

COMMUNITY 2025 PLAN DESIGNS



Bronze

PLANS/VISITS	PREMIER BRONZE 003 PLAN ID 27248TX0010003	SELECT BRONZE 016 PLAN ID 27248TX0010016	PREMIER BRONZE 18 PLAN ID 27248TX0010018
Medical Deductible (individual/family)	\$7,700 / \$15,400	\$8,100 / \$16,200	\$7,500 / \$15,000
Out-of-Pocket Max (individual/family)	\$9,200 / \$18,400	\$9,200 / \$18,400	\$9,200 / \$18,400
MEDICAL BENEFITS	MEMBER COPAYS/COINSURANCE		
PCP Office Visit	*\$40	*\$35	*\$50
Specialist Office Visit	\$70	\$90	*\$100
Outpatient Facility	40%	50%	50%
Outpatient Surgery	40%	50%	50%
Urgent Care Services	*\$70	*\$90	*\$75
Ambulance Services	\$70	\$90	\$100
Emergency Room Services	40%	50%	50%
Inpatient Hospital Care	40%	50%	50%
Inpatient Skilled Nursing Facility	40%	50%	50%
Outpatient Mental/Behavioral Substance Abuse	*\$40	*\$35	*\$50
Inpatient Mental/Behavioral Substance Abuse	40%	50%	50%
Outpatient Rehabilitation	\$70	*\$75	*\$75
Medical Imaging (CT/PET Scans, MRIs)	40%	50%	50%
Routine Lab/X-Ray/Diagnostic Imaging	\$40	\$35	50%
PRESCRIPTION DRUGS	MEMBER COPAYS/COINSURANCE		
Prescription Drug Deductible (individual/Family) (90-day mail order supply available at 2.5 times copay)	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible
Generic	*\$16	*\$30	*\$25
Preferred Brand	\$70	\$60	\$50
Non-Preferred Brand	\$120	\$130	\$100
Specialty High-Cost Drugs	45%	50%	\$500

* Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/Generic RX).
For deductible plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated.