

YOUR PHARMACY BENEFITS



 **NAVITUS**
Our business is **personal**



Contact Information

Customer Care

24 Hours a Day, 7 Days a Week
866-333-2757 711 (TTY)

Prescription Claims

Navitus Health Solutions
ATTN: Claims Department
P.O. Box 999
Appleton, WI 54912-0999

Navitus Website

navitus.com/members

Member Portal

memberportal.navitus.com

Mail Order

Postal Prescription Services
800-552-6694
ppsrx.com

Specialty Pharmacy

Walgreens Specialty
866-249-5367

Sharing Your Feedback

Your experience with your Navitus pharmacy benefits matters to us. Go to bit.ly/navitusfeedback or scan the QR code* to tell us how we are doing.

* The QR code may identify your IP/device information. However, your personal and health information is strictly confidential and will not be captured.



For a copy of your member rights and responsibilities, please visit the member portal or call Customer Care.

If you need this printed material translated or in an alternative format, or need assistance using any of our services, please contact Customer Care.

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Welcome to Navitus

We understand that access to affordable medications can be life changing - and lifesaving. Our mission is to help members like you get the medications you need.

Once your pharmacy benefits are active, here's how you can make the most of them:

[Provide your prescription card when you fill a medication.](#) This will ensure that your pharmacy benefits are processed seamlessly.

[Use our member portal to access your benefits.](#)

Find the nearest network pharmacies, cost of your medications, access your digital ID card, review plan details such as deductibles and out-of-pocket maximums and more. To get started, go to **memberportal.navitus.com**.

[Still have questions?](#)

As a Navitus member, you have peace of mind knowing that we are here to support your health journey. Our dedicated Customer Care team can help if you have questions about your pharmacy benefits. They will work to resolve any concerns quickly and can be reached at the number on the back page.

Saving Money on Your Prescriptions

One of the best ways to lower your prescription expenses is by choosing generic drugs. Generics are clinically identical and just as safe as their brand-name counterparts. They go through the same rigorous U.S. Food and Drug Administration (FDA) process as brand name drugs. To get started simply ask your prescriber if a generic is available for your prescription.

Pharmacy Benefit Schedule

Community Health Choice

Benefit Effective Date	Benefit Type
January 1, 2026	Health Insurance Marketplace

Tier 1:	\$0 Products
Tier 2:	Generic and lower cost brand products
Tier 3:	Preferred brand and higher cost generics
Tier 4:	Non-preferred brand (could include both brand and generic products)

	Retail In-Network Pharmacy1-30 Days' Supply			Retail In-Network Pharmacy90 Days' Supply		
Group	Tier 2	Tier 3	Tier 4	Tier 2	Tier 3	Tier 4
HMO Premier Bronze 003 Off Exchange	\$20 All Tier 2 bypass deductible	\$80 after deductible	\$150 after deductible	\$60 All Tier 2 bypass deductible	\$240 after deductible	\$450 after deductible
HMO Premier Bronze 003 On Exchange	\$20 All Tier 2 bypass deductible	\$80 after deductible	\$150 after deductible	\$60 All Tier 2 bypass deductible	\$240 after deductible	\$450 after deductible
HMO Premier Bronze 003 Zero Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0
HMO Premier Bronze 003 Limited Cost Sharing	\$20 All Tier 2 bypass deductible	\$80 after deductible	\$150 after deductible	\$60 All Tier 2 bypass deductible	\$240 after deductible	\$450 after deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Select Bronze 16 Off Exchange	\$30 All Tier 2 bypass deductible	\$60 after deductible	\$130 after deductible	\$90 All Tier 2 bypass deductible	\$180 after deductible	\$390 after deductible
HMO Select Bronze 16 On Exchange	\$30 All Tier 2 bypass deductible	\$60 after deductible	\$130 after deductible	\$90 All Tier 2 bypass deductible	\$180 after deductible	\$390 after deductible
HMO Select Bronze 16 Zero Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0
HMO Select Bronze 16 Limited Cost Sharing	\$30 All Tier 2 bypass deductible	\$60 after deductible	\$130 after deductible	\$90 All Tier 2 bypass deductible	\$180 after deductible	\$390 after deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Ultra Select Bronze 16 Off Exchange	\$30 All Tier 2 bypass deductible	\$60 after deductible	\$130 after deductible	\$90 All Tier 2 bypass deductible	\$180 after deductible	\$390 after deductible

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 2	Tier 3	Tier 4	Tier 2	Tier 3	Tier 4
HMO Ultra Select Bronze 16 On Exchange	\$30 All Tier 2 bypass deductible	\$60 after deductible	\$130 after deductible	\$90 All Tier 2 bypass deductible	\$180 after deductible	\$390 after deductible
HMO Ultra Select Bronze 16 Zero Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0
HMO Ultra Select Bronze 16 Limited Cost Sharing	\$30 All Tier 2 bypass deductible	\$60 after deductible	\$130 after deductible	\$90 All Tier 2 bypass deductible	\$180 after deductible	\$390 after deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Premier Bronze 18 Off Exchange	\$25 All Tier 2 bypass deductible	\$50 after deductible	\$100 after deductible	\$75 All Tier 2 bypass deductible	\$150 after deductible	\$300 after deductible
HMO Premier Bronze 18 On Exchange	\$25 All Tier 2 bypass deductible	\$50 after deductible	\$100 after deductible	\$75 All Tier 2 bypass deductible	\$150 after deductible	\$300 after deductible
HMO Premier Bronze 18 Zero Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0
HMO Premier Bronze 18 Limited Cost Sharing	\$25 All Tier 2 bypass deductible	\$50 after deductible	\$100 after deductible	\$75 All Tier 2 bypass deductible	\$150 after deductible	\$300 after deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Ultra Select Bronze 18 Off Exchange	\$25 All Tier 2 bypass deductible	\$50 after deductible	\$100 after deductible	\$75 All Tier 2 bypass deductible	\$150 after deductible	\$300 After deductible
HMO Ultra Select Bronze 18 On Exchange	\$25 All Tier 2 bypass deductible	\$50 After deductible	\$100 after deductible	\$75 All Tier 2 bypass deductible	\$150 after deductible	\$300 after deductible
HMO Ultra Select Bronze 18 Zero Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0
HMO Ultra Select Bronze 18 Limited Cost Sharing	\$25 All Tier 2 bypass deductible	\$50 after deductible	\$100 after deductible	\$75 All Tier 2 bypass deductible	\$150 after deductible	\$300 after deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Premier Silver 12 Off Exchange (Mirrored Plan)	\$10 All Tier 2 bypass deductible	\$80 after deductible	\$120 after deductible	\$30 All Tier 2 bypass deductible	\$240 after deductible	\$360 after deductible

