

# COMMUNITY SELECT SILVER PLAN 19

27248TX0010019

Moderate Premiums

Low-to-Moderate Cost Sharing

## DETAILS

- Preventative care is available at no cost.
- PCP, Specialist, urgent care, and generic drugs are not subject to deductible.
- Telehealth services available.
- Referrals not required to see Specialist.
- Out-of-network services are not covered under this plan.
- 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-of-pocket 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)	\$4,900 / \$9,800
Maximum Out-of-Pocket Costs (individual/family)	\$9,100 / \$18,200
MEDICAL	
PCP Office Visit	\$30*
Specialist Office Visit	\$80*
Outpatient Facility	30%
Outpatient Surgery	30%
Urgent Care Services	\$80*
Ambulance Services	\$80
Emergency Room Services	30%
Inpatient Hospital Care	30%
Inpatient Skilled Nursing Facility	30%
Outpatient Mental/Behavioral Substance Abuse	\$30*
Inpatient Mental/Behavioral Substance Abuse	30%
Outpatient Rehabilitation	\$80
Medical Imaging (CT/PET Scans, MRIs)	30%
Routine Lab/X-Ray/Diagnostic Imaging	\$30
PRESCRIPTION DRUGS	
Prescription Drug Deductible (individual/family) (90-day mail order supply available at 2.5 times copay)	Combined with Medical Deductible
Generic	\$10*
Preferred Brand	\$40
Non-Preferred Brand	\$80
Specialty High-Cost Drugs	50%

\*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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