

COMMUNITY SELECT BRONZE PLAN 016

27248TX0010016

Lowest Premiums

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.
- Preventive 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.
- **Only available to Harris County residents.**
- Select Plans offer a smaller network of high-quality Providers, which allows us to pass the savings to the consumer in the form of lower premiums and out-of-pocket costs. **Select Plan Members receive all their care from Providers in the Memorial Hermann, Harris Health, and St. Joseph hospital systems, as well as their affiliated physicians' groups.**

Benefits	Cost Sharing Levels
Deductible (individual/family)	\$8,100 / \$16,200
Maximum Out-of-Pocket Costs (individual/family)	\$9,200 / \$18,400
MEDICAL	
PCP Office Visit	*\$35
Specialist Office Visit	\$90
Outpatient Facility	50%
Outpatient Surgery	50%
Urgent Care Services	*\$90
Ambulance Services	\$90
Emergency Room Services	50%
Inpatient Hospital Care	50%
Inpatient Skilled Nursing Facility	50%
Outpatient Mental/Behavioral Substance Abuse	*\$35
Inpatient Mental/Behavioral Substance Abuse	50%
Outpatient Rehabilitation	*\$75
Medical Imaging (CT/PET Scans, MRIs)	50%
Routine Lab/X-Ray/Diagnostic Imaging	\$35
PRESCRIPTION DRUGS	
Prescription Drug Deductible (individual/family) (90-day mail order supply available at 2.5 times copay)	Combined with Medical Deductible
Generic	*\$30
Preferred Brand	\$60
Non-Preferred Brand	\$130
Specialty High-Cost Drugs	50%

*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.