

# AN **AFFORDABLE** **LOCAL PLAN** FOR SOUTHEAST TEXAS

Community Health Choice's Marketplace coverage is leading the greater Houston and Beaumont areas with 14 great plans.



**A Healthy Life  
for Every Texan**

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





## WHO IS COMMUNITY HEALTH CHOICE?

Community Health Choice is a local, non-profit health plan that exists to make sure people have health insurance coverage so they can get the care they need.

We've been offering Health Insurance Marketplace plans since they were introduced in **2014**.

We've grown our plans and our service from the very beginning.

# WHY PICK COMMUNITY?

1

**Network** - Community Health Choice plans connect Members with one of the largest network of doctors and hospitals in Southeast Texas.

2

**Select Plans – Limited Network** - Community offers Select Plans that have a smaller network of high-quality providers that allows us to pass the cost savings to the consumer in the form of lower premiums and out-of-pocket costs. These Select Plans provide a way to contain costs without sacrificing the quality of care our participating providers give. The Select Plans are only available to Harris County residents.

3

**Telehealth** - Telehealth lets Members access healthcare services remotely and manage their health care using digital information and communication technologies such as computers, tablets, and mobile devices. Most Community Members have 24/7/365 access to quality medical care via video and telephone consultations right from the privacy of their own homes. Best of all, there's no copay.

4

**Low copays for most services** - Community provides easy-to-understand plans with low copays for most services, including primary care, basic laboratory and X-ray services, and generic prescriptions. This gives Members peace of mind knowing they can predict out-of-pocket costs.

5

**No-deductible plan** - With no deductible and copays for almost all services, the Community Health Elite Gold 001 plan gives Members a clear understanding of out-of-pocket costs.

6

**Services never subject to a deductible** - To ensure Members get the care they need, in most cases, primary care Providers, preventive care, urgent care, and generic prescriptions are not subject to a deductible with Community's plans. Members pay a copay only for these services.

7

**No referral needed to see a specialist** - Community provides access to our wide network of specialty Providers without requiring Members to get a referral from their primary care Provider. To help manage costs, Members should always make sure their Provider and specialist participate in Community's network.

# THE NETWORK SOUTHEAST TEXAS NEEDS

Community Marketplace’s service area includes the following counties: Austin, Brazoria, Chambers, Galveston, Fort Bend, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, and Wharton.



Plan Service Area

# OUR PLANS

**Your premium can be lower, based on your income.**

No matter which metal category you choose, you can save a lot of money on your monthly premium based on your income. When you fill out a Marketplace insurance application, you'll find out if you qualify for these savings. Visit **HealthCare.gov** for more information.



## Bronze Plans

**Lowest premium costs**  
**Higher out-of-pocket costs when you receive care**

**60%**

PLAN PAYS

**40%**

YOU PAY



## Silver Plans

**Higher premium costs than Bronze plans**  
**Lower out-of-pocket costs than Bronze plans**

**70%**

PLAN PAYS

**30%**

YOU PAY



## Gold Plans

**Higher premium costs than Silver plans**  
**Lower out-of-pocket costs than Silver plans**

**80%**

PLAN PAYS

**20%**

YOU PAY

# Premier Bronze Plan 003

## LOWEST PREMIUMS

## HIGHER OUT-OF-POCKET COST FOR SERVICES



### Important Features of 2023 Premier Bronze 003 Plan:

1. PCP, urgent care, and generic drugs are available before deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

*The Advanced Premium Tax Credit can lower your monthly payment. If you're eligible, you can apply it to any Bronze plan.*



### Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

■ Medical Deductible (Individual)	\$7,700
■ Maximum Out-of-Pocket (Individual)	\$9,100
■ Primary Care Physician Office Visit	\$40*
■ Specialist Office Visit	\$70
■ Urgent Care Visit	\$70*
■ Emergency Room Visit	40%
■ Inpatient Hospital Stay	40%
■ Prescription Drug Deductible	Combined with Medical Deductible
■ Generic	\$16*
■ Preferred Brand	\$70
■ Non-Preferred Brand	\$120
■ Specialty High-Cost Drugs	45%

