



2027 Texas - Individual Market (Gold)

CHRISTUS Standard Gold				CHRISTUS Gold Essential				CHRISTUS Gold			
CHRISTUS Standard Gold (\$0 Virtual Urgent Care)				CHRISTUS Gold Essential (\$0 Rx Deductible, \$5 PCP, \$0 Virtual Urgent Care)				CHRISTUS Gold with Fitness (\$0 Deductible, \$5 PCP, \$0 Generic Rx, \$0 Virtual Urgent Care)			
Ded \$2,500 / \$5,000 OOP Max \$8,600 / \$17,200				Ded \$3,900 / \$7,800 OOP Max \$10,500 / \$21,000				Ded \$0 / \$0 OOP Max \$9,950 / \$19,900			
Combined Med/Rx Deductible				Combined Med/Rx Deductible N/A				\$0 Combined Med/Rx Deductible			
Medical copays		Pharmacy copays		Medical copays		Pharmacy copays		Medical copays		Pharmacy copays	
PCP Office Visit	\$30 Copay	Preferred Generic Drug	\$15 Copay	PCP Office Visit	\$5 Copay	Preferred Generic Drug	\$0 Copay	PCP Office Visit	\$5 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$60 Copay	Generic Drug	\$15 Copay	Specialist Office Visit	\$35 Copay	Generic Drug	\$10 Copay	Specialist Office Visit	\$60 Copay	Generic Drug	\$0 Copay
Emergency Room	Ded/25% Coins	Brand Drug	\$30 Copay	Emergency Room	Ded/\$950 Copay	Brand Drug	\$50 Copay	Emergency Room	\$950 Copay	Brand Drug	\$60 Copay
Urgent Care	\$45 Copay	Non-Preferred Brand Drug	\$60 Copay	Urgent Care	\$35 Copay	Non-Preferred Brand Drug	\$60 Copay	Urgent Care	\$60 Copay	Non-Preferred Brand Drug	\$80 Copay
		Specialty Drug	\$250 Copay			Specialty Drug	45% Coins			Specialty Drug	\$350 Copay
CHRISTUS Gold Essential Plus				CHRISTUS Gold Plus							
CHRISTUS Gold Essential Plus Dental & Vision (\$0 Rx Deductible, \$5 PCP, \$0 Virtual Urgent Care)				CHRISTUS Gold Plus Dental & Vision & Fitness (\$0 Deductible, \$5 PCP, \$0 Generic Rx, \$0 Virtual Urgent Care)							
Ded \$3,900 / \$7,800 OOP Max \$10,500 / \$21,000				Ded \$0 / \$0 OOP Max \$9,950 / \$19,900							
Combined Med/Rx Deductible				Combined Med/Rx Deductible							
Medical copays		Pharmacy copays		Medical copays		Pharmacy copays					
PCP Office Visit	\$5 Copay	Preferred Generic Drug	\$0 Copay	PCP Office Visit	\$5 Copay	Preferred Generic Drug	\$0 Copay				
Specialist Office Visit	\$35 Copay	Generic Drug	\$10 Copay	Specialist Office Visit	\$60 Copay	Generic Drug	\$0 Copay				
Emergency Room	Ded/\$950 Copay	Brand Drug	\$50 Copay	Emergency Room	\$950 Copay	Brand Drug	\$60 Copay				
Urgent Care	\$35 Copay	Non-Preferred Brand Drug	\$60 Copay	Urgent Care	\$60 Copay	Non-Preferred Brand Drug	\$80 Copay				
		Specialty Drug	45% Coins			Specialty Drug	\$350 Copay				