

YOUR PHARMACY BENEFITS



NAVITUS
PHARMACY BENEFITS REINVENTED™



Contact Information

CUSTOMER CARE: 24 Hours a Day | 7 Days a Week | 1.866.333.2757 | 711 (TTY)

MAIL ORDER: Postal Prescription Services | 1.800.552.6694 | www.ppsrx.com

SPECIALTY PHARMACY: Lumicera Health Services | 1.855.847.3553

CLAIMS:

Navitus Health Solutions
ATTN: Claims Department
P.O. Box 999
Appleton, WI 54912-0999

TOLL-FREE FAX : 1.855.668.8550

WEBSITE: www.navitus.com

Welcome to Navitus

We're committed to providing you with robust, 360-degree support and personalized care because we know that when you're healthier, you're happier. That's why we've reinvented pharmacy benefits to work smarter and give you clarity, guidance and peace of mind when it comes to prescriptions and improving your health. You can count on us to:

- ▶ Make it easier to understand your benefit
- ▶ Answer your health questions
- ▶ Provide convenient access to prescriptions
- ▶ Give you the support you need

We look forward to serving you on your journey to a healthier, happier you.

Filling Your Prescription

At a Network Pharmacy — Getting your prescription filled is easy. You can find a complete list of your network of pharmacies on the secure member portal, as well as tools to help you select a pharmacy near you.

By Mail Order — Depending on your benefit design, our mail order service may be a convenient way to get a 90-day supply of your maintenance medications. A registered pharmacist is on hand to perform the same safety checks as your local retail pharmacist, including a review of your medication history. You can rest assured that your prescription is safe, accurate and right for you. Plus, you can save a trip to the pharmacy by getting your medications delivered right to your door.

At a Specialty Pharmacy — The specialty program gives members with chronic conditions convenient access to specialty medications. This provides a high level of personalized care and guidance to help successfully reduce side effects, minimize complications and improve quality of life.

Filing A Claim

We're dedicated to making your pharmacy benefits easy and accessible. If you have a concern about a benefit, claim or other service, please call Customer Care. If we can't resolve your issue, you have the right to file an appeal. To file a manual claim, fill out the form located in your member portal and mail or fax your claim form and documentation to us. Our Customer Care number and claims address are listed on the previous page. We'll work to answer your questions and resolve your concerns quickly.

Sharing Your Feedback

We welcome you to share your feedback, concerns or complaints, or to report any errors. We consider it a top priority to act on this information and correct errors, prevent future issues and ensure quality and safe care. To provide feedback, please call the Customer Care number listed on the previous page.

Saving Money on Your Prescriptions

Choosing generic drugs is one of the best ways to lower your prescription expenses. Generics are clinically identical to their brand-name counterparts and go through the same rigorous U.S. Food and Drug Administration (FDA) process as brand name drugs. Rest assured they have the same safety, quality, strength and effectiveness as brand name medications. To get started simply ask your prescriber if a generic is available for your prescription.

Pharmacy Benefit Schedule

Community Health Choice

Benefit Effective Date	Benefit Type
January 1, 2021	Health Insurance Marketplace

Tier 1:	Generic and lower cost brand products
Tier 2:	Preferred brand and higher cost generics
Tier 3:	Non-preferred brand (could include both brand and generic products)

