Schedule of Benefits

In-Network benefits are based on the Exclusive Provider Organization's approved amount. This Policy does not pay benefits for Covered Medical Expenses from an Out-of-Network provider, except for Emergency Services. Benefits are determined after any applicable Deductible and Coinsurance and are subject to General Exclusions and other applicable limitations.

***Deductible**
-Individual
-Family, embedded

"Embedded" = If the policy is covering a family, the amount of Covered Expenses can be satisfied by any combination of family members, but any one individual cannot contribute more than the Individual Deductible amount. An individual family member may be entitled to benefits before the Family Deductible is satisfied if that family member satisfies the Individual Deductible.

****Cost Sharing Maximum**
-Individual
-Family, embedded

Deductible, Coinsurance, and Copays apply to the Cost Sharing Maximum.

"Embedded" = If the policy is covering a family, deductibles, coinsurance and copays will continue to be applied to an individual until either the individual meets the Individual Cost Sharing Maximum or the Family Cost Sharing Maximum is satisfied. Claims paid after the Family Cost Sharing Maximum is met will have no further Cost Sharing applied.

Benefits	Indian Health Care Provider (IHCP)	Ascension Network (Non-IHCP In-Network Provider)	Out-of-Network (Non-IHCP Out-of-Network Provider)
*Individual Deductible	$0	$0	N/A
*Family Deductible	$0	$0	N/A
Coinsurance - plan pays	100%	60% coinsurance	60% coinsurance
Coinsurance - you pay	0%	40% coinsurance	40% coinsurance
**Individual total out-of-pocket max	N/A	$9,100	N/A
**Family total out-of-pocket max	N/A	$18,200	N/A
Lifetime maximum	Unlimited	Unlimited	Unlimited
Services	**Indian Health Care Provider (IHCP)**	**Ascension Network (Non-IHCP In-Network Provider)**	**Out-of-Network (Non-IHCP Out-of-Network Provider)**
Primary care visit to treat an injury or illness	No Charge	$30 copay	Not Covered

Services	Indian Health Care Provider (IHCP)	Ascension Network (Non-IHCP In-Network Provider)	Out-of-Network (Non-IHCP Out-of-Network Provider)
Specialist visit	No Charge	$60 copay	Not Covered
Other practitioner office visit	No Charge	$60 copay	Not Covered
Outpatient facility fee (e.g., Ambulatory Surgery Center)	No Charge	$1,000 copay	Not Covered
Outpatient surgery physician/surgical services	No Charge	$100 copay	Not Covered
Hospice services	No Charge	$2,000 copay	Not Covered
Routine dental services (adult)	Not Covered	Not covered	Not Covered
Infertility treatment	Not Covered	Not covered	Not Covered
Long-term/custodial nursing home care	Not Covered	Not covered	Not Covered
Private-duty nursing (82 visits per year)	No Charge	40% coinsurance	Not Covered
Routine eye exam (adult)	Not Covered	Not covered	Not Covered
Urgent care centers or facilities	No Charge	$100 copay	Not Covered
Home health care services – 100 visits per Benefit Period	No Charge	40% coinsurance	Not Covered
Emergency room services	No Charge	$1,000 copay	$1,000 copay
Emergency transportation/ambulance	No Charge	$1,000 copay	$1,000 copay
Inpatient hospital services (e.g., hospital stay)	No Charge	$2,000 copay per day	Not Covered
Inpatient physician and surgical services	No Charge	No charge	Not Covered
Bariatric surgery	Not Covered	Not covered	Not Covered
Cosmetic surgery	Not Covered	Not covered	Not Covered
Skilled nursing facility – 90 Days per Benefit Period	No Charge	$2,000 copay per day	Not Covered
Prenatal and postnatal care	No Charge	$30 copay	Not Covered

