

GOLD PLAN

Effective Date: 01/01/2023

Group Number: CMC00614819163251TX001000101CMC006149040

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

GOLD PLAN

Effective Date: 01/01/2023

Group Number: CMC00614819163251TX001000101CMC006149040-S

Name:Member 1
Member 2
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Member 6**ID#:**AD000000000000
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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

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

Name:	ID#:	Primary Care Physician:
Member 1	AD00000000000000	Provider Name
Member 2	AD00000000000000	Provider Name
Member 3	AD00000000000000	Provider Name
Member 4	AD00000000000000	Provider Name
Member 5	AD00000000000000	Provider Name
Member 6	AD00000000000000	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:**Member 1
Member 2
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unless it's an emergency.

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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:**Member 1
Member 2
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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

GOLD PLAN (LIMITED COST SHARING)**Effective Date:** 01/01/2023**Group Number:** CMC00614819263251TX001000103CMC006149040-S**Name:**Member 1
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Individual \$0 / Family \$0

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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

SILVER PLAN**Effective Date:** 01/01/2023**Group Number:** CMC00614818763251TX002000101CMC006148968**Name:**Member 1
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Member 6**ID#:**AD000000000000
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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

Effective Date: 01/01/2023

Group Number: CMC00614818763251TX002000101CMC006148968-S

Name:Member 1
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menos que sea una emergencia.

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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 (ZERO COST SHARING)**Effective Date:** 01/01/2023**Group Number:** CMC00614818863251TX002000102CMC006148968**Name:**Member 1
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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 (ZERO COST SHARING)**Effective Date:** 01/01/2023**Group Number:** CMC00614818863251TX002000102CMC006148968-S**Name:**Member 1
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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

SILVER PLAN (LIMITED COST SHARING)**Effective Date:** 01/01/2023**Group Number:** CMC00614818863251TX002000103CMC006148968**Name:**Member 1
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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 (LIMITED COST SHARING)**Effective Date:** 01/01/2023**Group Number:** CMC00614818863251TX002000103CMC006148968-S**Name:**Member 1
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RED EXCLUSIVODebe 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
Member 5
Member 6**ID#:**AD000000000000
AD000000000000
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AD000000000000
AD000000000000**Primary Care Physician:**Provider Name
Provider Name
Provider Name
Provider Name
Provider Name
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 \$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

Group Number: CMC00614818763251TX002000104CMC006148968-S

Name:Member 1
Member 2
Member 3
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Member 6**ID#:**AD000000000000
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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 \$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 87

Effective Date: 01/01/2023

Group Number: CMC00614818763251TX002000105CMC006148968

Name:	ID#:	Primary Care Physician:
Member 1	AD0000000000000	Provider Name
Member 2	AD0000000000000	Provider Name
Member 3	AD0000000000000	Provider Name
Member 4	AD0000000000000	Provider Name
Member 5	AD0000000000000	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 \$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

Group Number: CMC00614818763251TX002000105CMC006148968-S

Name:Member 1
Member 2
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Member 6**ID#:**AD000000000000
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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 \$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**Group Number:** CMC00614818763251TX002000106CMC006148968**Name:**Member 1
Member 2
Member 3
Member 4
Member 5
Member 6**ID#:**AD000000000000
AD000000000000
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AD000000000000**Primary Care Physician:**Provider Name
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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 \$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

Group Number: CMC00614818763251TX002000106CMC006148968-S

Name:Member 1
Member 2
Member 3
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Member 6**ID#:**AD000000000000
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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

STANDARD GOLD PLAN**Effective Date:** 01/01/2023**Group Number:** CMC00902795663251TX001000201CMC006149040**Name:**Member 1
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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 \$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:**Member 1
Member 2
Member 3
Member 4
Member 5
Member 6**ID#:**AD000000000000
AD000000000000
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AD000000000000**Primary Care Physician:**Provider Name
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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 GOLD PLAN (LIMITED COST SHARING)**Effective Date:** 01/01/2023**Group Number:** CMC00902795563251TX001000203CMC006149040

Name:	ID#:	Primary Care Physician:
Member 1	AD00000000000000	Provider Name
Member 2	AD00000000000000	Provider Name
Member 3	AD00000000000000	Provider Name
Member 4	AD00000000000000	Provider Name
Member 5	AD00000000000000	Provider Name
Member 6	AD00000000000000	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 \$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 SILVER PLAN**Effective Date:** 01/01/2023**Group Number:** CMC00902795863251TX002000201CMC006148968**Name:**Member 1
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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

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

STANDARD SILVER PLAN (ZERO COST SHARING)**Effective Date:** 01/01/2023**Group Number:** CMC00902795963251TX002000202CMC006148968**Name:**Member 1
Member 2
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Member 6**ID#:**AD000000000000
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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:**Member 1
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Debe permanecer en la red, a
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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

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

STANDARD SILVER PLAN 73**Effective Date:** 01/01/2023**Group Number:** CMC00902795863251TX002000204CMC006148968**Name:**Member 1
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Member 6**ID#:**AD000000000000
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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**Group Number:** CMC00902795863251TX002000205CMC006148968

Name:	ID#:	Primary Care Physician:
Member 1	AD0000000000000	Provider Name
Member 2	AD0000000000000	Provider Name
Member 3	AD0000000000000	Provider Name
Member 4	AD0000000000000	Provider Name
Member 5	AD0000000000000	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 \$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**Group Number:** CMC00902795863251TX002000206CMC006148968**Name:**Member 1
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Member 6**ID#:**AD000000000000
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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

Línea 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 for 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

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EPO NETWORK**NAVITUS**
HEALTH SOLUTIONS**QHP**