

Schedule of Benefits Chorus Core Gold Limited

For Covered Services to be paid at the level described in Your Schedule of Benefits, they must be Medically Necessary. They must also meet all other criteria described in Your Evidence of Coverage. Please note that Your plan may not cover all of Your health care expenses, such as Copayment and Coinsurance. To understand what Your plan covers, review Your Evidence of Coverage.

If You have any questions about Your Benefits, or would like to find an *In-Network Provider* near You, visit <u>chorushealthplans.org/find-a-doc</u>. You can also call CCHP's Customer Service at 844-201-4672.

Copayment, Deductible, and Coinsurance will not apply to Covered Services when a member obtains care through an Urban Indian Organization Provider. When utilizing an In-Network Provider, Copayment, Deductible, and Coinsurance will apply unless a referral is obtained from an Urban Indian Organization Provider.

In-Network Benefits Only	Member Responsibility	
Individual Medical Calendar Year Deductible	\$1,500	
Family Medical Calendar Year Deductible	\$3,000	
Medical Coinsurance	25%	
Individual Maximum Out-of-Pocket Limit ^	\$7,800	
Family Maximum Out-of-Pocket Limit ^	\$15,600	
Prescription benefits are included as part of the medical benefit amounts listed above.		
Office Visits		
Primary Care Provider/Practitioner/Physician/Doctor Visit	\$30 Copay	
Specialist Visit	\$60 Copay	
Chiropractic Care Visit	\$30 Copay	
Diagnostic Services		
Outpatient Laboratory Tests	Subject to Deductible & Coinsurance	
Diagnostic X-Rays	Subject to Deductible & Coinsurance	
Diagnostic Imaging *	Subject to Deductible & Coinsurance	
Emergency and Ambulance Services		
Emergency Room	Subject to Deductible & Coinsurance	
Urgent Care	\$45 Copay	
Ambulance (Ground and Air)	Subject to Deductible & Coinsurance	
Out-of-Network Providers may Balance Bill for ground ambulance services.		

[^] Maximum Out-of-Pocket Limit in the calendar year includes Deductible, Coinsurance, and Copayments.

Chorus Core Gold Limited SOB 2025 (Rev 2024.06.04)

PO Box 1997 • Milwaukee, WI 53201-1997 • Toll-free: 1-844-201-4672

© Chorus Community Health Plans. All rights reserved. CCHP complies with Federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability or sex. Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-844-201-4672 (TTY: 7-1-1). Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. 1-844-201-4672 (TTY: 7-1-1).



