

Community Health Choice is proud to serve nine counties in the Houston and Beaumont area. If you live in any of these counties, you're eligible to enroll in one of our plans!



Community offers a variety of plans to meet every healthcare need and budget.

Bronze Deductible Plan – Lowest monthly payment

Silver Deductible Plan – Balanced mix of low copays, low deductible, and manageable monthly payment

Gold Deductible Plan – Lowest copays and lowest deductible

Silver Copay Plan – Lowest monthly payment with NO deductible

Gold Copay Plan – Lowest copays with NO deductible

Whether you want one of our no deductible copay plans or a pay-as-you-go option that includes three free visits to the doctor, we're here to help you understand your health plan options.

For personalized assistance, please call Community's Benefits and Enrollment Team at **713.295.6704**.
Or, visit us at **www.CommunityCares.com**

2015 Marketplace Plan Overview

2015 MARKETPLACE BENEFIT PLANS

Member Cost Share	Community Health Choice HMO Bronze Deductible	Community Health Choice HMO Silver Deductible**	Community Health Choice HMO Gold Deductible	Community Health Choice HMO Silver Copay**	Community Health Choice HMO Gold Copay
Medical Deductible (individual)	\$4,000	\$1,500	\$500	\$0	\$0
Begin deductible after # Copays	3	3	3	N/A	N/A
Out-of-Pocket Maximum (individual)	\$6,600	\$6,600	\$5,000	\$6,600	\$5,000
Coinsurance	0%	0%	0%	0%	0%
PCP (preventive at 0% cost share)	\$40	\$30	\$20	\$40	\$25
Specialist	\$65	\$50	\$45	\$75	\$60
Mental Health/Substance Abuse	\$65	\$50	\$45	\$75	\$60
Rehabilitative Speech Therapy	\$40	\$30	\$20	\$40	\$25
PT/OT	\$40	\$30	\$20	\$40	\$25
Skilled Nursing Facility	\$400 per day*	\$400 per day*	\$300 per day*	\$400 per day*	\$300 per day*
Lab Outpatient & Professional Services	\$40	\$30	\$20	\$40	\$25
X-Rays and Diagnostic Imaging	\$40	\$30	\$20	\$40	\$25
Imaging (CT/PET Scans/MRIs)	\$400	\$400	\$300	\$400	\$300
Inpatient Hospital (incl. Mental Health)	\$400 per day*	\$400 per day*	\$300 per day*	\$400 per day*	\$300 per day*
Outpatient Facility	\$175	\$175	\$100	\$175	\$100
Outpatient Surgery/Physician Services	\$175	\$175	\$100	\$175	\$100
Emergency Room	\$400	\$400	\$300	\$400	\$300
Prenatal/Postnatal Care	\$40	\$30	\$20	\$40	\$25
Maternity – Delivery	\$400 per day*	\$400 per day*	\$300 per day*	\$400 per day*	\$300 per day*
Pharmacy Deductible	\$200	\$0	\$0	\$0	\$0
Generic	\$20	\$10	\$10	\$25	\$10
Preferred Brand	\$75	\$50	\$35	\$75	\$35
Non-Preferred Brand	\$100	\$100	\$70	\$100	\$75
Specialty High Cost Drugs	35%	35%	30%	35%	30%

*Inpatient copays apply per day up to 5 days. **Your costs may be even less if you qualify for financial help.

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