

# COMMUNITY PREMIER GOLD PLAN 005

27248TX0010005

## Moderate Monthly Premiums Low Cost-Sharing

### DETAILS

- PCP, specialists, 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.

Benefits	Cost Sharing Levels
Deductible (individual/family)	\$1,600 / \$3,200
Maximum Out-of-Pocket Costs (individual/family)	\$9,200 / \$18,400
MEDICAL	
PCP Office Visit	*\$20
Specialist Office Visit	*\$40
Outpatient Facility	25%
Outpatient Surgery	25%
Urgent Care Services	*\$40
Ambulance Services	\$40
Emergency Room Services	25%
Inpatient Hospital Care	25%
Inpatient Skilled Nursing Facility	25%
Outpatient Mental/Behavioral Substance Abuse	*\$20
Inpatient Mental/Behavioral Substance Abuse	25%
Outpatient Rehabilitation	\$40
Medical Imaging (CT/PET Scans, MRIs)	25%
Routine Lab/X-Ray/Diagnostic Imaging	\$20
PRESCRIPTION DRUGS	
Prescription Drug Deductible (individual/family) (90-day mail order supply available at 2.5 times copay)	Combined with Medical Deductible
Generic	*\$10
Preferred Brand	\$50
Non-Preferred Brand	\$75
Specialty High-Cost Drugs	35%

\*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.