Texas Department of Insurance

Harbor Health Insurance Company

Consumer choice plan disclosure statement

This health plan does not include the same level of benefits required in other plans.

This HMO plan is a consumer choice plan. This plan doesn't include the same level of benefits that are in Texas health plans known as state-mandated plans. This plan does include all health benefits required by the Affordable Care Act.

To see all benefits offered by this plan, go to the plan's "Summary of Benefits and Coverage."

Benefit/coverage:	**This plan:**	**A health plan with required benefits (state-mandated plan):**
Deductible The amount you pay for care before the plan begins to share the cost.	May have a deductible.	Has no deductibles for in-network care.
Out-of-pocket costs The amount you pay when you receive care, up to an annual limit.	Includes out-of-pocket costs that meet federal requirements but may sometimes be more than in a state-mandated plan.	A copay must be less than 50% of the total cost of the service. Annual out-of-pocket costs must be capped at 200% of your annual premium cost if you alert the plan.
Habilitative and Rehabilitative care Care that helps you improve skills for daily living.	Outpatient Habilitative therapies are limited per year as follows: • 35 visits of physical, occupational, speech and chiropractic treatment Outpatient Rehabilitative therapies are limited per year as follows: • 35 visits of physical, occupational, speech and chiropractic treatment	Has no limit on the amount of care if it is needed for medical reasons.
Home Health Care	Includes a limit of 60 visits per year	Has no limit on the amount of care if it is needed for medical reasons.

If you want a plan with all required benefits:

We also offer a state-mandated plan that includes all required benefits. This plan is not on Healthcare.gov and does not allow you to get help with premiums and out-of-pocket costs.

To learn more about this plan, call 855-481-0225 or visit www.harborhealth.com.

By signing your application to enroll in this plan, you acknowledge the following:

- I understand the consumer choice plan I am applying for does not provide the same level of coverage required in other Texas health plans (state-mandated plans).
- I understand if my health changes and this plan does not meet my needs, in most cases I won't be able to get a new plan until the next open enrollment period.
- I understand I can get more information about consumer choice plans from the Texas Department of Insurance's website, www.tdi.texas.gov/consumer/consumerchoice.html, or by calling the Consumer Help Line at 1-800-252-3439.

Don't sign this document if you don't understand it.
No firme este documento si no lo comprende.

Print the name of the person applying: ______________________________

Signature of the person applying: ______________________________

Date of signature: ______________________________

Name of business, if applicable: ______________________________

Harbor Health must give you a copy of this statement upon request.

Welcome to better benefits

2027 Individual and Family Plan

Effective January 1, 2027

Harbor Health

Coverage that keeps you well and costs you less

Harbor Health Individual and Family Plan

Wouldn’t it be great if health insurance actually kept you healthy?

Here at Harbor Health we think so, too.

But...we may be a little biased.

That’s because Harbor Health didn’t start out as a health insurance company. We started out by delivering health care—right from our own clinics.

Before long, we felt limited by traditional health plans: confusing, expensive coverage that gets in the way of health instead of truly fostering it.

So, we decided to make our own health plan—designed by Austin’s leading doctors and health care innovators to keep our members on the smartest path to health, for way less.

The result? A new kind of plan that brings care and coverage together.

We hope you’ll love it as much as we do.

This plan has some serious perks:

No deductible

Low cost visits to Harbor Health clinics

Low cost generic prescriptions

Same-day and next-day appointments at Harbor Health clinics

Your own dedicated Health Team

Primary care team

With this plan, you can see any network provider who participates in the Harbor Health Individual and Family Network and receive coverage for covered health services.

When seeking additional health care services, we strongly recommend working with a primary care physician (PCP). Working with a primary care physician provides you with access to a broader health care team that may include other medical professionals such as a registered nurse, dietician, health care coach, and others depending on your health care needs.

The Harbor Health medical plan is designed to keep you well and cost you less. By taking the time to understand your plan, you can pay as little as $0 out of pocket for certain medical expenses.

