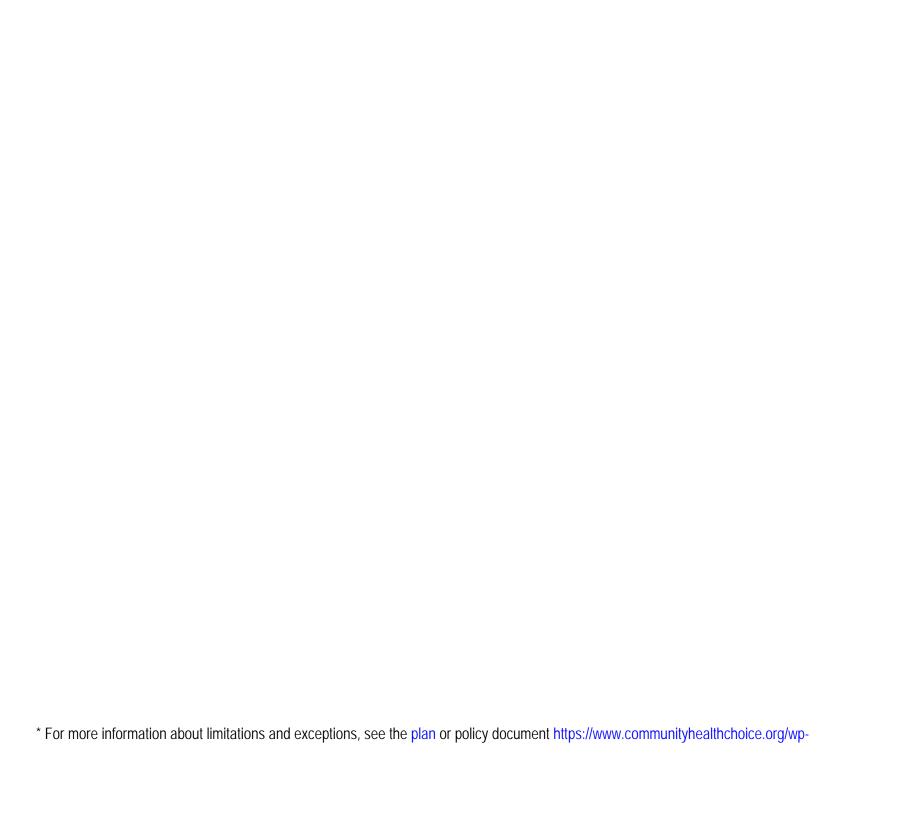
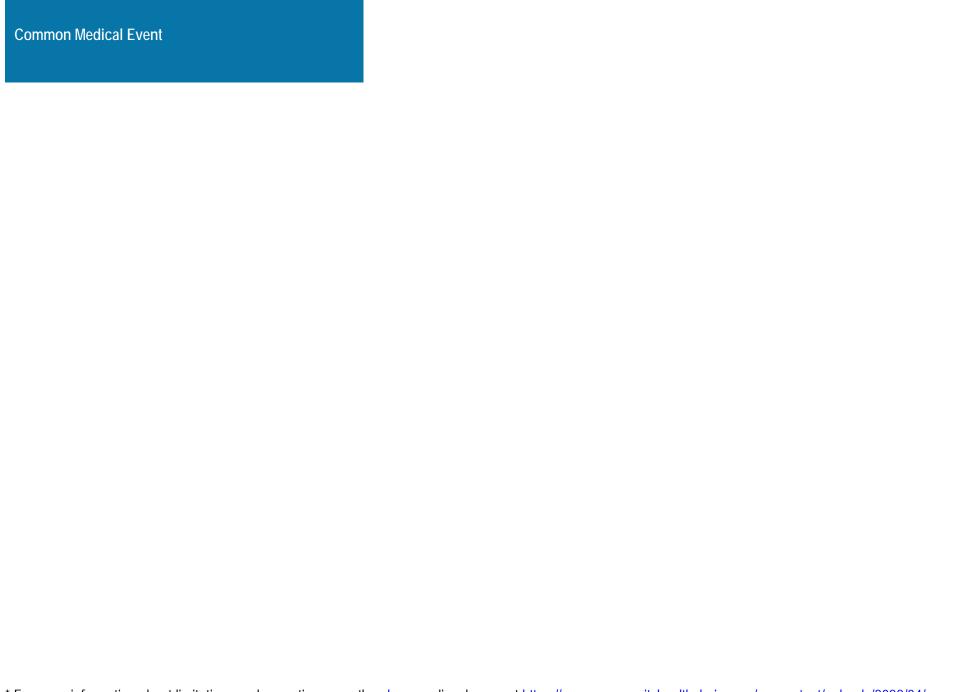
Coverage Period: 01/01/2023-12/31/2023 Coverage for: Individual + Family| Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more in





What You Will Pay

Non
Common Medical Event Services You May Need Participating Provider

(You will pay the least)

What You Will Pay

Non
Limitations, Exceptions, & Other

(You will pay the least)

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy document <u>https://www.communityhealthcnoice.org/wp-content/upioaus/zuzz/u4/eucdeductible-2023.pdf</u>

About these Coverage Examples:

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

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

This EXAMPLO