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
HMO Bronze 003 Off Exchange	\$16 All Tier 1 bypass deductible	\$70 After deductible	\$120 After deductible	\$48 All Tier 1 bypass deductible	\$210 After deductible	\$360 After deductible
HMO Bronze 003	\$16 All Tier 1 bypass deductible	\$70 After deductible	\$120 After deductible	\$48 All Tier 1 bypass deductible	\$210 After deductible	\$360 After deductible
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Bronze 003 Limited Cost Sharing Plan Variation	\$16 All Tier 1 bypass deductible	\$70 After deductible	\$120 After deductible	\$48 All Tier 1 bypass deductible	\$210 After deductible	\$360 After deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Silver 004 Off Exchange	\$10 All Tier 1 bypass deductible	\$70 After deductible	\$110 After deductible	\$30 All Tier 1 bypass deductible	\$210 After deductible	\$330 After deductible
HMO Silver 004	\$10 All Tier 1 bypass deductible	\$70 After deductible	\$110 After deductible	\$30 All Tier 1 bypass deductible	\$210 After deductible	\$330 After deductible
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
HMO Silver 004 Limited Cost Sharing Plan Variation	\$10 All Tier 1 bypass deductible	\$70 After deductible	\$110 After deductible	\$30 All Tier 1 bypass deductible	\$210 After deductible	\$330 After deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Silver 004 94	\$5	\$20	\$40	\$15	\$60	\$120
HMO Silver 004 87	\$10	\$50	\$85	\$30	\$150	\$255
HMO Silver 004 73	\$10 All Tier 1 bypass deductible	\$60 After deductible	\$100 After deductible	\$30 All Tier 1 bypass deductible	\$120 After deductible	\$300 After deductible
HMO Gold HSA 14 Off Exchange	\$5 After deductible	\$80 After deductible	\$100 After deductible	\$15 After Deductible	\$240 After deductible	\$300 After deductible
HMO Gold 001 Off Exchange	\$20	\$40	\$80	\$60	\$120	\$240
HMO Gold 005 Off Exchange	\$10 All Tier 1 bypass deductible	\$50 After deductible	\$75 After deductible	\$30 All Tier 1 bypass deductible	\$120 After deductible	\$210 After deductible
HMO Gold 005	\$10 All Tier 1 bypass deductible	\$50 After deductible	\$75 After deductible	\$30 All Tier 1 bypass deductible	\$150 After deductible	\$225 After deductible
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Gold 005 Limited Cost Sharing Plan Variation	\$10 All Tier 1 bypass deductible	\$50 After deductible	\$75 After deductible	\$30 All Tier 1 bypass deductible	\$150 After deductible	\$225 After deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Bronze 008 High Deductible Health Plan Off Exchange	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
HMO Bronze 008 High Deductible Health Plan	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 1	Tier 2	Tier	Tier 1	Tier 2	Tier 3
HMO Bronze 008 Zero Cost Sharing Plan Variation	No charge	No charge	No charge	No charge	No charge	No charge
HMO Bronze 008 Limited Cost Sharing Plan Variation	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Bronze 10 Off Exchange	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
HMO Bronze 10	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
HMO Bronze 10 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Bronze 10 Limited Cost Sharing Plan Variation	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Bronze 11 Off Exchange	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
HMO Bronze 11	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
HMO Bronze 11 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Bronze 11 Limited Cost Sharing Plan Variation	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Silver 009 Off Exchange	\$15 All Tier 1 bypass deductible	\$70 After deductible	\$120 After deductible	\$45 All Tier 1 bypass deductible	\$210 After deductible	\$360 After deductible
HMO Silver 009	\$15 All Tier 1 bypass deductible	\$70 After deductible	\$120 After deductible	\$45 All Tier 1 bypass deductible	\$210 After deductible	\$360 After deductible
HMO Silver 009 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 1	Tier 2	Tier	Tier 1	Tier 2	Tier 3
HMO Silver 009 Limited Cost Sharing Plan Variation	\$15 All Tier 1 bypass deductible	\$70 After deductible	\$120 After deductible	\$45 All Tier 1 bypass deductible	\$210 After deductible	\$360 After deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Silver 009 94	\$5	\$20	\$40	\$15	\$60	\$120
HMO Silver 009 87	\$10	\$50	\$85	\$30	\$150	\$255
HMO Silver 009 73	\$10 All Tier 1 bypass deductible	\$60 After deductible	\$110 After deductible	\$30 All Tier 1 bypass deductible	\$180 After deductible	\$330 After deductible
HMO Silver 12 Off Exchange	\$10 All Tier 1 bypass deductible	\$80 After deductible	\$120 After deductible	\$30 All Tier 1 bypass deductible	\$240 After deductible	\$360 After deductible
HMO Silver 12	\$10 All Tier 1 bypass deductible	\$80 After deductible	\$120 After deductible	\$30 All Tier 1 bypass deductible	\$240 After deductible	\$360 After deductible
HMO Silver 12 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Silver 12 Limited Cost Sharing Plan Variation	\$10 All Tier 1 bypass deductible	\$80 After deductible	\$120 After deductible	\$30 All Tier 1 bypass deductible	\$240 After deductible	\$360 After deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Silver 12 73	\$10 All Tier 1 bypass deductible	\$80 After deductible	\$120 After deductible	\$30 All Tier 1 bypass deductible	\$240 After deductible	\$360 After deductible
HMO Silver 12 87	\$5 All Tier 1 bypass deductible	\$70 After deductible	\$100 After deductible	\$15 All Tier 1 bypass deductible	\$210 After deductible	\$300 After deductible
HMO Silver 12 94	\$5 All Tier 1 bypass deductible	\$20	\$40	\$15	\$60	\$120

