Common Medical Even	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the leas	Non-Participating Provider (You will pay the mos	
				medical necessity may increase your c Note: If a generic drug is available and you choose to buy the preferred brand drug, you will pay the generic copay plus the cost difference between the preferred and generic Tier 2 includes high cost generics and preferred brand.
	Non-preferred brand drugs	$120 copay/prescription after deductible/prescription (retail) $300 copay after deductible/prescription (mail order).	Not Covered	Covers up to 30 day supply (retail). Covers up to 90 day supply (mail order). Tier 3 includes non-preferred formulary products (can include non-preferred generic products).
	Specialty drugs	45% coinsurance after deductible/prescriptio (retail)	Not Covered	Covers up to 30 day supply (retail) Tier 4 includes specialty drugs
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	40% coinsurance after deductible	Not Covered	Requires preauthorization for certain services, failure to obtain preauthorization may result in denial of benefits.
	Physician/surgeon fees	40% coinsurance after deductible	Not Covered	None
	Emergency room care	40% coinsurance after deductible	40% coinsurance after deductible	None
If you need immediate medical attention	Emergency medical transportation	$70 copay after deductible/transportat	$70 copay after deductible/transportat	Requires

* For more information about limitations and exceptions, see the plan or policy document https://www.communityhealthchoice.org/wp-content/uploads/2022/04/eoc deductible2023.pdf

Common Medical Even	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the leas	Non-Participating Provider (You will pay the mos	
		apply		
If you have a hospital stay	Facility fee (e.g., hospital room)	40% coinsurance after deductible	Not Covered	Requires preauthorization for certain services, failure to obtain preauthorization may result in denial of benefits.
	Physician/surgeon fees	$0 copay after deductible / visit	Not Covered	None $0 $0

* For more information about limitations and exceptions, see the plan or policy document https://www.communityhealthchoice.org/wp-content/uploads/2022/04/eoc-deductible-2023.pdf

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services)