

Summary of Benefits and Coverage:

Community Health Choice: Community Ultra Select Silver 020 87%

Coverage Period: 01/01/2025 - 12/31/2025
Coverage for: Individual + Family | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

--

Please see your [plan](#) document.)

--

Your Rights to Continue Coverage:

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

About these Coverage Examples:

This is not a cost estimator.