Hearing Aids (Replacement every 3 years)* Subject to Deductible & Coinsurance Cochlear Implants (Replacement every 3 years)* Subject to Deductible & Coinsurance Bone-anchored hearing device (Limited to 1 per lifetime)* Subject to Deductible & Coinsurance Inpatient Hospital Service (Facility)* Subject to Deductible & Coinsurance Inpatient Hospital Service (Facility)* Subject to Deductible & Coinsurance Inpatient Hospital Services (Professional)* Subject to Deductible & Coinsurance Maternity Services Subject to Deductible & Coinsurance Physician Services Subject to Deductible & Coinsurance Maternity Services Subject to Deductible & Coinsurance Physician Services Subject to Deductible & Coinsurance Outpatient - Office Visit (select services*) \$30 Capay • Other outpatient services will be subject to Deductible & Coinsurance Inpatient* Brane Health Care (60 visits per calendar year)* Subject to Deductible & Coinsurance Inapslants* Subject to Deductible & Coinsurance Durable Medical Equipment (over \$500*) Subject to Deductible & Coinsurance Natism Spectrum Disorder* Subject to Deductible & Coinsurance Hospice* Subject to Deductible & Coinsurance Proventive Care \$0 Proventive Care \$0 Proventive Care services that are covered <td< th=""><th>Hearing Services</th><th></th></td<>	Hearing Services	
Bone-anchored hearing device (Limited to 1 per lifetime)* Subject to Deductible & Coinsurance Inpatient Hospital Service (Facility)* Subject to Deductible & Coinsurance Inpatient Physician Services (Professional)* Subject to Deductible & Coinsurance Matemity Services Subject to Deductible & Coinsurance Pracility Services Subject to Deductible & Coinsurance Matemity Services Subject to Deductible & Coinsurance Physician Services Subject to Deductible & Coinsurance Mental Health and Substance Use Disorder Services Whether to Deductible & Coinsurance Outpatient - Office Visit (select services *) \$30 Copay • Other Services Subject to Deductible & Coinsurance Inpatient * Subject to Deductible & Coinsurance Durable Medical Equipment (over \$500 *) Subject to Deductible & Coinsurance Durable Medical Equipment and Supplies (select services *) Subject to Deductible & Coinsurance Notspice * Subject to Deductible & Coinsurance Prosthetic Devices * Subject to Deductible & Coinsurance Pre	Hearing Aids (Replacement every 3 years) *	Subject to Deductible & Coinsurance
Hospital ServicesInpatient Hospital Service (Facility)*Subject to Deductible & CoinsuranceInpatient Physician Services (Professional)*Subject to Deductible & CoinsuranceMaternity ServicesSubject to Deductible & CoinsuranceFacility ServicesSubject to Deductible & CoinsurancePhysician ServicesSubject to Deductible & CoinsuranceMental Health and Substance Use Disorder ServicesSubject to Deductible & CoinsuranceOutpatient - Office Visit (select services *)\$30 Copay• Other outpatient services will be subject to Deductible & Coinsurance.Inpatient *Subject to Deductible & CoinsuranceOther ServicesSubject to Deductible & CoinsuranceDurable Medical Equipment (over \$500 *)Subject to Deductible & CoinsuranceDurable Medical Equipment and Supplies (select services *)Subject to Deductible & CoinsuranceAutism Spectrum Disorder *Subject to Deductible & CoinsurancePreventive Care\$0• For a full list of Preventive Care services that are covered at a \$0 Copay, please visit our website at chorushealthplans.org.Rehabilitative and Habilitative Services\$30 CopayPhysical Therapy (30 visits per calendar year)\$30 Copay• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for <u>acch</u> therapy service listed above per calendar year.Rehabilitation (36 sessions per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance	Cochlear Implants (Replacement every 3 years) *	Subject to Deductible & Coinsurance
Inpatient Hospital Service (Facility)*Subject to Deductible & CoinsuranceInpatient Physician Services (Professional)*Subject to Deductible & CoinsuranceMaternity ServicesSubject to Deductible & CoinsurancePracility ServicesSubject to Deductible & CoinsuranceMental Health and Substance Use Disorder ServicesSubject to Deductible & CoinsuranceOutpatient - Office Yisit (select services*)\$30 Copay• Other outpatient services will be subject to Deductible & Coinsurance.Inpatient*Subject to Deductible & CoinsuranceOther ServicesHome Health Care (60 visits per calendar year)*Subject to Deductible & CoinsuranceDurable Medical Equipment (over \$500*)Subject to Deductible & CoinsuranceDiabetic Equipment and Supplies (select services*)Subject to Deductible & CoinsuranceHospice*Subject to Deductible & CoinsurancePreventive Care\$0Preventive Care\$0Speech Therapy (30 visits per calendar year)\$30 CopayPhysical Therapy (30 visits per calendar year)	Bone-anchored hearing device (Limited to 1 per lifetime) *	Subject to Deductible & Coinsurance
