

Summary of Benefits and Coverage:

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)	
				may result in denial of benefits.
If you are pregnant	Office visits	No Charge	Not Covered	Maternity care may include tests and

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

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)	
	Children's glasses	No Charge	Not Covered	For select frames, standard lenses, and contact lenses only, for children 18 years old and younger. Limited to requirements. *See Section 3(w)
	Children's dental checkup	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy document for details) (Che 0 *BDC q 570 0611 In(G)7 on (a)-5 d (n)) TJ ET Q

* For more information about limitations and exceptions, please see the policy document at <https://www.communityhealthchoice.com/content/uploads/2022/04/eoc-deductible-2023.pdf>

Language Access Services:

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

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 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.

