

The Summary of Benefits and Coverage (SBC) document will help you understand 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, 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, call 8553155386 or <https://www.communityhealthchoice.org/healthmarketplace/knowthedetails2023/>. For general definitions of common terms, such as allowed amount, balance billing, insurance copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 8553155386 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$9,100/Individual \$18,200/family	Generally, you must pay all of the costs up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes, Preventive Services and Tier 1 Primary Care provided on Demand.	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
coverage is available at https://www.communityhealthchoice.org/wp-content/uploads/2022/formular2023.pdf	Preferred brand drugs	No Charge after deductible	Not Covered	<p>cost brand products. *See Section</p> <p>Covers up to 30 day supply (retail). Covers up to 90 day supply (mail order). <u>Preauthorization</u> may be required for a branded medication when the generic equivalent is preferred on the formulary. Failure to obtain <u>preauthorization</u> show medical necessity may increase your costs. 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.</p>
	Non-preferred brand drugs	No Charge after deductible	Not Covered	<p>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).</p>
	<u>Specialty drugs</u>	No Charge after deductible	Not Covered	<p>Covers up to 30 day supply (retail). Tier 3 includes <u>specialty drugs</u></p>
If you have outpatient surgery	Facility fee (e.g. ambulatory surgery center)	No Charge after deductible	Not Covered	<p>Requires <u>preauthorization</u> for certain services, failure to obtain <u>preauthorization</u> may result in denial of benefits.</p>
	Physician/surgeon fees	No Charge after deductible	Not Covered	None
If you need immediate medical attention	<u>Emergency room care</u>	No Charge after deductible	No Charge after deductible	

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

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		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
	transportation	<u>deductible</u>	<u>deductible</u>	services such as air transportation, non-emergency ground transportation, facility transfers, on-network and out of area transfers.
	Urgent care	No Charge after <u>deductible</u>	Not Covered	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge 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.
	Physician/surgeon fees	No Charge after <u>deductible</u>	Not Covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visits: Tier 1: \$0 <u>Deductible</u> does not apply. (Primary care services provided by On Demand providers) Tier 2: No Charge after <u>deductible</u> (All other in-network providers) All other outpatient services: No charge 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. Depending on type of service, a <u>copayment</u> or <u>coinsurance</u> may apply.
	Inpatient services	No Charge 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.
If you are pregnant	Office visits	No Charge after <u>deductible</u>	Not Covered	<u>Cost sharing</u> does not apply for <u>preventive</u> services. Depending on the type of w 9.31 0

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		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
				may apply. *See section 3(I)
	Childbirth/delivery professional services	No Charge after <u>deductible</u>	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery facility services	No Charge 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. Depending on the type of services, a <u>copayment</u> or <u>coinsurance</u> may apply.

* For more information about limitations and exceptions [please see policy document https://www.communityhealthchoice.org/wp-](https://www.communityhealthchoice.org/wp-content/uploads/2017/07/2017-2018-Community-Health-Choice-Policy-Document.pdf)

Language Access Services:

Spanish (Español): Para obtener asistencia en Español 1-855-315-5386

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog 1-855-315-5386

Chinese (): 1-855-315-5386

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijig 1-855-315-5386

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