Inpatient Physician Services (Professional)* Subject to Deductible & Coinsurance Maternity Services Subject to Deductible & Coinsurance Physician Services Subject to Deductible & Coinsurance Mental Health and Substance Use Disorder Services Subject to Deductible & Coinsurance Mental Health and Substance Use Disorder Services \$30 Copay Outpatient - Office Visit (select services *) \$30 Copay Other outpatient services will be subject to Deductible & Coinsurance. Inpatient * Inpatient * Subject to Deductible & Coinsurance Other Services Home Health Care (60 visits per calendar year) * Subject to Deductible & Coinsurance Durable Medical Equipment (over \$500 *) Subject to Deductible & Coinsurance Diabetic Equipment and Supplies (select services *) Subject to Deductible & Coinsurance Natism Spectrum Disorder * Subject to Deductible & Coinsurance Preventive Care \$0 Preventive Care \$0 Subject to Deductible & Coinsurance Preventive Care Preventive Care \$0 Subject to Deductible & Coinsurance Preventive Care \$0 Subject to Deductible & Coinsurance Preventive Care \$0 \$30 Copay <	Hospital Services	
Maternity Services Subject to Deductible & Coinsurance Physician Services Subject to Deductible & Coinsurance Mental Health and Substance Use Disorder Services Subject to Deductible & Coinsurance Outpatient - Office Visit (select services *) \$30 Copay • Other outpatient services will be subject to Deductible & Coinsurance. Inpatient * Inpatient * Subject to Deductible & Coinsurance Home Health Care (60 visits per calendar year) * Subject to Deductible & Coinsurance Durable Medical Equipment (over \$500 *) Subject to Deductible & Coinsurance Diabetric Equipment and Supplies (select services *) Subject to Deductible & Coinsurance Hospice * Subject to Deductible & Coinsurance Preventive Care \$ubject to Deductible & Coinsurance Preventive Care \$ubject to Deductible & Coinsurance Preventive Care \$ubject to Deductible & Coinsurance Speech Therapy (30 visits per calendar year) \$ubject to Deductible & Coinsurance Speech Therapy (30 visits per calendar year) \$30 Copay Physical Therapy (30 visits per calendar year) \$30 Copay Physical Therapy (30 visits per calendar year) \$30 Copay Occupational Therapy (30 visits per	Inpatient Hospital Service (Facility) *	Subject to Deductible & Coinsurance
Facility ServicesSubject to Deductible & CoinsurancePhysician ServicesSubject to Deductible & CoinsuranceMental Health and Substance Use Disorder Services\$30 CopayOutpatient - Office Visit (select services *)\$30 Copay• Other outpatient services will be subject to Deductible & Coinsurance.Inpatient *Subject to Deductible & CoinsuranceOther ServicesHome Health Care (60 visits per calendar year) *Subject to Deductible & CoinsuranceDurable Medical Equipment (over \$500 *)Subject to Deductible & CoinsuranceDiabetic Equipment and Supplies (select services *)Subject to Deductible & CoinsuranceAutism Spectrum Disorder *Subject to Deductible & CoinsuranceHospice *Subject to Deductible & CoinsurancePreventive Care\$0• For a full list of Preventive Care services that are covered at a \$0 Copay, please visit our website at chorushealthplans.org.Rehabilitative and Habilitative Services\$30 CopayOccupational Therapy (30 visits per calendar year)\$30 Copay• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year.Rehabilitation (36 sessions per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & CoinsuranceSubject to Deductible a colendar year)\$30 Copay• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative the	Inpatient Physician Services (Professional) *	Subject to Deductible & Coinsurance
Physician Services Subject to Deductible & Coinsurance Mental Health and Substance Use Disorder Services \$30 Copay Outpatient - Office Visit (select services *) \$30 Copay • Other outpatient services will be subject to Deductible & Coinsurance. Inpatient * Inpatient * Subject to Deductible & Coinsurance Other Services Home Health Care (60 visits per calendar year) * Subject to Deductible & Coinsurance Durable Medical Equipment (over \$500 *) Subject to Deductible & Coinsurance Diabetic Equipment and Supplies (select services *) Subject to Deductible & Coinsurance Autism Spectrum Disorder * Subject to Deductible & Coinsurance Hospice * Subject to Deductible & Coinsurance Preventive Care \$0 • For a full list of Preventive Care services that are covered at a \$0 Copay, please visit our website at chorushealthplans.org. \$30 Copay Physical Therapy (30 visits per calendar year) \$30 Copay Occupational Therapy (30 visits per calendar year) \$30 Copay Physical Therapy (30 visits per calendar year) \$30 Copay Physical Therapy (30 visits per calendar year) \$30 Copay Occupational Therapy (30 visits per calendar year) <td>Maternity Services</td> <td></td>	Maternity Services	
Mental Health and Substance Use Disorder ServicesOutpatient - Office Visit (select services *)\$30 Copay• Other outpatient services will be subject to Deductible & Coinsurance.Inpatient *Subject to Deductible & CoinsuranceInpatient *Subject to Deductible & CoinsuranceTransplants *Subject to Deductible & CoinsuranceDurable Medical Equipment (over \$500 *)Subject to Deductible & CoinsuranceDiabetic Equipment and Supplies (select services *)Subject to Deductible & CoinsuranceHospice *Subject to Deductible & CoinsuranceHospice *Subject to Deductible & CoinsuranceProsthetic Devices *Subject to Deductible & CoinsurancePreventive Care\$0*Subject to Deductible & CoinsuranceSpeech Therapy (30 visits per calendar year)\$30 CopayPhysical Therapy (30 visits per calendar year)\$30 Copay*Speech Therapy (30 visits per calendar year)*\$30 Copay*Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year.*Rehabilitative Services - OtherCardiac Rehabilitation (36 sessions per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance	Facility Services	Subject to Deductible & Coinsurance
