



**STANDARD HIGH OPTION 90%, Purchasing I, II and III, \$750 Plans  
SCHEDULE OF HEALTH INSURANCE BENEFITS**

MEDICAL BENEFITS	High Option 90%		Group Purchasing Plan I		Group Purchasing Plan II		Group Purchasing Plan III		\$750 Plan	
	Network	Non Network	Network	Non Network	Network	Non Network	Network	Non Network	Network	Non Network
<b>Annual Deductibles*</b>										
Employee	\$150	\$300	\$100	\$300	\$150	\$450	\$200	\$450	\$750	\$1,500
Family	\$300	\$600	\$300	\$900	\$300	\$900	\$400	\$900	\$1,500	\$3,000
<b>Benefit Level</b>	90%*	80%*UCR	90%*	65%*UCR	90%*	70%*UCR	90%*	70%*UCR	80%*	60%*UCR
<b>Medical Out-of-Pocket Maximum**</b>										
Employee	\$500	\$1,000	\$600	\$2,050	\$650	\$1,950	\$700	\$1,950	\$3,000	\$6,000
Family	\$1,000	\$2,000	\$1,500	\$6,150	\$1,300	\$3,900	\$1,400	\$3,900	\$6,000	\$12,000
<b>Prescription Drug Out-of-Pocket Maximum** (Separate from Medical Out-of-Pocket)</b>										
Employee	\$5,850	N/A	\$5,750	N/A	\$5,700	N/A	\$5,650	N/A	\$3,350	N/A
Family	\$11,700	N/A	\$11,200	N/A	\$11,400	N/A	\$11,300	N/A	\$6,700	N/A
<b>Annual Maximum (Integrated)</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>ER</b>										
Emergency Care (Emergent)	100%	100% UCR	100%	100% UCR	100%	100% UCR	100%	100% UCR	100%	100% UCR
Emergency Care Copay	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$50 Copay	\$50 Copay UCR
Non-Emergency Care	50%*	50%*UCR	50%*	50%*UCR	50%*	50%*UCR	50%*	50%*UCR	50%*	50%*UCR
<b>Preventive Care</b> As defined by the Affordable Care Act.	100%	80%*UCR	100%	65%*UCR	100%	70%*UCR	100%	70%*UCR	100%	60%*UCR
<b>Maternity Care</b>	90%*	80%*UCR	90%*	65%*UCR	90%*	70%*UCR	90%*	70%*UCR	80%*	60%*UCR
<b>Care In- Hospital</b>	90%*	80%*UCR	90%*	65%*UCR	90%*	70%*UCR	90%*	70%*UCR	80%*	60%*UCR
<b>Pre-Admission Testing</b>	90%*	80%*UCR	90%*	65%*UCR	90%*	70%*UCR	90%*	70%*UCR	80%*	60%*UCR
<b>As an Outpatient</b> (Lab, Xray, Diagnostic & Therapy Services)	90%*	80%*UCR	90%*	65%*UCR	90%*	70%*UCR	90%*	70%*UCR	80%*	60%*UCR
<b>Second Surgical Opinion</b>	100%	100%UCR	100%	100%UCR	100%	100%UCR	100%	100%UCR	100%	100%UCR
<b>Mental Health/Substance Abuse</b>	90%*	80%*UCR	90%*	65%*UCR	90%*	70%*UCR	90%*	70%*UCR	80%*	60%*UCR
<b>Other Services</b> (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)	90%*	80%*UCR	90%*	65%*UCR	90%*	70%*UCR	90%*	70%*UCR	80%*	60%*UCR
<b>Ambulance</b>	80%*	80%*UCR	80%*	80%*UCR	80%*	80%*UCR	80%*	80%*UCR	80%*	80%*
<b>Allergy Extracts</b>	80%*	80%*UCR	80%*	80%*UCR	80%*	80%*UCR	80%*	80%*UCR	80%*	80%*UCR
<b>Physician Office Visits</b>										
Visits for Illness	90%*	80%*UCR	\$10 Copay/\$5 Copay OB/GYN	65%*UCR	\$10 Copay	70%*UCR	\$10 Copay	70%*UCR	\$25 Copay	60%*UCR
Visits for Injury	100%	100%UCR	100%	100%UCR	100%	100%UCR	100%	100%UCR	100%	100%UCR
<b>Prescription Drugs</b>	<b>Retail (34 day supply)</b>				<b>Mail Order (60 day supply)</b>					
	Generic Preferred (1st tier)		\$10 copay or 20%, greater of		Generic Preferred (1st tier)		\$27 or 20%, greater of			
	Generic Non-Preferred (2nd tier)		\$20 copay or 30%, greater of		Generic Non-Preferred (2nd tier)		\$45 or 30%, greater of			
	Preferred Brand (3rd Tier)		\$30 copay or 30%, greater of		Preferred Brand (3rd Tier)		\$55 or 25%, greater of (\$125 max)			
	Preferred Non-Brand (4th Tier)		\$45 copay or 50%, greater of		Preferred Non-Brand (4th Tier)		\$85 or \$55, greater of (\$250 max)			
	Most Non Preferred (5th Tier)		75% co-insurance		Most Non Preferred (5th Tier)		75% co-insurance			
	Specialty/Limited Distribution		\$125 or 20%, greater of		Specialty/Limited Distribution		\$125 or 20%, greater of			

