

**GOLD 600, 800, 1350 and 2600 Plans**  
**SCHEDULE OF HEALTH INSURANCE BENEFITS**

| MEDICAL BENEFITS   | Gold 600*  |                    | Gold 800*      |                    | Gold 1350*   |                    | Gold 2600*   |                    |
|--|--|--------------------|----------------|--------------------|--|--------------------|--|--------------------|
|  | In Network   | Non Network        | In Network     | Non Network        | In Network   | Non Network        | In Network   | Non Network        |
| <b>Calendar Year Deductible</b>  |  |                    |                |                    |  |                    |  |                    |
| Employee   | \$600  | \$1,800            | \$800          | \$2,400            | \$1,350  | \$4,050            | \$2,600  | \$7,800            |
| Family   | \$1,200  | \$3,600            | \$1,600        | \$4,800            | \$2,700  | \$8,100            | \$5,200  | \$15,600           |
| <b>Benefit Level</b>   | 70%  | 50% UCR            | 80%            | 60% UCR            | 90%  | 70% UCR            | 90%  | 70% UCR            |
| <b>Medical Out-of-Pocket Maximum</b>                                       |  |                    |                |                    |  |                    |  |                    |
| Employee   | \$5,100  | \$24,450           | \$6,100        | \$24,450           | \$6,100  | \$24,450           | \$3,500  | \$24,450           |
| Family   | \$10,200   | \$48,900           | \$12,200       | \$48,900           | \$12,200   | \$48,900           | \$7,000  | \$48,900           |
| <b>Annual Maximum</b>  | UNLIMITED  | UNLIMITED          | UNLIMITED      | UNLIMITED          | UNLIMITED  | UNLIMITED          | UNLIMITED  | UNLIMITED          |
| <b>Emergency Services</b>  | 70%  | 70% UCR            | 80%            | 80% UCR            | 90%  | 90% UCR            | 90%  | 90% UCR            |
| <b>Urgent Care</b>   | \$75 Copayment   | \$75 Copayment UCR | \$75 Copayment | \$75 Copayment UCR | \$75 Copayment   | \$75 Copayment UCR | \$75 Copayment   | \$75 Copayment UCR |
| <b>Preventive Health Services</b><br>As defined by the Affordable Care Act | 100%   | 50% UCR            | 100%           | 60% UCR            | 100%   | 70% UCR            | 100%   | 70% UCR            |
| <b>Maternity Care</b>  | 70%  | 50% UCR            |                |                    |  |                    |  |                    |
| <b>Inpatient Hospital Services</b>   | 70%  | 50% UCR            | 80%            | 60% UCR            | 90%  | 70% UCR            | 90%  | 70% UCR            |
| <b>Diagnostic Services</b><br>(Labs, X-Rays)                               | 70%  | 50% UCR            | 80%            | 60% UCR            | 90%  | 70% UCR            | 90%  | 70% UCR            |
| <b>Outpatient Therapy Services</b>   | 70%  | 50% UCR            | 80%            | 60% UCR            | 90%  | 70% UCR            | 90%  | 70% UCR            |
| <b>Second Surgical Opinion</b>   | 70%  | 50% UCR            | 80%            | 60% UCR            | 90%  | 70% UCR            | 90%  | 70% UCR            |
| <b>Other Services</b><br>(Refer to plan benefit chart)                     | 70%  | 50% UCR            | 80%            | 60% UCR            | 90%  | 70% UCR            | 90%  | 70% UCR            |
| <b>Ambulance</b>   | 70%  | 70% UCR            | 80%            | 80% UCR            | 90%  | 90% UCR            | 90%  | 90% UCR            |
| <b>Physician Office Visits</b>   |  |                    |                |                    |  |                    |  |                    |
| Visits for Illness / Injury  | \$25 Copayment   | 50% UCR            | \$20 Copayment | 60% UCR            | \$20 Copayment   | 70% UCR            | \$10 Copayment   | 70% UCR            |
| Specialist Office Visits for Illness/Injury                                | \$45 Copayment   | 50% UCR            | \$40 Copayment | 60% UCR            | \$40 Copayment   | 70% UCR            | \$30 Copayment   | 70% UCR            |
| <b>Telemedicine</b>  | \$25 Copayment   | 50% UCR            | \$20 Copayment | 60% UCR            | \$20 Copayment   | 70% UCR            | \$10 Copayment   | 70% UCR            |
| <b>Prescription Drugs with Marketplace Formulary</b>                       | <b>Retail 1-34 day supply:</b><br>Tier 1: \$10 Copayment or 20%, greater of<br>Tier 2: \$20 Copayment or 30%, greater of<br>Tier 3: \$45 Copayment or 40%, greater of<br>Tier 4: \$50 Copayment or 50%, greater of |                    |                |                    | <b>Mail Order 90 day supply:</b><br>Tier 1: \$30 or 20% greater of<br>Tier 2: \$55 or 25% greater of<br>Tier 3: \$125 or 35% greater of<br>Tier 4: \$150 or 50% greater of |                    | <b>UCR stands for:</b><br><b>Usual, Customary and Reasonable</b> |                    |

\*Embedded Deductible. Each member of a family is looked upon as an individual in regard to the Deductible. Once a member reaches the single Deductible, Coinsurance will apply.

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.