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 2	Tier 3	Tier 4	Tier 2	Tier 3	Tier 4
HMO Premier Silver 12 Off Exchange	\$10 All Tier 2 bypass deductible	\$80 after deductible	\$120 after deductible	\$30 All Tier 2 bypass deductible	\$240 after deductible	\$360 after deductible
HMO Premier Silver 12 On Exchange	\$10 All Tier 2 bypass deductible	\$80 after deductible	\$120 after deductible	\$30 All Tier 2 bypass deductible	\$240 after deductible	\$360 after deductible
HMO Premier Silver 12 Zero Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0
HMO Premier Silver 12 Limited Cost Sharing	\$10 All Tier 2 bypass deductible	\$80 after deductible	\$120 after deductible	\$30 All Tier 2 bypass deductible	\$240 after deductible	\$360 after deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Premier Silver 12 73	\$10 All Tier 2 bypass deductible	\$80 after deductible	\$120 after deductible	\$30 All Tier 2 bypass deductible	\$240 after deductible	\$360 after deductible
HMO Premier Silver 12 87	\$5 All Tier 2 bypass deductible	\$70 after deductible	\$100 after deductible	\$15 All Tier 2 bypass deductible	\$210 after deductible	\$300 after deductible
HMO Premier Silver 12 94	\$5	\$20	\$40	\$15	\$60	\$120
HMO Select Silver 19 Off Exchange (Fort Bend)	\$15 All Tier 2 bypass deductible	\$45 after deductible	\$100 after deductible	\$45 All Tier 2 bypass deductible	\$135 after deductible	\$300 after deductible
HMO Select Silver 19 Off Exchange (Harris County)	\$15 All Tier 2 bypass deductible	\$45 after deductible	\$100 after deductible	\$45 All Tier 2 bypass deductible	\$135 after deductible	\$300 after deductible
HMO Select Silver 19 Off Exchange	\$15 All Tier 2 bypass deductible	\$45 after deductible	\$100 after deductible	\$45 All Tier 2 bypass deductible	\$135 after deductible	\$300 after deductible
HMO Select Silver 19 On Exchange	\$15 All Tier 2 bypass deductible	\$45 after deductible	\$100 after deductible	\$45 All Tier 2 bypass deductible	\$135 after deductible	\$300 after deductible
HMO Select Silver 19 Zero Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0
HMO Select Silver 19 Limited Cost Sharing	\$15 All Tier 2 bypass deductible	\$45 after deductible	\$100 after deductible	\$45 All Tier 2 bypass deductible	\$135 after deductible	\$300 after deductible
	\$0 when filled through an Indian Health Service Provider					

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 2	Tier 3	Tier 4	Tier 2	Tier 3	Tier 4
HMO Select Silver 19 73	\$15 All Tier 2 bypass deductible	\$45 after deductible	\$100 after deductible	\$45 All Tier 2 bypass deductible	\$135 after deductible	\$300 after deductible
HMO Select Silver 19 87	\$10 All Tier 2 bypass deductible	\$25 after deductible	\$60 after deductible	\$30 All Tier 2 bypass deductible	\$75 after deductible	\$180 after deductible
HMO Select Silver 19 94	\$5	\$15	\$40	\$15	\$45	\$120
HMO Select Silver 19 Off Exchange (Fort Bend)	\$15 All Tier 2 bypass deductible	\$45 after deductible	\$100 after deductible	\$45 All Tier 2 bypass deductible	\$135 after deductible	\$300 after deductible
HMO Select Silver 19 On Exchange (Fort Bend)	\$15 All Tier 2 bypass deductible	\$45 after deductible	\$100 after deductible	\$45 All Tier 2 bypass deductible	\$135 after deductible	\$300 after deductible
HMO Select Silver 19 Zero Cost Sharing (Fort Bend)	\$0	\$0	\$0	\$0	\$0	\$0
HMO Select Silver 19 Limited Cost Sharing (Fort Bend)	\$15 All Tier 2 bypass deductible	\$45 after deductible	\$100 after deductible	\$45 All Tier 2 bypass deductible	\$135 after deductible	\$300 after deductible
HMO Select Silver 19 73 (Fort Bend)	\$15 All Tier 2 bypass deductible	\$45 after deductible	\$100 after deductible	\$45 All Tier 2 bypass deductible	\$135 after deductible	\$300 after deductible
HMO Select Silver 19 87 (Fort Bend)	\$10 All Tier 2 bypass deductible	\$25 after deductible	\$60 after deductible	\$30 All Tier 2 bypass deductible	\$75 after deductible	\$180 after deductible
HMO Select Silver 19 94 (Fort Bend)	\$5	\$15	\$40	\$15	\$45	\$120
HMO Ultra Select Silver 19 Off Exchange	\$15 All Tier 2 bypass deductible	\$45 after deductible	\$100 after deductible	\$45 All Tier 2 bypass deductible	\$135 after deductible	\$300 after deductible
HMO Ultra Select Silver 19 On Exchange	\$15 All Tier 2 bypass deductible	\$45 after deductible	\$100 after deductible	\$45 All Tier 2 bypass deductible	\$135 after deductible	\$300 after deductible

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 2	Tier 3	Tier 4	Tier 2	Tier 3	Tier 4
HMO Ultra Select Silver 19 Zero Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0
HMO Ultra Select Silver 19 Limited Cost Sharing	\$15 All Tier 2 bypass deductible	\$45 after deductible	\$100 after deductible	\$45 All Tier 2 bypass deductible	\$135 after deductible	\$300 after deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Ultra Select Silver 19 73	\$15 All Tier 2 bypass deductible	\$45 after deductible	\$100 after deductible	\$45 All Tier 2 bypass deductible	\$135 after deductible	\$300 after deductible
HMO Ultra Select Silver 19 87	\$10 All Tier 2 bypass deductible	\$25 after deductible	\$60 after deductible	\$30 All Tier 2 bypass deductible	\$75 after deductible	\$180 after deductible
HMO Ultra Select Silver 19 94	\$5	\$15	\$40	\$15	\$45	\$120
HMO Ultra Select Silver 19 Off Exchange (Mirrored)	\$15 All Tier 2 bypass deductible	\$45 after deductible	\$100 after deductible	\$45 All Tier 2 bypass deductible	\$135 after deductible	\$300 after deductible
HMO Premier Silver 20 Off Exchange	\$20 All Tier 2 bypass deductible	\$40 Deductible does not apply	\$80 after deductible	\$60 All Tier 2 bypass deductible	\$120 Deductible does not apply	\$240 after deductible
HMO Premier Silver 20 On Exchange	\$20 All Tier 2 bypass deductible	\$40 Deductible does not apply	\$80 after deductible	\$60 All Tier 2 bypass deductible	\$120 Deductible does not apply	\$240 after deductible
HMO Premier Silver 20 Zero Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0
HMO Premier Silver 20 Limited Cost Sharing	\$20 All Tier 2 bypass deductible	\$40 Deductible does not apply	\$80 after deductible	\$60 All Tier 2 bypass deductible	\$120 Deductible does not apply	\$240 after deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Premier Silver 20 73	\$20 All Tier 2 bypass deductible	\$40 Deductible does not apply	\$80 after deductible	\$60 All Tier 2 bypass deductible	\$120 Deductible does not apply	\$240 after deductible

