COMMUNITY SELECT GOLD PLAN 22

27248TX0010022

Low Monthly Premiums Low Cost-Sharing

DETAILS

- PCP, Specialist, urgent care, and generic drugs are not subject to deductible.
- Telehealth services available.
- · Referrals not required to see Specialist.
- · 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-ofpocket 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)	\$2,200 / \$4,400
Maximum Out-of-Pocket Costs (individual/family)	\$9,100 / \$18,200
MEDICAL	
PCP Office Visit	\$15*
Specialist Office Visit	\$30*
Outpatient Facility	20%
Outpatient Surgery	20%
Urgent Care Services	\$30*
Ambulance Services	\$30
Emergency Room Services	20%
Inpatient Hospital Care	20%
Inpatient Skilled Nursing Facility	20%
Outpatient Mental/Behavioral Substance Abuse	\$15*
Inpatient Mental/Behavioral Substance Abuse	20%
Outpatient Rehabilitation	\$30
Medical Imaging (CT/PET Scans, MRIs)	20%
Routine Lab/X-Ray/Diagnostic Imaging	\$15
PRESCRIPTION DRUGS	
Prescription Drug Deductible (individual/family) (90-day maiorder supply available at 2.5 times copay)	Combined with Medical Deductible
Generic	\$15*
Preferred Brand	\$30
Non-Preferred Brand	\$60
Specialty High-Cost Drugs	40%

^{*}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.

