

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 in

* For more information about limitations and exceptions, see the [plan](#) or policy document <https://www.communityhealthchoice.org/wp->

Common Medical Event

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Common Medical Event

Services You May Need

Participating Provider
(You will pay the least)

What You Will Pay

Non-



Limitations, Exceptions, & Other

* 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>

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

The plan's overall deductible	\$0
Specialist copayment	\$0
Hospital (facility) coinsurance	0%
Other cost sharing	0%

This EXAMPLE