

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) | \$9,200 / \$18,400 |
| 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.