劃號碼或者銀行資料。
- 仔細閱讀您的計劃聲明，確保所有資訊正確無誤。
- 免費服務是不您向任何人提供您的計劃號碼。

若要詢問福利、承保範圍或索賠付款事宜，請聯絡會員服務中心。

若要舉報疑似欺詐行為，浪費和濫用：請致電華人保健計劃企業合規保密熱線：1-415-955-8810。



保護您的隱私：華人保健計劃資料保密規定通知及 HIPAA

CCHP 及其所屬的醫療護理機構非常榮幸能為閣下及其家人提供醫療服務。CCHP 明白醫療資料的重要性，故此定必遵循 HIPAA，一項來保護個人醫療資料的私隱、機密及安全的法例，對閣下的醫療資料保持機密。

HIPAA 是由幾部分組成，其中包括隱私權條款 (Privacy Rule) 和安全條款 (Security Rule)。隱私權條款 (Privacy Rule) 賦予您掌握醫療資料的權利，並設定誰能夠查閱您的醫療資料的法規與限制。私隱權條款適用於任何受保護的醫療資料，包括電子版本，書面或口頭形式的資料。安全條款 (Security Rule) 保護電子版本的醫療資料，並規定受 HIPAA 約束下的各機構必須確保電子形式的醫療資料的安全。

HIPAA 要求 CCHP 為您提供一份《資料保密規定通知 (Notice of Privacy Practices)》，為您解釋受保護的醫療記錄資料何時和怎樣被使用，以及若發覺私隱權利被侵犯時應如何處理。

在提供及管理醫療服務過程中，我們必須收集，使用及透露有關閣下受保護的醫療資料。我們將這些資料視為機密及隱私，防止有不合法的使用及泄露。如欲了解《資料保密規定通知 (Notice of Privacy Practices)》的詳情，請瀏覽網址 www.cchphealthplan.com，或與會員服務中心聯絡要求一份印刷版本。

了解您的醫療權利

身為華人保健計劃的會員，您應了解您的醫療權利和責任。

華人保健計劃的會員擁有權利：

1. 得到有禮貌及細心的款待，而會員的尊嚴及私隱權也獲得尊重。
2. 知道有關《華人保健計劃》的服務，醫生及醫護人員的資料及會員本身的權利與責任。
3. 提出有關《華人保健計劃》的會員權利及責任的建議。
4. 對保障福利及如何使用這些福利應得到明確的通知及解釋。
5. 使用在保障說明書內所聲明的預防性健康服務。
6. 提出要求獲得為其服務的醫護人員的姓名，專科職銜等資料。
7. 在懷疑自己在《華人保健計劃》的個人醫療資料不正確或不完整時提出修正。
8. 與醫護人員一同參與其治療方法的決定。
9. 查閱或複印其個人資料而該資料是用作對其健康護理的決定。
10. 要求《華人保健計劃》有資格的醫療管理職員用保密或坦率的方式來討論有關其病情的適當治療或醫學上認為必要的選擇，而這些討論是不會因為費用多少或保障範圍而受到限制。
11. 在決定接受治療前，可索取有關該項治療的危險性，病期長短及醫護人員資格的資料。
12. 在醫療上需要時可以要求從計劃醫療網外獲取第二醫療意見去幫助醫生及保健計劃來決定治療的步驟（經批准的轉介）。
13. 在不能全權參與治療前作出決定時的情況下，可以經由其父母，監護人，家庭成員或其他監管人作為其代表。
14. 知道《華人保健計劃》的投訴程序及運作而無需懼怕受到醫護人員的歧視。
15. 作出投訴或上訴有關《華人保健計劃》或其所授與的護理服務。

