



March 25, 2020

Dear Valued Health Plan Member:

CHRISTUS Health US Family Health Plan 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 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 in close contact of one another (within 6 feet) 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 mouth, nose, or possibly eyes.

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of fever, cough and shortness of breath. If you develop symptoms, call your health care provider and tell them about your symptoms. They will give you instructions on how to receive care without exposing other people to illness.

CHRISTUS Health USFHP is covering testing with no cost-share for all US Family Health Plan members. Early refill restrictions may be waived on prescriptions for a 30-day supply of medications after consultation with a pharmacist. USFHP members are also eligible for mail order through Maxor Pharmacy. For more information about this or to sign up visit maxor.com or call toll free, **800.687.0707**.

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 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**. Those on Active Duty should contact their Chain of Command for reporting requirements. 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.



TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

MC1708



919 Hidden Ridge | Irving | TX 75038
Tel 800.678.7347 | Fax 210.766.8851 | USFHPEnroll.com

CHRISTUS Health | US Family 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 | US Family 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 | US Family 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 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم خبرداد: اگر آپ 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 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。 ใต้ภาษา: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດ້ຢູ່ບໍ່ເສັຽຄ່າ. 注意: 如果您使用繁體中文，您