

2027 CHRISTUS Elite (Small Group)

Bronze HD			
CHRISTUS Health Bronze HMO 8500 HSA			
Ded \$8,500 / \$17,000 OOP Max \$8,500 / \$17,000			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	Ded/\$0	Preferred Generic Drug	Ded/\$0
Specialist Office Visit	Ded/\$0	Non-Preferred Generic Drug	Ded/\$0
Emergency Room	Ded/\$0	Preferred Brand Drug	Ded/\$0
Urgent Care	Ded/\$0	Non-Preferred Brand Drug	Ded/\$0
		Specialty Drug	Ded/\$0

Silver LD			
CHRISTUS Health Silver HMO 3000			
Ded \$3,000 / \$6,000 OOP Max \$10,150 / \$20,300			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$0 first 2 visits; then \$55 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$100 Copay	Non-Preferred Generic Drug	\$10 Copay
Emergency Room	Ded/\$750 Copay	Preferred Brand Drug	\$50 Copay
Urgent Care	\$100 Copay	Non-Preferred Brand Drug	\$100 Copay
		Specialty Drug	\$250 Copay

Silver HD			
CHRISTUS Health Silver HMO 6150 HSA			
Ded \$6,150 / \$12,300 OOP Max \$6,150 / \$12,300			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	Ded/\$0	Preferred Generic Drug	Ded/\$0
Specialist Office Visit	Ded/\$0	Non-Preferred Generic Drug	Ded/\$0
Emergency Room	Ded/\$0	Preferred Brand Drug	Ded/\$0
Urgent Care	Ded/\$0	Non-Preferred Brand Drug	Ded/\$0
		Specialty Drug	Ded/\$0

Gold LD			
CHRISTUS Health Gold HMO 2250			
Ded \$2,250 / \$4,500 OOP Max \$6,750 / \$13,500			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$0 first 2 visits; then \$35 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$70 Copay	Non-Preferred Generic Drug	\$10 Copay
Emergency Room	Ded/\$500 Copay	Preferred Brand Drug	\$50 Copay
Urgent Care	\$70 Copay	Non-Preferred Brand Drug	\$100 Copay
		Specialty Drug	\$250 Copay

Platinum LD			
CHRISTUS Health Platinum HMO 350			
Ded \$350 / \$700 OOP Max \$2,200 / \$4,400			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$0 first 2 visits; then \$35 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$70 Copay	Non-Preferred Generic Drug	\$10 Copay
Emergency Room	Ded/\$300 Copay	Preferred Brand Drug	\$35 Copay
Urgent Care	\$70 Copay	Non-Preferred Brand Drug	\$75 Copay
		Specialty Drug	\$250 Copay

Bronze Copay			
CHRISTUS Health Bronze HMO Enhanced 7500			
Ded \$7,500 / \$15,000 OOP Max \$11,150 / \$22,300			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$0 first 2 visits; then \$60 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$100 Copay	Non-Preferred Generic Drug	\$30 Copay
Emergency Room	Ded/\$950 Copay	Preferred Brand Drug	\$50 Copay
Urgent Care	\$100 Copay	Non-Preferred Brand Drug	\$100 Copay
		Specialty Drug	\$500 Copay

Silver HD2			
CHRISTUS Health Silver HMO 6500			
Ded \$6,500 / \$13,000 OOP Max \$9,200 / \$18,400			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$0 first 2 visits; then \$50 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$100 Copay	Non-Preferred Generic Drug	\$10 Copay
Emergency Room	Ded/\$500 Copay	Preferred Brand Drug	\$50 Copay
Urgent Care	\$80 Copay	Non-Preferred Brand Drug	\$100 Copay
		Specialty Drug	\$250 Copay

Silver Copay			
CHRISTUS Health Silver HMO Enhanced 5300			
Ded \$5,300 / \$10,600 OOP Max \$11,650 / \$23,300			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$0 first 2 visits; then \$40 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$60 Copay	Non-Preferred Generic Drug	\$10 Copay
Emergency Room	Ded/\$950 Copay	Preferred Brand Drug	\$50 Copay
Urgent Care	\$60 Copay	Non-Preferred Brand Drug	\$100 Copay
		Specialty Drug	\$250 Copay

Gold HD			
CHRISTUS Health Gold HMO 3500 HSA			
Ded \$3,500 / \$7,000 OOP Max \$3,500 / \$7,000			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	Ded/\$0	Preferred Generic Drug	Ded/\$0
Specialist Office Visit	Ded/\$0	Non-Preferred Generic Drug	Ded/\$0
Emergency Room	Ded/\$0	Preferred Brand Drug	Ded/\$0
Urgent Care	Ded/\$0	Non-Preferred Brand Drug	Ded/\$0
		Specialty Drug	Ded/\$0

Platinum HD			
CHRISTUS Health Platinum HMO Enhanced 2250			
Ded \$2,250 / \$4,500 OOP Max \$2,250 / \$4,500			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$0 first 2 visits; then \$30 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$55 Copay	Non-Preferred Generic Drug	\$10 Copay
Emergency Room	\$400 Copay	Preferred Brand Drug	\$35 Copay
Urgent Care	\$55 Copay	Non-Preferred Brand Drug	\$75 Copay
		Specialty Drug	\$250 Copay

Silver LD2			
CHRISTUS Health Silver HMO 3100			
Ded \$3,100 / \$6,200 OOP Max \$9,600 / \$19,200			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$0 first 2 visits; then \$50 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$100 Copay	Non-Preferred Generic Drug	\$10 Copay
Emergency Room	Ded/\$600 Copay	Preferred Brand Drug	\$50 Copay
Urgent Care	\$100 Copay	Non-Preferred Brand Drug	\$100 Copay
		Specialty Drug	\$250 Copay

Gold Zero Ded			
CHRISTUS Health Gold HMO Enhanced			
Ded \$0 / \$0 OOP Max \$11,100 / \$22,200			
\$0 deductible plan with copays			
Medical copays		Pharmacy copays	
PCP Office Visit	\$0 first 2 visits; then \$35 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$70 Copay	Non-Preferred Generic Drug	\$10 Copay
Emergency Room	\$950 Copay	Preferred Brand Drug	\$50 Copay
Urgent Care	\$70 Copay	Non-Preferred Brand Drug	\$100 Copay
		Specialty Drug	\$250 Copay

Platinum HSA			
CHRISTUS Health Platinum HMO 1800 HSA			
Ded \$1,800 / \$3,600 OOP Max \$1,800 / \$3,600			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	Ded/\$0	Preferred Generic Drug	Ded/\$0
Specialist Office Visit	Ded/\$0	Non-Preferred Generic Drug	Ded/\$0
Emergency Room	Ded/\$0	Preferred Brand Drug	Ded/\$0
Urgent Care	Ded/\$0	Non-Preferred Brand Drug	Ded/\$0
		Specialty Drug	Ded/\$0