Sendero IdealCare Gold / Free Wellness & Preventive Screening + Free Dedicated Healthcare Team + Free 24/7 Virtual MD Visits + No Pre-existing Condition Restrictions

Medical-Surgical and Behavioral Health/Substance Abuse Disorder Schedule of Coverage

The following information summarizes the benefits described in your Evidence of Coverage. It is important that you carefully read it so you are aware of plan requirements, provisions, limitations, and exclusions.

This Schedule of Coverage is not a Medicare Supplement. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Note: This Consumer Choice Health Benefit Plan does not include all state mandated health insurance benefits. Some benefits are provided at a reduced level from what is mandated. Reduced benefits are indicated in the chart below and in the separate Benefit Disclosure Form.

Overall Payment Provisions	In-Network Benefits	Out-of-Network Benefits	Indian Health Care <u>Provider</u> (IHCP) (You will pay the least)	
Calendar Year Deductibles	\$0 Individual	/ \$0 Family	\$0 Individual / \$0	
(applies to all Eligible	(Out-of-Network Ser	vices are Excluded	Family	
Expenses including	unless they are approv	red by the Plan or are		
Pharmacy)	Emergency			
Out-of-Pocket Limits	\$0 Individual	/ \$0 Family	\$0 Individual / \$0	
(applies to all Eligible	(Out-of-Network Ser	vices are Excluded	Family	
Expenses including	unless they are approv	•		
Pharmacy	Emergency			
Maximum Lifetime Benefits		Unlimited		
– per participant	i i	es are Excluded unless	, i i	
		by the Plan or are Emergency Serv		
Primary Care Visit to Treat an injury or illness	100% of Allowed Amount	No coverage for Out- of-Network Services	100% of Allowed Amount	
Specialist office visit/consultation	100% of Allowed Amount	No coverage for Out- of-Network Services	100% of Allowed Amount	
Other Practitioner Office Visit (Nurse, Physician Assistant)	100% of Allowed Amount	No coverage for Out- of-Network Services	100% of Allowed Amount	
Outpatient Facility fee (e.g.,	100% of Allowed	No coverage for Out-	100% of Allowed	
Ambulatory Surgery Center)	Amount	of-Network Services	Amount	
Outpatient Surgery	100% of Allowed	No coverage for Out-	100% of Allowed	
Physician/Surgical services	Amount	of-Network Services	Amount	
Hospice	100% of Allowed Amount	No coverage for Out- of-Network Services	100% of Allowed Amount	

Urgent Care Centers or	100% of Allowed	No coverage for Out-	100% of Allowed
Facilities	Amount	of-Network Services	Amount
Home Health Care Services	100% of Allowed	No coverage for Out-	100% of Allowed
Limited to 60 visits per year.	Amount	of-Network Services	Amount
Emergency Room Services	100% of Allowed	100% of Allowed	100% of Allowed
	Amount	Amount	Amount
Emergency Medical	100% of Allowed	100% of Allowed	100% of Allowed
Transportation/Ambulance	Amount	Amount	Amount
Inpatient Hospital Services	100% of Allowed		100% of Allowed
(Hospital Stay) – All usual	Amount		Amount
Hospital services and		No coverage for Out	
supplies, including		No coverage for Out-	
semiprivate room, intensive		of-Network Services	
care, and coronary care			
units.			
Inpatient Physician and	100% of Allowed	No coverage for Out-	100% of Allowed
Surgical Services	Amount	of-Network Services	Amount
Skilled Nursing Facility	100% of Allowed	No coverage for Out-	100% of Allowed
Limited to 25 visits per year.	Amount	of-Network Services	Amount
	100% of Allowed	No coverage for Out-	100% of Allowed
Prenatal and Postnatal Care	Amount	of-Network Services	Amount
Childbirth/Delivery	100% of Allowed		100% of Allowed
Professional Services	Amount	No coverage for Out-	Amount
	, ano and	of-Network Services	, ano and
Delivery and All Inpatient	100% of Allowed	No coverage for Out-	100% of Allowed
Services for Maternity Care	Amount	of-Network Services	Amount
Mental/Behavioral Health	100% of Allowed	No coverage for Out-	100% of Allowed
Care Outpatient Services*	Amount	of-Network Services	Amount
Mental/Behavioral Health	100% of Allowed		100% of Allowed
Care Inpatient Hospital	Amount	No coverage for Out-	Amount
Services*	, ano din	of-Network Services	
Substance Abuse Disorder	100% of Allowed	No coverage for Out-	100% of Allowed
Outpatient Services*	Amount	of-Network Services	Amount
Substance Abuse Disorder	100% of Allowed	No coverage for Out-	100% of Allowed
Inpatient Services*	Amount	of-Network Services	Amount
Outpatient Rehabilitation	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount
	100% of Allowed		100% of Allowed
Habilitation Services	Amount	No coverage for Out- of-Network Services	Amount
Chiroprostic Sonvisco			
Chiropractic Services	100% of Allowed	No coverage for Out-	100% of Allowed
Limited to 35 visits per year	Amount	of-Network Services	Amount
Durable Medical Equipment	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount
Hearing Aids for Adults (1	100% of Allowed	No coverage for Out-	100% of Allowed
per ear every 3 years)	Amount	of-Network Services	Amount
Hearing Aid or Cochlear			100% of Allowed
Implant, related services,	100% of Allowed	No coverage for Out-	Amount
and supplies, if medically	Amount	of-Network Services	
necessary for all covered			

