



**2020 TRANSITIONAL RELIEF PLAN OPTIONS - 1500A & 2500A
HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE
SCHEDULE OF HEALTH INSURANCE BENEFITS**

MEDICAL BENEFITS	Alternative A 1500/100		Alternative A 2500	
	Network	Non Network	Network	Non Network
Calendar Year Deductible*				
Employee	\$1,500	\$3,000	\$2,500	\$4,000
Family	\$3,000	\$6,000	\$5,000	\$8,000
Benefit Level	100%*	80%*UCR	100%*	80%*UCR
Medical Out-of-Pocket Maximum				
Employee	\$1,500	\$6,000	\$2,500	\$8,000
Family	\$3,000	\$12,000	\$5,000	\$16,000
Annual Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Emergency Services	100%*	100%*UCR	100%*	100%*UCR
Preventive Health Services <small>As defined by the Affordable Care Act.</small>	100%	50%*UCR	100%	50%*UCR
Maternity Care	100%*	80%*UCR	100%*	80%*UCR
Inpatient Hospital Services	100%*	80%*UCR	100%*	80%*UCR
Diagnostic Services <small>(Labx, X-Rays)</small>	100%*	80%*UCR	100%*	80%*UCR
Outpatient Therapy Services	100%*	80%*UCR	100%*	80%*UCR
Second Surgical Opinion	100%*	80%*UCR	100%*	80%*UCR
Other Services <small>(Refer to plan benefit chart)</small>	100%*	80%*UCR	100%*	80%*UCR
Ambulance	100%*	100%*UCR	100%*	100%*UCR
Physician Office Visits <small>Visits for Illness / Injury</small>	100%*	80%*UCR	100%*	80%*UCR
Telemedicine	100%*	80%*UCR	100%*	80%*UCR
Prescription Drugs	100%*		100%*	

* After Deductible

UCR stands for Usual, Customary and Reasonable

Unembedded Deductible. Family deductibles are per family, there is no per-person Deductible. Therefore, if you have family coverage, one or more persons must satisfy the family Deductible amount.

Deductible and Out-of-Pocket maximum are Non-Integrated. 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.

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

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.



2020 TRANSITIONAL RELIEF PLAN OPTIONS - 1000B, 1500B, 2500B & 5000B SCHEDULE OF HEALTH INSURANCE BENEFITS

MEDICAL BENEFITS	Aulternative B 1000/80		Aulternative B 1500/100		Aulternative B 2500		Aulternative B 5000	
	Network	Non Network	Network	Non Network	Network	Non Network	Network	Non Network
Calendar Year Deductible*								
Employee	\$1,000	\$2,000	\$1,500	\$3,000	\$2,500	\$4,000	\$5,000	\$7,500
Family	\$2,000	\$4,000	\$3,000	\$6,000	\$5,000	\$8,000	\$10,000	\$15,000
Benefit Level	80%*	60%*UCR	100%	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Medical Out-of-Pocket Maximum								
Employee	\$2,000	\$4,000	\$1,500	\$6,000	\$2,500	\$8,000	\$5,000	\$10,000
Family	\$4,000	\$8,000	\$3,000	\$12,000	\$5,000	\$16,000	\$10,000	\$20,000
Annual Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Emergency Services	\$50 Copayment	\$50 Copayment UCR	\$150 Copayment	\$150 Copayment UCR	\$50 Copayment	\$50 Copayment UCR	\$50 Copayment	\$50 Copayment UCR
Urgent Care	\$25 Copayment	\$25 Copayment UCR	\$50 Copayment	\$50 Copayment UCR	\$25 Copayment	\$25 Copayment UCR	\$25 Copayment	\$25 Copayment UCR
Preventive Health Services <small>As defined by the Affordable Care Act.</small>	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR
Maternity Care	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Inpatient Hospital Services	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Diagnostic Services <small>(Labs, X-Rays)</small>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Outpatient Therapy Services	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Second Surgical Opinion	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Other Services <small>(Refer to plan benefit chart)</small>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Ambulance	80%*	80%*UCR	100%*	100%*UCR	100%*	100%*UCR	100%*	100%*UCR
Physician Office Visits								
Visits for Illness	\$25 Copayment	60%*UCR	\$25 Copayment	80%*UCR	\$25 Copayment	80%*UCR	\$25 Copayment	80%*UCR
Visits for Injury	\$25 Copayment	\$25 Copayment	\$25 Copayment	\$25 Copayment	\$25 Copayment	\$25 Copayment	\$25 Copayment	\$25 Copayment
Telemedicine	\$25 Copayment	60%*UCR	\$25 Copayment	80%*UCR	\$25 Copayment	80%* UCR	\$25 Copayment	80%* UCR
Prescription Drugs	Retail (34 day supply)				Mail Order (60 day supply)			
	Generic (1st tier)		\$10 Copayment or 20%, greater of		Generic (1st tier)		\$27.00	
	Preferred Brand (2nd Tier)		\$20 Copayment or 30%, greater of		Preferred Brand (2nd Tier)		\$55.00	
	Preferred Brand (3rd Tier)		\$30 Copayment or 35%, greater of		Preferred Brand (3rd Tier)		\$85.00	
	Non Preferred Brand (4th Tier)		\$45 Copayment or 50%, greater of		Non Preferred Brand (4th Tier)		\$110.00	
	Non Preferred Brand (5th Tier)		75% Coinsurance		Non Preferred Brand (5th Tier)		75% Coinsurance	
	Limited Distribution Medications (30 day supply)		\$285 Copayment					
	Specialty Medications		\$125 Copayment					

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* After Deductible

Embedded Deductible. Each member of a family is looked upon as an individual in regard to the Deductible. Once a member reaches the single Deductible, Coinsurance will apply. Deductible and Out-of-Pocket Maximum are Non-Integrated. Therefore, Deductible and Out-of-Pocket amounts met for Network Providers DO NOT apply to the Deductible and Out-of-Pocket amounts met for Non-Network Providers.

Not all benefit descriptions, declusions and limitations are included in this document. Complete benefit descriptions and exlcusions are contained in the AultCare Insurance Company Certificates of Coverage and Benefit Chart.