



2027 Texas - Individual Market (Off-Exchange Only Silver)

CHRISTUS-Off Exchange Standard Silver 70				CHRISTUS-Off Exchange Silver Essential 70				CHRISTUS-Off Exchange Value Silver 70			
CHRISTUS Off Exchange - Standard Silver 70 (\$0 Virtual Urgent Care)				CHRISTUS Off Exchange - Silver Essential 70 (\$5 PCP, \$0 Preferred Generic Rx, \$0 Virtual Urgent Care)				CHRISTUS Off Exchange - Value Silver 70 (\$0 Virtual Urgent Care)			
Ded \$6,400 / \$12,800 OOP Max \$10,300 / \$20,600				Ded \$6,900 / \$13,800 OOP Max \$10,350 / \$20,700				Ded \$6,500 / \$13,000 OOP Max \$6,500 / \$13,000			
Combined Med/Rx Deductible				Combined Med/Rx Deductible				Combined Med/Rx Deductible			
Medical copays		Pharmacy copays		Medical copays		Pharmacy copays		Medical copays		Pharmacy copays	
PCP Office Visit	\$40 Copay	Preferred Generic Drug	\$20 Copay	PCP Office Visit	\$5 Copay	Preferred Generic Drug	\$0 Copay	PCP Office Visit	Ded/\$0	Preferred Generic Drug	Ded/\$0
Specialist Office Visit	\$80 Copay	Generic Drug	\$20 Copay	Specialist Office Visit	\$50 Copay	Generic Drug	\$10 Copay	Specialist Office Visit	Ded/\$0	Generic Drug	Ded/\$0
Emergency Room	Ded/40% Coins	Brand Drug	\$40 Copay	Emergency Room	Ded/\$950 Copay	Brand Drug	\$60 Copay	Emergency Room	Ded/\$0	Brand Drug	Ded/\$0
Urgent Care	\$60 Copay	Non-Preferred Brand Drug	Ded/\$80 Copay	Urgent Care	\$50 Copay	Non-Preferred Brand Drug	Ded/\$80 Copay	Urgent Care	Ded/\$0	Non-Preferred Brand Drug	Ded/\$0
		Specialty Drug	Ded/\$350 Copay			Specialty Drug	Ded/\$350 Copay			Specialty Drug	Ded/\$0

CHRISTUS-Off Exchange Silver Essential 70 Plus				CHRISTUS-Off Exchange Value Silver 70 Plus			
CHRISTUS Off Exchange - Silver Essential 70 Plus Dental & Vision (\$5 PCP, \$0 Preferred Generic Rx, \$0 Virtual Urgent Care)				CHRISTUS Off Exchange - Value Silver 70 Plus Dental & Vision (\$0 Virtual Urgent Care)			
Ded \$6,900 / \$13,800 OOP Max \$10,350 / \$20,700				Ded \$6,500 / \$13,000 OOP Max \$6,500 / \$13,000			
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	Ded/\$0	Preferred Generic Drug	Ded/\$0
Specialist Office Visit	\$50 Copay	Generic Drug	\$10 Copay	Specialist Office Visit	Ded/\$0	Generic Drug	Ded/\$0
Emergency Room	Ded/\$950 Copay	Brand Drug	\$60 Copay	Emergency Room	Ded/\$0	Brand Drug	Ded/\$0
Urgent Care	\$50 Copay	Non-Preferred Brand Drug	Ded/\$80 Copay	Urgent Care	Ded/\$0	Non-Preferred Brand Drug	Ded/\$0
		Specialty Drug	Ded/\$350 Copay			Specialty Drug	Ded/\$0