UCR stands for Usual, Customary and Reasonable

\* After Deductible

\*\* Medical plan Co-pays apply to the medical plan out-of-pocket and Prescription Drug Co-pays apply to the prescription drug out-of-pocket.

Annual deductibles are Embedded. If you are insuring more than one person, you have family coverage. With embedded insurance each member of the family is looked at as an individual in regards to the deductible. Once a person reaches the single deductible, the co-insurance percentages will apply. Deductible and out-of-pocket maximums are nonintegrated. 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.

This policy contains exclusions, limitations, savings of benefits and certain terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or AultCare Insurance Company.

NOTE: This sheet is intended to provide a summary of products offered by AultCare to groups with 50 or more employees.



**STANDARD 80% Options I, II and III  
SCHEDULE OF HEALTH INSURANCE BENEFITS**

MEDICAL BENEFITS	80% Option I		80% Option II		80% Option III	
	Network	Non Network	Network	Non Network	Network	Non Network
<b>Annual Deductibles*</b>						
Employee	\$200	\$200	\$300	\$300	\$500	\$500
Family	\$400	\$400	\$600	\$600	\$1,000	\$1,000
<b>Benefit Level</b>	80%*	60%*UCR	80%*	60%*UCR	80%*	60%*UCR
<b>Medical Out-of-Pocket Maximum**</b>						
Employee	\$600	\$1,400	\$1,300	\$2,300	\$1,500	\$2,500
Family	\$1,200	\$2,800	\$2,600	\$4,600	\$3,000	\$5,000
<b>Prescription Drug Out-of-Pocket Maximum** (Separate from Medical Out-of-Pocket)</b>						
Employee	\$5,750	N/A	\$5,050	N/A	Pharmacy Out-of-Pocket Integrated with Network Medical Out-of-Pocket	
Family	\$11,500	N/A	\$10,100	N/A		
<b>Annual Maximum (Integrated)</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>ER</b>						
Emergency Care (Emergent)	100%	100% UCR	100%	100% UCR	100%	100% UCR
Emergency Care Copay	N/A	N/A	N/A	N/A	N/A	N/A
Non-Emergency Care	50%*	50%*UCR	50%*	50%*UCR	50%*	50%*UCR
<b>Preventive Care</b> As defined by the Affordable Care Act.	100%	60%*UCR	100%	60%*UCR	100%	60%*UCR
<b>Maternity Care</b>	80%*	60%*UCR	80%*	60%*UCR	80%*	60%*UCR
<b>Care In- Hospital</b>	80%*	60%*UCR	80%*	60%*UCR	80%*	60%*UCR
<b>Pre-Admission Testing As an Outpatient</b> (Lab, Xray, Diagnostic & Therapy Services)	80%*	60%*UCR	80%*	60%*UCR	80%*	60%*UCR
<b>Second Surgical Opinion</b>	100%	100%UCR	100%	100%UCR	100%	100%UCR
<b>Mental Health/Substance Abuse</b>	80%*	60%*UCR	80%*	60%*UCR	80%*	60%*UCR
<b>Other Services</b> (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)	80%*	60%*UCR	80%*	60%*UCR	80%*	60%*UCR
<b>Ambulance</b>	80%*	80%*UCR	80%*	80%*UCR	80%*	80%*UCR
<b>Allergy Extracts</b>	80%*	80%*UCR	80%*	80%*UCR	80%*	80%*UCR
<b>Physician Office Visits</b>						
Visits for Illness	80%*	60%*UCR	80%*	60%*UCR	80%*	60%*UCR
Visits for Injury	100%	100% UCR	100%	100% UCR	100%	100% UCR
<b>Prescription Drug Program</b>		<b>Retail (34 day supply)</b>		<b>Mail Order (60 day supply)</b>		
	Generic Preferred (1st tier)	\$10 copay or 20%, greater of		\$27 or 20%, greater of		
	Generic Non-Preferred (2nd tier)	\$20 copay or 30%, greater of		\$45 or 30%, greater of		
	Preferred Brand (3rd Tier)	\$30 copay or 30%, greater of		\$55 or 25%, greater of (\$125 max)		
	Preferred Non-Brand (4th Tier)	\$45 copay or 50%, greater of		\$85 or \$55, greater of (\$250 max)		80%*
	Most Non Preferred (5th Tier)	75% co-insurance		75% co-insurance		
	Specialty/Limited Distribution	\$125 or 20%, greater of		\$125 or 20%, greater of		

