



March 15, 2020

Dear Valued Health Plan Member:

CHRISTUS Health Plan Generations values the importance of collaboration and coordinated action for the identification and care of members exhibiting signs of COVID-19, which is why we continue to follow CDC guidelines and work in partnership with local, state and federal government authorities. We are committed to responding to the needs of members in the safest manner necessary.

COVID-19 is a respiratory illness that can spread from person to person. The virus is spreading mainly between people who are within 6 feet of one another through respiratory droplets produced when an infected person coughs or sneezes. It may also be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own face.

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of fever, cough and shortness of breath. If you develop symptoms or have traveled from an affected area, there may be restrictions on your movements. Call your health care provider and tell them about your travel and symptoms you are experiencing. They will give you instructions on how to receive care without exposing other people to illness.

In accordance with Centers for Medicare and Medicaid Services, CHRISTUS Health Plan Generations will cover COVID-19 testing for our members. Any members who test positive or self-quarantine will be able to receive more than a 30-day supply of maintenance medications from their pharmacy.

You can protect yourself from illness with everyday preventive actions, such as avoiding close contact with people who are sick and washing your hands often with soap and water for at least 20 seconds. If soap and water are unavailable, you may use an alcohol-based hand sanitizer with at least 60% alcohol. The CDC recommends that you avoid crowds, cruises and non-essential air travel. If an outbreak occurs in your community, please stay home as much as possible.

If you have symptoms consistent with COVID-19, contact the Texas Department of State Health Services immediately at **512.776.7111**. For the most up-to-date information regarding COVID-19, please visit **[CDC.gov/COVID19](https://www.cdc.gov/COVID19)** or **dshs.state.tx.us/coronavirus**.

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

CHRISTUS Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact a hospital employee. If you believe that CHRISTUS Health Plan 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 grievance with: Gregory J. Ehardt, J.D., LL.M., CHRISTUS Health, Civil Rights Coordinator, 919 Hidden Ridge, Irving, TX 75038, Telephone: 469.282.1298, Fax: 210.766.9468, CHRISTUS. CivilRights@christushealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Gregory J. Ehardt, J.D., LL.M. 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, D.C. 20201, 1.800.368.1019, 800.537.7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。 주의: 한국어를 사용하시는 경우,

언어 지원 서비스를 무료로 이용하실 수 있습니다. ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم خرددار: انكر آب اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ كال PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان در دسترس شماست. ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。