

COMMUNITY SELECT SILVER PLAN 19

27248TX0010019

Moderate Premiums

Low-to-Moderate Cost-Sharing

DETAILS

- Preventative care is available at no cost.
- PCP, specialists, urgent care, and generic drugs are not subject to deductible.
- Telehealth services available.
- Referrals not required to see specialists.
- 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)	\$4,250 / \$8,500
Maximum Out-of-Pocket Costs (individual/family)	\$8,500 / \$17,000
MEDICAL	
PCP Office Visit	*\$30
Specialist Office Visit	*\$80
Outpatient Facility	40%
Outpatient Surgery	40%
Urgent Care Services	*\$80
Ambulance Services	\$80
Emergency Room Services	40%
Inpatient Hospital Care	40%
Inpatient Skilled Nursing Facility	40%
Outpatient Mental/Behavioral Substance Abuse	*\$30
Inpatient Mental/Behavioral Substance Abuse	40%
Outpatient Rehabilitation	*\$65
Medical Imaging (CT/PET Scans, MRIs)	40%
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	\$100
Specialty High-Cost Drugs	50%

*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.