

# THE PLAN FOR YOU



[CommunityHealthChoice.org](http://CommunityHealthChoice.org)

**COMMUNITY  
HEALTH CHOICE**  
COMMUNITY CARES.





## WHO IS COMMUNITY HEALTH CHOICE?

We are a local non-profit health plan. We help people get the care they need.

### **Trusted**

We've been offering Health Insurance Marketplace plans ever since they were introduced in 2014. We've grown our plans, our service, and our network from the very beginning.

### **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 and our entire focus is on them. We are proud to service 10 counties in the Greater Houston and Beaumont areas.

## THE NETWORK SOUTHEAST TEXAS NEEDS

In an effort to provide the highest level of care and accessibility to our Members, we've created a network of over 6,500 trusted Providers including over 70 acute care hospitals across 10 counties in Southeast Texas.



## LIMITED NETWORK PLANS

Community also offers two separate plans through its partnership with Kelsey-Seybold Clinic: the Silver Limited Network Plan and the Gold Limited Network Plan. These plans are exclusive to Kelsey-Seybold and include more than 420 doctors and allied health professionals practicing 55 specialties at 20 locations across Greater Houston.



| MEMBER COST SHARE                      | Deductible Plans   |   |   |  |   | Copay Plans   |   |
|--|--|---|---|--|---|---|---|
|  | High Deductible Health Plan HSA Compatible<br>Plan ID 27248TX0010008 | HMO Bronze Deductible 003<br>Plan ID 27248TX0010003 | HMO Lean Silver Deductible 009✓<br>Plan ID 27248TX0010009 | HMO Silver Deductible 004✓<br>Plan ID 27248TX0010004 | HMO Gold Deductible 005<br>Plan ID 27248TX0010005 | HMO Silver Copay 002✓<br>Plan ID 27248TX0010002<br>Silver Limited Network Plan 007✓<br>Plan ID 27248TX0010007 | HMO Gold Copay 001<br>Plan ID 27248TX0010001<br>Gold Limited Network Plan 006<br>Plan ID 27248TX0010006 |
| Medical Deductible (individual/family) | \$6,750 / \$13,500   | \$6,500 / \$13,000                                  | \$5,000 / \$10,000  | \$3,000 / \$6,000                                    | \$750 / \$1,500                                   | N/A   | N/A   |
| Out-of-Pocket Max (individual/family)  | \$6,750 / \$13,500   | \$7,900 / \$15,800                                  | \$7,000 / \$14,000  | \$7,900 / \$15,800                                   | \$6,000 / \$12,000                                | \$7,900 / \$15,800  | \$7,900 / \$15,800  |

### MEDICAL BENEFITS

|                                      |                            |       |       |       |       |         |         |
|--------------------------------------|----------------------------|-------|-------|-------|-------|---------|---------|
| PCP Office Visit                     | no charge after deductible | *\$40 | *\$30 | *\$30 | *\$20 | \$40    | \$30    |
| Specialist Office Visit              | no charge after deductible | *\$70 | \$60  | *\$60 | *\$40 | \$75    | \$65    |
| Outpatient Facility                  | no charge after deductible | 30%   | 30%   | 30%   | 20%   | \$600   | \$300   |
| Outpatient Surgery                   | no charge after deductible | 30%   | 30%   | 30%   | 20%   | \$600   | \$300   |
| Urgent Care Services                 | no charge after deductible | *\$70 | *\$60 | *\$60 | *\$40 | \$75    | \$65    |
| Ambulance Services                   | no charge after deductible | \$70  | \$60  | \$60  | \$40  | \$75    | \$65    |
| Emergency Room Services              | no charge after deductible | 30%   | 30%   | 30%   | 20%   | \$800   | \$600   |
| Inpatient Hospital Care              | no charge after deductible | 30%   | 30%   | 30%   | 20%   | **\$800 | **\$600 |
| Medical Imaging (CT/PET Scans, MRIs) | no charge after deductible | 30%   | 30%   | 30%   | 20%   | \$500   | \$500   |

### PRESCRIPTION DRUGS

|  |                            |                                  |                                  |                                  |                                  |               |      |
|--|----------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------|------|
| Prescription Drug Deductible (individual/family) | \$0                        | Combined with medical deductible | Combined with medical deductible | Combined with medical deductible | Combined with medical deductible | \$450 / \$900 | N/A  |
| Generic  | no charge after deductible | *\$15                            | *\$15                            | *\$10                            | *\$10                            | *\$35         | \$15 |
| Preferred Brand                                  | no charge after deductible | \$70                             | \$70                             | \$60                             | \$40                             | \$110         | \$40 |
| Non-Preferred Brand                              | no charge after deductible | \$120                            | \$120                            | \$100                            | \$70                             | \$120         | \$80 |
| Specialty High-Cost Drugs                        | no charge after deductible | 45%                              | 45%                              | 45%                              | 30%                              | 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

For Deductible Plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated

## **FIND OUT HOW YOU CAN GET COVERED IN 2019!**

**Visit** [CommunityHealthChoice.org](http://CommunityHealthChoice.org).

**Call us** at 713-295-6704 or Toll-free at 1-855-315-5386

**Email** [Marketplace@CommunityHealthChoice.org](mailto:Marketplace@CommunityHealthChoice.org).