

\* For more information about limitations and exceptions, see the [plan](#)



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)	
	Preferred brand drugs	No charge	No charge	Covers up to 30-day supply (retail). Covers up to 90-day

\* For more information about limitations and exceptions, see the [plan](#) or policy document at <https://www.communityhealthchoice.org/wp-content/uploads/2024/05/eoc-deductible-2025.pdf>

Common Medical Event

Services You May  
Need

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)	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	No charge	No charge	Requires <a href="#">preauthorization</a> for certain services, failure to obtain <a href="#">preauthorization</a>

Other Covered Services (Limitations may apply to these services. This is not a complete list. Please see your [plan](#) document.)

Chiropractic care (35 visits per year)

Private-duty nursing (inpatient)

Routine foot care (diabetes related services)

Hearing aids (each ear, every three years)

**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

About these Coverage Examples:



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

A [Joint](#) Simple Fracture  
(in-network emergency room visit and follow up care)

The [deductible](#) overall [deductible](#) \$0  
[Specialist copayment](#) \$0  
 Hospital (facility) [coinsurance](#) 0%  
 Other [coinsurance](#) 0%

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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*)

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*)

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

In this example, Peg would pay:

In this example, Joe would pay:

In this example, Mia would pay:

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