

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 of this) will be provided separately. This is only a summary of information about your coverage, or to get a copy of the complete SBC of coverage, or <https://www.communityhealthchoice.com/marketplace/knowitall2023> For general definitions of common terms, such as amount, balance billing, insurance payment, deductible, provider or other underlined terms see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 855-1538 to request a copy.

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deductible and coinsurance costs shown in this chart are after you have been met, if a deductible applies

What You Will Pay
When You Pay
How Much You Will Pay
What You May Not Pay
Limitations, Exceptions & Other Important Information
Additional Information

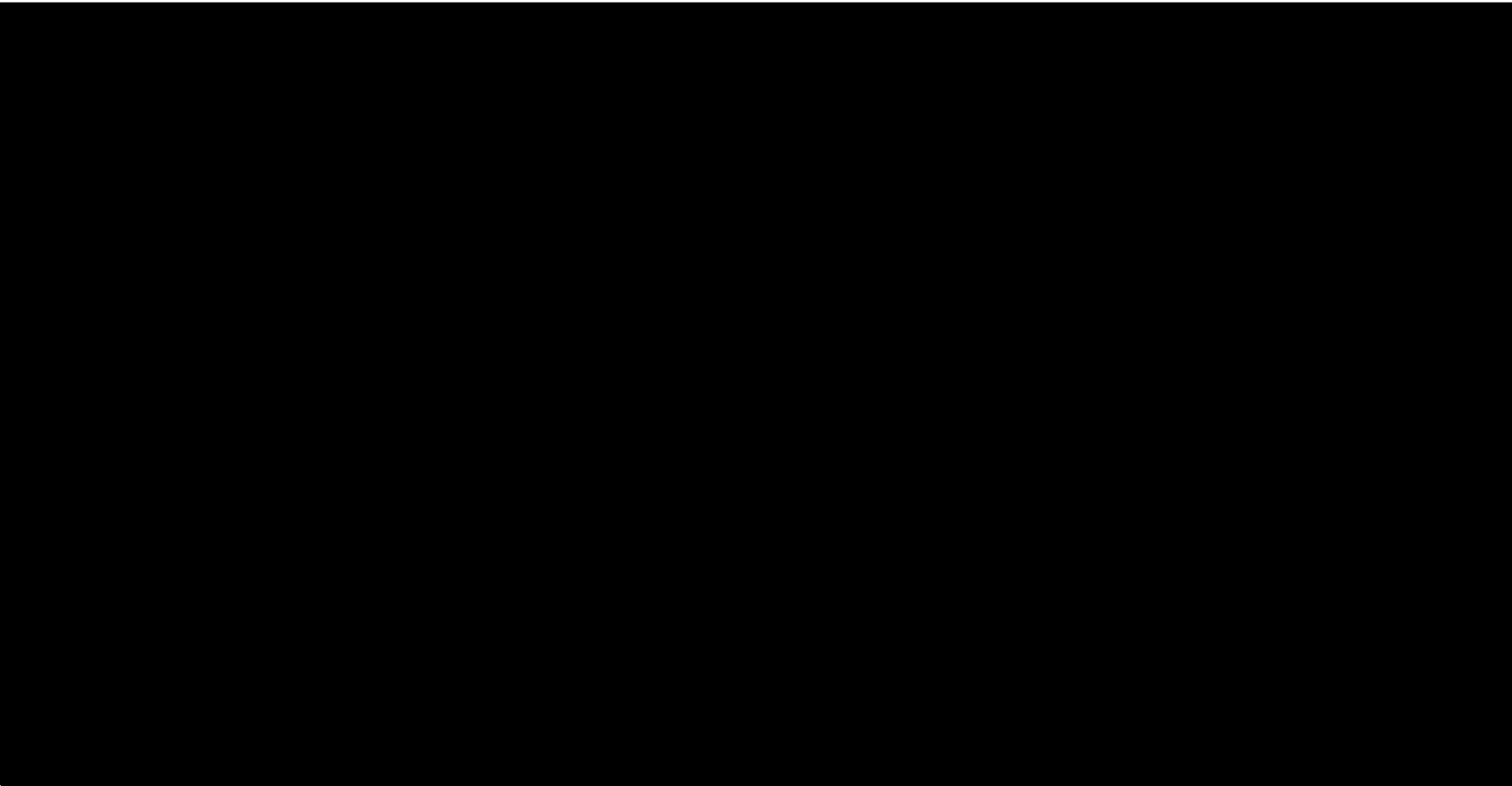
For more information about limitations and exceptions, please refer to <https://www.communityhealthchoices.org/uploads/2022/04/exceptions-policy-document.pdf>

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the less)	Non-Participating Provider (You will pay the more)	
				<p>equivalent is preferred <u>formulary</u></p> <p>Failure to obtain <u>pre-authorization</u> show medical necessity</p>

* For more information about limitations and exceptions please refer to <https://www.communityhealthcenter.org/uploads/2022/04/eo-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)	
If you have a hospital stay	Facility fee (e.g., hospital room)	40% coinsurance after deductible	Not Covered	Requires preauthorization for certain services, failure to obtain authorization may result in denial of benefits.
	Physician/surgeon fees	\$0 copay		

* For more information about limitations and exceptions, please refer to <https://www.communityhealthcenter.org/uploads/2022/04/eo-deductible-2023.pdf>



Excluded Services & Other Coverage:

Services Your

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how the plan may cover the cost of care. Your actual costs will be different depending on the actual care you receive, the prices you pay, and other factors. Focus on the **cost**