

# COMMUNITY PREMIER SILVER PLAN 13

27248TX0010013

Higher Premiums

Low-to-Moderate Cost Sharing

## DETAILS

- PCP, Specialist, urgent care, and generic drugs are not subject to deductible.
- Telehealth services available.
- Referrals not required to see Specialist.
- Preventative 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)   | \$8,500 / \$17,000               |
| Maximum Out-of-Pocket Costs (individual/family)  | \$8,500 / \$17,000               |
| <b>MEDICAL</b>   |                                  |
| PCP Office Visit   | \$10*                            |
| Specialist Office Visit  | \$20*                            |
| Outpatient Facility  | No charge after deductible       |
| Outpatient Surgery   |                                  |
| Urgent Care Services   | \$20*                            |
| Ambulance Services   | No charge after deductible       |
| Emergency Room Services  |                                  |
| Inpatient Hospital Care  |                                  |
| Inpatient Skilled Nursing Facility   |                                  |
| Outpatient Mental/Behavioral Substance Abuse   | \$10*                            |
| Inpatient Mental/Behavioral Substance Abuse  | No charge after deductible       |
| Outpatient Rehabilitation  |                                  |
| Medical Imaging (CT/PET Scans, MRIs)   |                                  |
| Routine Lab/X-Ray/Diagnostic Imaging   |                                  |
| <b>PRESCRIPTION DRUGS</b>  |                                  |
| Prescription Drug Deductible (individual/family) (90-day mail order supply available at 2.5 times copay) | Combined with Medical Deductible |
| Generic  | \$10*                            |
| Preferred Brand  | No charge after deductible       |
| Non-Preferred Brand  |                                  |
| Specialty High-Cost Drugs  |                                  |

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

†Cost sharing may be lower for those who are eligible for increased cost sharing subsidies.

For Deductible Plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated.

[communityhealthchoice.org](http://communityhealthchoice.org)

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