



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

\* For more information about limitations and exceptions [please see the document <https://www.communityhealthchoice.com/content/uploads/2022/04/eoc-deductible2023.pdf>](#)

Common Medical Events	Services You May Need	Indian Health Care Provider (IHCP) (You will pay the least)	What You Will Pay Non-IHCP In Network Provider (IHCP) (You will pay more)	Non-IHCP Out-of-Network Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
<a href="#">formular2023.pdf</a>	Preferred brand drugs	No Charge	\$30 <a href="#">copay</a> /prescription (retail) \$75 <a href="#">copay</a> /prescription (mail order) <u>Deductible</u> does not apply	Not Covered	Covers up to 30 day supply (retail). Covers up to 90 day supply (mail order). <u>Preauthorization</u> may be required for a branded medication when the generic equivalent is preferred on the

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Common Medical Events	Services You May Need	Indian Health Care Provider (IHCP) (You will pay the least)	What You Will Pay Non-IHCP In Network Provider (IHCP) (You will pay more)	Non-IHCP Out-of-Network Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
	Physician/surgeon fee: No Charge		25% coinsurance after Q q 387.12 4		denial of benefits.

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Common Medical Event	Services You May Need	Indian Health Care Provider (IHCP) (You will pay the least)	What You Will Pay		Limitations, Exceptions & Other Important Information
			Non-IHCP In Network Provider (IHCP) (You will pay more)	Non-IHCP Out-of-Network Provider (You will pay the most)	
					<u>preauthorization</u> may result in denial of benefits.
If you are pregnant	Office visits	No Charge	\$60 <u>copay</u> after <u>deductible</u> occurrence	Not Covered	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. *See section 3(l)
	Childbirth/delivery professional services	No Charge	\$0 <u>copay</u> after <u>deductible</u>	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery facility services	No Charge	25% <u>coinsurance</u> after <u>deductible</u>	Not Covered	Requires <u>preauthorization</u> on certain services, failure to obtain <u>preauthorization</u> may result in denial of benefits. Depending on the type of services, a <u>copayment</u> or <u>coinsurance</u> may apply.

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Common Medical Event	Services You May Need	Indian Health Care Provider (IHCP) (You will pay the least)	What You Will Pay		Limitations, Exceptions & Other Important Information
			Non-IHCP In-Network Provider (IHCP) (You will pay more)	Non-IHCP Out-of-Network Provider (You will pay the most)	
					<u>preauthorization</u> may result in denial of benefits. Limited to 25 days per year.
	<a href="#">Durable medical equipment</a>	No Charge	30% <u>coinsurance</u> after <u>deductible</u>	Not Covered	Requires <u>preauthorization</u> for certain services, failure to obtain <u>preauthorization</u> may result in denial of benefits. Limited to plan requirements. *See Section 3(j)
	<a href="#">Hospice services</a>	No Charge	\$60 <u>copay</u> after <u>deductible</u> /day 25% <u>coinsurance</u> after <u>deductible</u> in an inpatient setting.	Not Covered	Depending on the type of service a <u>copayment</u> <u>coinsurance</u> may apply. Limited to plan requirements. *See section 3(j)
If your child needs dental or eye care	Children's eye exam	No Charge	\$60 <u>copay</u> after <u>deductible</u> /visit	Not Covered	One routine eye exam annually *See section 3(w)
	Children's glasses	No Charge	\$60 <u>copay</u> after <u>deductible</u> /pair	Not Covered	For select frames, standard lenses and contact lenses only, for children 18 years old and younger. Limited to plan requirements. *See Section 3(w)

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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 provider charge, and many other factors. Focus on the cost amounts (deductibles, copayments, and coinsurance) and excluded services the plan. Use this information to compare the portion of costs you may pay under different plans. Please note these coverage examples are based on only one coverage.