



AultCare
Alternative 2000 E
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
Prescription Drug Out-of-Pocket Maximum <i>Separate from Medical</i>		
<i>Employee</i>	\$500	N/A
<i>Family</i>	\$1,000	N/A
Physician Office Visits and Telemedicine		
<i>For Illness</i>	100%	80% UCR
<i>For Injury</i>	100%	100% 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	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 **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 Medical Plan Out-of-Pocket Maximum amount includes the Deductible and Coinsurance.

Once the Medical Plan Deductible /Out-of-Pocket amount is met, there is an additional Pharmacy Out-of-Pocket amount which includes Pharmacy Copayments and Coinsurance. Once this Maximum is met, Prescription cost share will be waived.

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.



This Plan follows the Premium Managed Formulary

Prescription Copayments and Coinsurance apply after medical Deductible of \$2,000 per covered person or \$4,000 per family is met.

Prescription Drugs	Retail	Mail Order (60 day supply)
Tier 1 1-34 day supply	\$10 Copayment	\$27 Copayment
Tier 1 35-60 day supply	\$20 Copayment	
Tier 2	\$30 Copayment	\$72 Copayment
Tier 3	\$60 Copayment or 50%, greater of	\$145 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	\$27 Copayment	\$27 Copayment
Tier 5	\$72 Copayment	\$72 Copayment
<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>		

No prescription Copayments after an additional Prescription Out-of-Pocket of \$500 per covered person or \$1,000 per family is met.

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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