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 1	Tier 2	Tier	Tier 1	Tier 2	Tier 3
HMO Silver 13 Off Exchange	\$10 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible	\$30 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible
HMO Silver 13	\$10 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible	\$30 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible
HMO Silver 13 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Silver 13 Limited Cost Sharing Plan Variation	\$10 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible	\$30 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Silver 13 73	\$5 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible	\$15 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible
HMO Silver 13 87	\$5 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible	\$15 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible
HMO Silver 13 94	\$5 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible	\$15 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible

Annual Out-of-Pocket Maximum

The annual Out-of-Pocket (OOP) Maximum is based on combined prescription and medical expense and is calculated per calendar year. Member's copay/coinsurance amount is \$0.00 for remainder of calendar year after the OOP maximum amount is met for the calendar year.

Group	Individual OOP Amount	Family OOP Amount
HMO Bronze 003 Off Exchange	\$8,550.00	\$17,100.00
HMO Bronze 003	\$8,550.00	\$17,100.00
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0	\$0
HMO Bronze 003 Limited Cost Sharing Plan Variation	\$8,550.00	\$8,550.00
HMO Silver 004 Off Exchange	\$8,550.00	\$17,100.00
HMO Silver 004	\$8,550.00	\$17,100.00
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0	\$0
HMO Silver 004 Limited Cost Sharing Plan Variation	\$8,550.00	\$17,100.00
HMO Silver 004 94	\$2,500.00	\$5,000.00
HMO Silver 004 87	\$2,850.00	\$5,700.00
HMO Silver 004 73	\$6,800.00	\$13,600.00
HMO Gold 001 Off Exchange	\$8,150.00	\$16,300.00
HMO Gold 005 Off Exchange	\$8,550.00	\$17,100.00
HMO Gold 005	\$8,550.00	\$17,100.00
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0	\$0
HMO Gold 005 Limited Cost Sharing Plan Variation	\$8,550.00	\$17,100.00
HMO Gold 14 HSA Off Exchange	\$6,000.00	\$12,000.00
HMO Bronze 008 High Deductible Health Plan Off Exchange	\$7,000.00	\$14,000.00
HMO Bronze 008 High Deductible Health Plan	\$7,000.00	\$14,000.00
HMO Bronze 008 Zero Cost Sharing Plan Variation	\$0	\$0
HMO Bronze 008 Limited Cost Sharing Plan Variation	\$7,000.00	\$14,000.00
HMO Bronze 10 Off Exchange	\$8,550.00	\$17,100.00
HMO Bronze 10	\$8,550.00	\$17,100.00
HMO Bronze 10 Zero Cost Sharing Plan Variation	\$0	\$0
HMO Bronze 10 Limited Cost Sharing Plan Variation	\$8,550.00	\$17,100.00
HMO Bronze 11 Off Exchange	\$8,550.00	\$17,100.00
HMO Bronze 11	\$8,550.00	\$17,100.00
HMO Bronze 11 Zero Cost Sharing Plan Variation	\$0	\$0
HMO Bronze 11 Limited Cost Sharing Plan Variation	\$8,550.00	\$17,100.00
HMO Silver 009 Off Exchange	\$7,000.00	\$14,000.00

