

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)	
					denial of benefits.
	Physician/surgeon fees	No Charge	20% coinsurance after deductible	Not Covered	None
If you need immediate medical attention	Emergency room care	No Charge	20% coinsurance after deductible	20% coinsurance after deductible	None
	Emergency medical transportation	No Charge	\$30 copay after deductible/transportation	\$30 copay after deductible/transportation	Requires preauthorization for certain services such as air transportation, non-emergency ground transportation, facility

* For more information about limitations and exceptions please refer to the policy document <https://www.communityhealthchoice.com/content/uploads/2022/04/eoc-deductible-2023.pdf>

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	Durable medical equipment	No Charge	30% coinsurance after deductible	Not Covered	<p>preauthorization may result in denial of benefits. Limited to 25 days per year.</p> <p>Requires preauthorization for certain services, failure to obtain preauthorization may result in denial of benefits.</p>

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About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan medical care. Your actual costs will be different depending on the actual care you receive, the prices you charge, and many other factors. Focus on sharing amounts (deductibles, copayments and coinsurance) and excluded services the plan. Use this information to compare the portion of costs you may pay under different health plans. Please note these coverage examples are based only on self.

- The plan's overall deductible \$2,200
- Specialist copayment \$30
- Hospital (facility) coinsurance 20%
- Other cost sharing 20%

This EXAMPLE event includes services like:

- Specialist office visits
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests
- Specialist visit

Total Example Cost	\$12,70
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In this example, Peg would pay

Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
Limits or exclusions	\$0