

## Aulternative 1000/100 C Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
Employee	\$1,000	\$2,000
Family	\$2,000	\$4,000
Out-of-Pocket Maximum		
Employee	\$1,000	\$4,000
Family	\$2,000	\$8,000
Physician Office Visits and Telemedi	cine	
For Illness	100%	80% UCR
For Injury	100%	100% UCR
Prescription Drugs (Follow Premium Managed Formulary)	100%	
Preventive Health Services		
As defined by the Affordable Care Act. See www.healthcare.gov for additional information.	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 (Labs, X-rays)	100%	80% UCR
Outpatient Therapy Services	100%	80% UCR
Other Services (Refer to Summary Plan Description)	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 <u>DO NOT</u> 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 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 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