



## A New Era for Health Care Coverage in Tennessee

### **A SOLID, TRUSTED CHOICE.**

Community Health Alliance is licensed by the Tennessee Department of Commerce and Insurance and meets all state regulations and guidelines for operation. We are also approved by the United States Department of Health and Human Services as a Consumer Operated and Oriented Plan (CO-OP).

### **WE ARE NON-PROFIT.**

Our savings go back into the health plan to keep it high quality and to give a better value.

### **WE ARE MEMBER-GOVERNED.**

We are Member-governed. Members have an opportunity to serve on the board of directors. You finally have a voice.

### **WE FOCUS ON PREVENTION.**

We focus on prevention. You work with your doctor to create the best treatment plan. We have partnered with community organizations that provide the extra support our Members may need to help them reach their health goals and maintain the best health possible.

## Use the Plan Comparison Chart to find a plan that matches your health care needs.

*This document is a brief overview of Community Health Alliance coverage. It is a general overview only and does not provide all the details of coverage including benefits, limitations and exclusions.*



## TERMS TO KNOW\*

**Plan** refers to the benefits you are selecting. Each set of benefits has a plan name.

**Coinsurance** is a fixed percentage of the allowed amount. Typically, the plan pays a portion and the member pays a portion.

### **Bronze, Silver and Gold**

Each of these tiers differs in how much the plan will cover before the member may be responsible for co-insurance, deductibles and co-payments. All plans, whether bronze, silver, or gold, must cover certain "essential health benefits," such as ambulatory services, emergency care, maternity care and prescription drugs.

**Deductible** is a fixed maximum dollar amount that you pay before benefits are paid. Your health plan may have a yearly deductible.

A **Primary Care Provider (PCP)** is your main health care provider in non-emergency situations.

A **Specialist** is a health care provider who focuses on treating certain conditions.

**Urgent Care** is when you need immediate medical attention and your PCP's office is closed or you cannot reach your PCP.

**Emergency Care** is when you need immediate medical attention due to a life-threatening situation.

The **Out of Pocket Maximum** is the most you will pay for covered medical treatment during your plan year. It is a fixed dollar amount.

\*See Evidence of Coverage (EOC) for a complete description of these terms.

# INDIVIDUAL PLANS AVAILABLE ON THE FEDERAL MARKETPLACE

## In-Network Benefits Shown

\*Does not apply to emergency care

Plan	Coinsurance (Percentage CHA Pays)	Out of Pocket Deductible	PCP	Specialist	Urgent Care	Emergency Care	Total Out of Pocket	Pharmacy
<b>Federal Marketplace Plans</b>								
<b>Gold</b>								
Gold 1	80%	\$500	\$20	\$50	\$50	Ded/Coins	\$4,500	\$10/ \$30/ \$60
Gold 2	70%	\$1,000	\$20	\$50	\$50	Ded/Coins	\$4,000	\$10/ \$30/ \$60
<b>Silver</b>								
Silver 1	70%	\$2,000	\$25	\$50	\$50	Ded/Coins	\$6,350	\$10/ \$40/ \$75
Silver 1 - 73 AV	70%	\$2,000	\$20	\$45	\$50	Ded/Coins	\$5,200	\$10/ \$35/ \$60
Silver 1 - 87 AV	80%	\$250	\$10	\$25	\$25	Ded/Coins	\$2,250	\$10/ \$25/ \$50
Silver 1 - 94 AV	90%	\$75	\$5	\$10	\$10	Ded/Coins	\$1,000	\$4/ \$15/ \$35
Silver 2	70%	\$3,500	\$25	\$50	\$50	Ded/Coins	\$6,350	\$10/ \$40/ \$75
Silver 2 - 73 AV	70%	\$2,750	\$20	\$50	\$50	Ded/Coins	\$5,200	\$10/ \$35/ \$60
Silver 2 - 87 AV	80%	\$450	\$10	\$30	\$30	Ded/Coins	\$2,250	\$10/ \$25/ \$50
Silver 2 - 94 AV	90%	\$150	\$5	\$15	\$15	Ded/Coins	\$1,000	\$4/ \$15/ \$35
Silver HDP 1	100%	\$3,500	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$3,500	Ded/Coins
Silver HDP 1 - 73 AV	100%	\$2,750	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$2,750	Ded/Coins
Silver HDP 1 - 87 AV	100%	\$1,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$1,000	Ded/Coins
Silver HDP 1 - 94 AV	100%	\$250	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$500	Ded/Coins
<b>Bronze</b>								
Bronze 1	60%	\$4,000	\$30	Ded/Coins	Ded/Coins	Ded/Coins	\$6,350	Ded/Coins
Bronze HDP 1	100%	\$6,250	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$6,250	Ded/Coins
<b>Catastrophic</b>								
Value Plan	100%	\$6,350	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$6,350	Ded/Coins

Plans that indicate an FPL level require that income level to qualify.

Deductible and Out of Pocket Maximum amounts listed for single individual. See plan documents for complete information. All specialty drugs are paid using your deductible and coinsurance on all individual plans.

Plans effective January 1, 2014