



2027 Texas - Individual Market

CHRISTUS Catastrophic			
CHRISTUS Catastrophic (3 Free PCP visits)			
Ded \$12,000 / \$24,000 OOP Max \$12,000 / \$24,000			
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 Standard Expanded Bronze			
CHRISTUS Standard Expanded Bronze (\$0 Virtual Urgent Care)			
Ded \$7,500 / \$15,000 OOP Max \$11,120 / \$22,240			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$50 Copay	Preferred Generic Drug	\$25 Copay
Specialist Office Visit	\$100 Copay	Generic Drug	\$25 Copay
Emergency Room	Ded/50% Coins	Brand Drug	Ded/\$50 Copay
Urgent Care	\$75 Copay	Non-Preferred Brand Drug	Ded/\$100 Copay
		Specialty Drug	Ded/\$500 Copay

CHRISTUS Value Bronze			
CHRISTUS Value Bronze (3 Free PCP Visits, \$0 Virtual Urgent Care)			
Ded \$12,000 / \$24,000 OOP Max \$12,000 / \$24,000			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	3 Free/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 Bronze Plus			
CHRISTUS Value Bronze Plus Dental & Vision (3 Free PCP Visits, \$0 Virtual Urgent Care)			
Ded \$12,000 / \$24,000 OOP Max \$12,000 / \$24,000			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	3 Free/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 Bronze Essential			
CHRISTUS Bronze Essential (2 Free PCP Visits, \$0 Preferred Generic Rx, \$0 Virtual Urgent Care)			
Ded \$7,450 / \$14,900 OOP Max \$10,800 / \$21,600			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	2 Free/\$60 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$80 Copay	Generic Drug	\$30 Copay
Emergency Room	Ded/\$950 Copay	Brand Drug	Ded/\$100 Copay
Urgent Care	\$80 Copay	Non-Preferred Brand Drug	Ded/50% Coins
		Specialty Drug	Ded/50% Coins

CHRISTUS Bronze Essential Plus			
CHRISTUS Bronze Essential Plus Dental & Vision (2 Free PCP Visits, \$0 Preferred Generic Rx, \$0 Virtual Urgent Care)			
Ded \$7,450 / \$14,900 OOP Max \$10,800 / \$21,600			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	2 Free/\$60 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$80 Copay	Generic Drug	\$30 Copay
Emergency Room	Ded/\$950 Copay	Brand Drug	Ded/\$100 Copay
Urgent Care	\$80 Copay	Non-Preferred Brand Drug	Ded/50% Coins
		Specialty Drug	Ded/50% Coins

CHRISTUS Bronze			
CHRISTUS Bronze (2 Free PCP Visits, \$0 Preferred Generic Rx, \$0 Virtual Urgent Care)			
Ded \$8,500 / \$17,000 OOP Max \$10,850 / \$21,700			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	2 Free/\$50 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$80 Copay	Generic Drug	\$30 Copay
Emergency Room	Ded/\$950 Copay	Brand Drug	Ded/\$100 Copay
Urgent Care	\$80 Copay	Non-Preferred Brand Drug	Ded/50% Coins
		Specialty Drug	Ded/50% Coins

CHRISTUS Bronze Plus			
CHRISTUS Bronze Plus Dental & Vision (2 Free PCP Visits, \$0 Preferred Generic Rx, \$0 Virtual Urgent Care)			
Ded \$8,500 / \$17,000 OOP Max \$10,850 / \$21,700			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	2 Free/\$50 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$80 Copay	Generic Drug	\$30 Copay
Emergency Room	Ded/\$950 Copay	Brand Drug	Ded/\$100 Copay
Urgent Care	\$80 Copay	Non-Preferred Brand Drug	Ded/50% Coins
		Specialty Drug	Ded/50% Coins



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CHRISTUS Standard Silver 70			
CHRISTUS Standard Silver 70 (\$0 Virtual Urgent Care)			
Ded \$6,000 / \$12,000 OOP Max \$10,350 / \$20,700			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$40 Copay	Preferred Generic Drug	\$20 Copay
Specialist Office Visit	\$80 Copay	Generic Drug	\$20 Copay
Emergency Room	Ded/40% Coins	Brand Drug	\$40 Copay
Urgent Care	\$60 Copay	Non-Preferred Brand Drug	Ded/\$80 Copay
		Specialty Drug	Ded/\$350 Copay

CHRISTUS Standard Silver 94			
CHRISTUS Standard Silver 94 (\$0 Deductible, \$0 PCP, \$0 Virtual Urgent Care)			
Ded \$0 / \$0 OOP Max \$3,400 / \$6,800			
\$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 70 (\$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 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

