



McKinley Life Open Enrollment



*After deductible.

Deductibles and out-of-pocket maximums are nonintegrated. Therefore, deductibles and out-of-pocket amounts met for Network Providers **DO NOT** apply to deductibles and out-of-pocket amounts met for Non-Network Providers.

UCR stands for Usual, Customary, and Reasonable

** This brochure is intended to provide a summary of the McKinley Open Enrollment Basic and Standard Health Plans. Not all benefit descriptions are included in this document. Complete benefit descriptions and exclusions are contained in the AultCare McKinley Life Insurance certificate of coverage which will govern.

Revised 1/10

	Basic Plan	Standard Plan	
	Open Network	Network	Non- Network
MEDICAL BENEFITS			
Benefit Period: Pre-existing Period:	Calendar Year None	Calendar Year None	Calendar Year None
Lifetime Maximum Calendar Year Maximum	None \$50,000	\$1,000,000 None	\$1,000,000 None
Annual Deductibles (deductibles are non-integrated on Standard Plan) (neither plan includes a carry-over provision)	\$1,000 person*	\$750 person*	\$750 person*
Benefit Level	50% UCR*	80%*	60% UCR**
Annual Maximum Out-of-Pocket (excluding deductible)	\$5,000 person	\$3,000 person	\$5,000 person
ER			
Emergency Care (After \$75 copay. Waived if admitted.)	50% UCR*	80%*	60% UCR**
Non-Emergency Care	50% UCR*	80%*	60% UCR**
Preventive Care Well Baby/Child Care (\$500 max up to age one including \$75 max for hearing screening) (\$150 max per calendar year for ages 1 through 8) Routine Pap Routine Mammography (some limitations apply) Routine Immunizations	50% UCR* 50% UCR* 50% UCR* 50% UCR*	80%* 80%* 80%*	60% UCR** 60% UCR** 60% UCR**
Maternity Care (including Nursery) Normal delivery (up to \$3,000 occurrence) Limited to complications of pregnancy only	Not Covered 50% UCR*	80%* 80%*	60% UCR** 60% UCR**
Care In-Hospital	50% UCR*	80%*	60% UCR**
As an Outpatient Lab, Xray, Diagnostic Testing, Surgery, Speech Therapy/Occupational Therapy (illness/injury related) Physical Therapy (illness/injury related) Up to \$40 charge a visit; 20 visits calendar year max	50% UCR* 50% UCR* 50% UCR*	80%* 80%* 80%*	60% UCR** 60% UCR** 60% UCR**
Mental Health/Substance Abuse Inpatient Mental Health Care (Up to \$50 charge per day maximum) (\$2,000 p/calendar year combined w/Substance Abuse) Inpatient Alcohol/Substance Abuse (Up to \$50 charge per day maximum) (\$2,000 calendar year combined w/Mental Health) Outpatient Psychotherapy (Up to \$50 charge per visit maximum. Up to \$550 calendar year)	50% UCR* 50% UCR* 50% UCR*	80%* 80%* 80%*	60% UCR** 60% UCR** 60% UCR**
Other Services Home Health, Skilled Nursing Facility, Hospice Care (\$5,000 maximum calendar year combined) Durable Medical Equipment, Private Duty Nursing Organ Transplant (\$100,000 lifetime maximum: heart, heart/ lung, liver, kidney, bone marrow, pancreas, cornea only.)	50% UCR* 50% UCR* 50% UCR*	80%* 80%* 80%*	60% UCR** 60% UCR** 60% UCR**
Ambulance	50% UCR*	80%*	80% UCR*
Allergy Extracts	50% UCR*	80%*	60% UCR**
Physician Office Visits Visits for Illness or Injury Psychotherapy (MHPA)	50% UCR* 50% UCR*	80%* 80%*	60% UCR* 60% UCR*
Prescriptions (Up to \$2,500 calendar year)	50% UCR*	80%*	60% UCR**