Services	Indian Health Care Provider (IHCP)	Ascension Network (Non-IHCP In-Network Provider)	Out-of-Network (Non-IHCP Out-of-Network Provider)
Delivery and all inpatient services for maternity care	No Charge	$2,000 copay	Not Covered
Mental/behavioral health outpatient services	No charge	$30 copay	Not covered
Mental/behavioral health inpatient services	No Charge	$2,000 copay per day	Not Covered
Substance abuse disorder outpatient services	No Charge	$30 copay	Not Covered
Substance abuse disorder inpatient services	No Charge	$2,000 copay per day	Not Covered
Generic drugs	No Charge	$25 copay	Not Covered
Preferred brand drugs	No Charge	$100 copay	Not Covered
Non-preferred brand drugs	No Charge	50% coinsurance	Not Covered
Specialty drugs	No Charge	50% coinsurance	Not Covered
Outpatient rehabilitation services - 60 visits per benefit period	No Charge	$100 copay	Not Covered
Habilitation services - 60 visits per benefit period	No Charge	$100 copay	Not Covered
Chiropractic care – 12 Visits per benefit period	No Charge	40% coinsurance	Not Covered
Durable medical equipment	No Charge	40% coinsurance	Not Covered
Hearing aids	Not Covered	Not covered	Not Covered
Imaging (CT/PET scans, MRIs)	No Charge	$200 copay	Not Covered
Preventive care/screening/immunization	No Charge	No charge	Not Covered
Routine foot care	Not Covered	Not covered	Not Covered

Services	Indian Health Care Provider (IHCP)	Ascension Network (Non-IHCP In-Network Provider)	Out-of-Network (Non-IHCP Out-of-Network Provider)
Acupuncture	Not Covered	Not covered	Not Covered
Routine eye exam for children (Limited to 1 per Plan Year)	No Charge	$30 copay	Not Covered
Eyeglasses for children (Limited to 1 per Plan Year)	No Charge	40% coinsurance	Not Covered
Dental check-up for children	Not Covered	Not covered	Not Covered
Rehabilitative speech therapy - 20 visits per Benefit Period.	No Charge	$100 copay	Not Covered
Rehabilitative occupational and rehabilitative physical therapy – 40 visits per Benefit Period	No Charge	$100 copay	Not Covered
Well baby visits and care	No Charge	No charge	Not Covered
Laboratory outpatient and professional services	No Charge	$100 copay	Not Covered
X-rays and diagnostic imaging	No Charge	$200 copay	Not Covered
Basic dental care – child	Not Covered	Not covered	Not Covered
Orthodontia – child	Not Covered	Not covered	Not Covered
Major dental care – child	Not Covered	Not covered	Not Covered
Basic dental care – adult	Not Covered	Not covered	Not Covered
Orthodontia – adult	Not Covered	Not covered	Not Covered
Major dental care – adult	Not Covered	Not covered	Not Covered
Abortion for which public funding is prohibited	Not Covered	Not covered	Not Covered
Transplant	No Charge	40% coinsurance	Not Covered
Accidental dental - $3,000 per Episode	No Charge	40% coinsurance	Not Covered

Services	Indian Health Care Provider (IHCP)	Ascension Network (Non-IHCP In-Network Provider)	Out-of-Network (Non-IHCP Out-of-Network Provider)
Dialysis	No Charge	40% coinsurance	Not Covered
Allergy testing	No Charge	$100 copay	Not Covered
Chemotherapy	No Charge	40% coinsurance	Not Covered
Radiation	No Charge	40% coinsurance	Not Covered
Diabetes Education	No Charge	40% coinsurance	Not Covered
Prosthetic devices	No Charge	40% coinsurance	Not Covered
Infusion therapy	No Charge	40% coinsurance	Not Covered
Treatment for temporomandibular joint disorders	No Charge	40% coinsurance	Not Covered
Nutritional counseling	No Charge	40% coinsurance	Not Covered
Reconstructive surgery	No Charge	40% coinsurance	Not Covered
Virtual care - primary care visit	No Charge	$15 copay	Not Covered
Virtual care - specialist visit	No Charge	$30 copay	Not Covered
Virtual care - urgent care	No Charge	$45 copay	Not Covered
Tobacco cessation	No Charge	No charge	Not Covered
Mental health/substance abuse office visits	No Charge	$30 copay	Not Covered
Gender Affirming Care	Not Covered	Not Covered	Not Covered
Weight Loss Programs	Not Covered	Not Covered	Not Covered