Outpatient - Office Visit (select services *)\$30 Copay• Other outpatient services will be subject to Deductible & Coinsurance.Inpatient *Subject to Deductible & CoinsuranceOther ServicesSubject to Deductible & CoinsuranceHome Health Care (60 visits per calendar year) *Subject to Deductible & CoinsuranceTransplants *Subject to Deductible & CoinsuranceDurable Medical Equipment (over \$500 *)Subject to Deductible & CoinsuranceDiabetic Equipment and Supplies (select services *)Subject to Deductible & CoinsuranceAutism Spectrum Disorder *Subject to Deductible & CoinsuranceHospice *Subject to Deductible & CoinsurancePreventive Care\$0• For a full list of Preventive Care services that are covered at a \$0 Copay, please visit our website at chorushealthplans.org.Rehabilitative and Habilitative Services\$30 CopayOccupational Therapy (30 visits per calendar year)\$30 Copay• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year.Rehabilitation (36 sessions per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & CoinsuranceRehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance	Physician Services	Subject to Deductible & Coinsurance
Other outpatient services will be subject to Deductible & Coinsurance. Inpatient * Other Services Home Health Care (60 visits per calendar year) * Subject to Deductible & Coinsurance Durable Medical Equipment (over \$500 *) Subject to Deductible & Coinsurance Diabetic Equipment and Supplies (select services *) Subject to Deductible & Coinsurance Hospice * Subject to Deductible & Coinsurance Prosthetic Devices * Subject to Deductible & Coinsurance Subject to Deductible & Coinsurance Rehabilitative and Habilitative Services Speech Therapy (30 visits per calendar year) Kehabilitative 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year) Subject to Deductible & Coinsurance Subject to Deductible 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service services - Other Cardiac Rehabilitation (36 sessions per calendar year) Subject to Deductible & Coinsurance Subject & Coinsurance Subj	Mental Health and Substance Use Disorder Services	
Inpatient *Subject to Deductible & CoinsuranceOther ServicesSubject to Deductible & CoinsuranceHome Health Care (60 visits per calendar year) *Subject to Deductible & CoinsuranceTransplants *Subject to Deductible & CoinsuranceDurable Medical Equipment (over \$500 *)Subject to Deductible & CoinsuranceDiabetic Equipment and Supplies (select services *)Subject to Deductible & CoinsuranceAutism Spectrum Disorder *Subject to Deductible & CoinsuranceHospice *Subject to Deductible & CoinsuranceProsthetic Devices *Subject to Deductible & CoinsurancePreventive Care\$0• For a full list of Preventive Care services that are covered at a \$0 Copay, please visit our website at chorushealthplans.org. Rehabilitative and Habilitative Services \$30 CopayOccupational Therapy (30 visits per calendar year)\$30 Copay• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year.Rehabilitative Services - OtherSubject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & CoinsuranceSubject to Deductible SeconsuranceSubject to Deductible & CoinsuranceProster Therapy Service listed above per calendar year)<	Outpatient – Office Visit (select services *)	\$30 Copay
Other ServicesHome Health Care (60 visits per calendar year) *Subject to Deductible & CoinsuranceTransplants *Subject to Deductible & CoinsuranceDurable Medical Equipment (over \$500 *)Subject to Deductible & CoinsuranceDiabetic Equipment and Supplies (select services *)Subject to Deductible & CoinsuranceAutism Spectrum Disorder *Subject to Deductible & CoinsuranceHospice *Subject to Deductible & CoinsuranceProsthetic Devices *Subject to Deductible & CoinsurancePreventive Care\$0• For a full list of Preventive Care services that are covered at a \$0 Copay, please visit our website at chorushealthplans.org.Rehabilitative and Habilitative ServicesSpeech Therapy (30 visits per calendar year)\$30 CopayPhysical Therapy (30 visits per calendar year)\$30 Copay• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year.Rehabilitative Services - OtherCardiac Rehabilitation (36 sessions per calendar year)Pulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance	Other outpatient services will be subject to Deductible &	Coinsurance.
Home Health Care (60 visits per calendar year)*Subject to Deductible & CoinsuranceTransplants*Subject to Deductible & CoinsuranceDurable Medical Equipment (over \$500*)Subject to Deductible & CoinsuranceDiabetic Equipment and Supplies (select services*)Subject to Deductible & CoinsuranceAutism Spectrum Disorder*Subject to Deductible & CoinsuranceHospice*Subject to Deductible & CoinsuranceProsthetic Devices*Subject to Deductible & CoinsurancePreventive CareSubject to Deductible & Coinsurancee for a full list of Preventive Care services that are covered at a \$0 Copay, please visit our website at chorushealthplans.org.Rehabilitative and Habilitative Services\$30 CopayPhysical Therapy (30 visits per calendar year)\$30 Copay• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year)Subject to Deductible & CoinsuranceRehabilitative Services - OtherSubject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance	Inpatient *	Subject to Deductible & Coinsurance
