



*Please Note: This information is being made available under the requirements of the 2021 Consolidated Appropriations Act – Advanced Explanation of Benefits (AEOB).*

An AEOB starts with the obligation of a health care provider to furnish You with an advance statement of the expected charges for a scheduled service. The statement is then submitted to AultCare. AultCare must give You the following:

- Whether the provider is in-network or out of network
- The contracted rate if the provider is in-network
- If the provider is out of network, how You can get information on in-network providers
- The estimate given on the statement from the provider
- A good faith estimate of the amount 1) the plan will pay; 2) the cost sharing You must pay and 3) the amount You have incurred towards meeting the cost sharing limits.

If coverage for the service is subject to Prior Authorization, concurrent review or other medical management, the AEOB must include that information.

Individual facilities or health care providers may disagree with the methodology used to define the cost ranges and the cost data. Many factors may influence cost or quality.

**These prices reflect an estimate and may not reflect your final cost since prices may fluctuate. This is not a guarantee of benefits and is only intended as an aid to You.**

*For more information, please contact AultCare Customer Service 330 –363 -6360 or 1-800-344-8858. Persons who are Deaf, Hard of Hearing, DeafBlind or those with a Speech Disability can contact Ohio Relay 711.*