UCR stands for Usual, Customary and Reasonable

\* After Deductible

\*\* Unless otherwise indicated, Medical plan Co-pays apply to the medical plan out-of-pocket and Prescription Drug Co-pays apply to the prescription drug out-of-pocket.

Annual deductibles are Embedded. If you are insuring more than one person, you have family coverage. With embedded insurance each member of the family is looked at as an individual in regards to the deductible. Once a person reaches the single deductible, the co-insurance percentages will apply. Deductible and out-of-pocket maximums are integrated. Therefore, deductibles and out-of-pocket amounts met for Network Providers DO apply to deductible and out-of-pocket amounts met for Non Network Providers.

This policy contains exclusions, limitations, savings of benefits and certain terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or AultCare Insurance Company.

NOTE: This sheet is intended to provide a summary of products offered by AultCare to groups with 50 or more employees.



**AULTERNATIVE PLANS SCHEDULE A Base Plans and 1500 Plans  
HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE  
SCHEDULE OF HEALTH INSURANCE BENEFITS**

MEDICAL BENEFITS	Alternative Base 80		Alternative Base 100		Alternative A 1500/90		Alternative A 1500/100	
	Network	Non Network	Network	Non Network	Network	Non Network	Network	Non Network
<b>Annual Deductibles*</b>								
Employee	\$1,300	\$2,600	\$1,300	\$2,600	\$1,500	\$3,000	\$1,500	\$3,000
Family	\$2,600	\$5,200	\$2,600	\$5,200	\$3,000	\$6,000	\$3,000	\$6,000
<b>Benefit Level</b>	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
<b>Out-of-Pocket Maximum</b>								
Employee	\$2,600	\$5,200	\$1,300	\$5,200	\$2,500	\$6,000	\$1,500	\$6,000
Family	\$5,200	\$10,400	\$2,600	\$10,400	\$5,000	\$12,000	\$3,000	\$12,000
<b>Annual Maximum (Integrated)</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>ER</b>								
Emergency Care (Emergent)	80%*	80%*UCR	100%*	100%* UCR	100%*	100%* UCR	100%*	100%*UCR
Non-Emergency Care	80%*	60%*UCR	100%*	80%*UCR	50%*	50%*	50%*	50%*
<b>Preventive Care</b> As defined by the Affordable Care Act.	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR
<b>Maternity Care</b>	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
<b>Care In- Hospital</b>	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
<b>Pre-Admission Testing</b>	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
<b>As an Outpatient</b> (Lab, Xray, Diagnostic & Therapy Services)	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
<b>Second Surgical Opinion</b>	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
<b>Mental Health/Substance Abuse</b>	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
<b>Other Services</b> (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
<b>Ambulance</b>	80%*	80%*UCR	100%*	100%*UCR	90%*	90%*UCR	100%*	100%*UCR
<b>Allergy Extracts</b>	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
<b>Physician Office Visits</b>								
Visits for Illness	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
Visits for Injury	80%*	80%*UCR	100%*	100%*UCR	90%*	90%*UCR	100%*	100%*UCR
<b>Prescription Drugs</b>	80%*		100%*		90%*		100%*	

