

# **2025 BROKER QUICK REFERENCE GUIDE Health Insurance Marketplace - Texas**

### MEMBER SERVICES

Phone: 844-282-3025 Fax: 210-766-8851

Christus.HP.memberservices.inquiry@christushealth.org

Health Plan	TX - E	
Member	Medical Plan	
Subscriber Name: JOHN SAMPLE Subscriber ID: 000000000 Group Number: 66252TX02800006 Effective Date: 04/01/2025 PCP Name: Jane Doe	PCP Office Visit: \$0 Specialist Office Visit: \$10 Emergency Room: 25% Urgent Care: \$5 OOP Max: \$1800,\$3600 INN Deductible Combined: \$0/\$0 OHP TDI HMM	
PCP Phone: 555-555-5555	Pharmacy Plan	
Dependents: JANE SAMPLE 0000000001 JIMMY SAMPLE 0000000002	RuBIN: 003858 RuPON: Al RuGRP: CHPHCRE Preferred Genetic Curry Brand Drug: \$0 Brand Drug: \$15 Non Preferred Brand Drug: \$50 Specialty Drug: \$150	

Provider Services	Member Services	
Submit Medical Claims to: P.O. Box 561123 Dallas, TX 75356 Payor ID: 52106 Submit Denial Claims to: P.O. Box 1809 Apharetta, GA 30023-1809 Submit Vision Claims to: 939 Elixidge Landing Rd, Ste 200 Linthicum, MD 21090	Member Services TTY Superior Vision Delta Dental Pharmacy for Members TDD Pharmacy Assistance 24/7 Nurse Line: 1-844-581-3175	1-844-282-3025 711 1-800-879-6901 1-833-459-1167 1-844-569-2830 1-800-759-1089
CHRISTUS Health Plan is a licensed HMO in Texas. OH ouisiana, a licensed HMO in Louisiana which operates o Please visit www.christushealthplan.or information on how to	under the registered trade name of CHRIST	US Health Plan.

# MEMBER PORTAL URL

https://christushealthmember.healthtrioconnect.com

Reprint ID cards, change PCP, view benefits, check eligibility and more

### "How to Register for the Portal" VIDEO

https://www.christushealthplan.org/member-resources

# **SALES & MARKETING**

TXBrokerSupport@christushealth.org

Phone: 833-889-4357 Broker/Prospect Inquiries, Marketing Events

# **CARENET 24-HOUR NURSE LINE** Phone: 844-581-3175



# CARE MANAGEMENT

# Phone: 800-446-1730 (ext 2)

The Care Management program plans and manages the care of members with complex and/or chronic needs and those whose needs are acute, episodic, or short term in nature.

# There is no cost to the member.

Members can be referred for a care management evaluation by calling the number above. Members will then be contacted to enroll.

# COMPLAINTS AND APPEALS

ChristusCAG@christushealth.org

Phone: 844-282-0380 Fax: 866-416-2840 Appeals deadline: 180 days from the date of the last disposition Mail to: CHRISTUS Health Plan ATTN: Complaint and Appeals P.O. Box 169009 Irving, TX 75016

# ELIGIBILITY AND ENROLLMENT

### Christus.HP.Eligibility@christushealth.org

Phone: 844-282-0380 Fax: 866-416-2840 Open Enrollment 11/01/2024 - 01/15/2025

### PHARMACY BENEFIT MANAGER

Express Scripts, Inc. (ESI 1-800-949-8779 Pharmacy Help Desk 1-800-922-1557 \*Single Sign-On (SSO) available in Member Portal



# **DENTAL BENEFIT VENDOR**

Delta Dental	www.deltadentalins.com	
Member Services	1-833-459-1167	
*Single Sign-On (SSO) available in Member Portal		

# 🛆 DELTA DENTAL

# VISION BENEFIT VENDOR

Superior Vision Member Services

www.superiorvision.com 1-800-879-6901

# Superior Vision

### FITNESS VENDOR

(Plus plans ONLY)

Active&Fit www.activeandfit.com Member Services 877-771-2746 (TTY 711) Monday - Friday, 5 am - 6 pm



# FRAUD, WASTE AND ABUSE ChristusHealthPlanSIU@christushealth.org FWA HOTLINE: 855-771-8072

Secure Fax: 210-766-8849 **CHRISTUS Health Plan ATTN: Special Investigations Unit** 5101 N. O'Connor Blvd. Irving, TX 75039