

COMMUNITY 2026 PLAN DESIGNS



Gold

PLANS/VISITS	ULTRA SELECT GOLD 021 PLAN ID 11718TX0140021	ULTRA SELECT GOLD 022 PLAN ID 11718TX0140022
Medical Deductible (individual/Family)	\$2,000/\$4,000	\$2,000/\$4,000
Out-of-Pocket Max (individual/Family)	\$8,200/\$16,400	\$9,200 / \$18,400
MEDICAL BENEFITS		
PCP Office Visit	*\$30	*\$15
Specialist Office Visit	*\$60	*\$30
Outpatient Facility	25%	30%
Outpatient Surgery	25%	30%
Urgent Care Services	*\$45	*\$30
Ambulance Services	\$60	\$30
Emergency Room Services	25%	30%
Inpatient Hospital Care	25%	30%
Inpatient Skilled Nursing Facility	25%	30%
Outpatient Mental/Behavioral Substance Abuse	*\$30	*\$15
Inpatient Mental/Behavioral Substance Abuse	25%	30%
Outpatient Rehabilitation	*\$30	\$30
Medical Imaging (CT/PET Scans, MRIs)	25%	30%
Routine Lab/X-Ray/Diagnostic Imaging	25%	\$15
PRESCRIPTION DRUGS		
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	*\$15	*\$10
Preferred Brand	*\$30	*\$50
Non-Preferred Brand	*\$60	\$100
Specialty High-Cost Drugs	*\$250	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.