



2027 Texas - Individual Market (Silver)

CHRISTUS Standard Silver 70				CHRISTUS Standard Silver 73				CHRISTUS Standard Silver 87			
CHRISTUS Standard Silver 70 (\$0 Virtual Urgent Care)				CHRISTUS Standard Silver 73 (\$0 Virtual Urgent Care)				CHRISTUS Standard Silver 87 (\$0 Virtual Urgent Care)			
Ded \$6,400 / \$12,800 OOP Max \$10,300 / \$20,600				Ded \$2,900 / \$5,800 OOP Max \$9,000 / \$18,000				Ded \$800 / \$1,600 OOP Max \$3,600 / \$7,200			
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	\$40 Copay	Preferred Generic Drug	\$20 Copay	PCP Office Visit	\$20 Copay	Preferred Generic Drug	\$10 Copay
Specialist Office Visit	\$80 Copay	Generic Drug	\$20 Copay	Specialist Office Visit	\$80 Copay	Generic Drug	\$20 Copay	Specialist Office Visit	\$40 Copay	Generic Drug	\$10 Copay
Emergency Room	Ded/40% Coins	Brand Drug	\$40 Copay	Emergency Room	Ded/40% Coins	Brand Drug	\$40 Copay	Emergency Room	Ded/30% Coins	Brand Drug	\$20 Copay
Urgent Care	\$60 Copay	Non-Preferred Brand Drug	Ded/\$80 Copay	Urgent Care	\$60 Copay	Non-Preferred Brand Drug	Ded/\$80 Copay	Urgent Care	\$30 Copay	Non-Preferred Brand Drug	Ded/\$60 Copay
		Specialty Drug	Ded/\$350 Copay			Specialty Drug	Ded/\$350 Copay			Specialty Drug	Ded/\$250 Copay
CHRISTUS Standard Silver 94											
CHRISTUS Standard Silver 94 (\$0 Deductible, \$0 PCP, \$0 Virtual Urgent Care)											
Ded \$0 / \$0 OOP Max \$3,500 / \$7,000											
\$0 Med/Rx Deductible											
Medical copays		Pharmacy copays									
PCP Office Visit	\$0 Copay	Preferred Generic Drug	\$0 Copay								
Specialist Office Visit	\$10 Copay	Generic Drug	\$0 Copay								
Emergency Room	25% Coins	Brand Drug	\$15 Copay								
Urgent Care	\$5 Copay	Non-Preferred Brand Drug	\$50 Copay								
		Specialty Drug	\$150 Copay								
CHRISTUS Silver Essential 70				CHRISTUS Silver Essential 73				CHRISTUS Silver Essential 87			
CHRISTUS Silver Essential 70 (\$5 PCP, \$0 Preferred Generic Rx, \$0 Virtual Urgent Care)				CHRISTUS Silver Essential 73 (\$5 PCP, \$0 Preferred Generic Rx, \$0 Virtual Urgent Care)				CHRISTUS Silver Essential 87 (\$0 Deductible, \$5 PCP, \$0 Generic Rx, \$0 Virtual Urgent Care)			
Ded \$6,900 / \$13,800 OOP Max \$10,350 / \$20,700				Ded \$6,900 / \$13,800 OOP Max \$8,850 / \$17,700				Ded \$0 / \$0 OOP Max \$3,475 / \$6,950			
Combined Med/Rx Deductible				Combined Med/Rx Deductible				\$0 Med/Rx Deductible			
Medical copays		Pharmacy copays		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	PCP Office Visit	\$5 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$50 Copay	Generic Drug	\$10 Copay	Specialist Office Visit	\$50 Copay	Generic Drug	\$10 Copay	Specialist Office Visit	\$35 Copay	Generic Drug	\$0 Copay
Emergency Room	Ded/\$950 Copay	Brand Drug	\$60 Copay	Emergency Room	Ded/\$950 Copay	Brand Drug	\$60 Copay	Emergency Room	\$950 Copay	Brand Drug	\$60 Copay
Urgent Care	\$50 Copay	Non-Preferred Brand Drug	Ded/\$80 Copay	Urgent Care	\$50 Copay	Non-Preferred Brand Drug	Ded/\$80 Copay	Urgent Care	\$35 Copay	Non-Preferred Brand Drug	\$80 Copay
		Specialty Drug	Ded/\$350 Copay			Specialty Drug	Ded/\$350 Copay			Specialty Drug	\$350 Copay
CHRISTUS Silver Essential 94											
CHRISTUS Silver Essential 94 (\$0 Deductible, \$0 PCP, \$0 Generic Rx, \$0 Virtual Urgent Care)											
Ded \$0 / \$0 OOP Max \$2,225 / \$4,450											
\$0 Med/Rx Deductible											
Medical copays		Pharmacy copays									
PCP Office Visit	\$0 Copay	Preferred Generic Drug	\$0 Copay								
Specialist Office Visit	\$0 Copay	Generic Drug	\$0 Copay								
Emergency Room	\$950 Copay	Brand Drug	\$20 Copay								
Urgent Care	\$0 Copay	Non-Preferred Brand Drug	\$80 Copay								
		Specialty Drug	\$350 Copay								