\* After Deductible

UCR stands for Usual, Customary and Reasonable

Annual Deductibles are Unembedded: If you are insuring more than one person, you have family coverage. If only one person incurs claims, those claims must satisfy the family deductible before the co-insurance percentages apply. Any combination of family members' claims may satisfy the family deductible.

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.

These plans are constructed to be HSA compatible. Therefore, deductible will be indexed to correspond to IRS guidelines.

This policy contains exclusions, limitations, savings of benefits and certain terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or AultCare Insurance Company.

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**AULTERNATIVE PLANS SCHEDULE A 2000, 2500 and 5000 Plans  
HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE  
SCHEDULE OF HEALTH INSURANCE BENEFITS**

MEDICAL BENEFITS	Aulternative A 2000/80		Aulternative A 2000/100		Aulternative A 2500		Aultternative A 5000	
	Network	Non Network	Network	Non Network	Network	Non Network	Network	Non Network
<b>Annual Deductibles*</b>								
Employee	\$2,000	\$4,000	\$2,000	\$4,000	\$2,500	\$4,000	\$5,000	\$7,500
Family	\$4,000	\$8,000	\$4,000	\$8,000	\$5,000	\$8,000	\$10,000	\$15,000
<b>Benefit Level</b>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Out-of-Pocket Maximum</b>								
Employee	\$4,000	\$8,000	\$2,000	\$8,000	\$2,500	\$8,000	\$5,000	\$10,000
Family	\$8,000	\$16,000	\$4,000	\$16,000	\$5,000	\$16,000	\$10,000	\$20,000
<b>Annual Maximum (Integrated)</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>ER</b>								
Emergency Care (Emergent)	80%*	80%*UCR	100%*	100%* UCR	100%*	100%*UCR	100%*	100%*UCR
Non-Emergency Care	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Preventive Care</b> As defined by the Affordable Care Act.	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR
<b>Maternity Care</b>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Care In- Hospital</b>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Pre-Admission Testing</b>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>As an Outpatient</b> (Lab, Xray, Diagnostic & Therapy Services)	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Second Surgical Opinion</b>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Mental Health/Substance Abuse</b>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Other Services</b> (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Ambulance</b>	80%*	80%*UCR	100%*	100%*UCR	100%*	100%*UCR	100%*	100%*UCR
<b>Allergy Extracts</b>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Physician Office Visits</b>								
Visits for Illness	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Visits for Injury	80%*	80%*UCR	100%*	100%*UCR	100%*	100%*UCR	100%*	100%*UCR
<b>Prescription Drugs</b>	80%*		100%*		100%*		100%*	

\* After Deductible

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**Unembedded deductible:** If you are insuring more than one person, you have family coverage. If only one person incurs claims, those claims must satisfy the family deductible before the co-insurance percentages apply. Any combination of family members' claims may satisfy the family deductible.

