



AultCare
Alternative 1000/80 B
Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$1,000	\$2,000
<i>Family</i>	\$2,000	\$4,000
Out-of-Pocket Maximum		
<i>Employee</i>	\$2,000	\$4,000
<i>Family</i>	\$4,000	\$8,000
Physician Office Visits and Telemedicine		
<i>For Illness</i>	\$25 Copayment	60% UCR
<i>For Injury</i>	\$25 Copayment	\$25 Copayment UCR
Prescription Drugs	See Reverse side	
Preventive Health Services		
<i>As defined by the Affordable Care Act. See www.healthcare.gov for additional information.</i>	100%	50% UCR
Maternity Care	80%	60% UCR
Inpatient Hospital Services	80%	60% UCR
Emergency Services	\$50 Copayment	\$50 Copayment UCR
Urgent Care	\$25 Copayment	\$25 Copayment UCR
Diagnostic Services <i>(Labs, X-rays)</i>	80%	60% UCR
Outpatient Therapy Services	80%	60% UCR
Other Services <i>Refer to Summary Plan Description</i>	80%	60% UCR
Ambulance	80%	80% 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.

Embedded Deductible. Each family member only needs to meet his/her individual deductible prior to receiving any benefits.

Appropriate Deductible or Copayment must be satisfied before any benefit is paid except as noted.

Deductible Carryover. Amounts applied to the Deductible in the last three months of the calendar year will be carried over to the next calendar year.

The Out-of-Pocket Maximum amount includes the Deductible and Medical Coinsurance.

Deductible is waived for Network Preventive Health Services.

Pre-Approval is recommended for all Inpatient admissions.

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.

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.



This Plan follows the Premium Managed Formulary

Prescription Drugs	Retail	Mail Order (60 day supply)
Tier 1 1-34 day supply	\$10 Copayment or 20%, greater of	\$27 Copayment
Tier 1 35-60 day supply	\$27 Copayment	
Tier 2	\$20 Copayment or 30%, greater of	\$55 Copayment
Tier 3	\$45 Copayment or 50%, greater of	\$110 Copayment
Tier 4 and 5 - Prior Authorization is required. Medications must be obtained through an AultCare contracted Specialty Network pharmacy. Limited to a 30 day supply.		
Tier 4	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
Tier 5	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<i>A thirty four (34) day supply is available at the retail pharmacy A sixty (60) day supply is available at the retail pharmacy for Tier 1 A sixty (60) day supply may be obtained through the mail order program</i>		

Tier Definitions

The medication tier may change due to new Drugs and Generic availability

- Tier 1** is defined as Preferred Generic medications.
- Tier 2** is defined as Preferred Brand and Non-Preferred Generic medications.
- Tier 3** is defined as Non-Preferred Brand and Non-Preferred Generic medications.
- Tier 4** is defined as Specialty Generic medications.
- Tier 5** is defined as Specialty Brand medications.

Diabetic Program

Diabetic testing supplies are available to you through your pharmacy plan. You will be eligible for a CONTOUR NEXT ONE blood glucose meter and all related blood glucose testing supplies for \$0 Copayment. To order your free meter, call 1-800-401-8440, code CTR-OPX.

Products covered for \$0 Copayment through your Pharmacy Benefit

- Contour Next Test Strips
- Contour Next Control Solution
- Microlet Next Lancing Device
- Microlet Lancets
- All generic Lancets

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Aulternative 1000/100 B
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Calendar Year Deductible		
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<i>Family</i>	\$2,000	\$4,000
Out-of-Pocket Maximum		
<i>Employee</i>	\$1,000	\$4,000
<i>Family</i>	\$2,000	\$8,000
Physician Office Visits and Telemedicine		
<i>For Illness</i>	\$25 Copayment	80% UCR
<i>For Injury</i>	\$25 Copayment	\$25 Copayment UCR
Prescription Drugs	See Reverse side	
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	\$50 Copayment	\$50 Copayment UCR
Urgent Care	\$25 Copayment	\$25 Copayment 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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<i>Tier 1 35-60 day supply</i>	\$27 Copayment	
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<i>Tier 3</i>	\$45 Copayment or 50%, greater of	\$110 Copayment
Tier 4 and 5 - Prior Authorization is required. Medications must be obtained through an AultCare contracted Specialty Network pharmacy. Limited to a 30 day supply.		
<i>Tier 4</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<i>Tier 5</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<p><i>A thirty four (34) day supply is available at the retail pharmacy</i> <i>A sixty (60) day supply is available at the retail pharmacy for Tier 1</i> <i>A sixty (60) day supply may be obtained through the mail order program</i></p>		

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AultCare
Alternative 1500/90 B
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Calendar Year Deductible		
<i>Employee</i>	\$1,500	\$3,000
<i>Family</i>	\$3,000	\$6,000
Out-of-Pocket Maximum		
<i>Employee</i>	\$2,500	\$6,000
<i>Family</i>	\$5,000	\$12,000
Physician Office Visits and Telemedicine		
<i>For Illness</i>	\$25 Copayment	70% UCR
<i>For Injury</i>	\$25 Copayment	\$25 Copayment UCR
Prescription Drugs	See Reverse side	
Preventive Health Services		
<i>As defined by the Affordable Care Act. See www.healthcare.gov for additional information.</i>	100%	50% UCR
Maternity Care	90%	70% UCR
Inpatient Hospital Services	90%	70% UCR
Emergency Services	\$150 Copayment	\$150 Copayment UCR
Urgent Care	\$50 Copayment	\$50 Copayment UCR
Diagnostic Services <i>(Labs, X-rays)</i>	90%	70% UCR
Outpatient Therapy Services	90%	70% UCR
Other Services <i>Refer to Summary Plan Description</i>	90%	70% UCR
Ambulance	90%	90% UCR
Annual Plan Maximum	UNLIMITED	UNLIMITED

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<i>Tier 3</i>	\$45 Copayment or 50%, greater of	\$110 Copayment
Tier 4 and 5 - Prior Authorization is required. Medications must be obtained through an AultCare contracted Specialty Network pharmacy. Limited to a 30 day supply.		
<i>Tier 4</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<i>Tier 5</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<p><i>A thirty four (34) day supply is available at the retail pharmacy</i> <i>A sixty (60) day supply is available at the retail pharmacy for Tier 1</i> <i>A sixty (60) day supply may be obtained through the mail order program</i></p>		

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<i>Family</i>	\$3,000	\$6,000
Out-of-Pocket Maximum		
<i>Employee</i>	\$1,500	\$6,000
<i>Family</i>	\$3,000	\$12,000
Physician Office Visits and Telemedicine		
<i>For Illness</i>	\$25 Copayment	80% UCR
<i>For Injury</i>	\$25 Copayment	\$25 Copayment UCR
Prescription Drugs	See Reverse side	
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	\$150 Copayment	\$150 Copayment UCR
Urgent Care	\$50 Copayment	\$50 Copayment 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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<i>Tier 4</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<i>Tier 5</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
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AultCare
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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>	\$4,000	\$8,000
<i>Family</i>	\$8,000	\$16,000
Physician Office Visits and Telemedicine		
<i>For Illness</i>	\$25 Copayment	60% UCR
<i>For Injury</i>	\$25 Copayment	\$25 Copayment UCR
Prescription Drugs	See Reverse side	
Preventive Health Services		
<i>As defined by the Affordable Care Act. See www.healthcare.gov for additional information.</i>	100%	50% UCR
Maternity Care	80%	60% UCR
Inpatient Hospital Services	80%	60% UCR
Emergency Services	\$50 Copayment	\$50 Copayment UCR
Urgent Care	\$25 Copayment	\$25 Copayment UCR
Diagnostic Services <i>(Labs, X-rays)</i>	80%	60% UCR
Outpatient Therapy Services	80%	60% UCR
Other Services <i>Refer to Summary Plan Description</i>	80%	60% UCR
Ambulance	80%	80% UCR
Annual Plan Maximum	UNLIMITED	UNLIMITED

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Tier 1 1-34 day supply	\$10 Copayment or 20%, greater of	\$27 Copayment
Tier 1 35-60 day supply	\$27 Copayment	
Tier 2	\$20 Copayment or 30%, greater of	\$55 Copayment
Tier 3	\$45 Copayment or 50%, greater of	\$110 Copayment
Tier 4 and 5 - Prior Authorization is required. Medications must be obtained through an AultCare contracted Specialty Network pharmacy. Limited to a 30 day supply.		
Tier 4	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
Tier 5	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<p><i>A thirty four (34) day supply is available at the retail pharmacy</i></p> <p><i>A sixty (60) day supply is available at the retail pharmacy for Tier 1</i></p> <p><i>A sixty (60) day supply may be obtained through the mail order program</i></p>		

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Out-of-Pocket Maximum		
<i>Employee</i>	\$2,000	\$8,000
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Physician Office Visits and Telemedicine		
<i>For Illness</i>	\$25 Copayment	80% UCR
<i>For Injury</i>	\$25 Copayment	\$25 Copayment UCR
Prescription Drugs	See Reverse side	
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	\$50 Copayment	\$50 Copayment UCR
Urgent Care	\$25 Copayment	\$25 Copayment 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
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Tier 5	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
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Alternative 2500 B
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<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>	\$25 Copayment	80% UCR
<i>For Injury</i>	\$25 Copayment	\$25 Copayment UCR
Prescription Drugs	See Reverse side	
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	\$50 Copayment	\$50 Copayment UCR
Urgent Care	\$25 Copayment	\$25 Copayment UCR
Diagnostic Services <i>(Labs, X-rays)</i>	100%	80% UCR
Outpatient Therapy Services	100%	80% UCR
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Ambulance	100%	100% UCR
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<i>Tier 2</i>	\$20 Copayment or 30%, greater of	\$55 Copayment
<i>Tier 3</i>	\$45 Copayment or 50%, greater of	\$110 Copayment
Tier 4 and 5 - Prior Authorization is required. Medications must be obtained through an AultCare contracted Specialty Network pharmacy. Limited to a 30 day supply.		
<i>Tier 4</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<i>Tier 5</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<p><i>A thirty four (34) day supply is available at the retail pharmacy</i> <i>A sixty (60) day supply is available at the retail pharmacy for Tier 1</i> <i>A sixty (60) day supply may be obtained through the mail order program</i></p>		

Tier Definitions

The medication tier may change due to new Drugs and Generic availability

- Tier 1** is defined as Preferred Generic medications.
- Tier 2** is defined as Preferred Brand and Non-Preferred Generic medications.
- Tier 3** is defined as Non-Preferred Brand and Non-Preferred Generic medications.
- Tier 4** is defined as Specialty Generic medications.
- Tier 5** is defined as Specialty Brand medications.

Diabetic Program

Diabetic testing supplies are available to you through your pharmacy plan. You will be eligible for a CONTOUR NEXT ONE blood glucose meter and all related blood glucose testing supplies for \$0 Copayment. To order your free meter, call 1-800-401-8440, code CTR-OPX.

Products covered for \$0 Copayment through your Pharmacy Benefit

- Contour Next Test Strips
- Contour Next Control Solution
- Microlet Next Lancing Device
- Microlet Lancets
- All generic Lancets

This information is intended to provide a summary of products offered by AultCare.



Alternative 5000 B
Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$5,000	\$7,500
<i>Family</i>	\$10,000	\$15,000
Out-of-Pocket Maximum		
<i>Employee</i>	\$5,000	\$10,000
<i>Family</i>	\$10,000	\$20,000
Physician Office Visits and Telemedicine		
<i>For Illness</i>	\$25 Copayment	80% UCR
<i>For Injury</i>	\$25 Copayment	\$25 Copayment UCR
Prescription Drugs	See Reverse side	
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	\$50 Copayment	\$50 Copayment UCR
Urgent Care	\$25 Copayment	\$25 Copayment 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.

Embedded Deductible. Each family member only needs to meet his/her individual deductible prior to receiving any benefits.

Appropriate Deductible or Copayment must be satisfied before any benefit is paid except as noted.

Deductible Carryover. Amounts applied to the Deductible in the last three months of the calendar year will be carried over to the next calendar year.

The Out-of-Pocket Maximum amount includes the Deductible and Medical Coinsurance.

Deductible is waived for Network Preventive Health Services.

Pre-Approval is recommended for all Inpatient admissions.

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.

Contact AultCare
www.aultcare.com
330-363-6360
1-800-344-8858

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This Plan follows the Premium Managed Formulary

Prescription Drugs	Retail	Mail Order (60 day supply)
Tier 1 1-34 day supply	\$10 Copayment or 20%, greater of	\$27 Copayment
Tier 1 35-60 day supply	\$27 Copayment	
Tier 2	\$20 Copayment or 30%, greater of	\$55 Copayment
Tier 3	\$45 Copayment or 50%, greater of	\$110 Copayment
Tier 4 and 5 - Prior Authorization is required. Medications must be obtained through an AultCare contracted Specialty Network pharmacy. Limited to a 30 day supply.		
Tier 4	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
Tier 5	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<p><i>A thirty four (34) day supply is available at the retail pharmacy</i></p> <p><i>A sixty (60) day supply is available at the retail pharmacy for Tier 1</i></p> <p><i>A sixty (60) day supply may be obtained through the mail order program</i></p>		

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