

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, 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.

| Benefits | Indian Health Care Provider (IHCP) | Ascension Network | Out-of-Network |
|---|------------------------------------|----------------------|----------------------|
| *Individual Deductible | \$0 | \$4,000 | N/A |
| *Family Deductible | \$0 | \$8,000 | N/A |
| Coinsurance - plan pays | 100% | 50% after deductible | 50% after deductible |
| Coinsurance - you pay | 0% | 50% after deductible | 50% after deductible |
| **Individual total out-of-pocket max | N/A | \$9,000 | N/A |
| **Family total out-of-pocket max | N/A | \$18,000 | N/A |
| Lifetime maximum | Unlimited | Unlimited | Unlimited |
| Services | Indian Health Care Provider (IHCP) | Ascension Network | Out-of-Network |
| Abortion for Which Public Funding is Prohibited | Not covered | Not covered | Not covered |
| Acupuncture | Not covered | Not covered | Not covered |
| Allergy Testing | No charge | 50% after deductible | Not covered |



US Health and Life
US HEALTH AND LIFE INSURANCE COMPANY

| Services | Indian Health Care Provider (IHCP) | Ascension Network | Out-of-Network |
|---|------------------------------------|----------------------|----------------------|
| Bariatric Surgery | Not covered | Not covered | Not covered |
| Chemotherapy | No charge | 50% after deductible | Not covered |
| Chiropractic Care (See outpatient rehab & habilitation limits) | No charge | 50% after deductible | Not covered |
| Cosmetic Surgery | Not covered | Not covered | Not covered |
| Delivery and All Inpatient Services for Maternity Care | No charge | 50% after deductible | Not covered |
| Diabetes Education | No charge | 50% after deductible | Not covered |
| Dialysis | No charge | 50% after deductible | Not covered |
| Durable Medical Equipment | No charge | 50% after deductible | Not covered |
| Emergency Room Services | No charge | 50% after deductible | 50% after deductible |
| Emergency Transportation/Ambulance | No charge | 50% after deductible | 50% after deductible |
| Gender Affirming Care | Not covered | Not covered | Not covered |
| Habilitation Services (35 visits per year, separate from rehab) | No charge | 50% after deductible | Not covered |
| Hearing Aids | No charge | 50% after deductible | Not covered |
| Home Health Care Services (60 visits per year) | No charge | 50% after deductible | Not covered |
| Hospice Services | No charge | 50% after deductible | Not covered |
| Imaging (CT/PET Scans, MRIs) | No charge | 50% after deductible | Not covered |
| Infertility Treatment | Not covered | Not covered | Not covered |
| Infusion Therapy | No charge | 50% after deductible | Not covered |
| Inpatient Hospital Services (e.g., Hospital Stay) | No charge | 50% after deductible | Not covered |
| Inpatient Physician and Surgical Services | No charge | 50% after deductible | Not covered |
| Laboratory Outpatient and Professional Services | No charge | 50% after deductible | Not covered |
| Long-Term/Custodial Nursing Home Care | Not covered | Not covered | Not covered |



US Health and Life
US HEALTH AND LIFE INSURANCE COMPANY

| Services | Indian Health Care Provider (IHCP) | Ascension Network | Out-of-Network |
|---|------------------------------------|----------------------|----------------|
| Mental Health/Substance Abuse Care Visits | No charge | \$40.00 | Not covered |
| Mental/Behavioral Health Inpatient Services | No charge | 50% after deductible | Not covered |
| Mental/Behavioral Health Outpatient Services | No charge | \$40.00 | Not covered |
| Nutritional Counseling | Not covered | Not covered | Not covered |
| Other Practitioner Office Visit (Nurse, Physician Assistant) | No charge | \$80.00 | Not covered |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | No charge | 50% after deductible | Not covered |
| Outpatient Rehabilitation Services (35 visits per year, incl. Chiro) | No charge | 50% after deductible | Not covered |
| Outpatient Surgery Physician/Surgical Services | No charge | 50% after deductible | Not covered |
| Prenatal and Postnatal Care | No charge | \$40.00 | Not covered |
| Preventive Care/Screening/Immunization | No charge | No charge | Not covered |
| Primary Care Visit to Treat an Injury or Illness | No charge | \$40.00 | Not covered |
| Private Duty Nursing | Not covered | Not covered | Not covered |
| Prosthetic Devices | No charge | 50% after deductible | Not covered |
| Radiation | No charge | 50% after deductible | Not covered |
| Reconstructive Surgery | No charge | 50% after deductible | Not covered |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | No charge | 50% after deductible | Not covered |
| Rehabilitative Speech Therapy | No charge | 50% after deductible | Not covered |
| Routine Foot Care | Not covered | Not covered | Not covered |
| Skilled Nursing Facility (25 visits per year) | No charge | 50% after deductible | Not covered |
| Specialist Visit | No charge | \$80.00 | Not covered |
| Substance Abuse Disorder Inpatient Services | No charge | 50% after deductible | Not covered |



US Health and Life
US HEALTH AND LIFE INSURANCE COMPANY

| Services | Indian Health Care Provider (IHCP) | Ascension Network | Out-of-Network |
|---|------------------------------------|----------------------|----------------|
| Substance Abuse Disorder Outpatient Services | No charge | \$40.00 | Not covered |
| Tobacco Cessation | No charge | No charge | Not covered |
| Transplant | No charge | 50% after deductible | Not covered |
| Treatment for Temporomandibular Joint Disorders | No charge | 50% after deductible | Not covered |
| Urgent Care Centers or Facilities | No charge | 50% after deductible | Not covered |
| Virtual Care - Primary Care Visit | No charge | \$20.00 | Not covered |
| Virtual Care - Specialist Visit | No charge | \$40.00 | Not covered |
| Virtual Care - Urgent Care | No charge | \$60.00 | Not covered |
| Weight Loss Programs | Not covered | Not covered | Not covered |
| Well Baby Visits and Care | No charge | No charge | Not covered |
| X-rays and Diagnostic Imaging | No charge | 50% after deductible | Not covered |
| Generic Drugs | No charge | \$25.00 | Not covered |
| Preferred Brand Drugs | No charge | \$50.00 | Not covered |
| Non-Preferred Brand Drugs | No charge | 50% after deductible | Not covered |
| Specialty Drugs | No charge | 50% after deductible | Not covered |
| Accidental Dental | No charge | 50% after deductible | Not covered |
| Dental Check-Up for Children | Not covered | Not covered | Not covered |
| Basic Dental Care - Child | Not covered | Not covered | Not covered |
| Major Dental Care - Child | Not covered | Not covered | Not covered |
| Orthodontia - Child | Not covered | Not covered | Not covered |
| Routine Dental Services (Adult) | Not covered | Not covered | Not covered |
| Basic Dental Care - Adult | Not covered | Not covered | Not covered |
| Major Dental Care - Adult | Not covered | Not covered | Not covered |



US Health and Life
US HEALTH AND LIFE INSURANCE COMPANY

Ascension
Personalized Care

Low Premium Silver Limited Cost Sharing

| Services | Indian Health Care Provider (IHCP) | Ascension Network | Out-of-Network |
|---|------------------------------------|----------------------|----------------|
| Orthodontia - Adult | Not covered | Not covered | Not covered |
| Eyeglasses for Children (1 item per Plan year) | No charge | 50% after deductible | Not covered |
| Routine Eye Exam (Adult) | Not covered | Not covered | Not covered |
| Routine Eye Exam for Children (1 exam per Plan year) | No charge | \$40.00 | Not covered |