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 2	Tier 3	Tier 4	Tier 2	Tier 3	Tier 4
HMO Premier Silver 20 87	\$10 All Tier 2 bypass deductible	\$20 Deductible does not apply	\$60 after deductible	\$30 All Tier 2 bypass deductible	\$60 Deductible does not apply	\$180 after deductible
HMO Premier Silver 20 94	\$0	\$15	\$50	\$0	\$45	\$150
HMO Premier Silver 20 Off Exchange (Mirrored)	\$20 All Tier 2 bypass deductible	\$40 Deductible does not apply	\$80 after deductible	\$60 All Tier 2 bypass deductible	\$120 Deductible does not apply	\$240 after deductible
HMO Ultra Select Silver 20 Off Exchange	\$20 All Tier 2 bypass deductible	\$40 Deductible does not apply	\$80 after deductible	\$60 All Tier 2 bypass deductible	\$120 Deductible does not apply	\$240 after deductible
HMO Ultra Select Silver 20 Off Exchange	\$20 All Tier 2 bypass deductible	\$40 Deductible does not apply	\$80 after deductible	\$60 All Tier 2 bypass deductible	\$120 Deductible does not apply	\$240 after deductible
HMO Ultra Select Silver 20 On Exchange	\$20 All Tier 2 bypass deductible	\$40 Deductible does not apply	\$80 after deductible	\$60 All Tier 2 bypass deductible	\$120 Deductible does not apply	\$240 after deductible
HMO Ultra Select Silver 20 Zero Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0
HMO Ultra Select Silver 20 Limited Cost Sharing	\$20 All Tier 2 bypass deductible	\$40 Deductible does not apply	\$80 after deductible	\$60 All Tier 2 bypass deductible	\$120 Deductible does not apply	\$240 after deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Ultra Select Silver 20 73	\$20 All Tier 2 bypass deductible	\$40 Deductible does not apply	\$80 after deductible	\$60 All Tier 2 bypass deductible	\$120 Deductible does not apply	\$240 after deductible
HMO Ultra Select Silver 20 87	\$10 All Tier 2 bypass deductible	\$20 Deductible does not apply	\$60 after deductible	\$30 All Tier 2 bypass deductible	\$60 Deductible does not apply	\$180 after deductible
HMO Ultra Select Silver 20 94	\$0	\$15	\$50	\$0	\$45	\$150
HMO Ultra Select Silver 20 Off Exchange (Mirrored)	\$20 All Tier 2 bypass deductible	\$40 Deductible does not apply	\$80 after deductible	\$60 All Tier 2 bypass deductible	\$120 Deductible does not apply	\$240 after deductible
HMO Premier Gold 001 Off Exchange	\$25	\$40	\$80	\$75	\$120	\$240

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 2	Tier 3	Tier 4	Tier 2	Tier 3	Tier 4
HMO Ultra Select Gold 001 Off Exchange	\$25	\$40	\$80	\$75	\$120	\$240
HMO Premier Gold 005 Off Exchange	\$10 All Tier 1 bypass deductible	\$50 After deductible	\$75 After deductible	\$30 All Tier 2 bypass deductible	\$150 After deductible	\$225 After deductible
HMO Premier Gold 005 On Exchange	\$10 All Tier 2 bypass deductible	\$50 After deductible	\$75 After deductible	\$30 All Tier 2 bypass deductible	\$150 After deductible	\$225 After deductible
HMO Premier Gold 005 Zero Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0
HMO Premier Gold 005 Limited Cost Sharing	\$10 All Tier 2 bypass deductible	\$50 After deductible	\$75 After deductible	\$30 All Tier 2 bypass deductible	\$150 After deductible	\$225 After deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Premier Gold 21 Off Exchange	\$15 All Tier 2 bypass deductible	\$30 Deductible does not apply	\$60 Deductible does not apply	\$45 All Tier 2 bypass deductible	\$90 Deductible does not apply	\$180 Deductible does not apply
HMO Premier Gold 21 On Exchange	\$15 All Tier 2 bypass deductible	\$30 Deductible does not apply	\$60 Deductible does not apply	\$45 All Tier 2 bypass deductible	\$90 Deductible does not apply	\$180 Deductible does not apply
HMO Premier Gold 21 Zero Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0
HMO Premier Gold 21 Limited Cost Sharing	\$15 All Tier 2 bypass deductible	\$30 Deductible does not apply	\$60 Deductible does not apply	\$45 All Tier 2 bypass deductible	\$90 Deductible does not apply	\$180 Deductible does not apply
	\$0 when filled through an Indian Health Service Provider					
HMO Ultra Select Gold 21 Off Exchange	\$15 All Tier 2 bypass deductible	\$30 Deductible does not apply	\$60 Deductible does not apply	\$45 All Tier 2 bypass deductible	\$90 Deductible does not apply	\$180 Deductible does not apply
HMO Ultra Select Gold 21 On Exchange	\$15 All Tier 2 bypass deductible	\$30 Deductible does not apply	\$60 Deductible does not apply	\$45 All Tier 2 bypass deductible	\$90 Deductible does not apply	\$180 Deductible does not apply
HMO Ultra Select Gold 21 Zero Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 2	Tier 3	Tier 4	Tier 2	Tier 3	Tier 4
HMO Ultra Select Gold 21 Limited Cost Sharing	\$15 All Tier 2 bypass deductible	\$30 Deductible does not apply	\$60 Deductible does not apply	\$45 All Tier 2 bypass deductible	\$90 Deductible does not apply	\$180 Deductible does not apply
	\$0 when filled through an Indian Health Service Provider					
HMO Select Gold 22 Off Exchange	\$10 All Tier 2 bypass deductible	\$50 Deductible does not apply	\$100 Deductible does not apply	\$30 All Tier 2 bypass deductible	\$150 Deductible does not apply	\$300 After Deductible
HMO Select Gold 22 On Exchange	\$10 All Tier 2 bypass deductible	\$50 Deductible does not apply	\$100 Deductible does not apply	\$30 All Tier 2 bypass deductible	\$150 Deductible does not apply	\$300 After Deductible
HMO Select Gold 22 Zero Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0
HMO Select Gold 22 Limited Cost Sharing	\$10 All Tier 2 bypass deductible	\$50 Deductible does not apply	\$100 Deductible does not apply	\$30 All Tier 2 bypass deductible	\$150 Deductible does not apply	\$300 After Deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Select Gold 22 Off Exchange (Fort Bend)	\$10 All Tier 2 bypass deductible	\$50 Deductible does not apply	\$100 Deductible does not apply	\$30 All Tier 2 bypass deductible	\$150 Deductible does not apply	\$300 After Deductible
HMO Select Gold 22 On Exchange (Fort Bend)	\$10 All Tier 2 bypass deductible	\$50 Deductible does not apply	\$100 Deductible does not apply	\$30 All Tier 2 bypass deductible	\$150 Deductible does not apply	\$300 After Deductible
HMO Select Gold 22 Zero Cost Sharing (Fort Bend)	\$0	\$0	\$0	\$0	\$0	\$0
HMO Select Gold 22 Limited Cost Sharing (Fort Bend)	\$10 All Tier 2 bypass deductible	\$50 Deductible does not apply	\$100 Deductible does not apply	\$30 All Tier 2 bypass deductible	\$150 Deductible does not apply	\$300 After Deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Ultra Select Gold 22 Off Exchange	\$10 All Tier 2 bypass deductible	\$50 Deductible does not apply	\$100 Deductible does not apply	\$30 All Tier 2 bypass deductible	\$150 Deductible does not apply	\$300 After Deductible
HMO Ultra Select Gold 22 On Exchange	\$10 All Tier 2 bypass deductible	\$50 Deductible does not apply	\$100 Deductible does not apply	\$30 All Tier 2 bypass deductible	\$150 Deductible does not apply	\$300 After Deductible
HMO Ultra Select Gold 22 Zero Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0
HMO Ultra Select Gold 22 Limited Cost Sharing	\$10 All Tier 2 bypass deductible	\$50 Deductible does not apply	\$100 Deductible does not apply	\$30 All Tier 2 bypass deductible	\$150 Deductible does not apply	\$300 After Deductible
	\$0 when filled through an Indian Health Service Provider					

Annual Out-of-Pocket Maximum

The annual Out-of-Pocket (OOP) Maximum is based on combined prescription and medical expense and is calculated per calendar year. Member's copay/coinsurance amount is \$0.00 for remainder of calendar year after the OOP maximum amount is met for the calendar year.

