COMMUNITY HEALTH CHOICE

Consumer Choice Plan Disclosure Statement

This health plan does not include the same level of benefits required in other plans.

This HMO plan is a consumer choice plan. This plan doesn't include the same level of benefits that are in Texas health plans known as statemandated plans. This plan does include all health benefits required by the Affordable Care Act.

To see all benefits offered by this plan, go to the plan's "Summary of Benefits andCoverage."

Benefit/coverage:	This plan:	A health plan with required benefits (statemandated plan):
Deductible The amount you pay for care before the plan begins to share the cost.	Has a deductible.	Has no deductibles for in-network care.
Out-of-pocket costs The amount you pay when you receive care, up to an annual limit.	Includes out-of-pocket costs that meet federal requirements but may sometimes be more than in a state-mandated plan.	A copay must be less than 50% of the total cost of the service. Annual outofpocket costs must be capped at 200% of your annual premium cost if you alert the plan.
Habilitative and Rehabilitative care Care that helps you improve skills for daily living.	Includes a limit on the number of visits per year for speech therapy, occupational therapy, and physical therapy.	Has no limit on the amount of care if it is needed for medical reasons.

If you want a plan with all required benefits:

We also offer a state-mandated plan that includes all required benefits. This plan is not on Healthcare.gov and does not allow you to get help with premiums and out-of-pocket costs.

To learn more about this plan, call 1-855-315-5386 or visit https://www.communityhealthchoice.org.

By signing your application to enroll in this plan, you acknowledge the following:

- I understand the consumer choice plan I am applying for does not provide the same level of coverage required in other Texas health plans (state-mandated plans).
- I understand if my health changes and this plan does not meet my needs, in most cases I won't be able to get a new plan until the next open enrollment period.
- I understand I can get more information about consumer choice plans from the Texas Department of Insurance's website, www.tdi.texas.gov/consumer/consumerchoice.html, or by calling the Consumer Help Line at 1-800-252-3439.

Don't sign this document if you don't understand it.
No firme este documento si no lo comprende.

Print the name of the person applying _____
Signature of the person applying _____
Date of signature _____
Name of business (if applicable) _____

Community Health Choice must give you a copy of this statement upon request.

Community Health Choice is committed to providing high-quality, accessible healthcare services to a diverse population. Community Health Choice offers translated materials and interpretation services to ensure clear and effective communication with all members, regardless of their primary language. Community Health Choice trains staff to be mindful of cultural differences in communication styles, body language, and decision-making processes. Community Health Choice provides oral and written notice to consumers with limited English proficiency (LEP) in their preferred language informing them of their right to receive language assistance services and how to get them.

COMMUNITY CARES

2027 PREMIER PLAN BROCHURE

COMMUNITY HEALTH CHOICE



CommunityHealthChoice.org

713.295.6704 | 1.855.315.5386

COMMUNITY CARES

CONNECTING YOU TO THE BEST AFFORDABLE HEALTH INSURANCE FOR EVERY STAGE OF YOUR LIFE.

Community Health Choice is committed to opening doors to better health for our Members. We exist to make sure you have health insurance coverage so you can get the care you need.

We live this commitment all year long because you shouldn't have to pay more to get the health care you deserve. That's why we make it easy to get quality health coverage that combines affordability with an unmatched level of personal service.

- **$0** **Preventive Services**
- **Low copay on many generic drugs**
- **Free 24/7 telehealth**
- **Pyx Health helps you find resources, benefits, and support when you need it most.**
- **Most primary care visits, specialist visits, urgent care, and generic drugs are not subject to deductible**
- **No referrals needed for specialists**

*Benefits listed above are not included on all plans. Please review the individual plan offerings for detailed information.