individuals including individuals who are 18 years of age or younger. Please contact Sendero Customer Service Department at 1-844-800- 4693 to obtain the cost of hearing aid or cochlear implant.100% of Allowed AmountNo coverage for Out- of-Network Services100% of Allowed AmountImaging (CT/PET Scans, MRIs)100% of Allowed AmountNo coverage for Out- of-Network Services100% of Allowed AmountAnnual Well Woman Exam - including detection of human papillomavirus, cervical cancer and ovarian cancer screening for woman age 18 and over. This includes any other test or screening approved by the United States Food and Drug Administration for the detection of human papillomavirus and ovarian cancer for female participants age 35 and over – Outpatient facility or imaging center and Physicia component100% of Allowed AmountNo coverage for Out- of-Network Services100% of Allowed AmountBone Mass measurement for the detection of human paticipants age 35 and osteoporosis for qualified individuals100% of Allowed AmountNo coverage for Out- of-Network Services100% of Allowed AmountBone Mass measurement for the detection of low bone mass to determine risk of osteoporosis for qualified individuals100% of Allowed AmountNo coverage for Out- of-Network Services100% of Allowed AmountRoutine annual prostate cancer detection exam, including a Prostate Specific Antigen test (PSA) for a male Covered Person age 40 or older.100% of Allowed AmountNo coverage for Out- of-Network Services100% of Allowed Antigen test (PSA) for a male Covered Person age <br< th=""><th>in all data a la tract. Pro-</th><th></th><th></th><th>[]</th></br<>	in all data a la tract. Pro-			[]
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		Amount	of-Network Services	
40 or older.				
	40 or older.			

Routine Foot Care	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount
Routine Eye Exam for	100% of Allowed	No coverage for Out-	100% of Allowed
Children (1 per year)	Amount	of-Network Services	Amount
Eye Glasses for Children (1	100% of Allowed		100% of Allowed
set of frames with lenses or	Amount	No coverage for Out-	Amount
contact lenses per year)	, inoditi	of-Network Services	/ inount
	100% of Allowed		100% of Allowed
Dental Check-Up for		No coverage for Out-	
Children	Amount	of-Network Services	Amount
Rehabilitative Speech	100% of Allowed	No coverage for Out-	100% of Allowed
Therapy	Amount	of-Network Services	Amount
Rehabilitative Occupational	100% of Allowed	No coverage for Out	100% of Allowed
and Rehabilitative Physical	Amount	No coverage for Out-	Amount
Therapy		of-Network Services	
· •	100% of Allowed	No coverage for Out-	100% of Allowed
Well Baby Visits and Care	Amount	of-Network Services	Amount
Laboratory Outpatient and	100% of Allowed	No coverage for Out-	100% of Allowed
Professional Services	Amount	of-Network Services	Amount
	100% of Allowed	OF NELWORK Services	
The administration of whole			100% of Allowed
blood including cost of	Amount	No coverage for Out-	Amount
blood, blood plasma, and		of-Network Services	
blood plasma expanders			
are covered services			
X-rays and Diagnostic	100% of Allowed	No coverage for Out-	100% of Allowed
Imaging	Amount	of-Network Services	Amount
	100% of Allowed	No coverage for Out-	100% of Allowed
Basic Dental-Children	Amount	of-Network Services	Amount
	100% of Allowed	No coverage for Out-	100% of Allowed
Orthodontia-Children	Amount	of-Network Services	Amount
	100% of Allowed	No coverage for Out-	100% of Allowed
Major Dental Care-Child			
	Amount	of-Network Services	Amount
Transplant	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount
Accidental Dental	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount
Dialvaia	100% of Allowed	No coverage for Out-	100% of Allowed
Dialysis	Amount	of-Network Services	Amount
	100% of Allowed	No coverage for Out-	100% of Allowed
Allergy Testing	Amount	of-Network Services	Amount
	100% of Allowed	No coverage for Out-	100% of Allowed
Chemotherapy		-	
	Amount	of-Network Services	Amount
Radiation	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount
Diabetes Education	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount
Dreathatic Daviasa	100% of Allowed	No coverage for Out-	100% of Allowed
Prosthetic Devices	Amount	of-Network Services	Amount
	,		7.110011

Infusion Therapy	100% of Allowed	No coverage for Out- of-Network Services	100% of Allowed Amount
Treatment for Temporomandibular Joint Disorders	Amount 100% of Allowed Amount	No coverage for Out- of-Network Services	100% of Allowed Amount
Nutritional Counseling	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount
Reconstructive Surgery	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount
Mammography	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount
Cardiovascular Disease	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount
Osteoporosis	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount
Diabetes Care Management	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount
Inherited Metabolic Disorder	100% of Allowed	No coverage for Out-	100% of Allowed
(PKU)	Amount	of-Network Services	Amount
Post-Mastectomy Care	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount
Brain Injury	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount
Transplant Donor Coverage	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount
Autism Spectrum Disorders	100% of Allowed	No coverage for Out-	100% of Allowed
	Amount	of-Network Services	Amount

*Sendero Health Plans (Sendero) will provide benefits and coverage for mental health conditions and substance use disorders under the same terms and conditions applicable to the plan's medical and surgical benefits and coverage. Sendero may not impose quantitative or non-quantitative treatment limitations on benefits for a mental health condition or substance use disorder that are generally more restrictive than quantitative or non-quantitative treatment limitations imposed on coverage of benefits for medical or surgical expenses.

Sendero will fully reimburse non-participating providers at the usual and customary rate or at the agreed-upon rate: when services are rendered to an enrollee by a non-network facility-based physician in a network facility, or in circumstances where an enrollee is not given the choice of a network physician or provider for emergency services performed in a non-network facility, and for prior authorized non-emergency services that are not available through an in-network provider. Sendero will not impose cost-sharing for such services that is greater than the cost-sharing requirement that would apply if such services had been provided in-network; and shall count such cost sharing toward any in-network deductible and out-of-pocket maximum.