Here's how it works.

1

Make an appointment with a network PCP.

Working with a PCP gives you access to an entire Health Team—including experts like registered nurses, dieticians, health coaches, mental health professionals, and more. It all depends on your unique needs and goals.

2

Call or visit your Health Team first.

Whenever you have general, non-emergent health concerns, reach out to your Health Team via call, text, or portal message. They'll respond quickly to assess your needs and guide you toward the appropriate next steps.

If you need a referral to a specialist or another provider, your Health Team will help with that, too.

3

Stick to the plan.

As long as you follow the plan you and your Health Team make, you'll pay $0 for certain services. If you decide to visit a network specialist or provider without first obtaining a referral from your primary care physician, you're responsible for the higher cost share listed in the schedule of benefits.

Services that are eligible for $0 out-of-pocket:

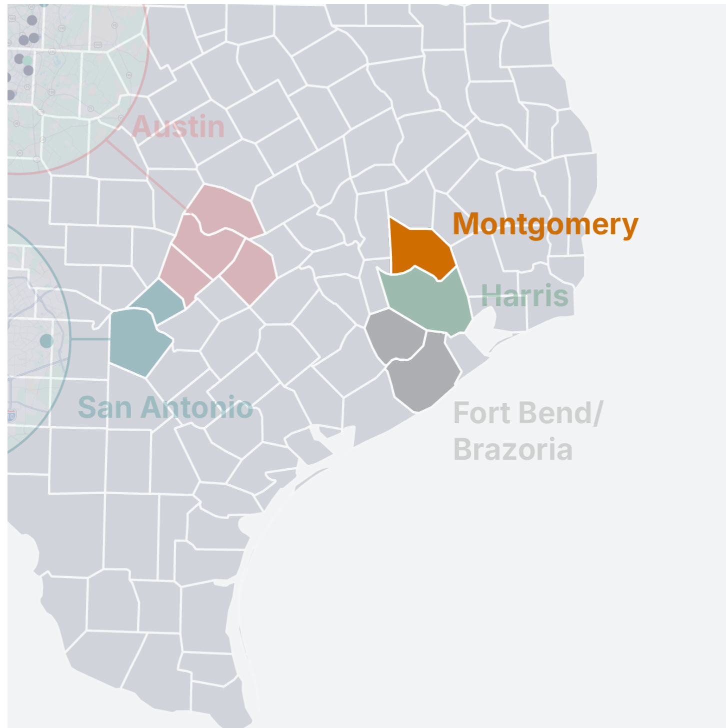
- Advanced imaging (e.g., MRI, CT, PET)
- Home health care
- Home hospice care
- Laboratory testing*
- Outpatient habilitation & rehabilitation services
- Outpatient mental health & substance use disorder services (e.g., partial hospitalization)
- Outpatient surgery
- Scopic procedures (e.g., colonoscopy)
- Specialist office visits**
- X-Ray and diagnostic imaging

***All genetic testing, other than BRCA, is not eligible for $0 cost share**
****To pay $0 for an office visit with a network specialist (e.g., a cardiologist, neurologist, etc.), you must obtain a referral from your Health Team first**

Harbor Health service area:

Montgomery County

Harbor Health has clinics across Montgomery County, but your medical plan covers care at hundreds of facilities. Your Harbor Health plan gives you access to the care you need, when and where you need it.

