



High Option 90%
Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$150	\$300
<i>Family</i>	\$300	\$600
Medical Plan Out-of-Pocket Maximum		
<i>Employee</i>	\$500	\$1,000
<i>Family</i>	\$1,000	\$2,000
Physician Office Visits and Telemedicine		
<i>For Illness</i>	90%	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%	80% UCR
Maternity Care	90%	80% UCR
Inpatient Hospital Services	90%	80% UCR
Emergency Services	100%	100% UCR
Diagnostic Services <i>(Labs, X-rays)</i>	90%	80% UCR
Outpatient Therapy Services	90%	80% UCR
Other Services <i>Refer to Summary Plan Description</i>	90%	80% UCR
Ambulance	80%	80% 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.

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.

Appropriate Deductible and Copayment 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, 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.

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.



Prescription Drugs	Retail	Mail Order (60 day supply)
<i>Tier 1</i> <i>1-34 day supply</i>	\$10 Copayment or 20%, greater of	\$27 Copayment
<i>Tier 1</i> <i>35-60 day supply</i>	\$27 Copayment	
<i>Tier 2</i>	\$20 Copayment or 30%, greater of	\$55 Copayment
<i>Tier 3</i>	\$45 Copayment or 50%, greater of	\$110 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.		
<i>Tier 4</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<i>Tier 5</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<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>		

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.

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80% Option I

Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$200	\$200
<i>Family</i>	\$400	\$400
Medical Plan Out-of-Pocket Maximum		
<i>Employee</i>	\$600	\$1,400
<i>Family</i>	\$1,200	\$2,800
Physician Office Visits and Telemedicine		
<i>For Illness</i>	80%	60% 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%	60% UCR
Maternity Care	80%	60% UCR
Inpatient Hospital Services	80%	60% UCR
Emergency Services	100%	100% UCR
Diagnostic Services <i>(Labs, X-rays)</i>	80%	60% UCR
Outpatient Therapy Services	80%	60% UCR
Other Services <i>Refer to Summary Plan Description</i>	80%	60% UCR
Ambulance	80%	80% 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.

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.

Appropriate Deductible and Copayment 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.

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<i>Tier 1</i> <i>35-60 day supply</i>	\$27 Copayment	
<i>Tier 2</i>	\$20 Copayment or 30%, greater of	\$55 Copayment
<i>Tier 3</i>	\$45 Copayment or 50%, greater of	\$110 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.		
<i>Tier 4</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<i>Tier 5</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<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>		

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.

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80% Option II

Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$300	\$300
<i>Family</i>	\$600	\$600
Medical Plan Out-of-Pocket Maximum		
<i>Employee</i>	\$1,300	\$2,300
<i>Family</i>	\$2,600	\$4,600
Physician Office Visits and Telemedicine		
<i>For Illness</i>	80%	60% 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%	60% UCR
Maternity Care	80%	60% UCR
Inpatient Hospital Services	80%	60% UCR
Emergency Services	100%	100% UCR
Diagnostic Services <i>(Labs, X-rays)</i>	80%	60% UCR
Outpatient Therapy Services	80%	60% UCR
Other Services <i>Refer to Summary Plan Description</i>	80%	60% UCR
Ambulance	80%	80% 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.

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.

Appropriate Deductible and Copayment 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.

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Prescription Drugs	Retail	Mail Order (60 day supply)
<i>Tier 1</i> <i>1-34 day supply</i>	\$10 Copayment or 20%, greater of	\$27 Copayment
<i>Tier 1</i> <i>35-60 day supply</i>	\$27 Copayment	
<i>Tier 2</i>	\$20 Copayment or 30%, greater of	\$55 Copayment
<i>Tier 3</i>	\$45 Copayment or 50%, greater of	\$110 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.		
<i>Tier 4</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<i>Tier 5</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<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>		

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.

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**80% Option III
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$500	\$500
<i>Family</i>	\$1,000	\$1,000
Medical Plan Out-of-Pocket Maximum		
<i>Employee</i>	\$1,500	\$2,500
<i>Family</i>	\$3,000	\$5,000
Physician Office Visits and Telemedicine		
<i>For Illness</i>	80%	60% UCR
<i>For Injury</i>	100%	100% UCR
Prescription Drugs	80% (after <i>Network Deductible</i>)	
Preventive Health Services		
<i>As defined by the Affordable Care Act. See www.healthcare.gov for additional information.</i>	100%	60% UCR
Maternity Care	80%	60% UCR
Inpatient Hospital Services	80%	60% UCR
Emergency Services	100%	100% UCR
Diagnostic Services <i>(Labs, X-rays)</i>	80%	60% UCR
Outpatient Therapy Services	80%	60% UCR
Other Services <i>Refer to Summary Plan Description</i>	80%	60% UCR
Ambulance	80%	80% 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.

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.

