



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 1-866-514-5916 or visit [optimahealth.com](http://optimahealth.com) and sign into the Member Portal. 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 <https://www.healthcare.gov/sbc-glossary> or call 1-866-514-5916 to request a copy.

Important Questions	Answers	Why This Matters
<p><b>What is the overall <a href="#">deductible</a>?</b></p>	<p><b>\$0</b> at Indian Health Care Provider (IHCP) or with IHCP referral at non IHCP; or <b>\$9,100/Individual</b> or <b>\$18,200/family In-<a href="#">Network</a></b></p>	<p>Generally, you must pay all of the costs from providers up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a>, each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a>.</p>
<p><b>Are there services covered before you meet your <a href="#">deductible</a>?</b></p>	<p>Yes. Most <a href="#">preventive care</a> services and <a href="#">screenings</a> are covered before you meet your <a href="#">deductible</a>.</p>	<p>This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example this <a href="#">plan</a> covers certain preventive services without cost sharing and before you meet your <a href="#">deductible</a>. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-carebenefits/">https://www.healthcare.gov/coverage/preventive-carebenefits/</a>.</p>
<p><b>Are there other <a href="#">deductible</a> for specific services?</b></p>	<p><b>\$0</b> at IHCP or with IHCP referral at non-IHCP; or No.</p>	<p>You don't have to meet <a href="#">deductibles</a> for specific <a href="#">services</a>.</p>
<p><b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b></p>	<p>For In-<a href="#">Network</a> <b>\$9,100</b> person / <b>\$18,200</b> family</p>	<p>The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a>, the overall family <a href="#">out-of-pocket limit</a> must be met.</p>
<p><b>What is not included in the <a href="#">out-of-pocket limit</a>?</b></p>	<p><a href="#">Premiums</a>, balance-billed charges, and health care this <a href="#">plan</a> doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a>.</p>
<p><b>Will you pay less if you use a <a href="#">network provider</a>?</b></p>	<p>Yes. See <a href="http://www.optimahealth.com">http://www.optimahealth.com</a> or call 1-866-514-5916.</p>	<p>This <a href="#">plan</a> uses a <a href="#">provider network</a>. You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a>. You will pay the most if you use an <a href="#">out-of-network provider</a>, and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays (<a href="#">balance billing</a>). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.</p>
<p><b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b></p>	<p>No.</p>	<p>You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a>.</p>

 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 In-Network Provider (You will pay more)	Non-IHCP Non-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	No charge	0% <a href="#">coinsurance</a>	Not covered	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
	<a href="#">Specialist</a> visit	No charge	0% <a href="#">coinsurance</a>	Not covered	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
	<a href="#">Preventive care/ screening/ immunization</a>	No charge	No charge, <a href="#">deductible</a> does not apply	Not covered	You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services you need are <a href="#">preventive</a> . Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge	0% <a href="#">coinsurance</a>	Not covered	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
	Imaging (CT/PET scans, MRIs)	No charge	0% <a href="#">coinsurance</a>	Not covered	<a href="#">Pre-authorization</a> required. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="#">optimahealth.com</a> .	Preferred generic drugs (Tier 1)	No charge	No charge retail No charge mail order	Not covered retail Not covered mail order	Medical <a href="#">deductible</a> applies. Coverage is limited to FDA-approved <a href="#">prescription drugs</a> . One <a href="#">copayment</a> or <a href="#">coinsurance</a> amount covers up to a 30-day supply; two <a href="#">copayment</a> or <a href="#">coinsurance</a> amounts cover up to a 31- to 60-day supply; and three <a href="#">copayment</a> or <a href="#">coinsurance</a> amounts cover up to a 61- to 90-
	Preferred brand & other generic drugs (Tier 2)	No charge	No charge retail No charge mail order	Not covered retail Not covered mail order	
	Non-Preferred brand	No charge	No charge retail	Not covered retail	