Group	Individual OOP Amount	Family OOP Amount
HMO Premier Bronze 003 Off Exchange	\$10,600.00	\$21,200.00
HMO Premier Bronze 003 On Exchange	\$10,600.00	\$21,200.00
HMO Premier Bronze 003 Zero Cost Sharing	\$0	\$0
HMO Premier Bronze 003 Limited Cost Sharing	\$10,600.00	\$21,200.00
HMO Select Bronze 16 Off Exchange	\$10,600.00	\$21,200.00
HMO Select Bronze 16 On Exchange	\$10,600.00	\$21,200.00
HMO Select Bronze 16 Zero Cost Sharing	\$0	\$0
HMO Select Bronze 16 Limited Cost Sharing	\$10,600.00	\$21,200.00
HMO Ultra Select Bronze 16 Off Exchange	\$10,600.00	\$21,200.00
HMO Ultra Select Bronze 16 On Exchange	\$10,600.00	\$21,200.00
HMO Ultra Select Bronze 16 Zero Cost Sharing	\$0	\$0
HMO Ultra Select Bronze 16 Limited Cost Sharing	\$10,600.00	\$21,200.00
HMO Premier Bronze 18 Off Exchange	\$10,000.00	\$20,000.00
HMO Premier Bronze 18 On Exchange	\$10,000.00	\$20,000.00
HMO Premier Bronze 18 Zero Cost Sharing	\$0	\$0
HMO Premier Bronze 18 Limited Cost Sharing	\$10,000.00	\$20,000.00
HMO Ultra Select Bronze 18 Off Exchange	\$10,000.00	\$20,000.00
HMO Ultra Select Bronze 18 On Exchange	\$10,000.00	\$20,000.00
HMO Ultra Select Bronze 18 Zero Cost Sharing	\$0	\$0
HMO Ultra Select Bronze 18 Limited Cost Sharing	\$10,000.00	\$20,000.00
HMO Premier Silver 12 Off Exchange (Mirrored)	\$10,600.00	\$21,200.00
HMO Premier Silver 12 Off Exchange	\$10,600.00	\$21,200.00
HMO Premier Silver 12 On Exchange	\$10,600.00	\$21,200.00
HMO Premier Silver 12 Zero Cost Sharing	\$0	\$0
HMO Premier Silver 12 Limited Cost Sharing	\$10,600.00	\$21,200.00
HMO Premier Silver 12 73	\$7,500.00	\$15,000.00
HMO Premier Silver 12 87	\$2,800.00	\$5,600.00
HMO Premier Silver 12 94	\$2,000.00	\$4,000.00
HMO Select Silver 19 Off Exchange (Fort Bend – Mirrored)	\$9,000.00	\$18,000.00
HMO Select Silver 19 Off Exchange (Harris County)	\$9,000.00	\$18,000.00
HMO Select Silver 19 Off Exchange	\$9,000.00	\$18,000.00
HMO Select Silver 19 On Exchange	\$9,000.00	\$18,000.00
HMO Select Silver 19 Zero Cost Sharing	\$0	\$0
HMO Select Silver 19 Limited Cost Sharing Variance Plan	\$9,000.00	\$18,000.00
HMO Select Silver 19 73	\$7,500.00	\$15,000.00

Group	Individual OOP Amount	Family OOP Amount
HMO Select Silver 19 87	\$3,000.00	\$6,000.00
HMO Select Silver 19 94	\$1,600.00	\$3,200.00
HMO Select Silver 19 Off Exchange (Fort Bend)	\$9,000.00	\$18,000.00
HMO Select Silver 19 On Exchange (Fort Bend)	\$9,000.00	\$18,000.00
HMO Select Silver 19 Zero Cost Sharing (Fort Bend)	\$0	\$0
HMO Select Silver 19 Limited Cost Sharing (Fort Bend)	\$9,000.00	\$18,000.00
HMO Select Silver 19 73 (Fort Bend)	\$7,500.00	\$15,000.00
HMO Select Silver 19 87 (Fort Bend)	\$3,000.00	\$6,000.00
HMO Select Silver 19 94 (Fort Bend)	\$1,600.00	\$3,200.00
HMO Ultra Select Silver 19 Off Exchange	\$9,000.00	\$18,000.00
HMO Ultra Select Silver 19 On Exchange	\$9,000.00	\$18,000.00
HMO Ultra Select Silver 19 Zero Cost Sharing	\$0	\$0
HMO Ultra Select Silver 19 Limited Cost Sharing	\$9,000.00	\$18,000.00
HMO Ultra Select Silver 19 73	\$7,500.00	\$15,000.00
HMO Ultra Select Silver 19 87	\$3,000.00	\$6,000.00
HMO Ultra Select Silver 19 94	\$1,600.00	\$3,200.00
HMO Ultra Select Silver 19 Off Exchange (Mirrored)	\$9,000.00	\$18,000.00
HMO Premier Silver 20 Off Exchange (Mirrored)	\$8,900.00	\$17,800.00
HMO Premier Silver 20 Off Exchange	\$8,900.00	\$17,800.00
HMO Premier Silver 20 On Exchange	\$8,900.00	\$17,800.00
HMO Premier Silver 20 Zero Cost Sharing	\$0	\$0
HMO Premier Silver 20 Limited Cost Sharing	\$8,900.00	\$17,800.00
HMO Premier Silver 20 73	\$7,400.00	\$14,800.00
HMO Premier Silver 20 87	\$3,300.00	\$6,600.00
HMO Premier Silver 20 94	\$2,200.00	\$4,400.00
HMO Ultra Select Silver 20 Off Exchange	\$8,900.00	\$17,800.00
HMO Ultra Select Silver 20 On Exchange	\$8,900.00	\$17,800.00
HMO Ultra Select Silver 20 Zero Cost Sharing	\$0	\$0
HMO Ultra Select Silver 20 Limited Cost Sharing	\$8,900.00	\$17,800.00
HMO Ultra Select Silver 20 73	\$7,400.00	\$14,800.00
HMO Ultra Select Silver 20 87	\$3,300.00	\$6,600.00
HMO Ultra Select Silver 20 94	\$2,200.00	\$4,400.00
HMO Ultra Select Silver 20 Off Exchange (Mirrored)	\$8,900.00	\$17,800.00
HMO Premier Gold 001 Off Exchange	\$8,400.00	\$16,800.00
HMO Ultra Select Gold 001 Off Exchange	\$8,400.00	\$16,800.00
HMO Premier Gold 005 Off Exchange	\$7,500.00	\$15,000.00
HMO Premier Gold 005 On Exchange	\$7,500.00	\$15,000.00
HMO Premier Gold 005 Zero Cost Sharing	\$0	\$0
HMO Premier Gold 005 Limited Cost Sharing	\$7,500.00	\$15,000.00
HMO Premier Gold 21 Off Exchange	\$8,200.00	\$16,400.00
HMO Premier Gold 21 On Exchange	\$8,200.00	\$16,400.00
HMO Premier Gold 21 Zero Cost Sharing	\$0	\$0

Group	Individual OOP Amount	Family OOP Amount
HMO Premier Gold 21 Limited Cost Sharing	\$8,200.00	\$16,400.00
HMO Ultra Select Gold 21 Off Exchange	\$8,200.00	\$16,400.00
HMO Ultra Select Gold 21 On Exchange	\$8,200.00	\$16,400.00
HMO Ultra Select Gold 21 Zero Cost Sharing	\$0	\$0
HMO Ultra Select Gold 21 Limited Cost Sharing	\$8,200.00	\$16,400.00
HMO Select Gold 22 Off Exchange	\$9,200.00	\$18,400.00
HMO Select Gold 22	\$9,200.00	\$18,400.00
HMO Select Gold 22 Zero Cost Sharing Plan Variation	\$0	\$0
HMO Select Gold 22 Limited Cost Sharing Plan Variation	\$9,200.00	\$18,400.00
HMO Select Gold 22 Off Exchange (Fort Bend)	\$9,200.00	\$18,400.00
HMO Select Gold 22 On Exchange (Fort Bend)	\$9,200.00	\$18,400.00
HMO Select Gold 22 Zero Cost Sharing (Fort Bend)	\$0	\$0
HMO Select Gold 22 Limited Cost Sharing (Fort Bend)	\$9,200.00	\$18,400.00
HMO Ultra Select Gold 22 Off Exchange	\$9,200.00	\$18,400.00
HMO Ultra Select Gold 22	\$9,200.00	\$18,400.00
HMO Ultra Select Gold 22 Zero Cost Sharing Plan Variation	\$0	\$0
HMO Ultra Select Gold 22 Limited Cost Sharing Plan Variation	\$9,200.00	\$18,400.00