Group	Individual OOP Amount	Family OOP Amount
HMO Silver 009	\$7,000.00	\$14,000.00
HMO Silver 009 Zero Cost Sharing Plan Variation	\$0	\$0
HMO Silver 009 Limited Cost Sharing Plan Variation	\$7,000.00	\$14,000.00
HMO Silver 009 94	\$2,500.00	\$5,000.00
HMO Silver 009 87	\$2,850.00	\$5,700.00
HMO Silver 009 73	\$6,800.00	\$13,600.00
HMO Silver 12 Off Exchange	\$8,550.00	\$17,100.00
HMO Silver 12	\$8,550.00	\$17,100.00
HMO Silver 12 Zero Cost Sharing Variance Plan	\$0	\$0
HMO Silver 12 Limited Cost Sharing Variance Plan	\$8,550.00	\$17,100.00
HMO Silver 12 73	\$6,800.00	\$13,600.00
HMO Silver 12 87	\$2,850.00	\$5,700.00
HMO Silver 12 94	\$2,700.00	\$5,400.00
HMO Silver 13 Off Exchange	\$8,550.00	\$17,100.00
HMO Silver 13	\$8,550.00	\$17,100.00
HMO Silver 13 Zero Cost Sharing Variance Plan	\$0	\$0
HMO Silver 13 Limited Cost Sharing Plan Variation	\$8,550.00	\$17,100.00
HMO Silver 13 73	\$6,800.00	\$13,600.00
HMO Silver 13 87	\$2,300.00	\$4,600.00
HMO Silver 13 94	\$750.00	\$1,500.00

Mail Service, In-Network Pharmacy, 90-Days Supply

Tier 1:	Generic and lower cost brand products
Tier 2:	Preferred brand and higher cost generics
Tier 3:	Non-preferred brand (could include both brand and generic products)

Group	Tier 1 Copay Amount	Tier 2 Copay Amount	Tier 3 Copay Amount
HMO Bronze 003 Off Exchange	\$40 All Tier 1 bypass deductible	\$175 After deductible	\$300 After deductible
HMO Bronze 003	\$40 All Tier 1 bypass deductible	\$175 After deductible	\$300 After deductible
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Bronze 003 Limited Cost Sharing Plan Variation	\$40 All Tier 1 bypass deductible	\$175 After deductible	\$300 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 004 Off Exchange	\$25 All Tier 1 bypass deductible	\$175 After deductible	\$275 After deductible
HMO Silver 004	\$25 All Tier 1 bypass deductible	\$175 After deductible	\$275 After deductible
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Silver 004 Limited Cost Sharing Plan Variation	\$25 All Tier 1 bypass deductible	\$175 After deductible	\$275 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 004 94	\$12.50	\$50	\$100
HMO Silver 004 87	\$25	\$125.00	\$212.50
HMO Silver 004 73	\$25 All Tier 1 bypass deductible	\$150 After deductible	\$250 After deductible
HMO Gold 001 Off Exchange	\$50	\$100	\$200
HMO Gold 005 Off Exchange	\$25 All Tier 1 bypass deductible	\$125 After deductible	\$187.50 After deductible
HMO Gold 005	\$25 All Tier 1 bypass deductible	\$125 After deductible	\$187.50 After deductible

