

* For more information about limitations and exceptions, see the [plan](#) or policy document at <https://www.communityhealthchoice.org/wp-content/uploads/2024/06/eoc-deductible-ultra-select-2025.pdf>

	Primary care visit to treat	No charge	No charge	None

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	Preferred brand drugs	No charge	No charge	Covers up to 30-day supply (retail). Covers up to 90-day supply (mail order). Preauthorization may be required for a branded medication when the generic equivalent is preferred on the formulary. Failure to obtain preauthorization 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 generic. Tier 2 includes high cost generics and preferred. Tier 2 includes high co-3(s)8(h

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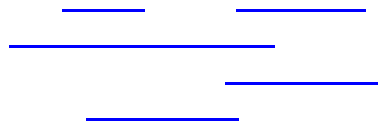
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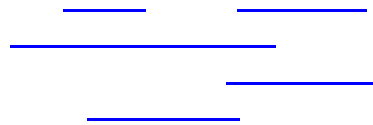
depending on the actual

Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different

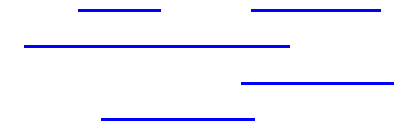
(in-network emergency room visit and follow up care)



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



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



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

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