

# AN AFFORDABLE LOCAL PLAN FOR SOUTHEAST TEXAS

Community Health Choice's Marketplace coverage is leading the greater Houston and Beaumont areas with 17 plans.



**Better Care,  
Brighter You**

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

COMMUNITY  
HEALTH CHOICE





## 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.



Plan Service Area

# 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 & Ultra Select Plans- Limited & Ultra Limited Network** - Community offers Select and Ultra 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 and Ultra Select Plans provide a way to contain costs without sacrificing the quality of care our participating providers give. The Select and Ultra 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 Premier Gold 001 plan and Community Ultra Select 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.

# 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



# 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)	\$9,200
▢ Primary Care Physician Office Visit	\$40*
▢ Specialist Office Visit	\$70
▢ Urgent Care Services	\$70*
▢ Emergency Room Services	40%
▢ Inpatient Hospital Care	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)

# 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
- 3. Only available to Harris county residents**

▢ Medical Deductible (Individual)	\$8,100
▢ Maximum Out-of-Pocket (Individual)	\$9,200
▢ Primary Care Physician Office Visit	\$35*
▢ Specialist Office Visit	\$90
▢ Urgent Care Services	\$90*
▢ Emergency Room Services	50%
▢ Inpatient Hospital Care	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)	\$9,200
▢ Primary Care Physician Office Visit	\$50*
▢ Specialist Office Visit	\$100*
▢ Urgent Care Services	\$75*
▢ Emergency Room Services	50%
▢ Inpatient Hospital Care	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)

# Ultra Select Bronze Plan 016

LOWEST PREMIUMS

HIGHER OUT-OF-POCKET COST FOR SERVICES



## Important Features of Ultra Select Bronze 016 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

### 3. Only available to Harris county residents

▢ Medical Deductible (Individual)	\$8,100
▢ Maximum Out-of-Pocket (Individual)	\$9,200
▢ Primary Care Physician Office Visit	\$35*
▢ Specialist Office Visit	\$90
▢ Urgent Care Services	\$90*
▢ Emergency Room Services	50%
▢ Inpatient Hospital Care	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)

# Ultra Select Bronze Plan 018

LOWEST PREMIUMS

HIGHER OUT-OF-POCKET COST FOR SERVICES



## Important Features of Ultra Select 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

### 3. Only available to Harris county residents

▢ Medical Deductible (Individual)	\$7,500
▢ Maximum Out-of-Pocket (Individual)	\$9,200
▢ Primary Care Physician Office Visit	\$50*
▢ Specialist Office Visit	\$100*
▢ Urgent Care Services	\$75*
▢ Emergency Room Services	50%
▢ Inpatient Hospital Care	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 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)	\$2,800
☐ Maximum Out-of-Pocket (Individual)	\$9,200
☐ Primary Care Physician Office Visit	\$30*
☐ Specialist Office Visit	\$60
☐ Urgent Care Services	\$60*
☐ Emergency Room Services	50%
☐ Inpatient Hospital Care	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)

# 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
- 3. Only available to Harris county residents**

☐ Medical Deductible (Individual)	\$4,250
☐ Maximum Out-of-Pocket (Individual)	\$8,500
☐ Primary Care Physician Office Visit	\$30*
☐ Specialist Office Visit	\$80*
☐ Urgent Care Services	\$80*
☐ Emergency Room Services	40%
☐ Inpatient Hospital Care	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)	\$5,000
□ Maximum Out-of-Pocket (Individual)	\$8,000
□ Primary Care Physician Office Visit	\$40*
□ Specialist Office Visit	\$80*
□ Urgent Care Services	\$60*
□ Emergency Room Services	40%
□ Inpatient Hospital Care	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)

# Ultra Select Silver Plan 019

HIGHER PREMIUMS

LOW TO MODERATE COST-SHARING



**Important Features of Ultra 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
- 3. Only available to Harris county residents**