Transplants *Subject to Deductible & CoinsuranceDurable Medical Equipment (over \$500 *)Subject to Deductible & CoinsuranceDiabetic Equipment and Supplies (select services *)Subject to Deductible & CoinsuranceAutism Spectrum Disorder *Subject to Deductible & CoinsuranceHospice *Subject to Deductible & CoinsuranceProsthetic Devices *Subject to Deductible & CoinsurancePreventive Care\$0• For a full list of Preventive Care services that are covered at a \$0 Copay, please visit our website at chorushealthplans.org.Rehabilitative and Habilitative ServicesSpeech Therapy (30 visits per calendar year)\$30 CopayPhysical Therapy (30 visits per calendar year)\$30 Copay• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year.Rehabilitative Services - OtherCardiac Rehabilitation (36 sessions per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance	Other Services	
Durable Medical Equipment (over \$500 *)Subject to Deductible & CoinsuranceDiabetic Equipment and Supplies (select services *)Subject to Deductible & CoinsuranceAutism Spectrum Disorder *Subject to Deductible & CoinsuranceHospice *Subject to Deductible & CoinsuranceProsthetic Devices *Subject to Deductible & CoinsurancePreventive Care\$0• For a full list of Preventive Care services that are covered at a \$0 Copay, please visit our website at chorushealthplans.org.• Rehabilitative and Habilitative ServicesSpeech Therapy (30 visits per calendar year)\$30 Copay• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year.• Rehabilitation (36 sessions per calendar year)• Subject to Deductible & Coinsurance• Province Rehabilitation (20 visits per calendar year)• Subject to Deductible & Coinsurance• Diageneral Subject to Deductible & Coinsurance• Diageneral Subject is to Deductible & Coinsurance• Diageneral Subject is to Deductible & Coinsurance• Diageneral Subject to Deductible & Coinsurance• Diageneral Subject to Deductible & Coinsurance• Diageneral Subject to Deductible & Coinsurance• Of the consurance• Of the consurance	Home Health Care (60 visits per calendar year) *	Subject to Deductible & Coinsurance
Diabetic Equipment and Supplies (select services *)Subject to Deductible & CoinsuranceAutism Spectrum Disorder *Subject to Deductible & CoinsuranceHaspice *Subject to Deductible & CoinsuranceProsthetic Devices *Subject to Deductible & CoinsurancePreventive Care\$0• For a full list of Preventive Care services that are covered at a \$0 Copay, please visit our website at chorushealthplans.org.Rehabilitative and Habilitative ServicesSpeech Therapy (30 visits per calendar year)\$30 CopayPhysical Therapy (30 visits per calendar year)\$30 Copay• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year.Rehabilitative Services - OtherCardiac Rehabilitation (36 sessions per calendar year)Pulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & CoinsuranceSubject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance	Transplants *	Subject to Deductible & Coinsurance
Autism Spectrum Disorder *Subject to Deductible & CoinsuranceHospice *Subject to Deductible & CoinsuranceProsthetic Devices *Subject to Deductible & CoinsurancePreventive Care\$0• For a full list of Preventive Care services that are covered at a \$0 Copay, please visit our website at chorushealthplans.org.Rehabilitative and Habilitative ServicesSpeech Therapy (30 visits per calendar year)\$30 CopayPhysical Therapy (30 visits per calendar year)\$30 CopayOccupational Therapy (30 visits per calendar year)\$30 Copay• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year.Rehabilitative Services - OtherCardiac Rehabilitation (36 sessions per calendar year)Pulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance	Durable Medical Equipment (over \$500 *)	Subject to Deductible & Coinsurance
Hospice *Subject to Deductible & CoinsuranceProsthetic Devices *Subject to Deductible & CoinsurancePreventive Care\$0• For a full list of Preventive Care services that are covered at a \$0 Copay, please visit our website at chorushealthplans.org.Rehabilitative and Habilitative ServicesSpeech Therapy (30 visits per calendar year)\$30 CopayPhysical Therapy (30 visits per calendar year)\$30 CopayOccupational Therapy (30 visits per calendar year)\$30 Copay• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year.Rehabilitative Services - OtherCardiac Rehabilitation (36 sessions per calendar year)Pulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance	Diabetic Equipment and Supplies (select services *)	Subject to Deductible & Coinsurance
Prosthetic Devices *Subject to Deductible & CoinsurancePreventive Care\$0• For a full list of Preventive Care services that are covered at a \$0 Copay, please visit our website at chorushealthplans.org. Rehabilitative and Habilitative Services Speech Therapy (30 visits per calendar year)\$30 CopayPhysical Therapy (30 visits per calendar year)\$30 CopayOccupational Therapy (30 visits per calendar year)\$30 Copay• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year. Rehabilitative Services - Other Cardiac Rehabilitation (36 sessions per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance	Autism Spectrum Disorder *	Subject to Deductible & Coinsurance