Group	Tier 1 Copay Amount	Tier 2 Copay Amount	Tier 3 Copay Amount
HMO Gold HSA 14 Off Exchange	\$12.50 After deductible	\$200 After deductible	\$250 After deductible
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Gold 005 Limited Cost Sharing Plan Variation	\$25 All Tier 1 bypass deductible	\$125 After deductible	\$187.5 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Bronze 008 High Deductible Health Plan Off Exchange	No charge after Deductible	No charge after Deductible	No charge after Deductible
HMO Bronze 008 High Deductible Health Plan	No charge after Deductible	No charge after Deductible	No charge after Deductible
HMO Bronze 008 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Bronze 008 Limited Cost Sharing Plan Variation	No charge after Deductible	No charge after Deductible	No charge after Deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 009 Off Exchange	\$37.50 All Tier 1 bypass deductible	\$175 After deductible	\$300 After deductible
HMO Silver 009	\$37.50 All Tier 1 bypass deductible	\$175 After deductible	\$300 After deductible
HMO Silver 009 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Silver 009 Limited Cost Sharing Plan Variation	\$37.50 All Tier 1 bypass deductible	\$175 After deductible	\$300 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 009 94	\$12.50	\$50	\$100
HMO Silver 009 87	\$25	\$125	\$212.50
HMO Silver 009 73	\$25 All Tier 1 bypass deductible	\$150 After deductible	\$275 After deductible
HMO Bronze 10 Off Exchange	\$0 After deductible	\$0 After deductible	\$0 After deductible
HMO Bronze 10	\$0 After deductible	\$0 After deductible	\$0 After deductible
HMO Bronze 10 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Bronze 10 Limited Cost Sharing Plan Variation	\$0 After deductible	\$0 After deductible	\$0 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 12 Off Exchange	\$25 All Tier 1 bypass deductible	\$200 After deductible	\$300 After deductible

Group	Tier 1 Copay Amount	Tier 2 Copay Amount	Tier 3 Copay Amount
HMO Silver 12	\$25 All Tier 1 bypass deductible	\$200 After deductible	\$300 After deductible
HMO Silver 12 Zero Cost Sharing Variance Plan	\$0	\$0	\$0
HMO Silver 12 Limited Cost Sharing Variance Plan	\$25 All Tier 1 bypass deductible	\$200 After deductible	\$300 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 12 73	\$25 All Tier 1 bypass deductible	\$200 After deductible	\$300 After deductible
HMO Silver 12 87	\$12.50 All Tier 1 bypass deductible	\$175 After deductible	\$250 After deductible
HMO Silver 12 94	\$12.50	\$50	\$100
HMO Silver 13 Off Exchange	\$25 All Tier 1 bypass deductible	No Charge after deductible	No Charge after deductible
HMO Silver 13	\$25 All Tier 1 bypass deductible	No Charge after deductible	No Charge after deductible
HMO Silver 13 Zero Cost Sharing Variance Plan	\$0	\$0	\$0
HMO Silver 13 Limited Cost Sharing Variance Plan	\$25 All Tier 1 bypass deductible	No Charge after deductible	No Charge after deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 13 73	\$12.50 All Tier 1 bypass deductible	No Charge after deductible	No Charge after deductible
HMO Silver 13 87	\$12.50 All Tier 1 bypass deductible	No Charge after deductible	No Charge after deductible
HMO Silver 13 94	\$12.50 All Tier 1 bypass deductible	No Charge after deductible	No Charge after deductible
HMO Bronze 11 Off Exchange	No Charge after deductible	No Charge after deductible	No Charge after deductible
HMO Bronze 11	No Charge after deductible	No Charge after deductible	No Charge after deductible
HMO Bronze 11 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Bronze 11 Limited Cost Sharing Plan Variation	No Charge after deductible	No Charge after deductible	No Charge after deductible
	\$0 when filled through an Indian Health Service Provider		

