

The Summary of Benefits and Coverage (SBC) document will help you understand your health [plan](#). The SBC shows you how and the [plan](#)

All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies

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

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

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About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan 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 only on coverage.

„ The plan's overall deductible	\$7,500
„ Specialist copayment	\$100
„ Hospital (facility) coinsurance	50%
„ Other cost sharing	50%

This EXAMPLE event includes services 0.72 0d0 Tde f* E21MPL