**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.**

**These plans are constructed to be HSA compatible. Therefore, deductible will be indexed to correspond to IRS guidelines.**

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**AULTERNATIVE PLANS SCHEDULE B 1000 and 1500 Plans  
SCHEDULE OF HEALTH INSURANCE BENEFITS**

MEDICAL BENEFITS	Alternative B 1000/80		Alternative B 1000/100		Alternative B 1500/90		Alternative B 1500/100	
	Network	Non Network	Network	Non Network	Network	Non Network	Network	Non Network
<b>Annual Deductibles*</b>								
Employee	\$1,000	\$2,000	\$1,000	\$2,000	\$1,500	\$3,000	\$1,500	\$3,000
Family	\$2,000	\$4,000	\$2,000	\$4,000	\$3,000	\$6,000	\$3,000	\$6,000
<b>Benefit Level</b>	80%*	60%*UCR	100%	80%*UCR	90%	70%*UCR	100%	80%*UCR
<b>Medical Out-of-Pocket Maximum**</b>								
Employee	\$2,000	\$4,000	\$1,000	\$4,000	\$2,500	\$6,000	\$1,500	\$6,000
Family	\$4,000	\$8,000	\$2,000	\$8,000	\$5,000	\$12,000	\$3,000	\$12,000
<b>Prescription Drug Out-of-Pocket Maximum** (Separate from Medical Out-of-Pocket)</b>								
Employee	\$4,350	N/A	\$5,350	N/A	\$3,850	N/A	\$4,850	N/A
Family	\$8,700	N/A	\$10,700	N/A	\$7,700	N/A	\$9,700	N/A
<b>Annual Maximum (Integrated)</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>ER</b>								
Emergency Care (Emergent)	100%	100% UCR	100%	100% UCR	100%	100% UCR	100%	100% UCR
Copay**	\$50	\$50	\$50	\$50	\$150	\$150	\$150	\$150
Non-Emergency Care	80%*	60%*UCR	100%*	80%*UCR	50%*	50%*UCR	50%*	50%*UCR
<b>Preventive Care</b> As defined by the Affordable Care Act.	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR
<b>Maternity Care</b>	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
<b>Care In- Hospital</b>	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
<b>Pre-Admission Testing As an Outpatient</b> (Lab, Xray, Diagnostic & Therapy Services)	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
<b>Second Surgical Opinion</b>	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
<b>Mental Health/Substance Abuse</b>	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
<b>Other Services</b> (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
<b>Ambulance</b>	80%*	80%*UCR	100%*	100%*UCR	90%*	90%*UCR	100%*	100%*UCR
<b>Allergy Extracts</b>	80%*	60%*UCR	100%*	80%*UCR	90%*	70%*UCR	100%*	80%*UCR
<b>Physician Office Visits**</b>								
Visits for Illness	\$25 Copay	60%*UCR	\$25 Copay	80%*UCR	\$25 Copay	70%*UCR	\$25 Copay	80%*UCR
Visits for Injury	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
<b>Prescription Drugs</b>	<b>Retail (34 day supply)</b>				<b>Mail Order (60 day supply)</b>			
	Generic Preferred (1st tier)		\$10 copay or 20%, greater of		\$27 or 20%, greater of			
	Generic Non-Preferred (2nd tier)		\$20 copay or 30%, greater of		\$45 or 30%, greater of			
	Preferred Brand (3rd Tier)		\$30 copay or 30%, greater of		\$55 or 25%, greater of (\$125 max)			
	Preferred Non-Brand (4th Tier)		\$45 copay or 50%, greater of		\$85 or \$55, greater of (\$250 max)			
	Most Non Preferred (5th Tier)		75% co-insurance		75% co-insurance			
	Specialty/Limited Distribution		\$125 or 20%, greater of		\$125 or 20%, greater of			

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\*\* Medical plan Co-pays apply to the medical plan out-of-pocket and Prescription Drug Co-pays apply to the prescription drug out-of-pocket.

Annual deductibles are Embedded. If you are insuring more than one person, you have family coverage. With embedded insurance each member of the family is looked at as an individual in regards to the deductible. Once a person reaches the single deductible, the co-insurance percentages will apply. Deductible and out-of-pocket maximums are nonintegrated. 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.