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

# Premier Virtual Bronze Plan 011

UNLIMITED FREE VIRTUAL VISITS

LOWEST PREMIUMS

HIGHER DEDUCTIBLES



## Important Features of 2023 Premier Virtual Bronze 11 Plan

1. Unlimited free 24/7 virtual visits through Doctor On Demand
2. No charge after deductible for all other Providers and services

*The Advanced Premium Tax Credit can lower your monthly payment. If you're eligible, you can apply it to any Bronze plan.*



## Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

■ Medical Deductible (Individual)	\$9,100
■ Maximum Out-of-Pocket (Individual)	\$9,100
■ Primary Care Physician Office Visit	*Tier 1 (Doctor On Demand): \$0 Tier 2: No charge after deductible
■ Specialist Office Visit	No charge after deductible
■ Urgent Care Visit	No charge after deductible
■ Emergency Room Visits	No charge after deductible
■ Inpatient Hospital Stay	No charge after deductible
■ Prescription Drug Deductible	Combined with Medical Deductible
■ Generic	No charge after deductible
■ Preferred Brand	No charge after deductible
■ Non-Preferred Brand	No charge after deductible
■ Specialty High-Cost Drugs	No charge after deductible

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

# Select Bronze Plan 016

LOWEST PREMIUMS

HIGHER OUT-OF-POCKET COST FOR SERVICES



## Important Features of 2023 Select Bronze 16 Plan

1. PCP, urgent care, and generic drugs are available before deductible
2. Referrals not required to see specialists
3. Preventive care is available at no cost

*The Advanced Premium Tax Credit can lower your monthly payment. If you're eligible, you can apply it to any Bronze plan.*



## Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

■ Medical Deductible (Individual)	\$8,100
■ Maximum Out-of-Pocket (Individual)	\$9,100
■ Primary Care Physician Office Visit	\$35*
■ Specialist Office Visit	\$90
■ Urgent Care Visit	\$90*
■ Emergency Room Visits	50%
■ Inpatient Hospital Stay	50%
■ Prescription Drug Deductible	Combined with Medical Deductible
■ Generic	\$30*
■ Preferred Brand	\$60
■ Non-Preferred Brand	\$130
■ Specialty High-Cost Drugs	50%

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



# Premier Bronze Plan 017

LOWEST PREMIUMS

HIGHER DEDUCTIBLES



## Important Features of 2023 Premier Bronze 17 Plan

1. Telehealth services available
2. Referrals not required to see specialists
3. Preventive care is available at no cost

*The Advanced Premium Tax Credit can lower your monthly payment. If you're eligible, you can apply it to any Bronze plan.*



## Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

■ Medical Deductible (Individual)	\$9,100
■ Maximum Out-of-Pocket (Individual)	\$9,100
■ Primary Care Physician Office Visit	No charge after deductible
■ Specialist Office Visit	No charge after deductible
■ Urgent Care Visit	No charge after deductible
■ Emergency Room Visits	No charge after deductible
■ Inpatient Hospital Stay	No charge after deductible
■ Prescription Drug Deductible	Combined with Medical Deductible
■ Generic	No charge after deductible
■ Preferred Brand	No charge after deductible
■ Non-Preferred Brand	No charge after deductible
■ Specialty High-Cost Drugs	No charge after deductible

# Premier Bronze Plan 018

## LOWEST PREMIUMS

## HIGHER OUT-OF-POCKET COST FOR SERVICES



### Important Features of 2023 Premier Bronze 18 Plan:

1. PCP, Specialist, urgent care, and generic drugs are available before deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

*The Advanced Premium Tax Credit can lower your monthly payment. If you're eligible, you can apply it to any Bronze plan.*



### Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

■ Medical Deductible (Individual)	\$7,500
■ Maximum Out-of-Pocket (Individual)	\$9,000
■ Primary Care Physician Office Visit	\$50*
■ Specialist Office Visit	\$100*
■ Urgent Care Visit	\$75*
■ Emergency Room Visits	50%
■ Inpatient Hospital Stay	50%
■ Prescription Drug Deductible	Combined with Medical Deductible
■ Generic	\$25*
■ Preferred Brand	\$50
■ Non-Preferred Brand	\$100
■ Specialty High-Cost Drugs	\$500

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

# Premier Silver Plan 004

## HIGHER PREMIUMS

## LOW TO MODERATE COST-SHARING



### Important Features of 2023 Community Premier Silver 004 Plan:

1. PCP, Specialist, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

*The Advanced Premium Tax Credit can lower your monthly payment. If you're eligible, you can apply it to any Silver plan.*



### Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

■ Medical Deductible (Individual)	\$3,300
■ Maximum Out-of-Pocket (Individual)	\$9,100
■ Primary Care Physician Office Visit	\$30*
■ Specialist Office Visit	\$60*
■ Urgent Care Visit	\$60*
■ Emergency Room Visit	40%
■ Inpatient Hospital Stay	40%
■ Prescription Drug Deductible	Combined with Medical Deductible
■ Generic	\$10*
■ Preferred Brand	\$70
■ Non-Preferred Brand	\$110
■ Specialty High-Cost Drugs	50%

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

# Premier Silver Plan 012

## HIGHER PREMIUMS

## LOW TO MODERATE COST-SHARING



### Important Features of 2023 Community Premier Silver 12 Plan:

1. PCP, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

*The Advanced Premium Tax Credit can lower your monthly payment. If you're eligible, you can apply it to any Silver plan.*



### Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

■ Medical Deductible (Individual)	\$3,000
■ Maximum Out-of-Pocket (Individual)	\$9,100
■ Primary Care Physician Office Visit	\$30*
■ Specialist Office Visit	\$60
■ Urgent Care Visit	\$60*
■ Emergency Room Visit	50%
■ Inpatient Hospital Stay	50%
■ Prescription Drug Deductible	Combined with Medical Deductible
■ Generic	\$10*
■ Preferred Brand	\$80
■ Non-Preferred Brand	\$120
■ Specialty High-Cost Drugs	50%

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

# Premier Silver Plan 013

## HIGHER PREMIUMS

## LOW TO MODERATE COST-SHARING



### Important Features of 2023 Community Premier Silver 13 Plan:

1. PCP, specialists, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

*The Advanced Premium Tax Credit can lower your monthly payment. If you're eligible, you can apply it to any Bronze or Silver plan.*



### Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

■ Medical Deductible (Individual)	\$8,500
■ Maximum Out-of-Pocket (Individual)	\$8,500
■ Primary Care Physician Office Visit	\$10*
■ Specialist Office Visit	\$20*
■ Urgent Care Visit	\$20*
■ Emergency Room Visit	No charge after deductible
■ Inpatient Hospital Stay	No charge after deductible
■ Prescription Drug Deductible	Combined with Medical Deductible
■ Generic	\$10*
■ Preferred Brand	No charge after deductible
■ Non-Preferred Brand	No charge after deductible
■ Specialty High-Cost Drugs	No charge after deductible

\*Services are exempt from deductible where indicated (PCP/Urgent Care/Generic Rx)

# Select Silver Plan 019

## MODERATE PREMIUMS

### LOW TO MODERATE COST-SHARING



#### Important Features of 2023 Community Select Silver 19 Plan:

1. PCP, specialists, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

*The Advanced Premium Tax Credit can lower your monthly payment. If you're eligible, you can apply it to any Bronze or Silver plan.*



#### Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

■ Medical Deductible (Individual)	\$4,900
■ Maximum Out-of-Pocket (Individual)	\$9,100
■ Primary Care Physician Office Visit	\$30*
■ Specialist Office Visit	\$80*
■ Urgent Care Visit	\$80*
■ Emergency Room Visit	30%
■ Inpatient Hospital Stay	30%
■ Prescription Drug Deductible	Combined with Medical Deductible
■ Generic	\$10*
■ Preferred Brand	\$40
■ Non-Preferred Brand	\$80
■ Specialty High-Cost Drugs	50%

\*Services are exempt from deductible where indicated (PCP/Urgent Care/Generic Rx)

# Premier Silver Plan 020

## HIGHER PREMIUMS

## LOW TO MODERATE COST-SHARING



### Important Features of 2023 Community Premier Silver 20 Plan:

1. PCP, specialists, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

*The Advanced Premium Tax Credit can lower your monthly payment. If you're eligible, you can apply it to any Bronze or Silver plan.*



### Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

■ Medical Deductible (Individual)	\$5,800
■ Maximum Out-of-Pocket (Individual)	\$8,900
■ Primary Care Physician Office Visit	\$40*
■ Specialist Office Visit	\$80*
■ Urgent Care Visit	\$60*
■ Emergency Room Visit	40%
■ Inpatient Hospital Stay	40%
■ Prescription Drug Deductible	Combined with Medical Deductible
■ Generic	\$20*
■ Preferred Brand	\$40*
■ Non-Preferred Brand	\$80
■ Specialty High-Cost Drugs	\$350

