2019 PLAN DESIGNS – DEDUCTIBLE & COPAY

MEMBER COST SHARE	High Deductible Health Plan HSA Compatible Plan ID 27248TX0010008	HMO Bronze Deductible 003 Plan ID 27248TX0010003	Community Health Choice HMO Lean Silver Deductible Plans 009 Plan ID 27248TX0010009				Community Health Choice HMO Silver Deductible Plans 004 Plan ID 27248TX0010004				Gold Deductible 005 Plan ID 27248TX0010005	Community Health Choice HMO Silver Copay 002 & 007 Plan ID's 27248TX0010002 & 27248TX0010007				Gold Copay 001 & 006 Plan ID's 27248TX0010001 & 27248TX0010006
			Silver Deductible 009 250% FPL and above	Silver Deductible 009 (73) 200%-249% FPL	Silver Deductible 009 (87) 150%-199% FPL	Silver Deductible 009 (94) 100%-149% FPL	Silver Deductible 004 250% FPL and above	Silver Deductible 004 (73) 200%-249% FPL	Silver Deductible 004 (87) 150%-199% FPL	Silver Deductible 004 (94) 100%-149% FPL		Silver Copay 002 & 007 250% FPL and above	Silver 002 & 007 Copay (73) 200%-249% FPL	Silver 002 & 007 Copay (87) 150%-199% FPL	Silver 002 & 007 Copay (94) 100%-149% FPL	
Medical Deductible (individual/family)	$6,750 / $13,500	$6,500 / $13,000	$5,000 / $10,000	$2,500 / $5,000	N/A	N/A	$3,000 / $6,000	$2,500 / $5,000	N/A	N/A	$750 / $1,500	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (individual/family)	$6,750 / $13,500	$7,900 / $15,800	$7,000 / $14,000	$6,000 / $12,000	$2,600 / $5,200	$2,500 / $5,000	$7,900 / $15,800	$6,300 / $12,600	$2,600 / $5,200	$2,500 / $5,000	$6,000 / $12,000	$7,900 / $15,800	$6,300 / $12,600	$2,600 / $5,200	$2,500 / $5,000	$7,900 / $15,800
MEDICAL BENEFITS	MEMBER COPAYS/COINSURANCE															
PCP Office Visit	No charge after deductible	*$40	*$30	*$30	$20	$10	*$30	*$20	$20	$10	*$20	$40	$40	$20	$10	$30
Specialist Office Visit		*$70	$60	$60	$50	$20	*$60	*$50	$50	$20	*$40	$75	$75	$40	$20	$65
Outpatient Facility		30%	30%	30%	20%	10%	30%	30%	20%	10%	20%	$600	$600	$250	$100	$300
Outpatient Surgery		30%	30%	30%	20%	10%	30%	30%	20%	10%	20%	$600	$600	$250	$100	$300
Urgent Care Services		*$70	*$60	*$60	$50	$20	*$60	*$50	$50	$20	*$40	$75	$75	$40	$20	$65
Ambulance Services		$70	$60	$60	$50	$20	$60	$50	$50	$20	$40	$75	$75	$40	$20	$65
Emergency Room Services		30%	30%	30%	20%	10%	30%	30%	20%	10%	20%	$800	$800	$400	$100	$600
Inpatient Hospital Care		30%	30%	30%	20%	10%	30%	30%	20%	10%	20%	**$800	**$800	**$400	**$200	**$600
Inpatient Skilled Nursing Facility		30%	30%	30%	20%	10%	30%	30%	20%	10%	20%	**$800	**$800	**$400	**$200	**$600
Outpatient Mental/ Behavioral Substance Abuse		*$40	*$30	*$30	$20	$10	*$30	*$25	$20	$10	*$20	$40	$40	$20	$10	$30
Inpatient Mental/ Behavioral Substance Abuse		30%	30%	30%	20%	10%	30%	30%	20%	10%	20%	**$800	**$600	**$400	**$200	**$600
Outpatient Rehabilitation		$70	$60	$60	$50	$10	$60	$50	$50	$10	$40	$75	$75	$40	$10	$65
Medical Imaging (CT/PET Scans, MRIs)		30%	30%	30%	20%	10%	30%	30%	20%	10%	20%	$500	$500	$400	$100	$500
Routine Lab/X-Ray/ Diagnostic Imaging		$40	$30	$30	$20	$10	$30	$25	$20	$10	$20	$40	$40	$20	$10	$30
PRESCRIPTION DRUGS	MEMBER COPAYS/COINSURANCE															
Prescription Drug Deductible (individual/ family) (90-day mail order supply available at 2.5 times copay)	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	N/A	N/A	Combined with Medical Deductible	$450 / $900	$400 / $800	N/A	N/A	N/A
Generic	No charge after deductible	*$15	*$15	*$10	$10	$5	*$10	*$10	$10	$5	*$10	*$35	*$30	$10	$5	$15
Preferred Brand		$70	$70	$50	$45	$20	$60	$50	$45	$20	$40	$110	$105	$50	$20	$40
Non-Preferred Brand		$120	$120	$100	$85	$40	$100	$90	$85	$40	$70	$120	$120	$80	$40	$80
Specialty High-Cost Drugs		45%	45%	45%	30%	20%	45%	40%	30%	20%	30%	50%	50%	30%	20%	30%

* Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/Generic RX)
** Copay applies for first 5 days of admission for all inpatient services
For Deductible Plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated