



AultCare
Alternative 2000/100 A
HDHP - HSA Compatible
Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$2,000	\$4,000
<i>Family</i>	\$4,000	\$8,000
Out-of-Pocket Maximum		
<i>Employee</i>	\$2,000	\$8,000
<i>Family</i>	\$4,000	\$16,000
Physician Office Visits and Telemedicine		
<i>For Illness</i>	100%	80% UCR
<i>For Injury</i>	100%	100% UCR
Prescription Drugs <i>(Follow Premium Managed Formulary)</i>	100%	
Preventive Health Services		
<i>As defined by the Affordable Care Act. See www.healthcare.gov for additional information.</i>	100%	50% UCR
Maternity Care	100%	80% UCR
Inpatient Hospital Services	100%	80% UCR
Emergency Services	100%	100% UCR
Urgent Care	100%	80% UCR
Diagnostic Services <i>(Labs, X-rays)</i>	100%	80% UCR
Outpatient Therapy Services	100%	80% UCR
Other Services <i>(Refer to Summary Plan Description)</i>	100%	80% UCR
Ambulance	100%	100% UCR
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.

Unembedded Deductible. Entire family deductible must be met before any plan payments are made for any individual family member.

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.

Pre-Approval is recommended for all Inpatient admissions.

Not all benefit descriptions and exclusions are included in this document. Complete benefit descriptions and exclusions are contained in the AultCare Insurance Company Certificate of Coverage which will govern.

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.



**Alternative 2500 A
HDHP - HSA Compatible
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$2,500	\$4,000
<i>Family</i>	\$5,000	\$8,000
Out-of-Pocket Maximum		
<i>Employee</i>	\$2,500	\$8,000
<i>Family</i>	\$5,000	\$16,000
Physician Office Visits and Telemedicine		
<i>For Illness</i>	100%	80% UCR
<i>For Injury</i>	100%	100% UCR
Prescription Drugs <i>(Follow Premium Managed Formulary)</i>	100%	
Preventive Health Services		
<i>As defined by the Affordable Care Act. See www.healthcare.gov for additional information.</i>	100%	50% UCR
Maternity Care	100%	80% UCR
Inpatient Hospital Services	100%	80% UCR
Emergency Services	100%	100% UCR
Urgent Care	100%	100% UCR
Diagnostic Services <i>(Labs, X-rays)</i>	100%	80% UCR
Outpatient Therapy Services	100%	80% UCR
Other Services <i>(Refer to Summary Plan Description)</i>	100%	80% UCR
Ambulance	100%	100% UCR
Annual Plan Maximum	UNLIMITED	UNLIMITED

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