CHRISTUS Standard Silver 73			
CHRISTUS Standard Silver 73 (\$0 Virtual Urgent Care)			
Ded \$3,000 / \$6,000 OOP Max \$8,900 / \$17,800			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$40 Copay	Preferred Generic Drug	\$20 Copay
Specialist Office Visit	\$80 Copay	Generic Drug	\$20 Copay
Emergency Room	Ded/40% Coins	Brand Drug	\$40 Copay
Urgent Care	\$60 Copay	Non-Preferred Brand Drug	Ded/\$80 Copay
		Specialty Drug	Ded/\$350 Copay

CHRISTUS Silver Essential 73			
CHRISTUS Silver Essential 73 (\$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 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

CHRISTUS Standard Silver 87			
CHRISTUS Standard Silver 87 (\$0 Virtual Urgent Care)			
Ded \$700 / \$1,400 OOP Max \$3,785 / \$7,570			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$20 Copay	Preferred Generic Drug	\$10 Copay
Specialist Office Visit	\$40 Copay	Generic Drug	\$10 Copay
Emergency Room	Ded/30% Coins	Brand Drug	\$20 Copay
Urgent Care	\$30 Copay	Non-Preferred Brand Drug	Ded/\$60 Copay
		Specialty Drug	Ded/\$250 Copay

CHRISTUS Silver Essential 87			
CHRISTUS Silver Essential 87 (\$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 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 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	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

	Specialty Drug	Ded/\$0
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2027 Texas - Individual Market

CHRISTUS-Off Exchange Standard Silver				CHRISTUS-Off Exchange Silver Essential				CHRISTUS-Off Exchange Value Silver			
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 \$6,000 / \$12,000 OOP Max \$10,350 / \$20,700				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 Plus				CHRISTUS-Off Exchange Value Silver 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				



2027 Texas - Individual Market

CHRISTUS Standard Gold			
CHRISTUS Standard Gold (\$0 Virtual Urgent Care)			
Ded \$2,000 / \$4,000 OOP Max \$9,925 / \$19,850			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$30 Copay	Preferred Generic Drug	\$15 Copay
Specialist Office Visit	\$60 Copay	Generic Drug	\$15 Copay
Emergency Room	Ded/25% Coins	Brand Drug	\$30 Copay
Urgent Care	\$45 Copay	Non-Preferred Brand Drug	\$60 Copay
		Specialty Drug	\$250 Copay

CHRISTUS Gold Essential Plus			
CHRISTUS Gold Essential Plus Dental & Vision (\$0 Rx Deductible, \$5 PCP, \$0 Virtual Urgent Care)			
Ded \$3,900 / \$7,800 OOP Max \$10,500 / \$21,000			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$5 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office	\$35 Copay	Generic Drug	\$10 Copay
Emergency Room	Ded/\$950 Copay	Brand Drug	\$50 Copay
Urgent Care	\$35 Copay	Non-Preferred Brand Drug	\$60 Copay
		Specialty Drug	45% Coins

CHRISTUS Gold Essential			
CHRISTUS Gold Essential (\$0 Rx Deductible, \$5 PCP, \$0 Virtual Urgent Care)			
Ded \$3,900 / \$7,800 OOP Max \$10,500 / \$21,000			
Combined Med/Rx Deductible N/A			
Medical copays		Pharmacy copays	
PCP Office Visit	\$5 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$35 Copay	Generic Drug	\$10 Copay
Emergency Room	Ded/\$950 Copay	Brand Drug	\$50 Copay
Urgent Care	\$35 Copay	Non-Preferred Brand Drug	\$60 Copay
		Specialty Drug	45% Coins

CHRISTUS Gold Plus			
CHRISTUS Gold Plus Dental & Vision & Fitness (\$0 Deductible, \$5 PCP, \$0 Generic Rx, \$0 Virtual Urgent Care)			
Ded \$0 / \$0 OOP Max \$9,950 / \$19,900			
Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$5 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office	\$60 Copay	Generic Drug	\$0 Copay
Emergency Room	\$950 Copay	Brand Drug	\$60 Copay
Urgent Care	\$60 Copay	Non-Preferred Brand Drug	\$80 Copay
		Specialty Drug	\$350 Copay

CHRISTUS Gold			
CHRISTUS Gold with Fitness (\$0 Deductible, \$5 PCP, \$0 Generic Rx, \$0 Virtual Urgent Care)			
Ded \$0 / \$0 OOP Max \$9,950 / \$19,900			
\$0 Combined Med/Rx Deductible			
Medical copays		Pharmacy copays	
PCP Office Visit	\$5 Copay	Preferred Generic Drug	\$0 Copay
Specialist Office Visit	\$60 Copay	Generic Drug	\$0 Copay
Emergency Room	\$950 Copay	Brand Drug	\$60 Copay
Urgent Care	\$60 Copay	Non-Preferred Brand Drug	\$80 Copay
		Specialty Drug	\$350 Copay