☐ Medical Deductible (Individual)	\$4,250
☐ Maximum Out-of-Pocket (Individual)	\$8,500
☐ Primary Care Physician Office Visit	\$30*
☐ Specialist Office Visit	\$80*
☐ Urgent Care Services	\$80*
☐ Emergency Room Services	40%
☐ Inpatient Hospital Care	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)

# Ultra Select Silver Plan 020

HIGHER PREMIUMS

LOW TO MODERATE COST-SHARING



**Important Features of Ultra Select 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
- 3. Only available to Harris county residents**

☐ Medical Deductible (Individual)	\$5,000
☐ Maximum Out-of-Pocket (Individual)	\$8,000
☐ Primary Care Physician Office Visit	\$40*
☐ Specialist Office Visit	\$80*
☐ Urgent Care Services	\$60*
☐ Emergency Room Services	40%
☐ Inpatient Hospital Care	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)	\$9,200
☐ Primary Care Physician Office Visit	\$30
☐ Specialist Office Visit	\$65
☐ Urgent Care Services	\$65
☐ Emergency Room Services	\$800
☐ Inpatient Hospital Care	\$800**
☐ Prescription Drug Deductible	N/A
☐ Generic	\$25
☐ Preferred Brand	\$40
☐ Non-Preferred Brand	\$80
☐ Specialty High-Cost Drugs	30%

\*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.

# 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)	\$9,200
□ Primary Care Physician Office Visit	\$20*
□ Specialist Office Visit	\$40*
□ Urgent Care Services	\$40*
□ Emergency Room Services	25%
□ Inpatient Hospital Care	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)	\$7,800
▢ Primary Care Physician Office Visit	\$30*
▢ Specialist Office Visit	\$60*
▢ Urgent Care Services	\$45*
▢ Emergency Room Services	25%
▢ Inpatient Hospital Care	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)  
 For deductible plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated.

# Select Gold Plan 022

LOW MONTHLY PREMIUMS

LOW COST-SHARING



### Important Features of 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 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
- 3. Only available to Harris county residents**

Medical Deductible (Individual)	\$1,800
Maximum Out-of-Pocket (Individual)	\$9,200
Primary Care Physician Office Visit	\$15*
Specialist Office Visit	\$30*
Urgent Care Services	\$30*
Emergency Room Services	30%
Inpatient Hospital Care	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)  
For deductible plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated.

# Ultra Select Gold Plan 001

MODERATE MONTHLY PREMIUMS  
LOW TO MODERATE COST-SHARING



## Important Features of Ultra Select 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
- 3. Only available to Harris county residents**

☐ Medical Deductible (Individual)	N/A
☐ Maximum Out-of-Pocket (Individual)	\$9,200
☐ Primary Care Physician Office Visit	\$30
☐ Specialist Office Visit	\$65
☐ Urgent Care Services	\$65
☐ Emergency Room Services	\$800
☐ Inpatient Hospital Care	\$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

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

# Ultra Select Gold Plan 021

MODERATE MONTHLY PREMIUMS  
LOW TO MODERATE COST-SHARING



## Important Features of Ultra Select Gold 021 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
- 3. Only available to Harris county residents**

▢ Medical Deductible (Individual)	\$1,500
▢ Maximum Out-of-Pocket (Individual)	\$7,800
▢ Primary Care Physician Office Visit	\$30*
▢ Specialist Office Visit	\$60*
▢ Urgent Care Services	\$45*
▢ Emergency Room Services	25%
▢ Inpatient Hospital Care	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)  
For deductible plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated.

# Ultra Select Gold Plan 022

MODERATE MONTHLY PREMIUMS  
LOW TO MODERATE COST-SHARING



## Important Features of Ultra Select Gold 022 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
- 3. Only available to Harris county residents**

▢ Medical Deductible (Individual)	\$1,800
▢ Maximum Out-of-Pocket (Individual)	\$9,200
▢ Primary Care Physician Office Visit	\$15*
▢ Specialist Office Visit	\$30*
▢ Urgent Care Services	\$30*
▢ Emergency Room Services	30%
▢ Inpatient Hospital Care	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)  
For deductible plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated.



# FIND OUT HOW YOU CAN GET COVERED IN 2025!

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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