



2020

**GOLD 2100 Plan, HSA Compatible
SCHEDULE OF HEALTH INSURANCE BENEFITS**

MEDICAL BENEFITS	Gold 2100 HSA*	
	In Network	Non Network
Calendar Year Deductible		
Employee	\$2,100	\$6,300
Family	\$4,200	\$12,600
Benefit Level	100%	80%
Medical Out-of-Pocket Maximum		
Employee	\$2,100	\$24,450
Family	\$4,200	\$48,900
Annual Maximum	UNLIMITED	UNLIMITED
Emergency Services	100%	100% UCR
Urgent Care	100%	100% UCR
Preventive Health Services As defined by the Affordable Care Act	100%	80% UCR
Maternity Care		
Inpatient Hospital Services	100%	80% UCR
Diagnostic Services (Labs, X-Rays)	100%	80% UCR
Outpatient Therapy Services	100%	80% UCR
Second Surgical Opinion	100%	80% UCR
Other Services (Refer to plan benefit chart)	100%	80% UCR
Ambulance	100%	100% UCR
Physician Office Visits		
Visits for Illness / Injury	100%	80% UCR
Specialist Office Visits for Illness/Injury	100%	80% UCR
Telemedicine	100%	80% UCR
Prescription Drugs	100% after Network Deductible subject to Marketplace Formulary	

UCR stands for Usual, Customary, and Reasonable

*Unembedded Deductible. Family Deductibles are per family, there is no per-person Deductible. Therefore, if you have family coverage, one or more persons must satisfy the family Deductible amount.

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

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 standalone 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.