Bronze 5500 HSA
Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
Employee	$5,500	$16,500
Family	$11,000	$33,000
Out-of-Pocket Maximum		
Employee	$7,200	$28,350
Family	$14,400	$56,700
Physician Office Visits		
Illness/Injury	50%	40% RPB
Telemedicine	50%	40% RPB
Specialist Office Visits		
Illness/Injury	50%	40% RPB
Prescription Drugs	See Reverse side	
Preventive Health Services		
As defined by the Affordable Care Act. See www.healthcare.gov for additional information.	100%	40% RPB
Maternity Care	50%	40% RPB
Inpatient Hospital Services	50%	40% RPB
Emergency Services	50%	50% RPB
Urgent Care	50%	50% RPB
Diagnostic Services *(Labs, X-rays)*	50%	40% RPB
Outpatient Therapy Services	50%	40% RPB
Other Services *(Refer to Summary Plan Description)*	50%	40% RPB
Ambulance	50%	50% RPB
Annual Plan Maximum	UNLIMITED	UNLIMITED

Deductible and Out-of-Pocket Maximum are Non-Integrated. Therefore, Deductible and Out-of-Pocket amounts met for Network Providers **DO NOT** apply to Deductible and Out-of-Pocket amounts met for Non-Network Providers.

Embedded Deductible. Each family member only needs to meet his/her individual deductible prior to receiving any benefits.

Appropriate Deductible must be satisfied before any benefit is paid except as noted.

The Out-of-Pocket Maximum amount includes the Deductible and Coinsurance.

Deductible is waived for Network Preventive Health Services.

Pediatric Dental and Vision (up to age 19) are included in this plan. Refer to certificate for full benefit details.

Note: If you have purchased a **certified** stand alone dental plan and provided an attestation to AultCare regarding that plan, coverage for pediatric dental, including a dental check-up, will be provided through that dental plan.

Not all benefit descriptions, exclusions and limitations are included in this document. Complete benefit descriptions and exclusions are contained in the AultCare Insurance Company Certificates of Coverage and Benefit Chart.

Contact AultCare
www.aultcare.com
330-363-6360
1-800-344-8858

This information is intended to provide a summary of products offered by AultCare.

This Plan follows the Marketplace Managed Formulary

Prescription Drugs	**Retail** (34 Day Supply Unless Noted)	**Mail Order** (*90 day supply)*
Tier 1 - 1-60 day supply/Retail	$0 Copayment	$0 Copayment
Tier 2 - 1-60 day supply	50% Coinsurance	50% Coinsurance
Tier 3	50% Coinsurance	50% Coinsurance
Tier 4	50% Coinsurance	50% Coinsurance
Tier 5 and 6 - Prior Authorization is required. Medications must be obtained through an AultCare contracted Specialty Network pharmacy. Limited to a 30 day supply.		
Tier 5	50% Coinsurance	N/A
Tier 6	50% Coinsurance	N/A

Tier Definitions

The medication tier may change due to new Drugs and Generic availability

Tier 1 is defined as Preventive Maintenance medications.
Tier 2 is defined as Preferred Generic medications.
Tier 3 is defined as Non-Preferred Generic and Preferred Brand medications.
Tier 4 is defined as Non-Preferred Generic & Non-Preferred Brand medications.
Tier 5 is defined as Preferred Generic Specialty medications.
Tier 6 is defined as Preferred Brand Specialty medications.

Diabetic Program

Diabetic testing supplies are available to you through your pharmacy plan. You will be eligible for a CONTOUR NEXT ONE blood glucose meter and all related blood glucose testing supplies for $0 Copayment. To order your free meter, call 1-800-401-8440, code CTR-OPX.

Products covered for $0 Copayment through your Pharmacy Benefit

- Contour Next Test Strips
- Contour Next Control Solution
- Microlet Next Lancing Device
- Microlet Lancets
- All generic Lancets

This information is intended to provide a summary of products offered by AultCare.