Mail Service, In-Network Pharmacy, 90-Days Supply

Tier 1:	\$0 Products
Tier 2:	Generic and lower cost brand products
Tier 3:	Preferred brand and higher cost generics
Tier 4:	Non-preferred brand (could include both brand and generic products)

Group	Tier 2 Copay Amount	Tier 3 Copay Amount	Tier 4 Copay Amount
HMO Premier Bronze 003 Off Exchange	\$50 All Tier 2 bypass deductible	\$200 After deductible	\$375 After deductible
HMO Premier Bronze 003 On Exchange	\$50 All Tier 2 bypass deductible	\$200 After deductible	\$375 After deductible
HMO Premier Bronze 003 Zero Cost Sharing	\$0	\$0	\$0
HMO Premier Bronze 003 Limited Cost Sharing	\$50 All Tier 2 bypass deductible	\$200 After deductible	\$375 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Select Bronze 16 Off Exchange	\$75 All Tier 2 bypass deductible	\$150 After deductible	\$325 After deductible
HMO Select Bronze 16 On Exchange	\$75 All Tier 2 bypass deductible	\$150 After deductible	\$325 After deductible
HMO Select Bronze 16 Zero CostSharing	\$0	\$0	\$0
HMO Select Bronze 16 Limited Cost Sharing	\$75 All Tier 2 bypass deductible	\$150 After deductible	\$325 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Ultra Select Bronze 16 Off Exchange	\$75 All Tier 2 bypass deductible	\$150 After deductible	\$325 After deductible
HMO Ultra Select Bronze 16 On Exchange	\$75 All Tier 2 bypass deductible	\$150 After deductible	\$325 After deductible
HMO Ultra Select Bronze 16 Zero Cost Sharing	\$0	\$0	\$0
HMO Ultra Select Bronze 16 Limited Cost Sharing	\$75 All Tier 2 bypass deductible	\$150 After deductible	\$325 After deductible
	\$0 when filled through an Indian Health Service Provider		

Group	Tier 2 Copay Amount	Tier 3 Copay Amount	Tier 4 Copay Amount
HMO Premier Bronze 18 Off Exchange	\$62.50 All Tier 2 bypass deductible	\$125 After deductible	\$250 After deductible
HMO Premier Bronze 18 On Exchange	\$62.50 All Tier 2 bypass deductible	\$125 After deductible	\$250 After deductible
HMO Premier Bronze 18 Zero Cost Sharing	\$0	\$0	\$0
HMO Premier Bronze 18 Limited Cost Sharing	\$62.50 All Tier 2 bypass after deductible	\$125 After deductible	\$250 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Ultra Select Bronze 18 Off Exchange	\$62.50 All Tier 2 bypass deductible	\$125 After deductible	\$250 After deductible
HMO Ultra Select Bronze 18 On Exchange	\$62.50 All Tier 2 bypass deductible	\$125 After deductible	\$250 After deductible
HMO Ultra Select Bronze 18 Zero Cost Sharing	\$0	\$0	\$0
HMO Ultra Select Bronze 18 Limited Cost Sharing	\$62.50 All Tier 2 bypass after deductible	\$125 After deductible	\$250 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Premier Silver 12 Off Exchange (Mirrored)	\$25 All Tier 2 bypass deductible	\$200 After deductible	\$300 After deductible
HMO Premier Silver 12 Off Exchange	\$25 All Tier 2 bypass deductible	\$200 After deductible	\$300 After deductible
HMO Premier Silver 12 On Exchange	\$25 All Tier 2 bypass deductible	\$200 After deductible	\$300 After deductible
HMO Premier Silver 12 Zero Cost Sharing	\$0	\$0	\$0
HMO Premier Silver 12 Limited Cost Sharing	\$25 All Tier 2 bypass deductible	\$200 After deductible	\$300 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Premier Silver 12 73	\$25 All Tier 2 bypass deductible	\$200 After deductible	\$300 After deductible
HMO Premier Silver 12 87	\$12.50 All Tier 2 bypass deductible	\$175 After deductible	\$250 After deductible
HMO Premier Silver 12 94	\$12.50	\$50	\$100

Group	Tier 2 Copay Amount	Tier 3 Copay Amount	Tier 4 Copay Amount
HMO Select Silver 19 Off Exchange (Fort Bend – Mirrored)	\$37.50 All Tier 2 bypass deductible	\$112.50 After deductible	\$250 After deductible
HMO Select Silver 19 Off Exchange (Harris County)	\$37.50 All Tier 2 bypass deductible	\$112.50 After deductible	\$250 After deductible
HMO Select Silver 19 Off Exchange	\$37.50 All Tier 2 bypass deductible	\$112.50 After deductible	\$250 After deductible
HMO Select Silver 19 On Exchange	\$37.50 All Tier 2 bypass deductible	\$112.50 After deductible	\$250 After deductible
HMO Select Silver 19 Zero Cost Sharing	\$0	\$0	\$0
HMO Select Silver 19 Limited Cost Sharing	\$37.50 All Tier 2 bypass deductible	\$112.50 After deductible	\$250 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Select Silver 19 73	\$37.50	\$112.50	\$250
HMO Select Silver 19 87	\$25 All Tier 2 bypass deductible	\$62.50 After deductible	\$150 After deductible
HMO Select Silver 19 94	\$12.50	\$37.50	\$100
HMO Select Silver 19 Off Exchange (Fort Bend)	\$37.50 All Tier 2 bypass deductible	\$112.50 After deductible	\$250 After deductible
HMO Select Silver 19 On Exchange (Fort Bend)	\$37.50 All Tier 2 bypass deductible	\$112.50 After deductible	\$250 After deductible
HMO Select Silver 19 Zero Cost Sharing (Fort Bend)	\$0	\$0	\$0
HMO Select Silver 19 Limited Cost Sharing (Fort Bend)	\$37.50 All Tier 2 bypass deductible	\$112.50 After deductible	\$250 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Select Silver 19 73 (Fort Bend)	\$37.50 All Tier 2 bypass deductible	\$112.50 After deductible	\$250 After deductible
HMO Select Silver 19 87 (Fort Bend)	\$25 All Tier 2 bypass deductible	\$62.50 After deductible	\$150 After deductible
HMO Select Silver 19 94 (Fort Bend)	\$12.50	\$37.50	\$100
HMO Ultra Select Silver 19 Off Exchange (Mirrored)	\$37.50 All Tier 2 bypass deductible	\$112.50 After deductible	\$250 After deductible
HMO Ultra Select Silver 19 Off Exchange	\$37.50 All Tier 2 bypass deductible	\$112.50 After deductible	\$250 After deductible
HMO Ultra Select Silver 19 On Exchange	\$37.50 All Tier 2 bypass deductible	\$112.50 After deductible	\$250 After deductible
HMO Ultra Select Silver 19 Zero Cost Sharing	\$0	\$0	\$0
HMO Ultra Select Silver 19 Limited Cost Sharing	\$37.50 All Tier 2 bypass deductible	\$112.50 After deductible	\$250 After deductible
	\$0 when filled through an Indian Health Service Provider		