\*Services are exempt from deductible where indicated (PCP/Urgent Care/Generic Rx)

# Premier Gold Plan 001

MODERATE MONTHLY PREMIUMS  
LOW TO MODERATE COST-SHARING



## Important Features of 2023 Premier Gold 001 Plan:

1. Telehealth services available
2. Referrals not required to see specialists
3. Preventive care is available at no cost
4. This plan does not have a medical or pharmacy deductible

*This plan is only available off-exchange.*



## Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

■ Medical Deductible (Individual)	N/A
■ Maximum Out-of-Pocket (Individual)	\$9,100
■ Primary Care Physician Office Visit	\$30
■ Specialist Office Visit	\$65
■ Urgent Care Visit	\$65
■ Emergency Room Visit	\$800
■ Inpatient Hospital Stay	\$800**
■ Prescription Drug Deductible	N/A
■ Generic	\$20
■ Preferred Brand	\$40
■ Non-Preferred Brand	\$80
■ Specialty High-Cost Drugs	30%

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



# Premier Gold Plan 005

## MODERATE MONTHLY PREMIUMS LOW COST-SHARING



### Important Features of 2023 Premier Gold 005 Plan:

1. PCP, specialist, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

*The Advanced Premium Tax Credit can lower your monthly payment. If you're eligible, you can apply it to the Gold 005 Plan.*



### Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

■ Medical Deductible (Individual)	\$1,600
■ Maximum Out-of-Pocket (Individual)	\$9,100
■ Primary Care Physician Office Visit	\$20*
■ Specialist Office Visit	\$40*
■ Urgent Care Visit	\$40*
■ Emergency Room Visit	25%
■ Inpatient Hospital Stay	25%
■ Prescription Drug Deductible	Combined with Medical Deductible
■ Generic	\$10*
■ Preferred Brand	\$50
■ Non-Preferred Brand	\$75
■ Specialty High-Cost Drugs	35%

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

# Premier Gold Plan 021

## MODERATE MONTHLY PREMIUMS LOW COST-SHARING



### Important Features of 2023 Premier Gold 021 Plan:

1. PCP, specialist, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

*The Advanced Premium Tax Credit can lower your monthly payment.*



### Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

■ Medical Deductible (Individual)	\$2,000
■ Maximum Out-of-Pocket (Individual)	\$8,700
■ Primary Care Physician Office Visit	\$30*
■ Specialist Office Visit	\$60*
■ Urgent Care Visit	\$45*
■ Emergency Room Visit	25%
■ Inpatient Hospital Stay	25%
■ Prescription Drug Deductible	Combined with Medical Deductible
■ Generic	\$15*
■ Preferred Brand	\$30*
■ Non-Preferred Brand	\$60*
■ Specialty High-Cost Drugs	\$250*

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

# Select Gold Plan 022

## LOW MONTHLY PREMIUMS

## LOW COST-SHARING



### Important Features of 2023 Premier Gold 022 Plan:

1. PCP, specialist, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

*The Advanced Premium Tax Credit can lower your monthly payment. If you're eligible, you can apply it to the Gold 005 Plan.*



### Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

■ Medical Deductible (Individual)	\$2,200
■ Maximum Out-of-Pocket (Individual)	\$9,100
■ Primary Care Physician Office Visit	\$15*
■ Specialist Office Visit	\$30*
■ Urgent Care Visit	\$30*
■ Emergency Room Visit	20%
■ Inpatient Hospital Stay	20%
■ Prescription Drug Deductible	Combined with Medical Deductible
■ Generic	\$15*
■ Preferred Brand	\$30
■ Non-Preferred Brand	\$60
■ Specialty High-Cost Drugs	40%

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

# NOTES

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# FIND OUT HOW YOU CAN GET COVERED IN 2023!

Visit [CommunityHealthChoice.org](https://CommunityHealthChoice.org)

Call us at 713.295.6704 or toll-free at 1.855.315.5386

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



@CHCTexas



@CommunityHealthChoiceTX



@CommunityHealthChoiceTX

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for Every Texan**

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