

**AULTCARE HMO BENEFITS  
MEDICAL BENEFITS SERVICES MANAGED BY PCP\***

All services must be provided by AultCare HMO Providers. There is **NO** benefit for services provided by Non-Participating Providers, except for Emergency Health Services and Approved Referrals. You must pay for Non-Covered Services.

Copayments and Coinsurance for health care will not exceed 40% of the Average Cost for Basic Health Services. Any and all Copayments and/or Coinsurance payable in any Calendar/Contract Year will not exceed 200% of the Average Annual Subscription Rate related to Basic Health Care Services indicated in the Schedule of Benefits and as defined under Ohio Revised Code 1751.01.

**Employer Specific requirements:**

**Minimum number of hours to be full-time employee [20-30].  
Open Enrollment Period upon contract renewal**

[Effective Date for Small Group shall not exceed a 90-day service-waiting period]

<b>[Annual Deductible]</b>	[None – \$500/person] ***
<b>Annual Maximum Out-Of-Pocket</b>	[Not Applicable - \$1,000/family] ***
<b>Care In-Hospital</b>	
Pre-admission Testing	[90% -100%]
Semi-Private Room & Board	[90% -100%]
Operating Room-Recovery Room	[90% -100%]
Inpatient Specialist Care and Consultation	[90%-100%]
<b>Surgery</b>	
Surgeon's Fee, Assistant Surgeon, Anesthesiology	[90% -100%]
<b>Maternity Care</b> (for 48 hours following vaginal delivery or 96 hours following Cesarean delivery)	
Hospital Coverage	[90% -100%]
Physician Care/Delivery	[90% -100%]
<b>Emergency Care</b> (as defined)	[90%-100%] [copay \$0 - \$35]
<b>Urgent Care</b>	100%
<b>Outpatient</b>	
Lab, X-ray, Other Diagnostic Services	[90% -100%]

**Care In Doctor's Office**

Annual Routine Physical Exams [90% - 100%] [less \$0-\$10 copay]

Well Baby Care for Child to Age One, then Physical Exams [90% - 100%] [less \$0-\$10 copay]

Allergy Tests, Injection, & Immunizations [90%-100%]

Visits for Illness or Injury 100% [less \$5-\$10 copay]

Diagnostic Testing 100%

Annual GYN Exam & Pap Smear [90% - 100%] [less \$0 - \$10 copay]

Routine Mammography [90% - 100%]

Psychotherapy [90% - 100%] [less \$0 - \$10 copay]

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**Mental Health**

Inpatient Care [90% - 100%]

Outpatient Care [90% - 100%]

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**Alcohol/Substance Abuse**

Inpatient Care [90%-100%]

Outpatient Care [90% - 100%]

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**Other Services**

Home Health Care [90% - 100%] up to 100 visits per Calendar/Contract Year

Skilled Nursing Facility [90% - 100%] up to 365 days per Calendar/Contract Year

Hospice Care [90% - 100%]

Ambulance [90% - 100%]

Durable Medical Equipment [90% - 100%]

Podiatry Office Visits [90% - 100%] [less] [\$0 - \$10] [copay, up to] [\$0 - \$200] then [70%]

Chiropractors [70% - 100%] [less] [\$0 - \$10] [copay] [up to \$2,000 per Calendar Contract Year Maximum]

Vision Exam\*\* [90% - 100%] [less] [\$0 - 10] [copay], once every 24 months frames \$55, single lens \$35, bifocal lens \$55, trifocal lens \$85, contact lens \$150

[Dental]

[70% \$1,000 per Calendar/Contract  
Year maximum]

Artificial Insemination

[90% -100%] \$2,000 per Calendar/Contract  
Year maximum

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Prescription Drugs

Managed Prescription Drug Program

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\* **SERVICES NOT AUTHORIZED BY YOUR PCP WILL NOT BE COVERED.**

\*\* **Eyewear services may be rendered by any eyewear provider. Refractory eye examinations must be performed by an AultCare HMO Provider.**

\*\*\* **Coinsurance is subject to an annual maximum of \$500 per person and \$1,000 per family. Once you have met this maximum, the plan begins to pay covered medical expenses at 100% except for penalties or the voluntary and unauthorized use of a non-participating specialist or facility.**

\*\*\*\* **There is no lifetime maximum for Basic Health Care Services.**