

## SILVER 1700, 2300 and 4100 Plans, HSA Compatible

### SCHEDULE OF HEALTH INSURANCE BENEFITS

MEDICAL BENEFITS	Silver 1700 HSA**			Silver 2300 HSA**			Silver 4100 HSA**	
	In Network	Non Network		In Network	Non Network		In Network	Non Network
<b>Calendar Year Deductible</b>								
Employee	\$1,700	\$5,100		\$2,300	\$6,900		\$4,100	\$12,300
Family	\$3,400	\$10,200		\$4,600	\$13,800		\$8,200	\$24,600
<b>Benefit Level</b>	70%	50% UCR		80%	60% UCR		100%	80% UCR
<b>Medical Out of Pocket Maximum</b>								
Employee	\$6,850	\$24,450		\$6,850	\$24,450		\$4,100	\$24,450
Family	\$13,700	\$48,900		\$13,700	\$48,900		\$8,200	\$48,900
<b>Annual Maximum</b>	UNLIMITED	UNLIMITED		UNLIMITED	UNLIMITED		UNLIMITED	UNLIMITED
<b>Emergency Services</b>	70%	70% UCR		80%	80% UCR		100%	100% UCR
<b>Urgent Care</b>	70%	70% UCR		80%	80% UCR		100%	100% UCR
<b>Preventive Health Services</b> As defined by the Affordable Care Act	100%	50% UCR		100%	60% UCR		100%	80% UCR
<b>Maternity Care</b>								
<b>Inpatient Hospital Services</b>	70%	50% UCR		80%	60% UCR		100%	80% UCR
<b>Diagnostic Services</b> (Labs, X-Rays)	70%	50% UCR		80%	60% UCR		100%	80% UCR
<b>Outpatient Therapy Services</b>	70%	50% UCR		80%	60% UCR		100%	80% UCR
<b>Second Surgical Opinion</b>	70%	50% UCR		80%	60% UCR		100%	80% UCR
<b>Other Services</b> (Refer to plan benefit chart)	70%	50% UCR		80%	60% UCR		100%	80% UCR
<b>Ambulance</b>	70%	70% UCR		80%	80% UCR		100%	100% UCR
<b>Physician Office Visits</b>								
Visits for Illness/Injury	70%	50% UCR		80%	60% UCR		100%	80% UCR
Specialist Office Visits for Illness / Injury	70%	50% UCR		80%	60% UCR		100%	80% UCR
<b>Telemedicine</b>	70%	50% UCR		80%	60% UCR		100%	80% UCR
<b>Prescription Drugs</b>	70% after Network Deductible subject to Marketplace Formulary			80% after Network Deductible subject to Marketplace Formulary			100% after Network Deductible subject to Marketplace Formulary	

**UCR stands for Usual, Customary, and Reasonable**

\* 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.

\*\* Unembedded Deductible. Family Deductibles are per family, there is no per-person Deductible. If you have family coverage, one or more persons must satisfy the family Deductible amount. Deductible and out-of-pocket maximums 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.