Mandatory Specialty, In-Network Pharmacy, 1-30 Days Supply	
Group	Coinsurance Amount
HMO Bronze 003 Off Exchange	45% coinsurance after deductible
HMO Bronze 003	45% coinsurance after deductible
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0
HMO Bronze 003 Limited Cost Sharing Plan Variation	45% coinsurance after deductible \$0 when filled through a tribal facility
HMO Silver 004 Off Exchange	50% coinsurance after deductible
HMO Silver 004	50% coinsurance after deductible
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0
HMO Silver 004 Limited Cost Sharing Plan Variation	50% coinsurance after deductible \$0 when filled through a tribal facility
HMO Silver 004 94	20% coinsurance
HMO Silver 004 87	30% coinsurance
HMO Silver 004 73	40% coinsurance after deductible
HMO Gold 001 Off Exchange	30% coinsurance
HMO Gold 005 Off Exchange	35% coinsurance after deductible
HMO Gold 005	35% coinsurance after deductible
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0
HMO Gold 005 Limited Cost Sharing Plan Variation	35% coinsurance after deductible \$0 when filled through a tribal facility
HMO Gold HSA 14 Off Exchange	40% coinsurance after deductible
HMO Bronze 10 Off Exchange Plan	\$0 after Deductible
HMO Bronze 10	\$0 after Deductible
HMO Bronze 10 Zero Cost Sharing Variation Plan	\$0 after Deductible
HMO Bronze 10 Limited Cost Sharing Variation Plan	\$0 after Deductible \$0 when filled through a tribal facility
HMO Bronze 11 Off Exchange Plan	\$0 after Deductible
HMO Bronze 11	\$0 after Deductible
HMO Bronze 11 Zero Cost Sharing Variation Plan	\$0
HMO Bronze 11 Limited Cost Sharing Variation Plan	\$0 after Deductible \$0 when filled through a tribal facility
HMO Bronze 008 High Deductible Health Plan Off Exchange	\$0 after Deductible
HMO Bronze 008 High Deductible Health Plan	\$0 after Deductible

Group	Coinsurance Amount
HMO Bronze 008 Zero Cost Sharing Plan Variation	\$0
HMO Bronze 008 Limited Cost Sharing Plan Variation	\$0 after Deductible \$0 when filled through a tribal facility
HMO Silver 009 Off Exchange	45% coinsurance after deductible
HMO Silver 009	45% coinsurance after deductible
HMO Silver 009 Zero Cost Sharing Plan Variation	\$0
HMO Silver 009 Limited Cost Sharing Plan Variation	45% coinsurance after deductible \$0 when filled through a tribal facility
HMO Silver 009 94	20% coinsurance
HMO Silver 009 87	30% coinsurance
HMO Silver 009 73	45% coinsurance after deductible
HMO Silver 12 Off Exchange	50% coinsurance after deductible
HMO Silver 12	50% coinsurance after deductible
HMO Silver 12 Zero Cost Sharing Plan Variation	\$0
HMO Silver 12 Limited Cost Sharing Plan Variation	50% coinsurance after deductible \$0 when filled through a tribal facility
HMO Silver 12 73	50% coinsurance after deductible
HMO Silver 12 87	40% coinsurance after deductible
HMO Silver 12 94	20%
HMO Silver 13 Off Exchange	0% coinsurance after deductible
HMO Silver 13	0% coinsurance after deductible
HMO Silver 13 Zero Cost Sharing Plan Variation	\$0
HMO Silver 13 Limited Cost Sharing Plan Variation	0% coinsurance after deductible \$0 when filled through a tribal facility
HMO Silver 13 73	0% coinsurance after deductible
HMO Silver 13 87	0% coinsurance after deductible
HMO Silver 13 94	0% coinsurance after deductible

LANGUAGE ASSISTANCE

Community Health Choice, Inc. is required by federal law to provide the following information.



NON-DISCRIMINATION STATEMENT (MARKETPLACE)

Community Health Choice, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Community Health Choice, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Community Health Choice, Inc. provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats). Community Health Choice, Inc. provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Community Health Choice, Inc. Member Services Department at 1.855.315.5386. If you believe that Community Health Choice, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance.

You can file a grievance in person or by mail, fax or email:

Service Improvement Department

2636 South Loop West, Suite 125
Houston, Texas 77054

Phone: 1.855.315.5386

Email: ServiceImprovement@CommunityHealthChoice.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Arabic

يتضمن هذا الإشعار معلومات مهمة. وتتعلق هذه المعلومات الهامة في الإشعار بخصوص طلبك أو التغطية تحت التأمين الصحي. Community Health Choice. يبحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لإجراء إجراءات قبل مواعيد محددة للحفاظ على تأمينك الصحي أو مساعدتك في دفع التكاليف. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. اتصل على 1.855.315.5386.