CHRISTUS Value Silver 70			
CHRISTUS Value Silver 70 (\$0 Virtual Urgent Care)			
Ded \$6,500 / \$13,000 OOP Max \$6,500 / \$13,000			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	Ded/\$0	Preferred Generic Drug	Ded/\$0
Specialist Office Visit	Ded/\$0	Generic Drug	Ded/\$0
Emergency Room	Ded/\$0	Brand Drug	Ded/\$0
Urgent Care	Ded/\$0	Non-Preferred Brand Drug	Ded/\$0
		Specialty Drug	Ded/\$0

CHRISTUS Value Silver 94			
CHRISTUS Value Silver 94 (\$0 PCP, \$0 Generic Rx, \$0 Virtual Urgent Care)			
Ded \$1,280 / \$2,560 OOP Max \$1,280 / \$2,560			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$0 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	Ded/\$0	Generic Drug	Ded/\$0 Copay
Emergency Room	Ded/\$0	Brand Drug	Ded/\$0
Urgent Care	Ded/\$0	Non-Preferred Brand Drug	Ded/\$0
		Specialty Drug	Ded/\$0

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

CHRISTUS Silver Essential Plus 94			
CHRISTUS Silver Essential 94 Plus Dental & Vision (\$0 Deductible, \$0 PCP, \$0 Generic Rx, \$0 Virtual Urgent Care)			
Ded \$0 / \$0 OOP Max \$2,225 / \$4,450			
\$0 Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$0 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$0 Copay	Generic Drug	\$0 Copay
Emergency Room	\$950 Copay	Brand Drug	\$20 Copay
Urgent Care	\$0 Copay	Non-Preferred Brand Drug	\$80 Copay
		Specialty Drug	\$350 Copay

CHRISTUS Value Silver 73			
CHRISTUS Value Silver 73 (\$0 Virtual Urgent Care)			
Ded \$5,365 / \$10,730 OOP Max \$5,365 / \$10,730			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	Ded/\$0	Preferred Generic Drug	Ded/\$0
Specialist Office Visit	Ded/\$0	Generic Drug	Ded/\$0
Emergency Room	Ded/\$0	Brand Drug	Ded/\$0
Urgent Care	Ded/\$0	Non-Preferred Brand Drug	Ded/\$0
		Specialty Drug	Ded/\$0

