

GOLD PLAN Effective Date: 01/01/2023 **Group Number:** CMC00614819163251TX001000101CMC006149040

Name:	ID#:	Primary Care Physician:
Member 1	AD000000000000	Provider Name
Member 2	AD000000000000	Provider Name
Member 3	AD000000000000	
Member 4	AD000000000000	Provider Name
Member 5	AD000000000000	Provider Name
Member 6	AD000000000000	Provider Name

EPO NETWORK	RED EXCLUS

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing

Medical Deductible:
Individual \$0 / Family \$0

Maximum Out of Pocket:
Individual \$7250 / Family \$14500

Costos compartidos dentro de la red

Deducible médico:
Individual \$0 / Familia \$0
Gastos máximo de su bolsillo:
Individual \$7,250 / Familia \$14,500





GOLD PLAN Effective Date: 01/01/2023

Name:	ID#:	Primary Care Physician:
Member 1	AD000000000000	
Member 2	AD000000000000	Provider Name
Member 3	AD000000000000	
Member 4	AD000000000000	Provider Name
Member 5	AD000000000000	Provider Name
Member 6	AD0000000000000	Provider Name

Group Number: CMC00614819163251TX001000101CMC006149040-S

EPO I		

RED EXCLUSIVO

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing Medical Deductible: Individual \$0 / Family \$0

Individual \$0 / Family \$0

Maximum Out of Pocket:
Individual \$7250 / Family \$14 500

Costos compartidos dentro de la red

Deducible médico:
Individual \$0 / Familia \$0

Gastos máximo de su bolsillo:
O Individual \$7250 / Familia \$14 500



GOLD PLAN (ZERO COST SHARING) **Effective Date**: 01/01/2023 **Group Number**: CMC00614819163251TX001000102CMC006149040

Name:	ID#:	Primary Care Physician:
Member 1	AD000000000000	Provider Name
Member 2	AD000000000000	Provider Name
Member 3	AD000000000000	Provider Name
Member 4	AD000000000000	Provider Name
Member 5	AD000000000000	Provider Name
Member 6	AD000000000000	Provider Name

EPO NETWORK

RED EXCLUSIVO

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing

Medical Deductible:
Individual \$0 / Family \$0

Maximum Out of Pocket:
Individual \$0 / Family \$0

Costos compartidos dentro de la red Deducible médico: Individual \$0 / Familia \$0 Gastos máximo de su bolsillo: Individual \$0 / Familia \$0





GOLD PLAN (ZERO COST SHARING)

Effective Date: 01/01/2023

Group Number: CMC00614819263251TX001000102CMC006149040-S

Name:	ID#:	Primary Care Physician:
Member 1	AD000000000000	Provider Name
Member 2	AD000000000000	
Member 3	AD000000000000	Provider Name
Member 4	AD000000000000	Provider Name
Member 5	AD000000000000	Provider Name
Member 6	AD0000000000000	Provider Name

EPO NETWORK

RED EXCLUSIVO

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing

Medical Deductible:
Individual \$0 / Family \$0

Maximum Out of Pocket:
Individual \$0 / Family \$0

Costos compartidos dentro de la red
Deducible médico:
Individual \$0 / Familia \$0
Gastos máximo de su bolsillo:
Individual \$0 / Familia \$0



GOLD PLAN (LIMITED COST SHARING) Effective Date: 01/01/2023 Group Number: CMC00614819263251TX001000103CMC006149040

Name: ID#: Primary Care Physician: Memher 1 ADOOOOOOOOO Provider Name Member 2 AD0000000000000 | Provider Name ADDODODODODO Provider Name Memher 3 Memher 4 Provider Name Member 5 AD000000000000 Provider Name Member 6 ADDODODODODO Provider Name

EPO NETWORK

Must remain in the network unless it's an emergency. No referrals are needed.

RED EXCLUSIVO

Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias.