Preventive Care\$0• For a full list of Preventive Care services that are covered at a \$0 Copay, please visit our website at chorushealthplans.org.Rehabilitative and Habilitative ServicesSpeech Therapy (30 visits per calendar year)Physical Therapy (30 visits per calendar year)State CopayOccupational Therapy (30 visits per calendar year)• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy service listed above per calendar year.Rehabilitative Services - OtherCardiac Rehabilitation (36 sessions per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance	Hospice *	Subject to Deductible & Coinsurance
 For a full list of Preventive Care services that are covered at a \$0 Copay, please visit our website at chorushealthplans.org. Rehabilitative and Habilitative Services Speech Therapy (30 visits per calendar year) Physical Therapy (30 visits per calendar year) State Copay Occupational Therapy (30 visits per calendar year) Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year. Rehabilitative Services - Other Cardiac Rehabilitation (36 sessions per calendar year) Subject to Deductible & Coinsurance Pulmonary Rehabilitation (20 visits per calendar year) 	Prosthetic Devices *	Subject to Deductible & Coinsurance
at chorushealthplans.org.Rehabilitative and Habilitative ServicesSpeech Therapy (30 visits per calendar year)\$30 CopayPhysical Therapy (30 visits per calendar year)\$30 CopayOccupational Therapy (30 visits per calendar year)\$30 Copay• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year.Rehabilitative Services - OtherCardiac Rehabilitation (36 sessions per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance	Preventive Care	\$0
Rehabilitative and Habilitative ServicesSpeech Therapy (30 visits per calendar year)\$30 CopayPhysical Therapy (30 visits per calendar year)\$30 CopayOccupational Therapy (30 visits per calendar year)\$30 Copay• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year.Rehabilitative Services - OtherCardiac Rehabilitation (36 sessions per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance	• For a full list of Preventive Care services that are covered	at a \$0 Copay, please visit our website
Speech Therapy (30 visits per calendar year)\$30 CopayPhysical Therapy (30 visits per calendar year)\$30 CopayOccupational Therapy (30 visits per calendar year)\$30 Copay• Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year.Rehabilitative Services - OtherCardiac Rehabilitation (36 sessions per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance	at <u>chorushealthplans.org</u> .	
Physical Therapy (30 visits per calendar year) \$30 Copay Occupational Therapy (30 visits per calendar year) \$30 Copay • Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year. Rehabilitative Services - Other Cardiac Rehabilitation (36 sessions per calendar year) Subject to Deductible & Coinsurance Pulmonary Rehabilitation (20 visits per calendar year) Subject to Deductible & Coinsurance	Rehabilitative and Habilitative Services	
Occupational Therapy (30 visits per calendar year) \$30 Copay • Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for each therapy service listed above per calendar year. Rehabilitative Services - Other Cardiac Rehabilitation (36 sessions per calendar year) Subject to Deductible & Coinsurance Pulmonary Rehabilitation (20 visits per calendar year) Subject to Deductible & Coinsurance	Speech Therapy (30 visits per calendar year)	\$30 Copay
 Members are permitted 30 Rehabilitative therapy sessions and 30 Habilitative therapy sessions for <u>each</u> therapy service listed above per calendar year. <u>Rehabilitative Services - Other</u> Cardiac Rehabilitation (36 sessions per calendar year) Subject to Deductible & Coinsurance Pulmonary Rehabilitation (20 visits per calendar year) Subject to Deductible & Coinsurance 	Physical Therapy (30 visits per calendar year)	\$30 Copay
each therapy service listed above per calendar year.Rehabilitative Services - OtherSubject to Deductible & CoinsuranceCardiac Rehabilitation (36 sessions per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance	Occupational Therapy (30 visits per calendar year)	\$30 Copay
Rehabilitative Services - OtherCardiac Rehabilitation (36 sessions per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance		
Cardiac Rehabilitation (36 sessions per calendar year)Subject to Deductible & CoinsurancePulmonary Rehabilitation (20 visits per calendar year)Subject to Deductible & Coinsurance	each therapy service listed above per calendar year.	
Pulmonary Rehabilitation (20 visits per calendar year) Subject to Deductible & Coinsurance	Rehabilitative Services - Other	
Pulmonary Rehabilitation (20 visits per calendar year) Subject to Deductible & Coinsurance	Cardiac Rehabilitation (36 sessions per calendar year)	Subject to Deductible & Coinsurance
	Skilled Nursing Facility (30 days per stay) *	Subject to Deductible & Coinsurance

