

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 (called 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 SBC, call 855-538-5386 or <https://www.communityhealthchoice.org/health-marketplace/know-the-details2023/>. For general information, call 855-538-5386 or <https://www.communityhealthchoice.org/health-marketplace/know-the-details2023/>.

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

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)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat injury or illness	No Charge	Not Covered	None
	<u>Specialist</u> visit	No Charge	Not Covered	None
	<u>Preventive care</u> , <u>screening</u> , immunization	No Charge	Not Covered	You may have to pay for services that are preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (e.g. 59004)			

\* For more information about limitations and exceptions, please see the document <https://www.communityhealthchoice.org/en/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 covers medical care. Your actual costs will be different depending on the actual care you receive, the prices you are charged, 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.

**Peg is Having a Baby**  
(9 months of in-network prenatal care and a hospital delivery)

- „ The [plan's overall deductible](#) \$0
- „ [Specialist copayment](#) \$0
- „ Hospital (facility) [coinsurance](#) 0%
- „ Other [cost sharing](#) 0%

This EXAMPLE event includes services like:  
[Specialist office visits](#) (prenatal care)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (ultrasounds and blood work)  
[Specialist visit](#) (anesthesia)

Total Example Cost	\$12,70
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In this example, Peg would pay:

Cost Sharing	
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<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0

What isn't covered	
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Limits or exclusions	\$0
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The total Peg would pay is	\$0
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**Managing Joe's Type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- „ The [plan's overall deductible](#) \$0
- „ [Specialist copayment](#) \$0
- „ Hospital (facility) [coinsurance](#) 0%
- „ Other [cost sharing](#) 0%

This EXAMPLE event includes services like:  
[Primary care physician office visits](#) (including disease education)  
[Diagnostic tests](#) (blood work)  
[Prescription drugs](#)  
[Durable medical equipment](#) (glucose meter)

Total Example Cost	\$5,60
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In this example, Joe would pay:

Cost Sharing	
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<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0

What isn't covered	
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Limits or exclusions	\$0
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The total Joe would pay is	\$0
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**Mia's Simple Fracture**  
(in-network emergency room visit and follow-up care)

- „ The [plan's overall deductible](#) \$0
- „ [Specialist copayment](#) \$0
- „ Hospital (facility) [coinsurance](#) 0%
- „ Other [cost sharing](#) 0%

This EXAMPLE event includes services like:  
[Emergency room care](#) (including medical supplies)  
[Diagnostic tests](#) (x-ray)  
[Durable medical equipment](#) (crutches)  
[Rehabilitation services](#) (physical therapy)

Total Example Cost	\$2,80
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In this example, Mia would pay:

Cost Sharing	
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<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0

What isn't covered	
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Limits or exclusions	\$0
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The total Mia would pay is	\$0
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The [plan](#) would be responsible for the other costs of these EXAMPLE covered services