In-Network Cost-Sharing

Medical Deductible: Individual \$0 / Family \$0 Maximum Out of Pocket: Individual \$7,250 / Family \$14,500

Costos compartidos dentro de la red Deducible médico: Individual \$0 / Familia \$0 Gastos máximo de su bolsillo: Individual \$7.250 / Familia \$14.500

RxBIN: 610602

RxPCN: NVT

RxGRP: CFHX





GOLD PLAN (LIMITED COST SHARING)

Effective Date: 01/01/2023

Group Number: CMC00614819263251TX001000103CMC006149040-S

Name:	ID#:	Primary Care Physician:
Member 1	AD000000000000	Provider Name
Member 2	AD000000000000	Provider Name
Member 3	AD000000000000	Provider Name
Member 4	AD000000000000	Provider Name
Member 5	AD000000000000	Provider Name
Member 6	AD000000000000	Provider Name

EPO NETWORK

RED EXCLUSIVO

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing
Medical Deductible:

Medical Deductible: Individual \$0 / Family \$0 Maximum Out of Pocket: Individual \$7250 / Family \$14500

Costos compartidos dentro de la red

Deducible médico:
Individual \$0 / Familia \$0

Gastos máximo de su bolsillo:
Individual \$7.250 / Familia \$14.500



SILVER PLAN Effective Date: 01/01/2023

Name: ID#: Primary Care Physician: Memher 1 ADOOOOOOOOO Provider Name Member 2 AD0000000000000 | Provider Name ADDODODODODO Provider Name Memher 3 Memher 4 Provider Name Member 5 AD000000000000 Provider Name Member 6 ADDODODODODO Provider Name

EPO NETWORK	RED EXCLUS

Must remain in the network unless it's an emergency. No referrals are needed.

Dehe nermanecer en la red la menos que sea una emergencia. No se necesitan referencias.

Group Number: CMC00614818763251TX002000101CMC006148968

In-Network Cost-Sharing Medical Deductible: Individual \$0 / Family \$0 Maximum Out of Pocket:

Costos compartidos dentro de la red Deducible médico: Individual \$0 / Familia \$0 Gastos máximo de su bolsillo: Individual \$9,000 / Family \$18,000 Individual \$9,000 / Familia \$18,000





SILVER PLAN Effective Date: 01/01/2023

Name:	ID#:	Primary Care Physician:
Member 1	AD000000000000	Provider Name
Member 2	AD000000000000	
Member 3	AD000000000000	Provider Name
Member 4	AD00000000000	Provider Name
Member 5	AD00000000000	Provider Name
Memher 6	OOOOOOOOOOO	Provider Name

Group Number: CMC00614818763251TX002000101CMC006148968-S

EPO NETWORK

RED EXCLUSIVO

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias.

In-Network Cost-Sharing Medical Deductible: Individual \$0 / Family \$0

Individual \$0 / Family \$0

Maximum Out of Pocket:
Individual \$9 000 / Family \$18 000

Costos compartidos dentro de la red Deducible médico: Individual \$0 / Familia \$0 Gastos máximo de su bolsillo: Individual \$9 000 / Familia \$18 000



SILVER PLAN (ZERO COST SHARING) Effective Date: 01/01/2023

Name: Member 1 Member 2 Member 3 Member 4 Member 5	AD000000000000 AD0000000000000 AD00000000	Provider Name Provider Name Provider Name
	AD000000000000000000000000000000000000	Provider Name

Group Number: CMC00614818863251TX002000102CMC006148968

EPO			

RED EXCLUSIVO

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing

Medical Deductible:
Individual \$0 / Family \$0

Maximum Out of Pocket:
Individual \$0 / Family \$0

Costos compartidos dentro de la red

Deducible médico:
Individual \$0 / Familia \$0

Gastos máximo de su bolsillo:

Individual \$0 / Familia \$0

Navitus Health Solutions

RxBIN: 610602

RxPCN: NVT

RxGRP: CFHX





SILVER PLAN (ZERO COST SHARING)

Effective Date: 01/01/2023

Group Number: CMC00614818863251TX002000102CMC006148968-S

Name:	ID#:	Primary Care Physician:
Member 1	AD000000000000	Provider Name
Member 2	AD000000000000	Provider Name
Member 3	AD000000000000	Provider Name
Member 4	AD000000000000	Provider Name
Member 5	AD000000000000	Provider Name
Member 6	AD000000000000	Provider Name

EPO NETWORK

RED EXCLUSIVO

Must remain in the network unless it's an emergency. No referrals are needed

Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias.