English

This Notice has Important Information. This notice has important information about your application or coverage through Community Health Choice. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1.855.315.5386.

German

Diese Mitteilung enthält wichtige Informationen. Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag auf Krankenversicherung bzw. Ihren Versicherungsschutz mit Community Health Choice. Achten Sie auf wichtige Termine in dieser Mitteilung. Eventuell müssen Sie zu bestimmten Stichtagen Maßnahmen ergreifen, um die Beibehaltung Ihres Versicherungsschutzes bzw. finanzieller Unterstützung in Ihrer Sprache. Rufen Sie an unter 1.855.315.5386.

Hindi

इस सूचना में महत्वपूर्ण जानकारी है। इस सूचना में आपके आवेदन या Community Health Choice द्वारा कवरेज के बारे में महत्वपूर्ण जानकारी है। इस सूचना में महत्वपूर्ण तारीखों के लिए खोजिए। आपको अपने स्वास्थ्य के कवरेज रखने के लिए या लागत की मदद के लिए निश्चित समय सीमा से कार्रवाई करने की ज़रूरत हो सकती है। आपको अपनी भाषा में यह जानकारी और सहायता निशुल्क प्राप्त करने का अधिकार है। 1.855.315.5386 पर कॉल कीजिए।

Korean

이 통지서는 중요한 정보를 담고 있습니다. 이 통지서는 Community Health Choice를 통한 귀하의 신청이나 보험보장에 대해 중요한 정보를 담고 있습니다. 이 통지서에서 주요 날짜를 확인하십시오. 귀하의 건강보험 보장을 유지하거나 비용에서 도움을 받기 위해서는 일정한 마감일까지 조치를 취해야 할 수 있습니다. 귀하에게는, 이러한 정보를 받고 무료로 귀하의 언어로 도움을 받을 권리가 있습니다. 1.855.315.5386로 연락하십시오.

Persian

این اطلاعیه حاوی اطلاعات مهمی می باشد. این اطلاعیه حاوی نکات مهمی درباره تقاضای بیمه و پوشش بیمه ای شما توسط Community Health Choice می باشد. به تاریخ های ذکر شده در این اطلاعیه توجه نمایید. به منظور برقرار نگه داشتن پوشش بیمه ای یا دریافت کمک هزینه، ممکن است نیاز باشد که تا مهلت های مقرر، اقداماتی را انجام دهید. حق شماست که این اطلاعات و کمک را بطور رایگان به زبان خودتان دریافت نمایید. به شماره تلفن 1.855.315.5386 تماس بگیرید.

Spanish or Spanish Creole

Este aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Community Health Choice. Preste atención a las fechas clave que se incluyen en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al teléfono 1.855.315.5386.

Urdu

اس نوٹس میں اہم معلومات ہیں۔ اس نوٹس میں Community Health Choice کے ذریعے آپ کی درخواست یا بیمے کی تحفظ سے متعلق اہم معلومات ہیں۔ اس نوٹس میں اہم تاریخوں کو دیکھیں۔ اپنی صحت کے بیمے کے تحفظ کو برقرار رکھنے یا اخراجات میں مدد کے لیے آپ کو کچھ خاص تاریخوں تک کارروائی کرنے کی ضرورت ہوسکتی ہے۔ آپ کو ان معلومات اور مدد کو اپنی زبان میں مفت حاصل کرنے کا حق حاصل ہے۔ 1.855.315.5386 پر رابطہ کریں۔

Chinese

本通知有重要信息。本通知包含關於您透過Community Health Choice提交之申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或費用補貼。您有權免費以您的母語得到本訊息和幫助。請撥電話1.855.315.5386。

French

Cet avis contient d'importantes informations. Cet avis contient d'importantes informations concernant votre demande ou votre couverture avec Community Health Choice. Consultez les dates figurant dans le présent avis car il est possible que vous ayez à prendre certaines mesures avant ces dates pour conserver votre assurance santé ou profiter de meilleurs coûts. Vous êtes en droit de recevoir ces informations et de bénéficier gratuitement d'une aide dans votre langue. Appelez le 1.855.315.5386.