Bronze 7050 HSA
Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
Employee	$7,050	$21,150
Family	$14,100	$42,300
Out-of-Pocket Maximum		
Employee	$7,050	$28,350
Family	$14,100	$56,700
Physician Office Visits		
Illness/Injury	100%	80% RPB
Telemedicine	100%	80% RPB
Specialist Office Visits		
Illness/Injury	100%	80% RPB
Prescription Drugs	See Reverse side	
Preventive Health Services		
As defined by the Affordable Care Act. See www.healthcare.gov for additional information.	100%	80% RPB
Maternity Care	100%	80% RPB
Inpatient Hospital Services	100%	80% RPB
Emergency Services	100%	100% RPB
Urgent Care	100%	100% RPB
Diagnostic Services *(Labs, X-rays)*	100%	80% RPB
Outpatient Therapy Services	100%	80% RPB
Other Services *(Refer to Summary Plan Description)*	100%	80% RPB
Ambulance	100%	100% RPB
Annual Plan Maximum	UNLIMITED	UNLIMITED

Deductible and Out-of-Pocket Maximum are Non-Integrated. Therefore, Deductible and Out-of-Pocket amounts met for Network Providers **DO NOT** apply to Deductible and Out-of-Pocket amounts met for Non-Network Providers.

Embedded Deductible. Each family member only needs to meet his/her individual deductible prior to receiving any benefits.

Appropriate Deductible must be satisfied before any benefit is paid except as noted.

The Out-of-Pocket Maximum amount includes the Deductible and Coinsurance.

Deductible is waived for Network Preventive Health Services.

Pediatric Dental and Vision (up to age 19) are included in this plan. Refer to certificate for full benefit details.

Note: If you have purchased a **certified** stand alone dental plan and provided an attestation to AultCare regarding that plan, coverage for pediatric dental, including a dental check-up, will be provided through that dental plan.

Not all benefit descriptions, exclusions and limitations are included in this document. Complete benefit descriptions and exclusions are contained in the AultCare Insurance Company Certificates of Coverage and Benefit Chart.

Contact AultCare
www.aultcare.com
330-363-6360
1-800-344-8858

This information is intended to provide a summary of products offered by AultCare.

This Plan follows the Marketplace Managed Formulary

Prescription Drugs	**Retail** (34 Day Supply Unless Noted)	**Mail Order** (*90 day supply)*
Tier 1 - 1-60 day supply/Retail	$0 Copayment	$0 Copayment
Tier 2 - 1-60 day supply	100% Coinsurance	100% Coinsurance
Tier 3	100% Coinsurance	100% Coinsurance
Tier 4	100% Coinsurance	100% Coinsurance
Tier 5 and 6 - Prior Authorization is required. Medications must be obtained through an AultCare contracted Specialty Network pharmacy. Limited to a 30 day supply.		
Tier 5	100% Coinsurance	N/A
Tier 6	100% Coinsurance	N/A

Tier Definitions

The medication tier may change due to new Drugs and Generic availability

Tier 1 is defined as Preventive Maintenance medications.
Tier 2 is defined as Preferred Generic medications.
Tier 3 is defined as Non-Preferred Generic and Preferred Brand medications.
Tier 4 is defined as Non-Preferred Generic & Non-Preferred Brand medications.
Tier 5 is defined as Preferred Generic Specialty medications.
Tier 6 is defined as Preferred Brand Specialty medications.

Diabetic Program

Diabetic testing supplies are available to you through your pharmacy plan. You will be eligible for a CONTOUR NEXT ONE blood glucose meter and all related blood glucose testing supplies for $0 Copayment. To order your free meter, call 1-800-401-8440, code CTR-OPX.

Products covered for $0 Copayment through your Pharmacy Benefit

- Contour Next Test Strips
- Contour Next Control Solution
- Microlet Next Lancing Device
- Microlet Lancets
- All generic Lancets

This information is intended to provide a summary of products offered by AultCare.