



Easy

We believe too many people in our community are not getting the regular, comprehensive care they need to live the healthy lives they deserve. At Community Health Choice, we're changing that by offering plans that can fit into any budget.

Local

The people who we serve live here. Our entire focus is on them.

OUR LIMITED NETWORK PLANS

Community has partnered with Kelsey-Seybold Clinic to present our Silver Limited Networ Plan and Gold Limited Network Plan.

These plans offer the Kelsey-Seybold Clinic network of clinics and doctors.



WHY CHOOSE KELSEY-SEYBOLD CLINIC?

Kelsey-Seybold Clinic is Houston's premier multi-specialty group practice. Their network includes more than 420 doctors and allied health professionals practicing 55 specialties at 20 locations across Greater Houston. All of these doctors and offices work together to make sure your healthcare is effective and hassle free.

Kelsey-Seybold Clinic Services

- 16 onsite Kelsey pharmacies
- Advanced radiology services and other diagnostic services
- An accredited Sleep Center
- E-visits
- Laboratory services
- MyKelseyOnline Member Portal
- KelseyCare Concierge
- Referral-free healthcare
- Nurse hotline
- Online appointment scheduling
- Outpatient surgery centers
- Primary care



	Copay Plans	
MEMBER COST SHARE	Community Health Choice Silver Limited Network Plan 007 ✓ Plan ID 27248TX0010007	Community Health Choice Gold Limited Network Plan 006 Plan ID 27248TX0010006
Medical Deductible (individual/family)	N/A	N/A
Out-of-Pocket Max (individual/family)	\$7,900 / 15,800	\$7,900 / 15,800
MEDICAL BENEFITS		
PCP Office Visit	\$40	\$30
Specialist Office Visit	\$75	\$65
Outpatient Facility	\$600	\$300
Outpatient Surgery	\$600	\$300
Urgent Care Services	\$75	\$65
Ambulance Services	\$75	\$65
Emergency Room Services	\$800	\$600
Inpatient Hospital Care	**\$800	**\$600
Inpatient Skilled Nursing Facility	**\$800	**\$600
Outpatient Mental/ Behavioral Substance Abuse	\$40	\$30
Inpatient Mental/ Behavioral Substance Abuse	**\$800	**\$600
Outpatient Rehabilitation	\$75	\$65
Medical Imaging (CT/PET Scans, MRIs)	\$500	\$500
Routine Lab/X-Ray/ Diagnostic Imaging	\$40	\$30
PRESCRIPTION DRUGS		
Prescription Drug Deductible (individual/ family) (90-day mail order supply available at 2.5 times copay)	\$450 / \$900	N/A
Generic	*\$35	\$15
Preferred Brand	\$110	\$40
Non-Preferred Brand	\$120	\$80
Specialty High-Cost Drugs	50%	30%

[✓] Your costs may be even less if you qualify for financial help.

* Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/Generic RX)

** Copay applies for first 5 days of admission for all inpatient services

FIND OUT HOW YOU CAN GET COVERED IN 2019!

Call us at 713-295-6704.

Email: Marketplace@CommunityHealthChoice.org