

COMMUNITY 2026 PLAN DESIGNS



Bronze

PLANS/VISITS	ULTRA SELECT BRONZE 016 PLAN ID 11718TX0140016	ULTRA SELECT BRONZE 18 PLAN ID 11718TX0140018
Medical Deductible (individual/family)	\$9,800/\$19,600	\$7,500 / \$15,000
Out-of-Pocket Max (individual/family)	\$10,600/21,200	\$10,000/\$20,000
MEDICAL BENEFITS	MEMBER COPAYS/COINSURANCE	
PCP Office Visit	*\$35	*\$50
Specialist Office Visit	\$90	*\$100
Outpatient Facility	50%	50%
Outpatient Surgery	50%	50%
Urgent Care Services	*\$90	*\$75
Ambulance Services	\$90	\$100
Emergency Room Services	50%	50%
Inpatient Hospital Care	50%	50%
Inpatient Skilled Nursing Facility	50%	50%
Outpatient Mental/Behavioral Substance Abuse	*\$35	*\$50
Inpatient Mental/Behavioral Substance Abuse	50%	50%
Outpatient Rehabilitation	*\$75	*\$75
Medical Imaging (CT/PET Scans, MRIs)	50%	50%
Routine Lab/X-Ray/Diagnostic Imaging	\$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
Generic	*\$30	*\$25
Preferred Brand	\$60	\$50
Non-Preferred Brand	\$130	\$100
Specialty High-Cost Drugs	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.