**Summary of Benefits and Coverage:** 

Community Health Choice: Community Premier Gold 021- On-Exchange

Coverage Period: 01/01/2023-12/31/2023 Coverage for: Individual + Family | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary.

**Important Questions** 

**Answers** 

Why This Matters:

What is the overall deductible?

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Limitations, Exceptions, & Other [肝時1個位][Fd@[Fd@[如何时间的]]

		What You Will Pay		
Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information

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Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you have a hospital stay				
If you have a hospital stay				

		What You Will Pay		
Common Medical Event	Services You May Need	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
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## **Excluded Services & Other Covered Services:**

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other

About these	e Coverage	<b>Examples:</b>
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This is not a cost estimator.