Appropriate Deductible and Copayment 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.

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750 Plan

Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
Employee	\$750	\$1,500
Family	\$1,500	\$3,000
Medical Plan Out-of-Pocket Maximum		
Employee	\$3,000	\$6,000
Family	\$6,000	\$12,000
Physician Office Visits and Telemedicine		
For Illness	\$25 Copayment	60% UCR
For Injury	100%	100% UCR
Prescription Drugs	See Reverse side	
Preventive Health Services		
As defined by the Affordable Care Act. See www.healthcare.gov for additional information.	100%	60% UCR
Maternity Care	80%	60% UCR
Inpatient Hospital Services	80%	60% UCR
Emergency Services	\$50 Copayment	100% UCR
Urgent Care	\$25 Copayment	100% UCR
Diagnostic Services (Labs, X-rays)	80%	60% UCR
Outpatient Therapy Services	80%	60% UCR
Other Services Refer to Summary Plan Description	80%	60% UCR
Ambulance	80%	80% 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.

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.

Appropriate Deductible and Copayment 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.

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Prescription Drugs	Retail	Mail Order (60 day supply)
<i>Tier 1 1-34 day supply</i>	\$10 Copayment or 20%, greater of	\$27 Copayment
<i>Tier 1 35-60 day supply</i>	\$27 Copayment	
<i>Tier 2</i>	\$20 Copayment or 30%, greater of	\$55 Copayment
<i>Tier 3</i>	\$45 Copayment or 50%, greater of	\$110 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.		
<i>Tier 4</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<i>Tier 5</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<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>		

Tier Definitions

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- 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.

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**Group Purchasing Plan I
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$100	\$300
<i>Family</i>	\$300	\$900
Medical Plan Out-of-Pocket Maximum		
<i>Employee</i>	\$600	\$2,050
<i>Family</i>	\$1,200	\$6,150
Physician Office Visits		
<i>For Illness</i>	\$10 Copayment	65% UCR
<i>OB/GYN</i>	\$5 Copayment	
<i>Telemedicine</i>	90%	65% 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%	65% UCR
Maternity Care	90%	65% UCR
Inpatient Hospital Services	90%	65% UCR
Emergency Services	100%	100% UCR
Diagnostic Services <i>(Labs, X-rays)</i>	90%	65% UCR
Outpatient Therapy Services	90%	65% UCR
Other Services <i>Refer to Summary Plan Description</i>	90%	65% UCR
Ambulance	80%	80% UCR
Annual Plan Maximum	UNLIMITED	UNLIMITED

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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.

Appropriate Deductible and Copayment 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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Prescription Drugs	Retail	Mail Order (60 day supply)
<i>Tier 1</i> <i>1-34 day supply</i>	\$10 Copayment or 20%, greater of	\$27 Copayment
<i>Tier 1</i> <i>35-60 day supply</i>	\$27 Copayment	
<i>Tier 2</i>	\$20 Copayment or 30%, greater of	\$55 Copayment
<i>Tier 3</i>	\$45 Copayment or 50%, greater of	\$110 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.		
<i>Tier 4</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<i>Tier 5</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<p><i>A thirty four (34) day supply is available at the retail pharmacy</i></p> <p><i>A sixty (60) day supply is available at the retail pharmacy for Tier 1</i></p> <p><i>A sixty (60) day supply may be obtained through the mail order program</i></p>		

Tier Definitions

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- Tier 5** is defined as Specialty Brand medications.

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



**Group Purchasing Plan III
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$200	\$450
<i>Family</i>	\$400	\$900
Medical Plan Out-of-Pocket Maximum		
<i>Employee</i>	\$700	\$1,950
<i>Family</i>	\$1,400	\$3,900
Physician Office Visits and Telemedicine		
<i>For Illness</i>	\$10 Copayment	70% 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%	70% UCR
Maternity Care	90%	70% UCR
Inpatient Hospital Services	90%	70% UCR
Emergency Services	100%	100% UCR
Diagnostic Services <i>(Labs, X-rays)</i>	90%	70% UCR
Outpatient Therapy Services	90%	70% UCR
Other Services <i>Refer to Summary Plan Description</i>	90%	70% UCR
Ambulance	80%	80% UCR
Annual Plan Maximum	UNLIMITED	UNLIMITED

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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.

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<i>Tier 1 1-34 day supply</i>	\$10 Copayment or 20%, greater of	\$27 Copayment
<i>Tier 1 35-60 day supply</i>	\$27 Copayment	
<i>Tier 2</i>	\$20 Copayment or 30%, greater of	\$55 Copayment
<i>Tier 3</i>	\$45 Copayment or 50%, greater of	\$110 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.		
<i>Tier 4</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<i>Tier 5</i>	\$125 Copayment or 20%, greater of	\$125 Copayment or 20%, greater of
<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>		

Tier Definitions

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