



**Alternative 1500/90A
HSA Compatible
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$1,500	\$3,000
<i>Family</i>	\$3,000	\$6,000
Medical Plan Out-of-Pocket Maximum		
<i>Employee</i>	\$2,500	\$6,000
<i>Family</i>	\$5,000	\$12,000
Physician Office Visits and Telemedicine		
<i>Illness/Injury</i>	90%	70% UCR
<i>For Injury</i>	90%	90% UCR
Prescription Drugs	90%	
Preventive Health Services		
<i>As defined by the Affordable Care Act. See www.healthcare.gov for additional information.</i>	100%	50% UCR
Maternity Care	90%	70% UCR
Inpatient Hospital Services	90%	70% UCR
Emergency Services	100%	100% UCR
Urgent Care	90%	70% UCR
Diagnostic Services (Labs, X-rays)	90%	70% UCR
Outpatient Therapy Services	90%	70% UCR
Other Services (Refer to Summary Plan Description)	90%	70% UCR
Ambulance	90%	90% 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. 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.



**Alternative 1500/100A
HSA Compatible
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$1,500	\$3,000
<i>Family</i>	\$3,000	\$6,000
Medical Plan Out-of-Pocket Maximum		
<i>Employee</i>	\$1,500	\$6,000
<i>Family</i>	\$3,000	\$12,000
Physician Office Visits and Telemedicine		
<i>Illness/Injury</i>	100%	80% UCR
<i>For Injury</i>	100%	100% UCR
Prescription Drugs	100%	
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%	80% 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. 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.



**Alternative 2000/100A
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
Medical Plan Out-of-Pocket Maximum		
<i>Employee</i>	\$2,000	\$8,000
<i>Family</i>	\$4,000	\$16,000
Physician Office Visits and Telemedicine		
<i>Illness/Injury</i>	100%	80% UCR
<i>Psychotherapy Office</i>	100%	100% UCR
Prescription Drugs	100%	
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%	80% 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. 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.



AultCare
Alternative 2500A
HSA Compatible
Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$2,500	\$4,000
<i>Family</i>	\$5,000	\$8,000
Medical Plan Out-of-Pocket Maximum		
<i>Employee</i>	\$2,500	\$8,000
<i>Family</i>	\$5,000	\$16,000
Physician Office Visits and Telemedicine		
<i>Illness/Injury</i>	100%	80% UCR
<i>Psychotherapy Office</i>	100%	100% UCR
Prescription Drugs	100%	
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%	80% 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. 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.