

The Summary of Benefits and Coverage (SBC) document will help you understand how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of 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 document, call 1-855-315-5386 or <https://www.communityhealthchoice.org/health-marketplace/know-the-details-2023/>. 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 1-855-315-5386 to request a copy.

Important Questions	Answers	Why This Matters:
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What is the overall deductible?	\$ 0 [(Wg 0.000ee.00o)10 (d)	
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All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies



* For more information about limitations and exceptions [please see the](#) [document https://www.communityhealthchoice.com/en/uploads/2022/04/eoc-deductible2023.pdf](https://www.communityhealthchoice.com/en/uploads/2022/04/eoc-deductible2023.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)	
surgery	ambulatory surgery center)		<u>deductible</u>		Requires <u>preauthorization</u> for certain services, failure to obtain <u>preauthorization</u> may result in denial of benefits.
		Physician/surgeon fee: No Charge	No Charge after <u>deductible</u>	Not Covered	

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

Common

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

Services Your Plan Generally Does NOT Cover (Check your policy document for more information and a list of any [excluded services](#))

- Abortion with exception of limited services
*See Section 4(16) of your plan document
- Acupuncture
- Bariatric surgery
- Children's dental checkup
- Cosmetic Surgery
- Dental care (Adult)
- Infertility treatment
- Long-term care
- Nonemergency care when traveling outside U.S.
- Routine eye care (Adult)
- Weight loss programs

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this