

The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-855-315-5386 or <https://www.communityhealthchoice.org/health-insurance-marketplace/know-the-details-2023/> . For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-855-315-5386 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>\$0 at Indian Health Care <u>Provider</u> (IHCP) or with IHCP <u>referral</u> at non-IHCP; or \$1,600/ Individual \$3,200/family</p>	<p>Generally, you must pay all of the costs from</p>

Common Medical Event	Services You May Need	Indian Health Care Provider (IHCP) (You will pay the least)	What You Will Pay Non-IHCP In-Network Provider (IHCP) (You will pay more)	Non-IHCP Out-of-Network Provider (You will pay the	Limitations, Exceptions, & Other Important Information
					denial of benefits.

* 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>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP In-Network Provider (IHCP) (You will pay more)	

* 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>

Common Medical Event	Services You May Need	Indian Health Care Provider (IHCP) (You will pay the least)	What You Will Pay		Limitations, Exceptions, & Other Important Information
			Non-IHCP In-Network Provider (IHCP) (You will pay more)	Non-IHCP Out-of-Network Provider (You will pay the most)	
					<u>preauthorization</u> may result in denial of benefits. Limited to 25 days per year.
	Durable medical equipment	No Charge	30% <u>coinsurance</u> after <u>deductible</u>	Not Covered	Requires <u>preauthorization</u> for certain services, failure to obtain <u>preauthorization</u> may result in denial of benefits. Limited to <u>plan</u> requirements. *See Section 3(e).

* 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](#)

