SmartHealth

2024 Schedule of Benefits: PPO OLP Silver Plan

Benefits	Ascension Network Tier 1	National Network Tier 2	Out-of-Network (1) Tier 3
Deductible • Individual • Family *All eligible expenses apply toward all Deductibles	N/A N/A	N/A N/A	$1,000 $2,000
Coinsurance • Plan Pays • You Pay	100% 0%	100% 0%	80% after Deductible 20% after Deductible
Total Out-Of-Pocket Maximum (Deductible plus coinsurance and copays) • Individual • Family *All eligible expenses apply toward all OOP Maximums	$6,350 $12,700	$6,350 $12,700	$10,000 $20,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited

Services	Ascension Network Tier 1	National Network Tier 2	Out-of-Network (1) Tier 3
Preventative Services Routine Physicals, Well Baby/Child Care, Routine Immunizations, Annual Gynecological Exam/ Mammogram Screening, Colonoscopy See:mysmarthealth.org/member-resources/preventive-care	$0	$0	Not Covered
Outpatient/ Diagnostic Services Pathology, CT Scans, X-Rays, Diagnostic Infertility Testing, Physical/ Occupational/ Speech Therapy (Annual Maximum for PT, OT, ST - 60 visits combined)	$25 Copay	$25 Copay	20% after Deductible
• Outpatient Surgery (facility fee)	$150 Copay	$150 Copay	20% after Deductible
• Anesthesia	$0 Copay	$0 Copay	$0 Copay
• Lab	$0 Copay	$0 Copay	20% after Deductible
• Chemotherapy & Radiation	$10/$25 Adult Copay $25 Child Copay	$10/$25 Adult Copay $25 Child Copay	20% after Deductible
• Dialysis (per treatment)	$25 Copay	$25 Copay	20% after Deductible
High Tech Radiology (non-emergent) (per visit unless otherwise noted) • MRI and PET scans	Prior Authorization Required $25 Copay (2)	Prior Authorization Required $25 Copay(2)	Prior Authorization Required 20% after Deductible(2)
Office Visits (per visit unless otherwise noted) Primary Care (Family Practice/ General Internal Medicine/ Pediatrics)	$10 Adult Copay $25 Child Copay	$10 Adult Copay $25 Child Copay	20% after Deductible
Specialist (including OB/GYN)	$25 Copay	$25 Copay	20% after Deductible
Amwell Online Care • Behavioral Health Online Visit • Urgent Care Online Visit	$10 Copay $10 Copay	N/A N/A	N/A N/A

All other E-Visits • Primary Care	$10 Adult Copay $25 Child Copay	$10 Adult Copay $25 Child Copay	20% after Deductible
• Specialist	$25 Copay	$25 Copay	20% after Deductible
Pre/Postnatal Care • Facility Services	$25 Copay $250 Copay (Once per pregnancy)	$25 Copay $250 Copay (Once per pregnancy)	20% after Deductible 20% after Deductible
Chiropractic Visit (Annual maximum - 35 visits) Ancillary services are subject to deductible/ coinsurance	$25 Copay	$25 Copay	$25 Copay
Mental Health (per visit unless otherwise noted) • Individual Therapy/ Group Therapy	$10 Adult Copay $25 Child Copay	$10 Adult Copay $25 Child Copay	20% after Deductible
• E-Visits	$10 Adult Copay $25 Child Copay	$10 Adult Copay $25 Child Copay	20% after Deductible
• Partial Day Treatment, Intensive Outpatient Therapy	$750 Copay	$750 Copay	20% after Deductible
• Inpatient Admission	$750 Copay	$750 Copay	20% after Deductible
Substance Use Disorder (per visit unless otherwise noted) • Individual Therapy/ Group Therapy	$10 Adult Copay $25 Child Copay	$10 Adult Copay $25 Child Copay	20% after Deductible
• E-Visits	$10 Adult Copay $25 Child Copay	$10 Adult Copay $25 Child Copay	20% after Deductible
• Partial Day Treatment/ Intensive Outpatient Therapy	$750 Copay	$750 Copay	20% after Deductible
• Acute Inpatient Care	$750 Copay	$750 Copay	20% after Deductible
Emergency Care (per visit unless otherwise noted) • ER Visit	$150 Copay (Waived if admitted)	$150 Copay (Waived if admitted)	$150 Copay (Waived if admitted)
• Urgent Care	$35 Copay	$35 Copay	20% after Deductible
• Ambulance	$150 Copay	$150 Copay	$150 Copay
• Medical Transfer/ Transport (non-emergent)	Prior Authorization Required(2) $150 Copay	Prior Authorization Required(2) $150 Copay	Prior Authorization Required(2) $150 Copay
Inpatient Services (per admission) Room and Board, Ancillary Services, Surgery, Physician Charges	Prior Authorization Required $750 Copay (2)	Prior Authorization Required $750 Copay (2)	Prior Authorization Required 20% after Deductible(2)
• Anesthesia	$0 Copay	$0 Copay	$0 Copay
Inpatient Admission through Emergency Room (Note: Authorization required upon admission.)	$750 Copay	$750 Copay	20% after Deductible

