

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

Community Health Choice's Marketplace coverage is leading the greater Houston and Beaumont areas with 13 great plans.

**A Healthy Life
for Every Texan**

CommunityHealthChoice.org

BR101059





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.

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.



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.

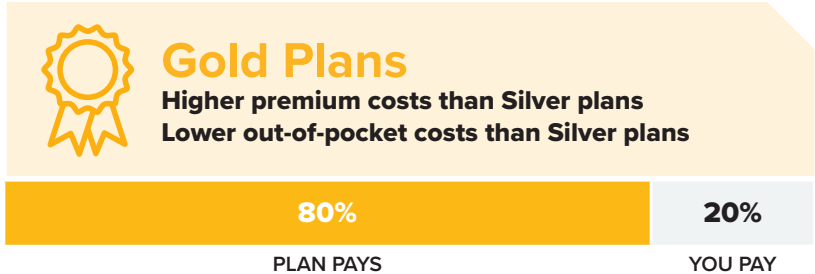
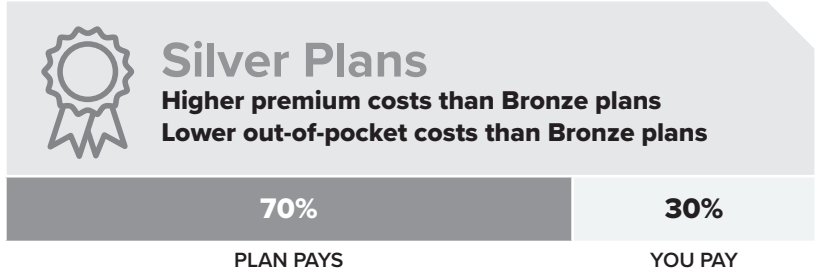
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No referral needed to see a specialist - Community provides access to our wide network of specialty Providers without requiring Members to get a referral from their primary care Provider. To help manage costs, Members should always make sure their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

OUR PLANS

Your premium can be lower, based on your income.

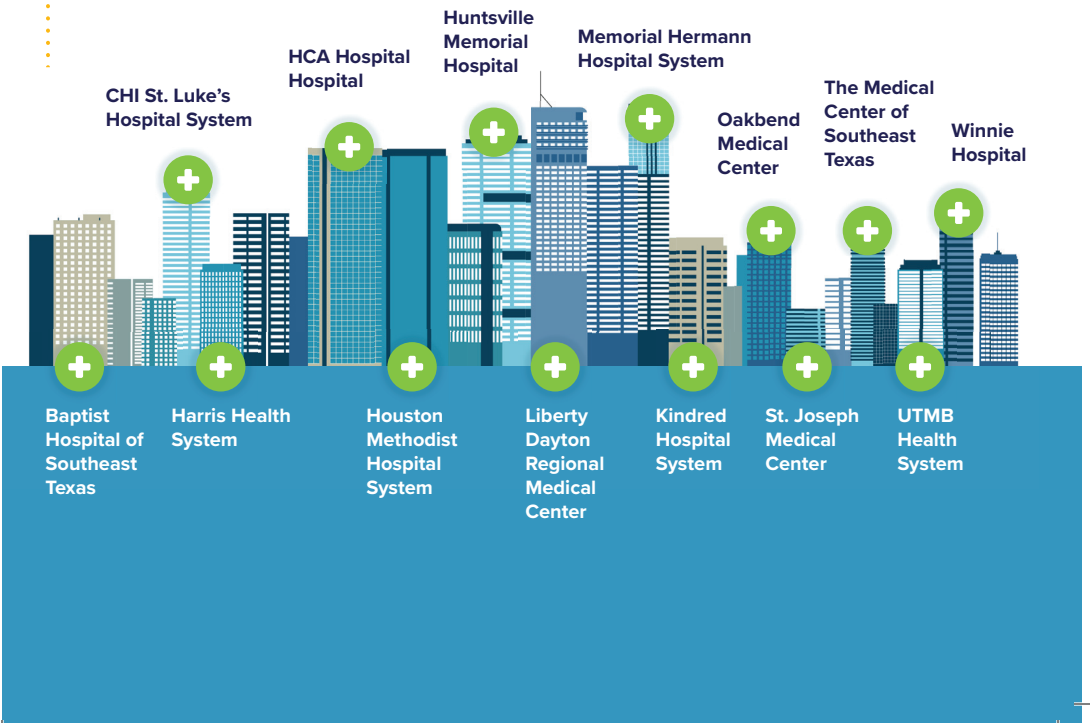
No matter which metal category you choose, you can save a lot of money on your monthly premium based on your income. When you fill out a Marketplace insurance application, you'll find out if you qualify for these savings. Visit **HealthCare.gov** for more information.





ACCESS TO THE LARGEST NETWORK

In an effort to provide the highest level of care and accessibility to our Members, we've created a network of trusted Providers, including over 100 hospitals across 20 counties in Southeast Texas.



Premier Bronze Plan 003

LOWEST PREMIUMS

HIGHER OUT-OF-POCKET COST FOR SERVICES



Important Features of 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)	\$9,450
■ 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 Premier Virtual Bronze 011 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)	\$9,450
■ Maximum Out-of-Pocket (Individual)	\$9,450
■ 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 Select Bronze 016 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)	\$9,450
■ 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 018

LOWEST PREMIUMS

HIGHER OUT-OF-POCKET COST FOR SERVICES



Important Features of Premier Bronze 018 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)	\$9,400
■ 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 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)	\$9,450
■ 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 Premier Silver 012 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)	\$9,450
■ 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 Premier Silver 013 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)	\$9,100
■ Maximum Out-of-Pocket (Individual)	\$9,100
■ 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 Select Silver 019 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)	\$4,500
■ Maximum Out-of-Pocket (Individual)	\$9,100
■ Primary Care Physician Office Visit	\$30*
■ Specialist Office Visit	\$80*
■ Urgent Care Visit	\$80*
■ Emergency Room Visit	40%
■ Inpatient Hospital Stay	40%
■ Prescription Drug Deductible	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)

Premier Silver Plan 020

HIGHER PREMIUMS

LOW TO MODERATE COST-SHARING



Important Features of Premier Silver 020 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)	\$5,900
■ Maximum Out-of-Pocket (Individual)	\$9,100
■ 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 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)	\$9,450
■ 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	\$25
■ 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 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)	\$9,450
■ 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 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)	\$1,500
■ 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 Select 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 022 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)	\$1,800
■ Maximum Out-of-Pocket (Individual)	\$9,450
■ Primary Care Physician Office Visit	\$15*
■ Specialist Office Visit	\$30*
■ Urgent Care Visit	\$30*
■ Emergency Room Visit	30%
■ Inpatient Hospital Stay	30%
■ Prescription Drug Deductible	Combined with Medical Deductible
■ Generic	\$10*
■ Preferred Brand	\$50*
■ Non-Preferred Brand	\$100
■ Specialty High-Cost Drugs	40%

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



FIND OUT HOW YOU CAN GET COVERED IN 2024!

Visit CommunityHealthChoice.org

Call us at 713.295.6704 or toll-free at 1.855.315.5386

Email us at Marketplace@CommunityHealthChoice.org



@CHCTexas



@CommunityHealthChoiceTX



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