Aulternative 1500/80A
HSA Compatible
Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
Employee	$1,500	$4,500
Family	$3,000	$9,000
Medical Plan Out-of-Pocket Maximum		
Employee	$4,150	$12,450
Family	$6,650	$19,950
Physician Office Visits and Telemedicine		
Illness/Injury	80%	60% RBP
Psychotherapy Office	80%	60% RBP
Prescription Drugs	80%	
Preventive Health Services		
As defined by the Affordable Care Act. See www.healthcare.gov for additional information.	100%	50% RBP
Maternity Care	80%	60% RBP
Inpatient Hospital Services	80%	60% RBP
Emergency Services	100%	100% RBP
Urgent Care	80%	80% RBP
Diagnostic Services *(Labs, X-rays)*	80%	60% RBP
Outpatient Therapy Services	80%	60% RBP
Other Services *(Refer to Summary Plan Description)*	80%	60% RBP
Ambulance	80%	80% RBP
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. 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.

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

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

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.

Aulternative 1500/100A
HSA Compatible
Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
Employee	$1,500	$4,500
Family	$3,000	$9,000
Medical Plan Out-of-Pocket Maximum		
Employee	$1,500	$9,000
Family	$3,000	$18,000
Physician Office Visits and Telemedicine		
Illness/Injury	100%	80% RBP
Psychotherapy Office	100%	80% RBP
Prescription Drugs	100%	
Preventive Health Services		
As defined by the Affordable Care Act. See www.healthcare.gov for additional information.	100%	50% RBP
Maternity Care	100%	80% RBP
Inpatient Hospital Services	100%	80% RBP
Emergency Services	100%	100% RBP
Urgent Care	100%	100% RBP
Diagnostic Services *(Labs, X-rays)*	100%	80% RBP
Outpatient Therapy Services	100%	80% RBP
Other Services *(Refer to Summary Plan Description)*	100%	80% RBP
Ambulance	100%	100% RBP
Annual Plan Maximum	UNLIMITED	UNLIMITED

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Aulternative 2000/80A
HSA Compatible
Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
Employee	$2,000	$6,000
Family	$4,000	$12,000
Medical Plan Out-of-Pocket Maximum		
Employee	$4,150	$12,450
Family	$6,650	$19,950
Physician Office Visits and Telemedicine		
Illness/Injury	80%	60% RBP
Psychotherapy Office	80%	60% RBP
Prescription Drugs	80%	
Preventive Health Services		
As defined by the Affordable Care Act. See www.healthcare.gov for additional information.	100%	50% RBP
Maternity Care	80%	60% RBP
Inpatient Hospital Services	80%	60% RBP
Emergency Services	80%	80% RBP
Urgent Care	80%	80% RBP
Diagnostic Services *(Labs, X-rays)*	80%	60% RBP
Outpatient Therapy Services	80%	60% RBP
Other Services *(Refer to Summary Plan Description)*	80%	60% RBP
Ambulance	80%	80% RBP
Annual Plan Maximum	UNLIMITED	UNLIMITED

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Aulternative 2000/100A
HSA Compatible
Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
Employee	$2,000	$6,000
Family	$4,000	$12,000
Medical Plan Out-of-Pocket Maximum		
Employee	$2,000	$12,000
Family	$4,000	$24,000
Physician Office Visits and Telemedicine		
Illness/Injury	100%	80% RBP
Psychotherapy Office	100%	80% RBP
Prescription Drugs	100%	
Preventive Health Services		
As defined by the Affordable Care Act. See www.healthcare.gov for additional information.	100%	50% RBP
Maternity Care	100%	80% RBP
Inpatient Hospital Services	100%	80% RBP
Emergency Services	100%	100% RBP
Urgent Care	100%	100% RBP
Diagnostic Services *(Labs, X-rays)*	100%	80% RBP
Outpatient Therapy Services	100%	80% RBP
Other Services *(Refer to Summary Plan Description)*	100%	80% RBP
Ambulance	100%	100% RBP
Annual Plan Maximum	UNLIMITED	UNLIMITED

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

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

Deductible is waived for Network Preventive Health Services.

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Aulternative 2500A
HSA Compatible
Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
Employee	$2,500	$7,500
Family	$5,000	$15,000
Medical Plan Out-of-Pocket Maximum		
Employee	$2,500	$15,000
Family	$5,000	$30,000
Physician Office Visits and Telemedicine		
Illness/Injury	100%	80% RBP
Psychotherapy Office	100%	80% RBP
Prescription Drugs	100%	
Preventive Health Services		
As defined by the Affordable Care Act. See www.healthcare.gov for additional information.	100%	50% RBP
Maternity Care	100%	80% RBP
Inpatient Hospital Services	100%	80% RBP
Emergency Services	100%	100% RBP
Urgent Care	100%	100% RBP
Diagnostic Services *(Labs, X-rays)*	100%	80% RBP
Outpatient Therapy Services	100%	80% RBP
Other Services *(Refer to Summary Plan Description)*	100%	80% RBP
Ambulance	100%	100% RBP
Annual Plan Maximum	UNLIMITED	UNLIMITED

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

Aulternative 3000A
HSA Compatible
Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
Employee	$3,000	$9,000
Family	$6,000	$18,000
Medical Plan Out-of-Pocket Maximum		
Employee	$3,000	$18,000
Family	$6,000	$36,000
Physician Office Visits and Telemedicine		
Illness/Injury	100%	80% RBP
Psychotherapy Office	100%	80% RBP
Prescription Drugs	100%	
Preventive Health Services		
As defined by the Affordable Care Act. See www.healthcare.gov for additional information.	100%	50% RBP
Maternity Care	100%	80% RBP
Inpatient Hospital Services	100%	80% RBP
Emergency Services	100%	100% RBP
Urgent Care	100%	100% RBP
Diagnostic Services *(Labs, X-rays)*	100%	80% RBP
Outpatient Therapy Services	100%	80% RBP
Other Services *(Refer to Summary Plan Description)*	100%	80% RBP
Ambulance	100%	100% RBP
Annual Plan Maximum	UNLIMITED	UNLIMITED

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