

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>

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		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
	Children's glasses	No Charge	Not Covered	

* 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>

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

The plan's overall deductible \$0