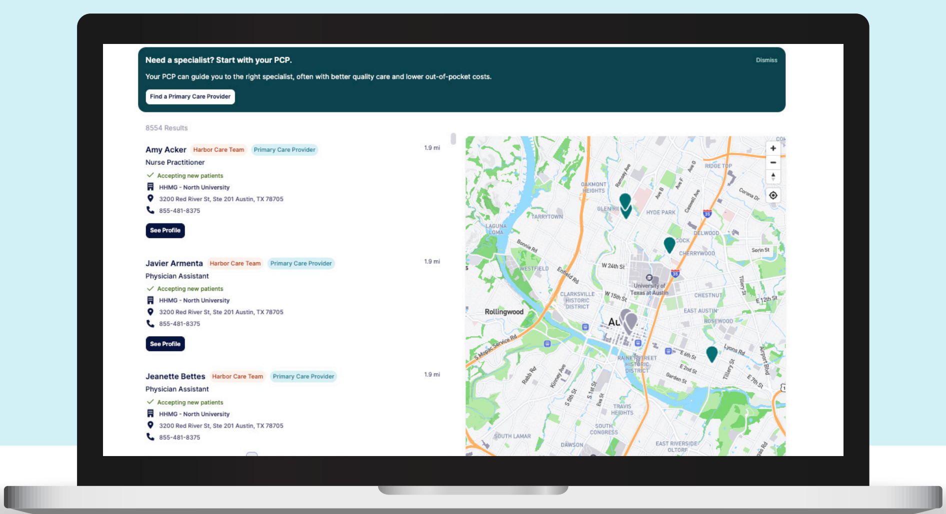


Explore providers and clinics

Search clinics, providers, pharmacies and more with our interactive coverage map.

Click or scan to search

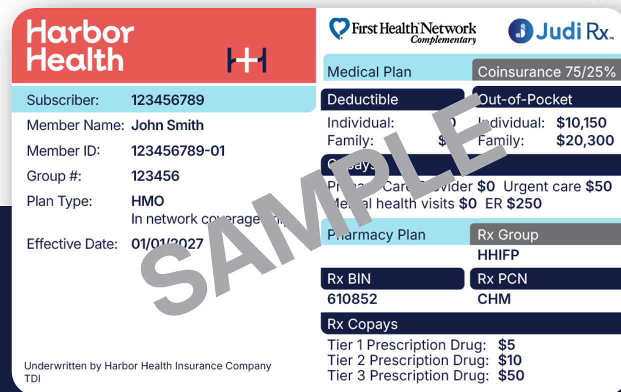
Visit HarborHealth.com/plans/network-search?type=providers

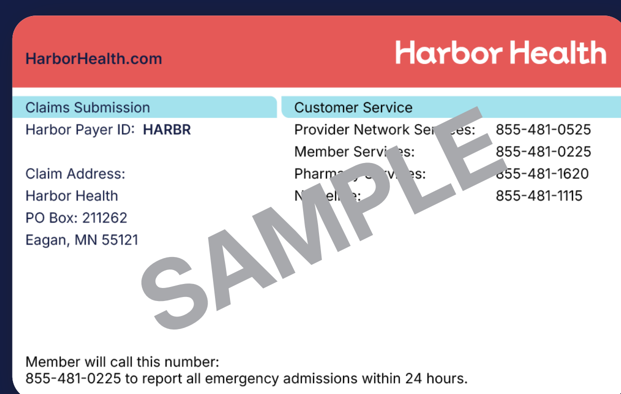


Your Member ID Card

After you enroll in your Harbor Health medical plan, you and your covered dependents will each receive a Harbor Health Member ID Card. It conveniently captures all of your plan's important information.

We recommend carrying it with you at all times—you never know when you might need it!





Your ID Card

3-10 business days after enrollment, you will receive your Harbor Health ID Cards in the mail.

If you need additional cards you can call Harbor Help at: (855) 481-0225

Ready to sign up?

- Visit us at [HarborHealth.com]
- Call your broker
- Visit [Healthcare.gov] or your state's health insurance marketplace

1557 Nondiscrimination and Languages/Accessibility Notices

Harbor Health complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for people with disabilities.

If you need these services, please call us at (855) 481-0225.

If you believe that we 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 civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: OCRPortal.HHS.gov/OCR/SmartScreen/main.jsf

Phone: 1 (800) 368-1019, 1 (800) 537-7697 (TDD)

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

ATTENTION: If you speak **English**, free language assistance services and free communications in other formats, such as large print, are available to you. Please call us at (855) 481-0225.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

ملاحظة: إذا كنت تتحدث اللغة العربية **(Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو الخاصة بك.

