

COMMUNITY PREMIER BRONZE PLAN 11

27248TX0010011

Lowest Premiums
Higher Deductibles

DETAILS

- Unlimited free 24/7 virtual visits through Doctor On Demand.
- No charge after deductible for all other Providers and services.
- 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)	\$9,100 / \$18,200
Maximum Out-of-Pocket Costs (individual/family)	\$9,100 / \$18,200

MEDICAL

PCP Office Visit	*Tier 1 (Doctors on Demand): \$0 Tier 2: No charge after deductible
Specialist Office Visit	No charge after deductible
Outpatient Facility	
Outpatient Surgery	
Urgent Care Services	
Ambulance Services	
Emergency Room Services	
Inpatient Hospital Care	
Inpatient Skilled Nursing Facility	
Outpatient Mental/Behavioral Substance Abuse	*Tier 1 (Doctors on Demand): \$0 Tier 2: No charge after deductible
Inpatient Mental/Behavioral Substance Abuse	No charge after deductible
Outpatient Rehabilitation	
Medical Imaging (CT/PET Scans, MRIs)	
Routine Lab/X-Ray/Diagnostic Imaging	

PRESCRIPTION DRUGS

Prescription Drug Deductible (individual/family) (90-day mail order supply available at 2.5 times copay)	Combined with Medical Deductible
Generic	No charge after deductible
Preferred Brand	
Non-Preferred Brand	
Specialty High-Cost Drugs	

*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.