

COMMUNITY PREMIER BRONZE PLAN 003

27248TX0010003

Lowest Premium Costs

Higher Out-Of-Pocket Costs for Services

DETAILS

- PCP, urgent care, and generic drugs are not subject to deductible.
- Telehealth services available.
- Referrals not required to see specialists.
- Preventative care is available at no cost.
- Out-of-network services are not covered under this plan.
- Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits.

Benefits	Cost Sharing Levels
Deductible (individual/family)	\$7,700 / \$15,400
Maximum Out-of-Pocket Costs (individual/family)	\$9,200 / \$18,400
MEDICAL	
PCP Office Visit	*\$40
Specialist Office Visit	\$70
Outpatient Facility	40%
Outpatient Surgery	40%
Urgent Care Services	*\$70
Ambulance Services	\$70
Emergency Room Services	40%
Inpatient Hospital Care	40%
Inpatient Skilled Nursing Facility	40%
Outpatient Mental/Behavioral Substance Abuse	*\$40
Inpatient Mental/Behavioral Substance Abuse	40%
Outpatient Rehabilitation	\$70
Medical Imaging (CT/PET Scans, MRIs)	40%
Routine Lab/X-Ray/Diagnostic Imaging	\$40
PRESCRIPTION DRUGS	
Prescription Drug Deductible (individual/family) (90-day mail order supply available at 2.5 times copay)	Combined with Medical Deductible
Generic	*\$16
Preferred Brand	\$70
Non-Preferred Brand	\$120
Specialty High-Cost Drugs	45%

*Services are exempt from deductible where indicated (PCP/Urgent Care/Generic Rx).

For Deductible Plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated.

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