16. 在要求服務，投訴或查詢時，應當得到及時與合理的回應。
17. 要求得到一份《華人保健計劃》的執行資料保密規定通知書。

會員責任包括：

1. 了解其保障內容及醫療服務的使用方法。
2. 向主治醫生或《華人保健計劃》的職員查詢有關醫療保障內容及醫療服務的問題。
3. 盡量向《華人保健計劃》及其他醫護人員提供所需的資料，以便作出適當的護理。
4. 了解其健康問題並在可能的程度上一同參與制定雙方同意的治療目標。
5. 與醫護人員在醫療程序上一同參與其治療方法，但會員亦有權利拒絕接受治療。
6. 在同意接受某種治療後，遵照該醫療的程序及醫生的指示。
7. 向《華人保健計劃》提供有關在其它途徑取得支付其醫療護理費用的資料，例如在意外發生後的責任保險。在這情況下，當會員在責任保險取得的醫療補償金後，會員是有責任償還給其醫療保健計劃公司為其支付受傷的治療費用。

身為華人保健計劃的會員，如果您對會員權利或責任有疑問，請聯絡會員服務中心。



達到醫療賠付率

《可負擔健保法案 (The Affordable Care Act)》規定個人和小公司團體市場的健康保險公司至少花費80%的月費收入於醫療保健服務和活動以提高醫療保健質素（大公司團體市場的百分比率是85%）。這被稱為醫療賠付率 (MLR) 規則或80/20法則。如果一個健康保險公司未花費至少80%月費收入於醫療保健服務和活動以提高醫療保健質素，該保險公司必須退還差額。

華人保健計劃的2014年醫療賠付率達到了所需的醫療賠付率。無須退款於會員。有關醫療賠付率的信息，請瀏覽 www.healthcare.gov。

如何提出申訴或上訴

華人保健計劃 (CCHP) 希望您對所接受的服務感到滿意。您有權利對本計劃或醫務人員的任何不滿提出申訴或上訴。您或您的代理人可以對服務質素提出申訴或對服務的復議提出上訴要求。

有關如何提出申訴及上訴的詳細程序，請參閱華人保健計劃保障說明書的「申訴與上訴」章節。如需協助，請致電或親臨會員服務中心。

若想提出申訴，會員可以書面或口頭形式，通過下列途徑辦理申訴手續。

電話： 1-888-775-7888
(聽力殘障人士電話
TTY: 1-877-681-8898)

傳真： 1-415-397-2129

親臨： 會員服務中心
827 Pacific Avenue
San Francisco, CA 94133

郵寄： CCHP 會員服務中心
445 Grant Avenue, Suite 700
San Francisco, CA 94108

網站： 從本計劃的網址：
www.cchphealthplan.com
索取或提交申訴表

您可從本計劃的網址 www.cchphealthplan.com 索取申訴表與上訴表。您也可在該網址填妥並提交網上的申訴表或上訴表。

如需協助，請聯絡會員服務中心。

如何使用 CCHP 緊急服務

緊急情況下，您應與誰聯絡及如何處理。如果您有緊急醫療狀況，請撥打 911 或前往最就近的醫院急症室。緊急醫療狀況是指身體出現劇烈嚴重的症狀，如果不立刻接受治療，可能導致以下後果：
1) 嚴重危害當時人健康；2) 身體機能嚴重受損；
3) 嚴重損害任何身體器官或組織的功能。

如果您不能確定您病情的嚴重程度，請致電您的主治醫生 (PCP)。在任何情況下，請盡快聯絡您的主治醫生，告知他們有關您的病情。

華人保健計劃 (CCHP) 為會員提供語言協助服務

CCHP 為與醫務人員溝通有困難的會員，提供免費語言翻譯輔助服務。我們也免費提供其它語言版本的文件。如需要幫助，請與會員服務中心聯絡。

會員服務中心聯絡資料

地址及辦公時間：

三藩市柏思域街 827 號

星期一至星期五：上午 8 時 30 分至下午 5 時

星期六：上午 9 時至下午 5 時

星期日：休息

每週七天，每天上午 8 時至晚上 8 時可致電：

1-415-834-2118

1-888-775-7888 (免費電話)

1-877-681-8898 (聽力殘障人士 TTY 電話)

