

COMMUNITY PREMIER SILVER PLAN 20

27248TX0010020

Higher Premiums

Low-to-Moderate Cost-Sharing

DETAILS

- PCP, specialists, urgent care, and generic drugs are not subject to deductible.
- Telehealth services available.
- Referrals not required to see specialists.
- 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)	\$5,900 / \$11,800
Maximum Out-of-Pocket Costs (individual/family)	\$9,100 / \$18,200
MEDICAL	
PCP Office Visit	\$40*
Specialist Office Visit	\$80*
Outpatient Facility	40%
Outpatient Surgery	40%
Urgent Care Services	\$60*
Ambulance Services	\$80
Emergency Room Services	40%
Inpatient Hospital Care	40%
Inpatient Skilled Nursing Facility	40%
Outpatient Mental/Behavioral Substance Abuse	\$40*
Inpatient Mental/Behavioral Substance Abuse	40%
Outpatient Rehabilitation	\$40*
Medical Imaging (CT/PET Scans, MRIs)	40%
Routine Lab/X-Ray/Diagnostic Imaging	40%
PRESCRIPTION DRUGS	
Prescription Drug Deductible (individual/family) (90-day mail order supply available at 2.5 times copay)	Combined with Medical Deductible
Generic	\$20*
Preferred Brand	\$40*
Non-Preferred Brand	\$80
Specialty High-Cost Drugs	\$350

*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.