Allergy Testing & Treatment	50%[5]	50%[5]	50% after Deductible
Extended Care Facility (per admission) (Annual maximum - 120 days)	$500 Copay	$500 Copay	20% after Deductible
Home Health Care (Annual maximum - 100 visits)	$25 Copay	$25 Copay	20% after Deductible
Hospice	$0 Copay	$0 Copay	20% after Deductible
Other Services (per provider/ per day) • Durable Medical Equipment (DME)	Prior Authorization Required 50% [5]	Prior Authorization Required 50% [5]	Prior Authorization Required 50% after Deductible
Prosthetics & Orthotics (P&O) (Per provider/per day)	Prior Authorization Required 50% [5]	Prior Authorization Required 50% [5]	Prior Authorization Required 50% after Deductible
Foot Orthotics (2 pairs every 3 years)	50% [5]	50% [5]	50% after Deductible
Hearing Aid (3-year maximum - $2,000)	50% [5]	50% [5]	50% after Deductible
Bariatric Surgery	Prior Authorization Required 50% [5]	Prior Authorization Required 50% [5]	Prior Authorization Required 50% after Deductible
Organ/Bone Marrow/Other Transplants	Prior Authorization Required 50% [5]	Prior Authorization Required 50% [5]	Prior Authorization Required 50% after Deductible
Wellness/ Disease Management (Diabetic Education per Medicare guidelines)	$0 Copay	$0 Copay	Not Covered
Smoking Cessation Intervention (Counseling)	$0 Copay	$0 Copay	50% after Deductible

***Notes: (1) Any claim incurred through an Out-of-Network provider could result in balance billing and/or additional charges to the member. (2) Prior Authorization Required - failure to secure a Prior Authorization for certain services will result in no coverage/benefit paid under the Plan. To review a complete and up-to-date list of those services which require Prior Authorization, go to www.mysmarthealth.org. (3) The Ascension network includes all Health Ministries of Ascension - including hospitals, clinics, affiliated providers and senior living facilities. (4) In some instances when services are unavailable from an Ascension Network provider, members may obtain services from a National Network provider and such services will be processed at the Ascension Network benefit level. Benefit Elevation is required in order to obtain such National Network benefits at the Ascension Network benefit level. For more information on the required Benefit Elevation process, go to www.mysmarthealth.org. (5) Unless otherwise noted.**

Exclusions - See the SmartHealth Medical Summary Plan Description at www.mysmarthealth.org for complete information regarding exclusions.

Prescription Drugs - Go to www.mysmarthealth.org/plan-coverage/pharmacy for details about your Health Ministry's prescription drug benefits.

The U.S. Department of Health and Human Services, the Department of Labor, and the Internal Revenue Service have jointly released final regulations regarding women's preventative services under the Affordable Care Act ("ACA"). The ACA requires group health plans to provide coverage for "contraceptive services" as part of an array of women's preventative services that must be included in health plans without cost sharing to covered participants. The regulations contain an accommodation for eligible non-profit religious organizations that oppose providing contraceptive coverage. As a health ministry of the Catholic Church, Ascension Health Alliance d/b/a Ascension does not promote or condone contraceptive practices and objects to providing such coverage. Therefore, as the Plan Sponsor of the self-funded Ascension SmartHealth Medical Plan ("Plan"), which includes prescription drug benefits, Ascension qualifies as an eligible organization that is entitled to the accommodation. As a result, the Plan does not provide coverage for contraceptive benefits that are in conflict with our Catholic Identity and the Ethical and Religious Directives for Catholic Health Care Services. As part of the accommodation, third party administrators of the Plan are required to provide this coverage to covered members at no cost, independently of Ascension and consistent with the authority given them by the final regulations. You will receive information directly from those administrators about the coverage that may be available to you for those "preventative services."

This is a brief summary of benefits, which is subject to change. To resolve any conflict between this summary and the Summary Plan Description, you should consult the Plan document, which will prevail over both this summary and the Summary Plan Description. For further details about plan benefits, please contact Customer Service at the number shown on the back of your ID card, or view the official Summary Plan Description at www.mysmarthealth.org.

SmartHealth

2024 Schedule of Benefits: Rx - Our Lady of Peace

Prior Authorization Required?	Yes - when applicable. Refer to current formulary.
Quantity Level Limits	Yes
Out of Pocket Limits	Applies to PPO Plan Participants $6,350 per individual/ $12,700 per family (Bronze and Silver Plans)
Mandatory Generic Provision	Yes. If you choose to receive a brand drug when a generic drug is available, your costs will be equal to the generic copayment plus the difference between the generic and the brand drug.
Mandatory Specialty Provision	For more information, please visit www.mysmarthealth.org/plan-coverage/pharmacy
Ascension Rx (30 day supply)	Generic: Up to $10 copay Preferred Brand: $20 copay Non-Preferred Brand: $35 copay
Ascension Rx **(90 day supply)**	Generic: Up to $25 copay Preferred Brand: $50 copay Non-Preferred Brand: $87.50 copay
Retail Benefit (30 day supply)	Generic: Up to $10 copay Preferred Brand: $20 copay Non-Preferred Brand: $35 copay
Ascension Rx Home Delivery (90 day supply)	Generic: Up to $25 copay Preferred Brand: $50 copay Non-Preferred Brand: $87.50 copay
Ascension Rx Specialty Pharmacy **(30 day supply)**	Preferred Brand: $35 copay Non-Preferred Brand: $35 copay
Pharmacy Benefit Manager (PBM)	MaxorPlus
Mail Order Benefit Manager	Ascension Rx Home Delivery
Specialty Drug Benefit Manager	Ascension Rx Specialty Pharmacy