Group	Tier 2 Copay Amount	Tier 3 Copay Amount	Tier 4 Copay Amount
HMO Ultra Select Silver 19 73	\$37.50 All Tier 2 bypass deductible	\$112.50 After deductible	\$250 After deductible
HMO Ultra Select Silver 19 87	\$25 All Tier 2 bypass deductible	\$62.50 After deductible	\$150 After deductible
HMO Ultra Select Silver 19 94	\$12.50	\$37.50	\$100
HMO Premier Silver 20 Off Exchange (Mirrored)	\$50 All Tier 2 bypass deductible	\$100 Deductible does not apply	\$200 After deductible
HMO Premier Silver 20 Off Exchange	\$50 All Tier 2 bypass deductible	\$100 Deductible does not apply	\$200 After deductible
HMO Premier Silver 20 On Exchange	\$50 All Tier 2 bypass deductible	\$100 Deductible does not apply	\$200 After deductible
HMO Premier Silver 20 Zero Cost Sharing	\$0	\$0	\$0
HMO Premier Silver 20 Limited Cost Sharing	\$50 All Tier 2 bypass deductible	\$100 Deductible does not apply	\$200 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Premier Silver 20 73	\$50 All Tier 2 bypass deductible	\$100 Deductible does not apply	\$200 After deductible
HMO Premier Silver 20 87	\$25 All Tier 2 bypass deductible	\$50 Deductible does not apply	\$150 After deductible
HMO Premier Silver 20 94	\$0	\$37.50	\$125
HMO Ultra Select Silver 20 Off Exchange (Mirrored)	\$50 All Tier 2 bypass deductible	\$100 Deductible does not apply	\$200 After deductible
HMO Ultra Select Silver 20 Off Exchange	\$50 All Tier 2 bypass deductible	\$100 Deductible does not apply	\$200 After deductible
HMO Ultra Select Silver 20 On Exchange	\$50 All Tier 2 bypass deductible	\$100 Deductible does not apply	\$200 After deductible
HMO Ultra Select Silver 20 Zero Cost Sharing	\$0	\$0	\$0
HMO Ultra Select Silver 20 Limited Cost Sharing	\$50 All Tier 2 bypass deductible	\$100 Deductible does not apply	\$200 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Ultra Select Silver 20 73	\$50 All Tier 2 bypass deductible	\$100 Deductible does not apply	\$200 After deductible
HMO Ultra Select Silver 20 87	\$25 All Tier 2 bypass deductible	\$50 Deductible does not apply	\$150 After deductible
HMO Ultra Select Silver 20 94	\$0	\$37.50	\$125
HMO Premier Gold 001 Off Exchange	\$62.50	\$100	\$200

Group	Tier 2 Copay Amount	Tier 3 Copay Amount	Tier 4 Copay Amount
HMO Ultra Select Gold 001 Off Exchange	\$62.50	\$100	\$200
HMO Premier Gold 005 Off Exchange	\$25 All Tier 2 bypass deductible	\$125 After deductible	\$187.50 After deductible
HMO Premier Gold 005 On Exchange	\$25 All Tier 2 bypass deductible	\$125 After deductible	\$187.50 After deductible
HMO Premier Gold 005 Zero Cost Sharing	\$0	\$0	\$0
HMO Premier Gold 005 Limited Cost Sharing	\$25 All Tier 2 bypass deductible	\$125 After deductible	\$187.50 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Premier Gold 21 Off Exchange	\$37.50 All Tier 2 bypass deductible	\$75 Deductible does not apply	\$150 Deductible does not apply
HMO Premier Gold 21 On Exchange	\$37.50 All Tier 2 bypass deductible	\$75 Deductible does not apply	\$150 Deductible does not apply
HMO Premier Gold 21 Zero Cost Sharing	\$0	\$0	\$0
HMO Premier Gold 21 Limited Cost Sharing	\$37.50 All Tier 2 bypass deductible	\$75 Deductible does not apply	\$150 Deductible does not apply
	\$0 when filled through an Indian Health Service Provider		
HMO Ultra Select Gold 21 Off Exchange	\$37.50 All Tier 2 bypass deductible	\$75 Deductible does not apply	\$150 Deductible does not apply
HMO Ultra Select Gold 21 On Exchange	\$37.50 All Tier 2 bypass deductible	\$75 Deductible does not apply	\$150 Deductible does not apply
HMO Ultra Select Gold 21 Zero Cost Sharing	\$0	\$0	\$0
HMO Ultra Select Gold 21 Limited Cost Sharing	\$37.50 All Tier 2 bypass deductible	\$75 Deductible does not apply	\$150 Deductible does not apply
	\$0 when filled through an Indian Health Service Provider		
HMO Select Gold 22 Off Exchange	\$25 All Tier 2 bypass deductible	\$125 Deductible does not apply	\$250 After deductible
HMO Select Gold 22 On Exchange	\$25 All Tier 2 bypass deductible	\$125 Deductible does not apply	\$250 After deductible
HMO Select Gold 22 Zero Cost Sharing	\$0	\$0	\$0
HMO Select Gold 22 Limited Cost Sharing	\$25 All Tier 2 bypass deductible	\$125 Deductible does not apply	\$250 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Select Gold 22 Off Exchange (Fort Bend)	\$25 All Tier 2 bypass deductible	\$125 Deductible does not apply	\$250 After deductible
HMO Select Gold 22 On Exchange (Fort Bend)	\$25 All Tier 2 bypass deductible	\$125 Deductible does not apply	\$250 After deductible

Group	Tier 2 Copay Amount	Tier 3 Copay Amount	Tier 4 Copay Amount
HMO Select Gold 22 Zero Cost Sharing (Fort Bend)	\$0	\$0	\$0
HMO Select Gold 22 Limited Cost Sharing (Fort Bend)	\$25 All Tier 2 bypass deductible	\$125 Deductible does not apply	\$250 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Ultra Select Gold 22 Off Exchange	\$25 All Tier 2 bypass deductible	\$125 Deductible does not apply	\$250 After deductible
HMO Ultra Select Gold 22 On Exchange	\$25 All Tier 2 bypass deductible	\$125 Deductible does not apply	\$250 After deductible
HMO Ultra Select Gold 22 Zero Cost Sharing	\$0	\$0	\$0
HMO Ultra Select Gold 22 Limited Cost Sharing	\$25 All Tier 2 bypass deductible	\$125 Deductible does not apply	\$250 After deductible
	\$0 when filled through an Indian Health Service Provider		

