Summary of Benefits and Coverage: What this Plan Covers & What You Paystorvices ered Community Health Choic@ommunity PreierSilver 20 Off-Exchange

Coverage Period: 01/01/202331/2023 Coverage for:uy5.34 1.73 0 Td ()]TJ -0.00





	CommorMedical Even	Services You May Need	What You Will Pay		
			ParticipatingProvider (You will pay the leas	NonParticipating Provider (You will pay the mos	LimitationsExceptions& Other Important Information
	If you have a hospital stay	Facility fee (e.g., hospital room)	40% <u>coinsuran</u> center <u>deductib</u> le	NotCovered	Requires preauthorization retain services, failure to obtain authorization may result in denial of benefits.
		Physician/surgeon fees	\$0 <u>copa</u> yafter <u>deductib</u> / <b>/e</b> isit	Not Covered	None
	If you need mental u health, behavioral health, or substance	Outpatiænt særvicess e	\$40 copa/office visit  Deductibleoes not apply and 40% coinsurancefter deductibleor other outpatient services	Not Covered 9	Requires preauthoriz aftioncertain 12 0 0 1.  2o r ( pc R ) 1 0
	abuse services				

<sup>\*</sup> For more information about limitations and exceptions are exceptions are exceptions as a second exception of the exception

	n Services You May Neec	What You Will Pay		
CommorMedical Even		ParticipatingProvider (You will pay the leas	NonParticipating Provider (You will pay the mos	LimitationsExceptions& Other Important Information
	Rehabilitation services	\$40 <u>copa/</u> wisit <u>Deductib</u> l <b>e</b> oes not apply.	Not Covered	Require <u>sreauthorizat</u> ion certain services, failure to obtain authorization may result in denial of benefits.
	<u>Habilitation servi</u> ces	\$40 <u>copa/</u> wisit <u>Deductib</u> l <b>e</b> oes not apply.	Not Covered	Require <u>sreauthorizat</u> iour certain services, failure to obtain authorization may result intenial of benefits.
	Skilled nursing care	40% <u>coinsuran</u> center <u>deductib</u> le	Not Covered	Require <u>sreauthorizat</u> ion certain services, failure to obtain authorization may result in denial of benefits. Limited to 25 days per year.
	<u>Durable medical equip</u> me	30% coinsuranæter deductible		ductible

<sup>\*</sup> For more information about limitations and exceptions are exceptions and exceptions are exceptions and exceptions are exceptions are exceptions as a superior of the exception of the exception

## Excluded Services & Other Covenedvices:

Services Your

## About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of horighth isophernmedical care. Your actual costs will be different depending on the actual care you receive, the prices youth provident many other factors. Focus on the rices your many other factors. Focus on the rices your many other factors. Focus on the rices you receive, the prices you have given any other factors. Focus on the rices will be different depending on the actual care you receive, the prices you have given any other factors. Focus on the rices will be different depending on the actual care you receive, the prices you have given any other factors. Focus on the rices will be different depending on the actual care you receive, the prices you have given any other factors.