CHRISTUS Silver Essential Plus 73			
CHRISTUS Silver Essential 73 Plus Dental & Vision (\$5 PCP, \$0 Preferred Generic Rx, \$0 Virtual Urgent Care)			
Ded \$6,900 / \$13,800 OOP Max \$8,850 / \$17,700			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$5 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$50 Copay	Generic Drug	\$10 Copay
Emergency Room	Ded/\$950 Copay	Brand Drug	\$60 Copay
Urgent Care	\$50 Copay	Non-Preferred Brand Drug	Ded/\$80 Copay
		Specialty Drug	Ded/\$350 Copay

CHRISTUS Silver Essential Plus 87			
CHRISTUS Silver Essential 87 Plus Dental & Vision (\$0 Deductible, \$5 PCP, \$0 Generic Rx, \$0 Virtual Urgent Care)			
Ded \$0 / \$0 OOP Max \$3,475 / \$6,950			
\$0 Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$5 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$35 Copay	Generic Drug	\$0 Copay
Emergency Room	\$950 Copay	Brand Drug	\$60 Copay
Urgent Care	\$35 Copay	Non-Preferred Brand Drug	\$80 Copay
		Specialty Drug	\$350 Copay

CHRISTUS Value Silver 87			
CHRISTUS Value Silver 87 (\$0 Virtual Urgent Care)			
Ded \$2,020 / \$4,040 OOP Max \$2,020 / \$4,040			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	Ded/\$0	Preferred Generic Drug	Ded/\$0
Specialist Office Visit	Ded/\$0	Generic Drug	Ded/\$0
Emergency Room	Ded/\$0	Brand Drug	Ded/\$0
Urgent Care	Ded/\$0	Non-Preferred Brand Drug	Ded/\$0
		Specialty Drug	Ded/\$0

CHRISTUS Value Silver Plus 70			
CHRISTUS Value Silver 70 Plus Dental & Vision (\$0 Virtual Urgent Care)			
Ded \$6,500 / \$13,000 OOP Max \$6,500 / \$13,000			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	Ded/\$0	Preferred Generic Drug	Ded/\$0
Specialist Office Visit	Ded/\$0	Generic Drug	Ded/\$0
Emergency Room	Ded/\$0	Brand Drug	Ded/\$0
Urgent Care	Ded/\$0	Non-Preferred Brand Drug	Ded/\$0
		Specialty Drug	Ded/\$0

CHRISTUS Value Silver Plus 94			
CHRISTUS Value Silver 94 Plus Dental & Vision (\$0 PCP, \$0 Generic Rx, \$0 Virtual Urgent Care)			
Ded \$1,280 / \$2,560 OOP Max \$1,280 / \$2,560			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$0 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	Ded/\$0	Generic Drug	Ded/\$0
Emergency Room	Ded/\$0	Brand Drug	Ded/\$0
Urgent Care	Ded/\$0	Non-Preferred Brand Drug	Ded/\$0
		Specialty Drug	Ded/\$0

CHRISTUS Value Silver Plus 73			
CHRISTUS Value Silver 73 Plus Dental & Vision (\$0 Virtual Urgent Care)			
Ded \$5,365 / \$10,730 OOP Max \$5,365 / \$10,730			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	Ded/\$0	Preferred Generic Drug	Ded/\$0
Specialist Office Visit	Ded/\$0	Generic Drug	Ded/\$0
Emergency Room	Ded/\$0	Brand Drug	Ded/\$0
Urgent Care	Ded/\$0	Non-Preferred Brand Drug	Ded/\$0
		Specialty Drug	Ded/\$0

CHRISTUS Value Silver Plus 87			
CHRISTUS Value Silver 87 Plus Dental & Vision (\$0 Virtual Urgent Care)			
Ded \$2,020 / \$4,040 OOP Max \$2,020 / \$4,040			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	Ded/\$0	Preferred Generic Drug	Ded/\$0
Specialist Office Visit	Ded/\$0	Generic Drug	Ded/\$0
Emergency Room	Ded/\$0	Brand Drug	Ded/\$0
Urgent Care	Ded/\$0	Non-Preferred Brand Drug	Ded/\$0
		Specialty Drug	Ded/\$0