\* For more information about limitations and exceptions, see the plan or policy document at [https://apps.optimahealth.com/Public/OHBRFileManager/DownloadFile.aspx?filePath=%2Fpresales%2F2023%2FEoccoi-For-SBC%2F2023\\_IP\\_20507VA141000803.pdf](https://apps.optimahealth.com/Public/OHBRFileManager/DownloadFile.aspx?filePath=%2Fpresales%2F2023%2FEoccoi-For-SBC%2F2023_IP_20507VA141000803.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 In-Network Provider (You will pay more)	Non-IHCP Non-Network Provider (You will pay the most)	
	drugs (Tier 3)		No charge mail order	Not covered mail order	day supply (retail). Some outpatient prescription drugs in Tier 1, Tier 2, and Tier 3 are available in a 90-day supply through mail order. Tier 4 Specialty Drugs are only available from a Plan Specialty Pharmacy and are limited to a 30-day supply (retail and mail order).
	<a href="#">Specialty drugs</a> (Tier 4)	No charge	No charge retail	Not covered retail	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No charge	0% <a href="#">coinsurance</a>	Not covered	<a href="#">Pre-authorization</a> required. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
	Physician/surgeon fees	No charge	0% <a href="#">coinsurance</a>	Not covered	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	No charge	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
	<a href="#">Emergency medical transportation</a>	No charge	Non-emergency services: 0% <a href="#">coinsurance</a> Emergency services: 0% <a href="#">coinsurance</a>	Non-emergency services: Not covered Emergency services: 0% <a href="#">coinsurance</a>	<a href="#">Pre-authorization</a> required for non-emergent transport. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
	<a href="#">Urgent care</a>	No charge	0% <a href="#">coinsurance</a>	Not covered	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No charge	0% <a href="#">coinsurance</a>	Not covered	<a href="#">Pre-authorization</a> required. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an

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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 In-Network Provider (You will pay more)	Non-IHCP Non-Network Provider (You will pay the most)	
					<a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
	Physician/surgeon fees	No charge	0% <a href="#">coinsurance</a>	Not covered	<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	No charge	Office visits: 0% <a href="#">coinsurance</a> Other visits: 0% <a href="#">coinsurance</a>	Office visits: Not covered Other visits: Not covered	<a href="#">Pre-authorization</a> required for partial hospitalization, intensive outpatient program, electro-convulsive therapy, and Transcranial Magnetic Stimulation. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
	Inpatient services	No charge	0% <a href="#">coinsurance</a>	Not covered	<a href="#">Pre-authorization</a> required for all inpatient services. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
<b>If you are pregnant</b>	Office visits	No charge	0% <a href="#">coinsurance</a>	Not covered	<a href="#">Pre-authorization</a> required for prenatal services. <a href="#">Cost sharing</a> does not apply to certain preventive services. Maternity care may include tests and services described elsewhere in this SBC (i.e. ultrasound). <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
	Childbirth/delivery professional services	No charge	0% <a href="#">coinsurance</a>	Not covered	
	Childbirth/delivery facility services	No charge	0% <a href="#">coinsurance</a>	Not covered	
<b>If you need help</b>	<a href="#">Home health care</a>	No charge	0% <a href="#">coinsurance</a>	Not covered	<a href="#">Pre-authorization</a> required. 100 visits/year.

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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 In-Network Provider (You will pay more)	Non-IHCP Non-Network Provider (You will pay the most)	
recovering or have other special health needs					<a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
	<a href="#">Rehabilitation services</a>	No charge	Rehabilitative PT/OT: 0% <a href="#">coinsurance</a> Rehabilitative Speech Therapy: 0% <a href="#">coinsurance</a> Other Services: 0% <a href="#">coinsurance</a>	Rehabilitative PT/OT: Not covered Rehabilitative Speech Therapy: Not covered Other Services: Not covered	<a href="#">Pre-authorization</a> required. 30 visits/plan year for PT, OT. 30 visits/plan year for ST. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
	<a href="#">Habilitation services</a>	No charge	Habilitative PT/OT: 0% <a href="#">coinsurance</a> Habilitative Speech Therapy: 0% <a href="#">coinsurance</a> Other Services: 0% <a href="#">coinsurance</a>	Habilitative PT/OT: Not covered Habilitative Speech Therapy: Not covered Other Services: Not covered	<a href="#">Pre-authorization</a> required. 30 visits/plan year for PT, OT. 30 visits/plan year for ST. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
	<a href="#">Skilled nursing care</a>	No charge	0% <a href="#">coinsurance</a>	Not covered	<a href="#">Pre-authorization</a> required. 100 days/stay. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
	<a href="#">Durable medical equipment</a>	No charge	0% <a href="#">coinsurance</a>	Not covered	<a href="#">Pre-authorization</a> required for single items over \$750, all rental items, and repair and replacement. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).

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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 In-Network Provider (You will pay more)	Non-IHCP Non-Network Provider (You will pay the most)	
	<a href="#">Hospice services</a>	No charge	0% <a href="#">coinsurance</a>	Not covered	<a href="#">Pre-authorization</a> required. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
If your child needs dental or eye care	Children's eye exam	No charge	No charge, <a href="#">deductible</a> does not apply	Not covered	Coverage limited to one exam/ <a href="#">plan</a> year from participating VSP <a href="#">providers</a> . <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
	Children's glasses	No charge	No charge, <a href="#">deductible</a> does not apply	Not covered	Coverage limited to one pair/ <a href="#">plan</a> year from participating VSP <a href="#">providers</a> . <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . If an <a href="#">out-of-network provider</a> charges more than the <a href="#">allowed amount</a> , you may have to pay the difference ( <a href="#">balance-billing</a> ).
	Children's dental check-up	No charge	Not covered	Not covered	None.