Mandatory Specialty, In-Network Pharmacy, 1-30 Days' Supply

Group	Coinsurance Amount
HMO Premier Bronze 003 Off Exchange	45% coinsurance after deductible
HMO Premier Bronze 003 On Exchange	45% coinsurance after deductible
HMO Premier Bronze 003 Zero Cost Sharing	\$0
HMO Premier Bronze 003 Limited Cost Sharing	45% coinsurance after deductible \$0 when filled through a tribal facility
HMO Select Bronze 16 Off Exchange	50% coinsurance after deductible
HMO Select Bronze 16 On Exchange	50% coinsurance after deductible
HMO Select Bronze 16 Zero Cost Sharing	\$0
HMO Select Bronze 16 Limited Cost Sharing	50% coinsurance after deductible \$0 when filled through a tribal facility
HMO Ultra Select Bronze 16 Off Exchange	50% coinsurance after deductible
HMO Ultra Select Bronze 16 On Exchange	50% coinsurance after deductible
HMO Ultra Select Bronze 16 Zero Cost Sharing	\$0
HMO Ultra Select Bronze 16 Limited Cost Sharing	50% coinsurance after deductible \$0 when filled through a tribal facility
HMO Premier Bronze 18 Off Exchange	\$500 after deductible
HMO Premier Bronze 18 On Exchange	\$500 after deductible
HMO Premier Bronze 18 Zero Cost Sharing	\$0
HMO Premier Bronze 18 Limited Cost Sharing	\$500 after deductible \$0 when filled through a tribal facility
HMO Ultra Select Bronze 18 Off Exchange	\$500 after deductible
HMO Ultra Select Bronze 18	\$500 after deductible
HMO Ultra Select Bronze 18 Zero Cost Sharing	\$0
HMO Ultra Select Bronze 18 Limited Cost Sharing	\$500 after deductible \$0 when filled through a tribal facility
HMO Premier Silver 12 Off Exchange (Mirrored)	50% coinsurance after deductible
HMO Premier Silver 12 Off Exchange	50% coinsurance after deductible
HMO Premier Silver 12 On Exchange	50% coinsurance after deductible
HMO Premier Silver 12 Zero Cost Sharing	\$0
HMO Premier Silver 12 Limited Cost Sharing	50% coinsurance after deductible \$0 when filled through a tribal facility
HMO Premier Silver 12 73	50% coinsurance after deductible
HMO Premier Silver 12 87	40% coinsurance after deductible
HMO Premier Silver 12 94	20% coinsurance
HMO Select Silver 19 Off Exchange (Fort Bend)	50% coinsurance after deductible
HMO Select Silver 19 Off Exchange (Harris County)	50% coinsurance after deductible
HMO Select Silver 19 Off Exchange (Fort Bend - Mirrored)	50% coinsurance after deductible
HMO Select Silver 19 Off Exchange	50% coinsurance after deductible
HMO Select Silver 19 On Exchange	50% coinsurance after deductible
HMO Select Silver 19 Zero Cost Sharing	\$0
HMO Select Silver 19 Limited Cost Sharing	50% coinsurance after deductible \$0 when filled through a tribal facility

Group	Coinsurance Amount
HMO Select Silver 19 73	50% coinsurance after deductible
HMO Select Silver 19 87	50% coinsurance after deductible
HMO Select Silver 19 94	30% coinsurance
HMO Select Silver 19 On Exchange (Fort Bend)	50% coinsurance after deductible
HMO Select Silver 19 Zero Cost Sharing (Fort Bend)	\$0
HMO Select Silver 19 Limited Cost Sharing (Fort Bend)	50% coinsurance after deductible \$0 when filled through a tribal facility
HMO Select Silver 19 73 (Fort Bend)	50% coinsurance after deductible
HMO Select Silver 19 87 (Fort Bend)	50% coinsurance after deductible
HMO Select Silver 19 94 (Fort Bend)	30% coinsurance
HMO Ultra Select Silver 19 Off Exchange	50% coinsurance after deductible
HMO Ultra Select Silver 19 Off Exchange (Mirrored)	50% coinsurance after deductible
HMO Ultra Select Silver 19 On Exchange	50% coinsurance after deductible
HMO Ultra Select Silver 19 Zero Cost Sharing	\$0
HMO Ultra Select Silver 19 Limited Cost Sharing	50% coinsurance after deductible \$0 when filled through a tribal facility
HMO Ultra Select Silver 19 73	50% coinsurance after deductible
HMO Ultra Select Silver 19 87	50% coinsurance after deductible
HMO Ultra Select Silver 19 94	30% coinsurance
HMO Premier Silver 20 Off Exchange	\$350.00 after deductible
HMO Premier Silver 20 Off Exchange (Mirrored)	\$350.00 after deductible
HMO Premier Silver 20 On Exchange	\$350.00 after deductible
HMO Premier Silver 20 Zero Cost Sharing	\$0
HMO Premier Silver 20 Limited Cost Sharing	\$350.00 after deductible \$0 when filled through a tribal facility
HMO Premier Silver 20 73	\$350.00 after deductible
HMO Premier Silver 20 87	\$250.00 after deductible
HMO Premier Silver 20 94	\$150
HMO Ultra Select Silver 20 Off Exchange	\$350.00 after deductible
HMO Ultra Select Silver 20 Off Exchange (Mirrored)	\$350.00 after deductible
HMO Ultra Select Silver 20 On Exchange	\$350.00 after deductible
HMO Ultra Select Silver 20 Zero Cost Sharing	\$0
HMO Ultra Select Silver 20 Limited Cost Sharing	\$350.00 after deductible \$0 when filled through a tribal facility
HMO Ultra Select Silver 20 73	\$350.00 after deductible
HMO Ultra Select Silver 20 87	\$250.00 after deductible
HMO Ultra Select Silver 20 94	\$150
HMO Premier Gold 001 Off Exchange	30% coinsurance
HMO Ultra Select Gold 001 Off Exchange	30% coinsurance
HMO Premier Gold 005 Off Exchange	35% coinsurance after deductible
HMO Premier Gold 005 On Exchange	35% coinsurance after deductible
HMO Premier Gold 005 Zero Cost Sharing	\$0
HMO Premier Gold 005 Limited Cost Sharing	35% coinsurance after deductible \$0 when filled through a tribal facility

Group	Coinsurance Amount
HMO Premier Gold 21 Off Exchange	\$250
HMO Premier Gold 21 On Exchange	\$250
HMO Premier Gold 21 Zero Cost Sharing	\$0
HMO Premier Gold 21 Limited Cost Sharing	\$250 \$0 when filled through a tribal facility
HMO Ultra Select Gold 21 Off Exchange	\$250
HMO Ultra Select Gold 21 On Exchange	\$250
HMO Ultra Select Gold 21 Zero Cost Sharing	\$0
HMO Ultra Select Gold 21 Limited Cost Sharing	\$250 \$0 when filled through a tribal facility
HMO Select Gold 22 Off Exchange	40% coinsurance after deductible
HMO Select Gold 22 On Exchange	40% coinsurance after deductible
HMO Select Gold 22 Zero Cost Sharing	\$0
HMO Select Gold 22 Limited Cost Sharing	40% coinsurance after deductible \$0 when filled through a tribal facility
HMO Ultra Select Gold 22 Off Exchange	40% coinsurance after deductible
HMO Ultra Select Gold 22	40% coinsurance after deductible
HMO Ultra Select Gold 22 Zero Cost Sharing Plan Variation	\$0
HMO Ultra Select Gold 22 Limited Cost Sharing Plan Variation	40% coinsurance after deductible \$0 when filled through a tribal facility
HMO Ultra Select Gold 22 Off Exchange (Fort Bend)	40% coinsurance after deductible
HMO Ultra Select Gold 22 On Exchange (Fort Bend)	40% coinsurance after deductible
HMO Ultra Select Gold 22 Zero Cost Sharing (Fort Bend)	\$0
HMO Ultra Select Gold 22 Limited Cost Sharing (Fort Bend)	40% coinsurance after deductible \$0 when filled through a tribal facility

Language Assistance

Community Health Choice, Inc. is required by federal law to provide the following information.