In-Network Cost-Sharing Medical Deductible Individual \$0 / Family \$0

Maximum Out of Pocket: Individual \$0 / Family \$0 Costos compartidos dentro de la red Deducible médico:

Individual \$0 / Familia \$0 Gastos máximo de su bolsillo: Individual \$0 / Familia \$0



SILVER PLAN (LIMITED COST SHARING) Effective Date: 01/01/2023

Name: Member 1 Member 2 Member 3 Member 4	ID#: AD000000000000 AD000000000000 AD00000000	Provider Name Provider Name Provider Name
Member 4 Member 5 Member 6	AD000000000000 AD0000000000000 AD00000000	Provider Name
MEMBELO	ADUUUUUUUUUU	I FIOVILLEI NAITIE

Group Number: CMC00614818863251TX002000103CMC006148968

FPO N	IETWORK	R	ED EXCLUSI

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing

Medical Deductible:
Individual \$0 / Family \$0

Maximum Out of Pocket:
Individual \$9 000 / Family \$18 000

Costos compartidos dentro de la red

Deducible médico:
Individual \$0 / Familia \$0

Gastos máximo de su bolsillo:
Individual \$0 000 / Familia \$18 000





SILVER PLAN (LIMITED COST SHARING)

Effective Date: 01/01/2023

Group Number: CMC00614818863251TX002000103CMC006148968-S

Name:	ID#:	Primary Care Physician:
Member 1	AD000000000000	Provider Name
Member 2	AD000000000000	
Member 3	AD000000000000	Provider Name
Member 4	AD000000000000	Provider Name
Member 5	AD000000000000	Provider Name
Member 6	AD0000000000000	Provider Name

EPO NETWORK

RED EXCLUSIVO

Must remain in the network unless it's an emergency. No referrals are needed

Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias.

In-Network Cost-Sharing Medical Deductible Individual \$0 / Family \$0

Maximum Out of Pocket: Individual \$9 000 / Family \$18 000

Costos compartidos dentro de la red Deducible médico: Individual \$0 / Familia \$0 Gastos máximo de su bolsillo: Individual \$9 000 / Familia \$18 000



SILVER PLAN 73 Effective Date: 01/01/2023 Group Number: CMC00614818763251TX002000104CMC006148968

Name: Member 1 Member 2 Member 3 Member 4	ID#: AD00000000000 AD00000000000 AD000000000	Provider Name Provider Name Provider Name
Member 4 Member 5 Member 6	AD00000000000000000 AD0000000000000000	Provider Name

EPO NETWORK		RED EXC	LUSIV

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing

Medical Deductible:
Individual \$0 / Family \$0

Maximum Out of Pocket:
Individual \$7.350 / Family \$14.700

Costos compartidos dentro de la red Deducible médico: Individual \$0 / Familia \$0 Gastos máximo de su bolsillo: Individual \$7,350 / Familia \$14,700





SILVER PLAN 73 Effective Date: 01/01/2023

Name: Member 1 Member 2 Member 3 Member 4 Member 5 Member 6	ID#: AD000000000000 AD00000000000 AD00000000	Provider Name Provider Name Provider Name Provider Name
Member 6	AD0000000000000	Provider Name

Group Number: CMC00614818763251TX002000104CMC006148968-S

EPO NETWORK

Must remain in the network, unless it's an emergency. No referrals are needed. RED EXCLUSIVO

Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing Medical Deductible: Individual \$0 / Family \$0

Individual \$0 / Family \$0

Maximum Out of Pocket:
Individual \$7.350 / Family \$14.700

Costos compartidos dentro de la red

Deducible médico:
Individual \$0 / Familia \$0
Gastos máximo de su bolsillo:
Individual \$7350 / Familia \$14700



SILVER PLAN 87 Effective Date: 01/01/2023

Name: ID#: Primary Care Physician: Memher 1 ADOOOOOOOOO Provider Name Member 2 AD000000000000 Provider Name ADDODODODODO Provider Name Memher 3 Memher 4 Provider Name Member 5 AD000000000000 Provider Name Member 6 ADDODODODODO Provider Name

