CommunityCare Silver $50

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The *Evidence of Coverage* (EOC) should be consulted for a detailed description of coverage benefits and limitations.

Unless otherwise noted, the deductible applies.

Benefit description	CommunityCare Silver $50
Unlimited lifetime maximum	✔
Plan maximums Calendar year deductible (single / family)	$1,750 / $3,500
Out-of-pocket maximum (single / family)	$7,800 / $15,600
Professional services[1] Office visit copay	$50 (ded. waived)
Teladoc consultation telehealth services[2]	$0 (ded. waived)
Specialist visit	$70 (ded. waived)
Rehabilitation and habilitation therapy	$50 (ded. waived)
MinuteClinic[3]	$30 (ded. waived)
X-ray / Laboratory procedures	$50 / $40
Complex radiology services (MRI, CT, PET)	$300
Outpatient services Outpatient surgery (ambulatory surgery center / hospital)	30% / 40%
Hospital services Inpatient hospital	40%
Skilled nursing facility	$25 per day (ded. waived)
Emergency services Emergency room (copay waived if admitted)	40%
Urgent care	$70 (ded. waived)
Mental/Behavioral health / Substance use disorder services[4] Mental/Behavioral health / Substance use disorder (inpatient)	40%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	$50 (ded. waived)
Other services Durable medical equipment	40%
Acupuncture (medically necessary)[5]	$10 (ded. waived)
Prescription drug coverage[7,8] Brand-name calendar year deductible (single / family)	$250 / $500
Prescription drugs Tier 1 / Tier 2 / Tier 3[6] (up to a 30-day supply obtained through a participating pharmacy)	$15 (ded. waived) / 40% / 40%
Tier 4 Specialty drugs[9]	40%
Pediatric dental[10] Diagnostic and preventive services	$0 (ded. waived)
Pediatric vision[11] Routine eye exam	$0 (ded. waived)
Glasses (limitations apply)	$0 (ded. waived)

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