Chorus Core Gold Limited SOB 2025 (Rev 2024.06.04)

PO Box 1997 • Milwaukee, WI 53201-1997 • Toll-free: 1-844-201-4672

© Chorus Community Health Plans. All rights reserved. CCHP complies with Federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability or sex. Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-844-201-4672 (TTY: 7-1-1). Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. 1-844-201-4672 (TTY: 7-1-1).



Prescription Drugs		
Generic *	\$15 Copay	
Preferred Brand *	\$30 Copay	
Non-Preferred Brand *	\$60 Copay	
Specialty *	\$250 Copay	
Prescription Drugs – Mail Order (90-day supply)		
Generic	\$37.50 Copay	
Preferred Brand	\$75 Copay	
Non-Preferred Brand	\$150 Copay	
Dental		
TMJ	Subject to Deductible & Coinsurance	
Dental Services – Accident Only	Subject to Deductible & Coinsurance	
Routine dental services are not Covered Services, but can be purchased as a stand-alone plan with Chorus Dental at <u>chorushealthplans.org.</u>		
Routine Pediatric Vision		
Children's Routine Vision Exam (1 exam per calendar year)	\$0	
Children's Eyewear	Subject to Deductible & Coinsurance	
 Children's eyewear includes one set of lenses (contacts or glasses) per year, and one pair of eyeglass frames every two years (in the Pediatric Eyewear Collection). 		

* Indicates that services may require a Prior Authorization to be filed. Please refer to Your Evidence of Coverage for the full Prior Authorization list.

Chorus Core Gold Limited SOB 2025 (Rev 2024.06.04)

PO Box 1997 • Milwaukee, WI 53201-1997 • Toll-free: 1-844-201-4672

© Chorus Community Health Plans. All rights reserved. CCHP complies with Federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability or sex. Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-844-201-4672 (TTY: 7-1-1). Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. 1-844-201-4672 (TTY: 7-1-1).