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## Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"><li>• Abortion (except in cases of rape, incest, or when the life of the mother is endangered)</li><li>• Acupuncture</li><li>• Bariatric Surgery</li><li>• Cosmetic Surgery</li></ul>	<ul style="list-style-type: none"><li>• Dental Care (Adult)</li><li>• Dental Care (Pediatric)</li><li>• Hearing aids</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>• Routine foot care unless medically necessary</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>• Chiropractic Care</li></ul>	<ul style="list-style-type: none"><li>• Infertility Treatment</li></ul>	<ul style="list-style-type: none"><li>• Private-duty nursing</li></ul>

### Your Rights to Continue Coverage:

For more information on your rights to continue coverage, contact the plan at 1-866-514-5916. There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is your state insurance department at Bureau of Insurance at 1-877-310-6560 or [bureauofinsurance@scc.virginia.gov](mailto:bureauofinsurance@scc.virginia.gov); or [www.HealthCare.gov](http://www.HealthCare.gov) at 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 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: member services at the number on the back of your member ID card. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform); or your state department of insurance at the Virginia State Corporation Commission, Life & Health Division, Bureau of Insurance, P.O. Box 1157, Richmond, VA, 23218, 1-877-310-6560 or [bureauofinsurance@scc.virginia.gov](mailto:bureauofinsurance@scc.virginia.gov).

Additionally, a consumer assistance program can help you file your appeal. Contact the Virginia State Corporation Commission, Life & Health Division, Bureau of Insurance, P.O. Box 1157, Richmond, VA, 23218, 1-877-310-6560, or [bureauofinsurance@scc.virginia.gov](mailto:bureauofinsurance@scc.virginia.gov).

### 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 [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

### Does this plan meet the Minimum Value Standards? **Yes**

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 1-855-687-6260.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-855-687-6260.

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Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-855-687-6260.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-855-687-6260.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next page.—————

\* For more information about limitations and exceptions, see the plan or policy document at  
[https://apps.optimahealth.com/Public/OHBRFileManager/DownloadFile.aspx?filePath=%2Fpresales%2F2023%2FEOCCOI-For-SBC%2F2023\\_IP\\_20507VA141000803.pdf](https://apps.optimahealth.com/Public/OHBRFileManager/DownloadFile.aspx?filePath=%2Fpresales%2F2023%2FEOCCOI-For-SBC%2F2023_IP_20507VA141000803.pdf)



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 ([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)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$9,100	■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$9,100	■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$9,100
■ <a href="#">Specialist coinsurance</a>	0%	■ <a href="#">Specialist coinsurance</a>	0%	■ <a href="#">Specialist coinsurance</a>	0%
■ Hospital (facility) <a href="#">coinsurance</a>	0%	■ Hospital (facility) <a href="#">coinsurance</a>	0%	■ Hospital (facility) <a href="#">coinsurance</a>	0%
■ Other <a href="#">coinsurance</a>	0%	■ Other <a href="#">coinsurance</a>	0%	■ Other <a href="#">coinsurance</a>	0%
<b>This EXAMPLE event includes services like:</b> Specialist office visits ( <i>prenatal care</i> ) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests ( <i>ultrasounds and blood work</i> ) Specialist visit ( <i>anesthesia</i> )		<b>This EXAMPLE event includes services like:</b> Primary care physician office visits ( <i>including disease education</i> ) Diagnostic tests ( <i>blood work</i> ) Prescription drugs Durable medical equipment ( <i>glucose meter</i> )		<b>This EXAMPLE event includes services like:</b> Emergency room care ( <i>including medical supplies</i> ) Diagnostic test ( <i>x-ray</i> ) Durable medical equipment ( <i>crutches</i> ) Rehabilitation services ( <i>physical therapy</i> )	
<b>Total Example Cost</b>	<b>\$12,700</b>	<b>Total Example Cost</b>	<b>\$5,600</b>	<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Peg would pay:</b>		<b>In this example, Joe would pay:</b>		<b>In this example, Mia would pay:</b>	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
Deductibles	\$0	Deductibles	\$0	Deductibles	\$0
Copayments	\$0	Copayments	\$0	Copayments	\$0
Coinsurance	\$0	Coinsurance	\$0	Coinsurance	\$0
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$0	Limits or exclusions	\$0	Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$0</b>	<b>The total Joe would pay is</b>	<b>\$0</b>	<b>The total Mia would pay is</b>	<b>\$0</b>

Note: These numbers assume the patient received care from an IHCP provider or with IHCP referral at a non-IHCP. If you receive care from a non-IHCP provider without a referral from an IHCP your costs may be higher.