

The Summary of Benefits and Coverage (SBC) document will help you choose a health -

All copayment and coinsurance costs shown in this chart are after your deductible.

\* For more information about limitations and exceptions, see the [plan](#) or policy document <https://www.communityhealthchoice.org/wp-content/uploads/2022/04/eoc-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)	
		apply		
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	apply		

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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)	
	<a href="#">Rehabilitation services</a>	\$30 <a href="#">copay</a> /visit <u>Deductible</u> does not apply.	Not Covered	Requires <u>preauthorization</u> for certain services, failure to obtain <u>preauthorization</u> may result in denial of benefits. Requires
	<a href="#">Habilitation services</a>	\$30 <a href="#">copay</a> /visit <u>Deductible</u> does not apply.	Not Covered	

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Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<input checked="" type="checkbox"/> Abortion with exception of limited services *See Section 4(16) of your <a href="#">plan</a> document	<input checked="" type="checkbox"/> Cosmetic Surgery	<input checked="" type="checkbox"/> Non-emergency care when traveling outside the U.S.
<input checked="" type="checkbox"/> Acupuncture	<input checked="" type="checkbox"/> Dental care (Adult)	<input checked="" type="checkbox"/> Routine eye care (Adult)
<input checked="" type="checkbox"/> Bariatric surgery	<input checked="" type="checkbox"/> Infertility treatment	
<input checked="" type="checkbox"/> Children's dental check-up	<input checked="" type="checkbox"/> Long-term care	

Other Covered Services Programs: [Weight Loss Programs](#), [In Vitro Fertilization](#), [IVF](#), [Pregnancy](#), [Prenatal](#)