Group Number: CMC00614818763251TX002000105CMC006148968

EPO NETWORK RED EXCLUSIVO

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing

Medical Deductible:
Individual \$0 / Family \$0

Maximum Out of Pocket:
Individual \$2,700 / Family \$5,400

Costos compartidos dentro de la red Deducible médico: Individual \$0 / Familia \$0 Gastos máximo de su bolsillo: Individual \$2,700 / Familia \$5,400





SILVER PLAN 87 Effective Date: 01/01/2023

Name:	ID#:	Primary Care Physician:
Member 1	AD000000000000	
Member 2	AD000000000000	Provider Name
Member 3	AD000000000000	Provider Name
Member 4	AD000000000000	Provider Name
Member 5	AD000000000000	Provider Name
Member 6	AD000000000000	Provider Name

Group Number: CMC00614818763251TX002000105CMC006148968-S

EPO NETWORK

Must remain in the network Debe permanecer en la red, a unless it's an emergency. No referrals are needed

RED EXCLUSIVO menos que sea una emergencia. No se necesitan referencias.

In-Network Cost-Sharing Medical Deductible Individual \$0 / Family \$0 Maximum Out of Pocket: Individual \$2,700 / Family \$5,400 Costos compartidos dentro de la red Deducible médico: Individual \$0 / Familia \$0 Gastos máximo de su bolsillo: Individual \$2,700 / Familia \$5,400



SILVER PLAN 94 Effective Date: 01/01/2023

 Name:
 ID#:
 Primary Care Physician:

 Member 1
 AD000000000000
 Provider Name

 Member 2
 AD00000000000
 Provider Name

 Member 3
 AD00000000000
 Provider Name

 Member 4
 AD000000000000
 Provider Name

 Member 5
 AD00000000000
 Provider Name

 Member 6
 AD00000000000
 Provider Name

Group Number: CMC00614818763251TX002000106CMC006148968

EPO NETWORK RED EXCLUSIVO Must remain in the network | Debe nermanecer en la red

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing

Medical Deductible:
Individual \$0 / Family \$0

Maximum Out of Pocket:
Individual \$1,000 / Family \$2,000

Costos compartidos dentro de la red Deducible médico: Individual \$0 / Familia \$0 Gastos máximo de su bolsillo: Individual \$1 000 / Familia \$2 000





SILVER PLAN 94 Effective Date: 01/01/2023

Name: Member 1 Member 2 Member 3 Member 4 Member 5	ID#: AD000000000000 AD00000000000 AD00000000	Provider Name Provider Name Provider Name Provider Name
Member 5 Member 6	AD000000000000000000000000000000000000	

Group Number: CMC00614818763251TX002000106CMC006148968-S

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RED EXCLUSIVO

Must remain in the network unless it's an emergency. No referrals are needed

Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias.

In-Network Cost-Sharing Medical Deductible Individual \$0 / Family \$0

Maximum Out of Pocket: Individual \$1,000 / Family \$2,000 Costos compartidos dentro de la red Deducible médico: Individual \$0 / Familia \$0 Gastos máximo de su bolsillo: Individual \$1,000 / Familia \$2,000

Navitus Health Solutions

RxBIN: 610602

RxPCN: NVT

RxGRP: CFHX



STANDARD GOLD PLAN Effective Date: 01/01/2023 **Group Number**: CMC00902795663251TX001000201CMC006149040

Name:	ID#:	Primary Care Physician:
Member 1	AD000000000000	Provider Name
Member 2	AD000000000000	Provider Name
Member 3	AD000000000000	Provider Name
Member 4	AD00000000000	
Member 5	AD000000000000	Provider Name
Member 6	AD000000000000	Provider Name

EPO NETWORK	RED EXCL

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing Medical Deductible: Individual \$1.500 / Family

Individual \$1,500 / Family \$3,000 Maximum Out of Pocket: Individual \$7,800 / Family \$15,600 Costos compartidos dentro de la red Deducible médico: Individual \$1,500 / Familia \$3,000 Gastos máximo de su bolsillo: Individual \$7,800 / Familia \$15,600



STANDARD GOLD PLAN (ZERO COST SHARING) Effective Date: 01/01/2023 Group Number: CMC00902796063251TX001000202CMC006149040

Name:	ID#:	Primary Care Physician:
Member 1	AD000000000000	Provider Name
Member 2	AD000000000000	Provider Name
Member 3	AD000000000000	Provider Name
Member 4	AD000000000000	
Member 5	AD000000000000	Provider Name
Member 6	AD000000000000000000000000000000000000	Provider Name

EPO NETWORK

Must remain in the network unless it's an emergency. No referrals are needed.