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**AULTERNATIVE PLANS SCHEDULE B 2000, 2500 and 5000 Plans  
SCHEDULE OF HEALTH INSURANCE BENEFITS**

MEDICAL BENEFITS	Aulternative B 2000/80		Aulternative B 2000/100		Aulternative B 2500		Aulternative B 5000	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Annual Deductibles*</b>								
Employee	\$2,000	\$4,000	\$2,000	\$4,000	\$2,500	\$4,000	\$5,000	\$7,500
Family	\$4,000	\$8,000	\$4,000	\$8,000	\$5,000	\$8,000	\$10,000	\$15,000
<b>Benefit Level</b>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Medical Out-of-Pocket Maximum**</b>								
Employee	\$6,350	\$9,500	\$2,000	\$8,000	\$2,500	\$8,000	\$6,350	\$12,700
Family	\$12,700	\$19,000	\$4,000	\$16,000	\$5,000	\$16,000	\$12,700	\$25,400
<b>Prescription Drug Out-of-Pocket Maximum** (Separate from Medical Out-of-Pocket)</b>								
Employee	Pharmacy Out-of-Pocket integrated with Network		\$4,350	N/A	\$3,850	N/A	Pharmacy Out-of-Pocket integrated with Network	
Family	Medical Out-of-Pocket		\$8,700	N/A	\$7,700	N/A	Medical Out-of-Pocket	
<b>Annual Maximum (Integrated)</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>ER</b>								
Emergency Care	100%	100% UCR	100%	100% UCR	100%	100% UCR	100%	100% UCR
Co-Pay**	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Non-Emergency Care	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Preventive Care</b>	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR
As defined by the Affordable Care Act.								
<b>Maternity Care</b>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Care In- Hospital</b>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Pre-Admission Testing</b>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>As an Outpatient</b> (Lab, Xray, Diagnostic & Therapy Services)	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Second Surgical Opinion</b>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Mental Health/Substance Abuse</b>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Other Services</b> (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Ambulance</b>	80%*	80%*UCR	100%*	100%*UCR	100%*	100%*UCR	100%*	100%*UCR
<b>Allergy Extracts</b>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
<b>Physician Office Visits**</b>								
Visits for Illness	\$25 Copay	60%*UCR	\$25 Copay	80%*UCR	\$25 Copay	80%*UCR	\$25 Copay	80%*UCR
Visits for Injury	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
<b>Prescription Drugs</b>	<b>Retail (34 day supply)</b>				<b>Mail Order (60 day supply)</b>			
	Generic (1st tier)				Generic (1st tier)			
	\$10 copay or 20%, greater of				\$27.00			
	Preferred Brand (2nd Tier)				Preferred Brand (2nd Tier)			
	\$20 copay or 30%, greater of				\$55.00			
	Preferred Brand (3rd Tier)				Preferred Brand (3rd Tier)			
	\$30 copay or 35%, greater of				\$85.00			
	Preferred Brand (4th Tier)				Preferred Brand (4th Tier)			
	\$45 copay or 50%, greater of				\$110.00			
	Non Preferred Brand (4th Tier)				Non Preferred Brand (4th Tier)			
	75% co-insurance				Non Preferred Brand (5th Tier)			
	Non Preferred Brand (5th Tier)				75%			
	Limited Distribution Medications (30 day supply)							
	\$285 copay							
	Specialty Medications							
	\$125 copay							

UCR stands for Usual, Customary and Reasonable

\* After Deductible

\*\* Medical plan Co-pays apply to the medical plan out-of-pocket and Prescription Drug Co-pays apply to the prescription drug out-of-pocket.

Annual deductibles are Embedded. If you are insuring more than one person, you have family coverage. With embedded insurance each member of the family is looked at as an individual in regards to the deductible. Once a person reaches the single deductible, the co-insurance percentages will apply. Deductible and out-of-pocket maximums are nonintegrated. Therefore, deductibles and out-of-pocket amounts met for AultCare Providers DO NOT apply to deductible and out-of-pocket amounts met for Non-AultCare Providers.

This policy contains exclusions, limitations, savings of benefits and certain terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or AultCare Insurance Company.

NOTE: This sheet is intended to provide a summary of products offered by AultCare to groups with 50 or more employees.