



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies

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)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat injury or illness	Tier 1: \$0 <u>Deductible</u> does not apply. (Primary care services provided by Doctor on Demand providers)	Not Covered	Tier 1 is not subject to <u>deductible</u> . Tier 1 services are primarily services provided by Doctor on Demand (DOD). You can
		Tier 2: No Charge after <u>deductible</u> (All other in network providers)		

\* For more information about limitations and exceptions, please refer to document <https://www.communityhealthchoice.org/wp-content/uploads/2022/04/eoc-deductible-2023.pdf>





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		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
	Childbirth delivery facility services	No Charge after deductible	Not Covered	(i.e. ultrasound) Requires preauthorization for certain services, failure to obtain preauthorization may result in denial of benefits. Depending on the type of services, a

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		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
				and younger. Limited plan requirements. *See Section 3(w)
	Children's dental checkup	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services You Plan

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