দেখুন: আপনি যদি **বাংলায় (Bengali)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ।আপনার সদস্য পরিচয়পত্র কার্ডের টোল-ফ্রি নম্বরে কল করুন

ATENSHUN: Gare kapetal **Faluwasch (Carolinian)**, ye toore paliuwal kapetal Faluwasch lane sew me sew format, tapil lane fateofat, bwe bwale tepangiyom. Kol yegili nampa la ye toore paliuwal woal kard la laumw.

ATENSION: Yanggen fifino' hao **Chamoru (Chamorro)** guaha setbisio siha para hågu ni' mandibåtdi, i setbision fino' pat lengguåhi yan fina'uma'espiha gi otro na manera siha taiguihi i para mana'dångkolo i inemprenta. Ågang i dibåtdi na numiru gi kattå-mu aidentifikasion membro.

Harbor Health's Nondiscrimination and Languages/Accessibility Notices support the 1557 requirements and do not constitute medical, legal or tax advice. In addition to federal law, states may have additional or differing requirements. 07012025

請注意：如果 說中文 **(Chinese - Traditional)**，可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電 的會員身 上的免付費電話號碼。

توجه: اگر به زبان فارسی **)Farsi(** صحبت میکنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالبهای دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویتتان تماس بگیرید.

ATTENTION: Si vous parlez **français (French)**, des services d’assistance linguistique et des communications dans d’autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો વનિા મૂલ્યે ભાષાકીય મદદરૂપ સેવિઓ અને અન્ય ફોમેટમાાં વનિા મૂલ્યે સાંચાર, જેમ કે મોટી વન્ટિ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કૉલ કરો.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ध्यान दें: यदि आप **ह दिी (Hindi)** बोलते हैं, तो आपके दलए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त सोंचार, जैसे दक बडे दप्रोंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर ददए गए टोल-फ्री नंबर पर कॉल करें।

ATTENZIONE: Se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語 **(Japanese)** を話される場合、無料の言語支援サービスや、大文字など他の形式での無料コミュニケーションをご利用いただけます。[] にお電話ください。

알림사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

GEB ACHT: Wann du **Deitsch (Pennsylvania Dutch)** schwetzscht, Schprooch Helfe mitaus Koscht un Communications in annere Formats wie groosse Druck iss meeglich. Ruf die koschdelos Nummer uff dei Member Identification Kaart.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ: Если вы говорите на **русском** языке **(Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FA‘AALIGA: Afai e te tautala i le **Faa-Samoa (Samoan)**, o lo‘o avanoa mo oe ‘au‘aunaga fesoasoani tau gagana e leai se totogi ma feso‘ota‘iga e leai se totogi i isi faiga, e pei o lomiga e lapopo‘a mata‘itusi. Valaau i le numera e leai se totogi i lau kata faailo o le sui auai (ID).

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PAUNAWA: Kung nagsasalita ka **ng Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói Tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ nhận dạng thành viên của quý vị.

توجہ دیں: اگر آپ اردو **(Urdu)** زبان بولتے ہیں تو آپ کے لیے زبان کی معاونت خدمات اور دیگر فارمیٹ میں مفت مواصلات، جیسے بڑے پرنٹ، آپ کے لیے دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال

BAA'ĀKONĪNĪZIN: Diné **(Navajo)**, saad bee yániłti'go, t'áá jiik'eh saad bee áka'e'eyeed bee áka'anida'wo'l dóó nááná łahgo át'éego bee hadadilyaa bee ahił hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóǫ. Bee atah nil°íní ninaaltsoos niłł'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'i námboo bee hodiilnih.

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We're in this together

For help with your Harbor Health Plan, call Harbor Help at (855) 481-0225.

Harbor Health