RED EXCLUSIVO

Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias.

In-Network Cost-Sharing Medical Deductible

Individual \$0 / Family \$0 Maximum Out of Pocket: Individual \$0 / Family \$0

Costos compartidos dentro de la red Deducible médico:

Individual \$0 / Familia \$0 Gastos máximo de su bolsillo: Individual \$0 / Familia \$0



STANDARD GOLD PLAN (LIMITED COST SHARING) Effective Date: 01/01/2023 **Group Number**: CMC00902795563251TX001000203CMC006149040

Name: ID#: Primary Care Physician: Memher 1 ADOOOOOOOOO Provider Name Member 2 AD000000000000 Provider Name ADDODODODODO Provider Name Memher 3 Memher 4 Provider Name Member 5 AD000000000000 Provider Name

EPO NETWORK

Member 6

RED EXCLUSIVO

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing Medical Deductible:

ADDODODODODO

Individual \$1,500 / Family \$3,000

Maximum Out of Pocket:
Individual \$7,800 / Family \$15,600

Costos compartidos dentro de la red Deducible médico: Individual \$1,500 / Familia \$3,000 Gastos máximo de su bolsillo: Individual \$7,800 / Familia \$15,600

Navitus Health Solutions

RxBIN: 610602

RxPCN: NVT

Provider Name

RxGRP: CFHX



STANDARD SILVER PLAN Effective Date: 01/01/2023 Group Number: CMC00902795863251TX002000201CMC006148968

Name:	ID#:	Primary Care Physician:
Member 1	AD00000000000	Provider Name
Member 2	AD00000000000	Provider Name
Member 3	AD000000000000	Provider Name
Member 4	AD00000000000	Provider Name
Member 5	AD00000000000	Provider Name
Member 6	AD000000000000	Provider Name

EPO NETWORK

RED EXCLUSIVO

Must remain in the network unless it's an emergency. No referrals are needed

Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias.

In-Network Cost-Sharing

Medical Deductible: Individual \$5.000 / Family \$10.000 Maximum Out of Pocket: Individual \$8 000 / Family \$16 000 Individual \$8 000 / Familia \$16 000

Costos compartidos dentro de la red Deducible médico: Individual \$5.000 / Familia \$10.000 Gastos máximo de su bolsillo:



STANDARD SILVER PLAN (ZERO COST SHARING) Effective Date: 01/01/2023 **Group Number:** CMC00902795963251TX002000202CMC006148968

Name:	ID#:	Primary Care Physician:
Member 1	AD00000000000	
Member 2	AD00000000000	
Member 3	AD00000000000	
Member 4	AD00000000000	Provider Name
Member 5	AD00000000000	Provider Name
Member 6	AD000000000000	Provider Name

EPO NETWORK

RED EXCLUSIVO

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing

Medical Deductible:
Individual \$0 / Family \$0

Maximum Out of Pocket:
Individual \$0 / Family \$0

Costos compartidos dentro de la red

Deducible médico:
Individual \$0 / Familia \$0

Gastos máximo de su bolsillo:

Individual \$0 / Familia \$0



STANDARD SILVER PLAN (LIMITED COST SHARING) **Effective Date**: 01/01/2023 **Group Number**: CMC00902795763251TX002000203CMC006148968

Name:	ID#:	Primary Care Physician:
Member 1	AD000000000000	Provider Name
Member 2	AD000000000000	Provider Name
Member 3	AD000000000000	Provider Name
Member 4	AD000000000000	Provider Name
Member 5	AD000000000000	Provider Name
Member 6	AD000000000000	Provider Name

EPO NETWORK

RED EXCLUSIVO

Debe permanecer en la red a

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing

Medical Deductible: Didividual \$5,000 / Family \$10,000 In Maximum Out of Pocket: Glodividual \$8,000 / Family \$16,000 In

