

COMMUNITY SELECT GOLD PLAN 022

27248TX0010022

Moderate Monthly Premiums Low Cost-Sharing

DETAILS

- PCP, specialists, urgent care, and generic drugs are not subject to deductible.
- Telehealth services available.
- Referrals not required to see specialists.
- 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-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)	\$1,800 / \$3,600
Maximum Out-of-Pocket Costs (individual/family)	\$9,450 / \$18,900
MEDICAL	
PCP Office Visit	\$15*
Specialist Office Visit	\$30*
Outpatient Facility	30%
Outpatient Surgery	30%
Urgent Care Services	\$30*
Ambulance Services	\$30
Emergency Room Services	30%
Inpatient Hospital Care	30%
Inpatient Skilled Nursing Facility	30%
Outpatient Mental/Behavioral Substance Abuse	\$15*
Inpatient Mental/Behavioral Substance Abuse	30%
Outpatient Rehabilitation	\$30
Medical Imaging (CT/PET Scans, MRIs)	30%
Routine Lab/X-Ray/Diagnostic Imaging	\$15
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	\$50*
Non-Preferred Brand	\$100
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.