




The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-855-315-5386 or <https://www.communityhealthchoice.org/health-insurance-marketplace/know-the-details-2022/>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-855-315-5386 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$0.	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your <u>deductible</u> ?	Yes.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply.
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	Not Applicable.	This <u>plan</u> does not have an <u>out-of-pocket</u> limit on your expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Not Applicable.	This <u>plan</u> does not have an <u>out-of-pocket</u> limit on your expenses.
Will you pay less if you use a <u>network provider</u> ?	Not Applicable.	This <u>plan</u> does not use a <u>provider network</u> . You can receive covered services from any <u>provider</u> .
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	No Charge	No Charge	None
	<a href="#">Specialist</a> visit	No Charge	No Charge	None
	<a href="#">Preventive care/screening/immunization</a>	No Charge	No Charge	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	No Charge	No Charge	None
	Imaging (CT/PET scans, MRIs)	No Charge	No Charge	Requires <a href="#">preauthorization</a> . Failure to obtain an authorization may result in denial of benefits. *See Section 3(g)
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="https://www.communityhealthchoice.org/wp-content/uploads/2021/05/formulary-2022.pdf">https://www.communityhealthchoice.org/wp-content/uploads/2021/05/formulary-2022.pdf</a>	Generic drugs	No Charge	No Charge	Covers up to 30 day supply (retail). Covers up to 90 day supply (mail order). Please refer to <a href="#">formulary</a> for cost share tiers. Tier 1 includes preferred generics and some lower cost brand products. *See Section 3(n).
	Preferred brand drugs	No Charge	No Charge	Covers up to 30 day supply (retail). Covers up to 90 day supply (mail order). <a href="#">Preauthorization</a> may be required for a branded medication when the generic equivalent is preferred on the <a href="#">formulary</a> . Failure to obtain <a href="#">preauthorization</a> to show medical necessity may increase your costs. Note: If a generic drug is available and you choose to buy the preferred brand drug, you will pay the generic copay plus the cost difference between the preferred and

\* For more information about limitations and exceptions, see the [plan](#) or policy document <https://www.communityhealthchoice.org/wp-content/uploads/2021/05/eoc-deductible-2022.pdf>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP Provider (You will pay the most)	
				generic. Tier 2 includes high cost generics and preferred brand.
	Non-preferred brand drugs	No Charge	No Charge	Covers up to 30 day supply (retail). Covers up to 90 day supply (mail order). Tier 3 includes non-preferred <u>formulary</u> products (can include non-preferred generic products).
	<a href="#">Specialty drugs</a>	No Charge	No Charge	Covers up to 30 day supply (retail) Tier 4 includes <u>specialty drugs</u> .
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No Charge	No Charge	Requires <u>preauthorization</u> for certain services, failure to obtain <u>preauthorization</u> may result in denial of benefits.
	Physician/surgeon fees	No Charge	No Charge	None
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	No Charge	No Charge	None
	<a href="#">Emergency medical transportation</a>	No Charge	No Charge	Requires <u>preauthorization</u> services such as air transportation, non-emergency ground transportation, facility-to-facility transfers, <u>out-of-network</u> and out of area transfers.
	<a href="#">Urgent care</a>	No Charge	No Charge	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No Charge	No Charge	Requires <u>preauthorization</u> for certain services, failure to obtain <u>preauthorization</u> may result in denial of benefits.
	Physician/surgeon fees	No Charge	No Charge	None
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	No Charge	No Charge	Requires <u>preauthorization</u> for certain services, failure to obtain <u>preauthorization</u> may result in denial of benefits.
	Inpatient services	No Charge	No Charge	Requires <u>preauthorization</u> for certain services, failure to obtain <u>preauthorization</u> may result in denial of benefits.
<b>If you are pregnant</b>	Office visits	No Charge	No Charge	Maternity care may include tests and

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP Provider (You will pay the most)	
	Childbirth/delivery professional services	No Charge	No Charge	services described elsewhere in the SBC (i.e. ultrasound) Requires <u>preauthorization</u> for certain services, failure to obtain <u>preauthorization</u> may result in denial of benefits. *See section 3(l)
	Childbirth/delivery facility services	No Charge	No Charge	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No Charge	No Charge	Requires <u>preauthorization</u> for certain services, failure to obtain <u>preauthorization</u> may result in denial of benefits. Limited to 60 visits per year.
	<a href="#">Rehabilitation services</a>	No Charge	No Charge	Requires <u>preauthorization</u> for certain services, failure to obtain <u>preauthorization</u> may result in denial of benefits.
	<a href="#">Habilitation services</a>	No Charge	No Charge	Requires <u>preauthorization</u> for certain services, failure to obtain <u>preauthorization</u> may result in denial of benefits.
	<a href="#">Skilled nursing care</a>	No Charge	No Charge	Requires <u>preauthorization</u> for certain services, failure to obtain <u>preauthorization</u> may result in denial of benefits. Limited to 25 days per year.
	<a href="#">Durable medical equipment</a>	No Charge	No Charge	Requires <u>preauthorization</u> for certain services, failure to obtain <u>preauthorization</u> may result in denial of benefits. Limited to <u>plan</u> requirements. *See Section 3(e).
	<a href="#">Hospice services</a>	No Charge	No Charge	Limited to <u>plan</u> requirements. *See section 3(j)
<b>If your child needs dental or eye care</b>	Children's eye exam	No Charge	No Charge	One routine eye exam annually. *See section 3(w)
	Children's glasses	No Charge	No Charge	For select frames, standard lenses, and contact lenses only, for children 18 years old and younger. Limited to <u>plan</u> requirements. *See Section 3(w)

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP Provider (You will pay the most)	
	Children's dental check-up	Not Covered	Not Covered	None

**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> .)		
<ul style="list-style-type: none"> <li>Abortion with exception of limited services *See Section 4(16) of your <a href="#">plan</a> document</li> <li>Acupuncture</li> <li>Bariatric surgery</li> <li>Children's dental check-up</li> </ul>	<ul style="list-style-type: none"> <li>Cosmetic surgery</li> <li>Dental care (Adult)</li> <li>Infertility treatment</li> <li>Long-term care</li> </ul>	<ul style="list-style-type: none"> <li>Non-emergency care when traveling outside the U.S.</li> <li>Routine eye care (Adult)</li> <li>Weight loss programs</li> </ul>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)		
<ul style="list-style-type: none"> <li>Chiropractor care (35 visits per year)</li> <li>Hearing aids (each ear, every three years)</li> </ul>	<ul style="list-style-type: none"> <li>Private-duty nursing (Inpatient private duty nursing)</li> </ul>	<ul style="list-style-type: none"> <li>Routine foot care (diabetes related services)</li> </ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Texas Department of Insurance, 333 Guadalupe, Austin TX 78701 at 1-800-578-4677 or the issuer at 1-855-315-5386. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318- 2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Texas Department of Insurance, 333 Guadalupe Austin, TX 78701 or 1-800-578-4677..

**Does this plan provide Minimum Essential Coverage? Yes**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet the Minimum Value Standards? Not Applicable**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-855-315-5386

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-855-315-5386

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-855-315-5386

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*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*



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

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist](#) [copayment](#) \$0
- Hospital (facility) [coinsurance](#) 0%
- Other [cost sharing](#) 0%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$0</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist](#) [copayment](#) \$0
- Hospital (facility) [coinsurance](#) 0%
- Other [cost sharing](#) 0%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$0</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist](#) [copayment](#) \$0
- Hospital (facility) [coinsurance](#) 0%
- Other [cost sharing](#) 0%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$0</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.