Costos compartidos dentro de la red Deducible médico: Individual \$5,000 / Familia \$10,000 Gastos máximo de su bolsillo: Individual \$8,000 / Familia \$16,000

Navitus Health Solutions

RxBIN: 610602

RxPCN: NVT

RxGRP: CFHX



STANDARD SILVER PLAN 73 Effective Date: 01/01/2023

Name:	ID#:	Primary Care Physician:
Member 1	AD000000000000	Provider Name
Member 2	AD000000000000	Provider Name
Member 3	AD000000000000	Provider Name
Member 4	AD000000000000	Provider Name
Member 5	AD000000000000	Provider Name
Member 6	AD000000000000	Provider Name

Group Number: CMC00902795863251TX002000204CMC006148968

EPU N	ETWORK	RED EXCLI

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing Medical Deductible:

Individual \$3,000 / Family \$6,000

Maximum Out of Pocket:
Individual \$6,400 / Family \$12,800

Costos compartidos dentro de la red Deducible médico: Individual \$3,000 / Familia \$6,000 Gastos máximo de su bolsillo: Individual \$6 400 / Familia \$12 800



STANDARD SILVER PLAN 87 Effective Date: 01/01/2023

Name:	ID#:	Primary Care Physician:
Member 1	AD000000000000	Provider Name
Member 2	AD000000000000	Provider Name
Member 3	AD000000000000	Provider Name
Member 4	AD00000000000	Provider Name
Member 5	AD000000000000	Provider Name
Member 6	AD00000000000	Provider Name

Group Number: CMC00902795863251TX002000205CMC006148968

EPO N	IFTW/	NRK	RED	F۷ſ

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing
Medical Deductible:
Individual \$500 / Family \$

Individual \$500 / Family \$1,000

Maximum Out of Pocket:
Individual \$3.000 / Family \$6.000

Costos compartidos dentro de la red Deducible médico: Individual \$500 / Familia \$1,000 Gastos máximo de su bolsillo: Individual \$3 000 / Familia \$6 000



STANDARD SILVER PLAN 94 Effective Date: 01/01/2023

Name: Member 1 Member 2 Member 3 Member 4 Member 5	AD000000000000 AD000000000000 AD00000000	Provider Name Provider Name Provider Name Provider Name
Member 5 Member 6	AD000000000000000000000000000000000000	

Group Number: CMC00902795863251TX002000206CMC006148968

EPO NETWO	RK	RED	EXCL

Must remain in the network, unless it's an emergency. No referrals are needed. Debe permanecer en la red, a menos que sea una emergencia. No se necesitan referencias. In-Network Cost-Sharing

Medical Deductible:
Individual \$0 / Family \$0

Maximum Out of Pocket:
Individual \$2 000 / Family \$4 000

Costos compartidos dentro de la red Deducible médico: Individual \$0 / Familia \$0 Gastos máximo de su bolsillo: Individual \$2,000 / Familia \$4,000

In a life threatening emergency

Go to the nearest emergency room and call your Primary Care Physician within 24 hours.

Member Services Department

Local: 210-358-6400

Toll-Free: 1-888-512-2347
Telecommunication Device for the Deaf

TDD: 711
Website: UniversityCommunityCarePlan.com

Instrucciones en caso de emergencia

Vaya a la sala de emergencias más cercana y llame a su Proveedor de cuidado primario dentro de 24 horas.

Departamento de servicios para Miembros

Local: 210-358-6400

Gratis: 1-888-512-2347
Dispositivo de telecomunicaciones para sordos

Linea TDD: 711
Sitio web: UniversityCommunityCarePlan.com

FOR PROVIDERS

Notice to hospitals and other providers: All inpatient admissions require pre-authorization, except in the case of emergency. Please call Community First within 24 hours at 210-358-6400 to authorization Possession of this card does not guarantee eligibility. Providers may call 210-358-6400 to verify eligibility. Outside of the University Community Care EPO Network, the Member only has coverage for emergency care.

All claims with itemized bills, including diagnosis, should be mailed to: Community First Health Plans

PO Box 240969, Apple Valley, MN 55124

Submit electronic claims to Availity:

Payer ID = COMMF, Pharmacy Help Desk: 1-866-333-2757

CFHP 1479COMM 0921