Gujarati

આ નોટિસમાં મહત્વની માહિતી છે. આ નોટિસમાં Community Health Choice દ્વારા તમારી અરજી અને કવરેજ વર્ષી મહત્વની જાણકારી છે. આ નોટિસમાં મહત્વની તારીખો માટે જુઓ. તમારા આરોગ્ય કવરેજને રાખવા અથવા ખર્ચ બાબતે મદદ કરવા માટે અમુક ચોક્કસ મુદત સુધી પગલાં લેવાની તમારે જરૂર પડી શકે છે. તમને કોઈ પણ ખર્ચ વગર તમારી ભાષામાં આ જાણકારી અને મદદ મેળવવાની અધિકાર છે. 1.855.315.5386 પર કોલ કરો.

Japanese

この通知には必要な情報が含まれています。この通知にはCommunity Health Choiceの申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。1.855.315.5386までお電話ください。

Laotian

ທັງສີແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນ. ທັງສີແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການສະໜັບສະໜູນການຄຸ້ມຄອງຂອງທ່ານໂດຍຜ່ານ Community Health Choice. ໃຫ້ຊອກຫາຂໍ້ມູນວັນທີທີ່ສໍາຄັນໃນທັງສີແຈ້ງການນີ້ ທ່ານຄວນຈະຕອບປະຕິບັດພາຍໃນກໍານົດເວລາເພື່ອທີ່ຈະຮັກສາການຄຸ້ມຄອງສຸຂະພາບຂອງທ່ານພາຍຫຼັງການຊ່ວຍເຫຼືອໃນເລື່ອງຄ່າໄຊ້ຈ່າຍ. ມັນເປັນສິດທິຂອງທ່ານທີ່ຈະໄດ້ຮັບຂໍ້ມູນສໍາຄັນນີ້ແລະການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ລະລັບ: 1.855.315.5386.

Russian

Настоящее уведомление содержит важную информацию. Настоящее уведомление содержит важную информацию о вашем заявлении или страховом покрытии, предоставляемым Community Health Choice. Обратите внимание на основные даты, указанные в настоящем уведомлении. Возможно, будет необходимо предпринять действия до наступления конечного срока для сохранения страхового полиса или для получения помощи в оплате расходов. Вы имеете право на бесплатное получение этой информации и помощи на вашем языке. Звоните по телефону: 1.855.315.5386.

Tagalog

Ang Notisyang ito ay naglalaman ng Importanteng Impormasyon. Maayroon itong importanteng impormasyon tungkol sa inyong aplikasyon o pagpapaseguro sa pamamagitan Community Health Choice. Hanapin ang mga importanteng petsa sa notisyang ito. Maaaring may kailangan kayong gawin bago ang mga itinakdang deadline para manatiling nakaseguro o para matulungan kayo sa mga kailangang babayaran. Kayo ay may karapatang makatanggap nitong impormasyon at makatanggap ng pagsasalain sa inyong wika na wala kayong babayaran. Tawagan ang 1.855.315.5386.

Vietnamese

Thông báo này có Thông Tin Quan Trọng. Thông báo này có thông tin quan trọng về mẫu đơn của bạn hoặc bảo hiểm qua chương trình Community Health Choice. Xem những ngày quan trọng trong thông báo này. Bạn có thể cần phải thực hiện trong thời gian nhất định để giữ bảo hiểm sức khỏe của bạn hay giúp đỡ chi phí. Bạn có quyền được thông tin này và giúp đỡ trong ngôn ngữ của mình miễn phí. Xin gọi 1.855.315.5386.