1. Arabic	يضمن هذا الإشعار معلومات مهمة. وتتعلق هذه المعلومات الهامة في الإشعار بخصوص طلبك أو التغطية تحت التأمين الصحي Community Health Choice. ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ إجراءات قبل مواعيد محددة للحفاظ علي تأمينك الصحي أو مساعدتك في دفع التكاليف. لديك الحق في الحصول علي هذه المعلومات والمساعدة بلغتك دون أي تكلفة. اتصل علي 1.855.315.5386.
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3. English	This Notice has Important Information. This notice has important information about your application or coverage through Community Health Choice. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1.855.315.5386.
4. French	Cet avis contient d'importantes informations. Cet avis contient d'importantes informations concernant votre demande ou votre couverture avec Community Health Choice. Consultez les dates figurant dans le présent avis car il est possible que vous ayez à prendre certaines mesures avant ces dates pour conserver votre assurance santé ou profiter de meilleurs coûts. Vous êtes en droit de recevoir ces informations et de bénéficier gratuitement d'une aide dans votre langue. Appelez le 1.855.315.5386.
5. German	Diese Mitteilung enthält wichtige Informationen. Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag auf Krankenversicherung bzw. Ihren Versicherungsschutz mit Community Health Choice. Achten Sie auf wichtige Termine in dieser Mitteilung. Eventuell müssen Sie zu bestimmten Stichtagen Maßnahmen ergreifen, um die Beibehaltung Ihres Versicherungsschutzes bzw. finanzieller Unterstützung zu gewährleisten. Sie haben ein Recht auf die kostenfreie Bereitstellung dieser Informationen und weiterer Unterstützung in Ihrer Sprache. Rufen Sie an unter 1.855.315.5386.
6. Gujarati	આ નોટિસમાં મહત્વની માહિતી છે. આ નોટિસમાં Community Health Choice દ્વારા તમારી અરજી અથવા કવરેજ વિશે મહત્વની જાણકારી છે. આ નોટિસમાં મહત્વની તારીખો માટે જુઓ. તમારા આરોગ્ય કવરેજને રાખવા અથવા ખર્ચ બાબતે મદદ કરવા માટે અમુક ચોક્કસ મુદત સુધી પગલાં લેવાની તમારે જરૂર પડી શકે છે. તમને કોઈ પણ ખર્ચ વિના તમારી ભાષામાં આ જાણકારી અને મદદ મેળવવાનો અધિકાર છે. 1.855.315.5386 પર કૉલ કરો.
7. Hindi	इस सूचनामें महत्वपूर्ण जानकारी है। इस सूचनामें आपके आवेदन या Community Health Choice द्वारा कवरेज के बारे में महत्वपूर्ण जानकारी है। इस सूचना में महत्वपूर्ण तारीखों के लिए खोजिये। आप अपने स्वास्थ्यके कवरेज रखने के लिए या लागत के मदद के लिए निश्चित समय सीमासे कार्रवाई करना जरूरत हो सकती है। आपको अपनी भाषा में इस जानकारी और सहायता निःशुल्क प्राप्त करने का अधिकार है। 1.855.315.5386 बुलाइये।
8. Japanese	この通知には必要な情報が含まれています。この通知にはCommunity Health Choice の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。1.855.315.5386 までお電話ください。
9. Korean	이 통지서는 중요한 정보를 담고 있습니다. 이 통지서는 Community Health Choice를 통한 귀하의 신청이나 보험보장에 대해 중요한 정보를 담고 있습니다.. 이 통지서에서 주요 날짜를 확인하십시오. 귀하의 건강보험 보장을 유지하거나 비용에서 도움을 받기 위해서는 일정한 마감일까지 조치를 취해야 할 수 있습니다. 귀하에게는, 이러한 정보를 받고 무료로 귀하의 언어로 도움을 받을 권리가 있습니다. 1.855.315.5386로 연락하십시오.
10. Laotian	ໝັງສືແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນ. ໝັງສືແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບໃບສະໜັກຫຼືການຄຸ້ມຄອງຂອງທ່ານໂດຍຜ່ານ Community Health Choice. ໃຫ້ຊອກຫາຂໍ້ມູນວັນທີ່ສໍາຄັນໃນໝັງສືແຈ້ງການນີ້. ທ່ານອາດຈະຕ້ອງປະຕິບັດຜ່ານໃນກໍານົດເວລາເພື່ອທີ່ຈະຮັກສາການຄຸ້ມຄອງສະພາບຂອງທ່ານຫຼືການຊ່ວຍເຫຼືອໃນເຮືອງຄ່າໃຊ້ຈ່າຍ. ມັນເປັນສິດທິຂອງທ່ານທີ່ຈະໄດ້ຮັບຂໍ້ມູນຂ່າວສານນີ້ແລະການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທລະສັບ 1.855.315.5386.
11. Persian	این اطلاعیه حاوی اطلاعات مهمی می باشد. این اطلاعیه حاوی نکات مهمی درباره تقاضاتنامہ و پوشش بیمه ای شما توسط Community Health Choice می باشد. به تاریخ های ذکر شده در این اطلاعیه توجه نمایید. به منظور برقرار نگه داشتن پوشش بیمه ای یا دریافت کمک هزینه، ممکن است نیاز باشد که تا مهلت های مقرر، اقداماتی را انجام دهید. حق شماست که این اطلاعات و کمک را بطور رایگان به زبان خودتان دریافت نمایید. با شماره تلفن 1.855.315.5386 تماس بگیرید.
12. Russian	Настоящее уведомление содержит важную информацию. Настоящее уведомление содержит важную информацию о вашем заявлении или страховом покрытии, предоставляемым Community Health Choice. Обратите внимание на основные даты, указанные в настоящем уведомлении. Возможно, будет необходимо предпринять действия до наступления конечного срока для сохранения страхового полиса или для получения помощи в оплате расходов. Вы имеете право на бесплатное получение этой информации и помощи на вашем языке. Звоните по телефону: 1.855.315.5386.

13. Spanish or Spanish Creole	Este aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Community Health Choice. Preste atención a las fechas clave que se incluyen en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al teléfono 1.855.315.5386.
14. Tagalog	Ang Notisyang ito ay naglalaman ng Importanteng Impormasyon. Maayroon itong importanteng impormasyon tungkol sa inyong aplikasyon o pagpapaseguro sa pamamagitan Community Health Choice. Hanapin ang mga importanteng petsa sa notisyang ito. Maaaring may kailangan kayong gawin bago ang mga itinakdang deadline para manatiling nakaseguro o para matulungan kayo sa mga kailangang babayaran. Kayo ay may karapatang makatanggap nitong impormasyon at makatanggap ng pagsasalin sa inyong wika na wala kayong babayaran. Tawagan ang 1.855.315.5386.
15. Urdu	اس نوٹس میں اہم معلومات ہیں۔ اس نوٹس میں Community Health Choice کے ذریعے آپ کی درخواست یا بیمے کے تحفظ سے متعلق اہم معلومات ہیں۔ اس نوٹس میں اہم تاریخوں کو دیکھیے۔ اپنی صحت کے بیمے کے تحفظ کو برقرار رکھنے یا اخراجات میں مدد کے لیے آپ کو کچھ خاص تاریخوں تک کارروائی کرنے کی ضرورت ہو سکتی ہے۔ آپ کو ان معلومات اور مدد کو اپنی زبان میں مفت حاصل کرنے کا حق حاصل ہے۔ 1.855.315.5386 پر رابطہ کریں۔
16. Vietnamese	Thông báo này có Thông Tin Quan Trọng. Thông báo này có thông tin quan trọng về mẫu đơn của bạn hoặc bảo hiểm qua chương trình Community Health Choice. Xem những ngày quan trọng trong thông báo này. Bạn có thể cần phải thực hiện trong thời hạn nhất định để giữ bảo hiểm sức khỏe của bạn hay giúp đỡ chi phí. Bạn có quyền được thông tin này và giúp đỡ trong ngôn ngữ của bạn miễn phí. Xin gọi 1.855.315.5386.

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Privacy Officer Name: Corporate Compliance & Risk Management

4888 Loop Central Drive, Ste. 600

Houston, Texas 77081

Phone: 713.295.2200

Email Compliance@CommunityHealthChoice.org

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U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1.800.369.1019, 900.537.7697