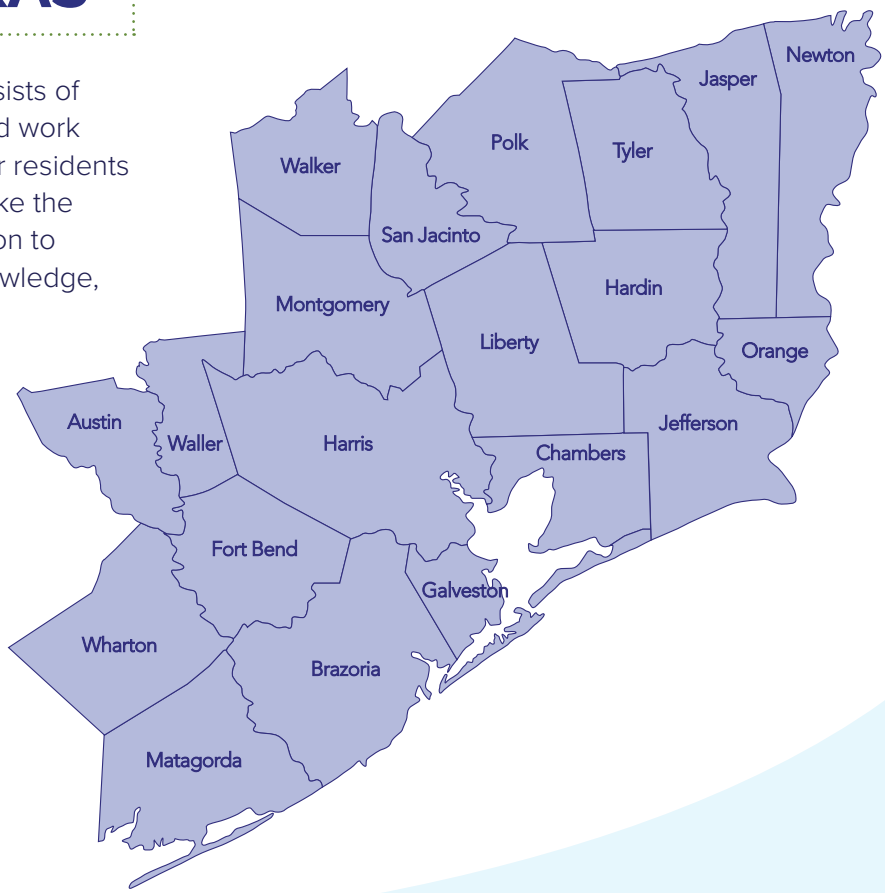



COVERING

SOUTHEAST TEXAS

Community's Member service area consists of 20 counties in Texas. Our teams live and work here. We understand the challenges our residents and Members face. And because we take the health and well-being of our entire region to heart, we proudly share a wealth of knowledge, special programs, care management, and valuable community resources like no one else can.

- Austin
- Brazoria
- Chambers
- Fort Bend
- Galveston
- Hardin
- Harris
- Jasper
- Jefferson
- Liberty
- Matagorda
- Montgomery
- Newton
- Orange
- Polk
- San Jacinto
- Tyler
- Walker
- Waller
- Wharton





CHOOSING THE PLAN

THAT'S RIGHT FOR YOU

Once you understand the differences, it's easier to find the best plan that fits you and your family. We want you to get all the coverage you need without paying for benefits you don't.

Our Premier Plans Include:

PREMIER BRONZE 003 HSA
PREMIER BRONZE 18 HSA
PREMIER SILVER 12
PREMIER SILVER 12 OFF-EXCHANGE
PREMIER SILVER 20
PREMIER SILVER 20 OFF-EXCHANGE
PREMIER GOLD 001 OFF-EXCHANGE
PREMIER GOLD 005
PREMIER GOLD 21

BRONZE, SILVER OR GOLD?

No matter which metal category you choose, you can save a lot of money on your monthly premium based on your income. When you fill out a Marketplace insurance application, you'll find out if you qualify for these savings.

Bronze Plans

Lowest premium costs
Higher out-of-pocket costs when you receive care

60%	40%
PLAN PAYS	YOU PAY

Silver Plans

Higher premium costs than Bronze plans
Lower out-of-pocket costs than Bronze plans

70%	30%
PLAN PAYS	YOU PAY

Gold Plans

Higher premium costs than Silver plans
Lower out-of-pocket costs than Silver plans

80%	20%
PLAN PAYS	YOU PAY



PREMIER BRONZE PLAN 003 HSA

HIGHER OUT-OF-POCKET COST FOR SERVICES

Important Features of Premier Bronze 003 HSA Plan:

1. PCP, urgent care, and generic drugs are available before deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	$8,500
Maximum Out-of-Pocket (Individual)	$12,000
Primary Care Physician Office Visit	$35*
Specialist Office Visit	$70
Urgent Care Visit	$70*
Emergency Room Visit	$700, plus 40%
Inpatient Hospital Stay	$1,000, plus 40%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$15*
Preferred Brand	$80
Non-Preferred Brand	$150
Specialty High-Cost Drugs	45%

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

PREMIER BRONZE PLAN 018 HSA

HIGHER OUT-OF-POCKET COST FOR SERVICES

Important Features of Premier Bronze 18 HSA Plan:

1. PCP, Specialist, urgent care, and generic drugs are available before deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	$7,500
Maximum Out-of-Pocket (Individual)	$12,000
Primary Care Physician Office Visit	$50*
Specialist Office Visit	$100*
Urgent Care Visit	$75*
Emergency Room Visits	50%
Inpatient Hospital Stay	50%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$25*
Preferred Brand	$50
Non-Preferred Brand	$100
Specialty High-Cost Drugs	$500

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

PREMIER SILVER PLAN 012

LOW TO MODERATE COST-SHARING

Important Features of Premier Silver 012 Plan:

1. PCP, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	$2,800
Maximum Out-of-Pocket (Individual)	$12,000
Primary Care Physician Office Visit	$10*
Specialist Office Visit	$60
Urgent Care Visit	$60*
Emergency Room Visit	$600, plus 50%
Inpatient Hospital Stay	$900, plus 50%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$5*
Preferred Brand	$80
Non-Preferred Brand	$120
Specialty High-Cost Drugs	50%

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

PREMIER SILVER PLAN 012 OFF-EXCHANGE

LOW TO MODERATE COST-SHARING

Important Features of Premier Silver 012 Off-Exchange Plan:

1. PCP, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

This plan is only available off-exchange.

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	$2,800
Maximum Out-of-Pocket (Individual)	$12,000
Primary Care Physician Office Visit	$10*
Specialist Office Visit	$60
Urgent Care Visit	$60*
Emergency Room Visit	$600, plus 50%
Inpatient Hospital Stay	$900, plus 50%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$5*
Preferred Brand	$80
Non-Preferred Brand	$120
Specialty High-Cost Drugs	50%

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

PREMIER SILVER PLAN 020

LOW TO MODERATE COST-SHARING

Important Features of Premier Silver 20 Plan:

1. PCP, specialists, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	$6,400
Maximum Out-of-Pocket (Individual)	$10,300
Primary Care Physician Office Visit	$40*
Specialist Office Visit	$80*
Urgent Care Visit	$60*
Emergency Room Visit	40%
Inpatient Hospital Stay	40%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$20*
Preferred Brand	$40*
Non-Preferred Brand	$80
Specialty High-Cost Drugs	$350

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

PREMIER SILVER PLAN 020 OFF-EXCHANGE

LOW TO MODERATE COST-SHARING

Important Features of Premier Silver 20 Off-Exchange Plan:

1. PCP, specialists, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

This plan is only available off-exchange.

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	$6,000
Maximum Out-of-Pocket (Individual)	$9,650
Primary Care Physician Office Visit	$20*
Specialist Office Visit	$80*
Urgent Care Visit	$80*
Emergency Room Visit	$600, plus 40%
Inpatient Hospital Stay	$900, plus 40%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$10*
Preferred Brand	$40*
Non-Preferred Brand	$80
Specialty High-Cost Drugs	$350

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

PREMIER GOLD PLAN 001 OFF-EXCHANGE

LOW TO MODERATE COST-SHARING

Important Features of Premier Gold 001 Off-Exchange Plan:

1. Telehealth services available
2. Referrals not required to see specialists
3. Preventive care is available at no cost
4. This plan does not have a medical or pharmacy deductible

This plan is only available off-exchange.

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	N/A
Maximum Out-of-Pocket (Individual)	$9,500
Primary Care Physician Office Visit	$30
Specialist Office Visit	$65
Urgent Care Visit	$65
Emergency Room Visit	$500
Inpatient Hospital Stay	$1,000**
Prescription Drug Deductible	N/A
Generic	$25
Preferred Brand	$40
Non-Preferred Brand	$80
Specialty High-Cost Drugs	30%

**Copay applies for first 5 days of admission for all inpatient services

PREMIER GOLD PLAN 005

LOW COST-SHARING

Important Features of Premier Gold 005 Plan:

1. PCP, specialist, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	$2,500
Maximum Out-of-Pocket (Individual)	$8,500
Primary Care Physician Office Visit	$15*
Specialist Office Visit	$40*
Urgent Care Visit	$40*
Emergency Room Visit	$500, plus 25%
Inpatient Hospital Stay	$800, plus 25%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$5*
Preferred Brand	$50
Non-Preferred Brand	$75
Specialty High-Cost Drugs	35%

*Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/Generic RX)

PREMIER GOLD PLAN 021

LOW COST-SHARING

Important Features of Premier Gold 021 Plan:

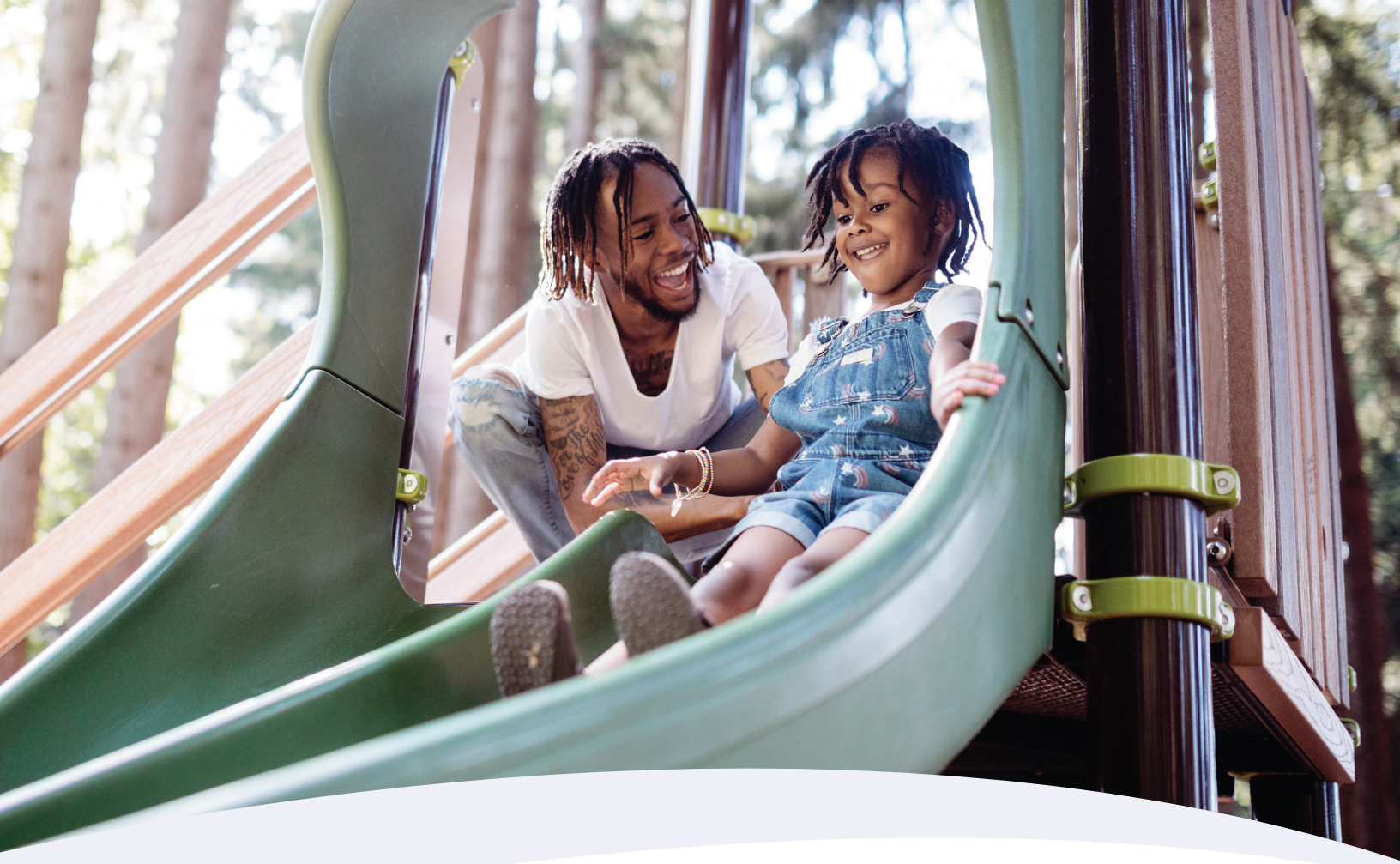
1. PCP, specialist, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	$2,500
Maximum Out-of-Pocket (Individual)	$8,600
Primary Care Physician Office Visit	$30*
Specialist Office Visit	$60*
Urgent Care Visit	$45*
Emergency Room Visit	25%
Inpatient Hospital Stay	25%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$15*
Preferred Brand	$30*
Non-Preferred Brand	$60*
Specialty High-Cost Drugs	$250*

*Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/Generic RX)



FIND OUT

HOW YOU CAN GET COVERED IN 2027!

Visit
CommunityHealthChoice.org

Call us at **713.295.6704**
or toll-free at **1.855.315.5386**

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