



## Canton Regional Chamber Health Fund

1600 A

### Health Savings Account (HSA) Compatible Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
<b>Calendar Year Deductible</b>		
<i>Employee</i>	\$1,600	\$4,800
<i>Family</i>	\$3,200	\$9,600
<b>Out-of-Pocket Maximum</b>		
<i>Employee</i>	\$1,600	\$9,600
<i>Family</i>	\$3,200	\$19,200
<b>Physician Office Visits and Telemedicine</b>		
<i>Illness/Injury</i>	100%	80% RBP
<i>Behavioral Health</i>	100%	80% RBP
<b>Prescription Drugs</b> ( <i>Follow Premium Managed Formulary</i> )	100%	
<b>Preventive Health Services</b>		
<i>As defined by the Affordable Care Act. See www.healthcare.gov for additional information.</i>	100%	50% RBP
<b>Maternity Care</b>	100%	80% RBP
<b>Inpatient Hospital Services</b>	100%	80% RBP
<b>Emergency Services</b>	100%	100% RBP
<b>Urgent Care</b>	100%	100% RBP
<b>Diagnostic Services</b> ( <i>Labs, X-rays</i> )	100%	80% RBP
<b>Outpatient Therapy Services</b>	100%	80% RBP
<b>Other Services</b> ( <i>Refer to Summary Plan Description</i> )	100%	80% RBP
<b>Ambulance</b>	100%	100% RBP
<b>Annual Plan Maximum</b>	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.** Entire family deductible must be met before any plan payments are made for any individual family member.

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

**Deductible is waived for Network Preventive Health Services.**

The Out-of-Pocket Maximum amount includes the Deductible and Coinsurance.

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 continued in the AultCare Insurance Company Medical Plan document 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.



**Canton Regional Chamber Health Fund  
2500 A  
Health Savings Account (HSA) Compatible  
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
<b>Calendar Year Deductible</b>		
Employee	\$2,500	\$7,500
Family	\$5,000	\$15,000
<b>Out-of-Pocket Maximum</b>		
Employee	\$2,500	\$15,000
Family	\$5,000	\$30,000
<b>Physician Office Visits and Telemedicine</b>		
Illness/Injury	100%	80% RBP
Behavioral Health	100%	80% RBP
<b>Prescription Drugs</b> (Follow Premium Managed Formulary)	100%	
<b>Preventive Health Services</b>		
As defined by the Affordable Care Act. See <a href="http://www.healthcare.gov">www.healthcare.gov</a> for additional information.	100%	50% RBP
<b>Maternity Care</b>	100%	80% RBP
<b>Inpatient Hospital Services</b>	100%	80% RBP
<b>Emergency Services</b>	100%	100% RBP
<b>Urgent Care</b>	100%	100% RBP
<b>Diagnostic Services</b> (Labs, X-rays)	100%	80% RBP
<b>Outpatient Therapy Services</b>	100%	80% RBP
<b>Other Services</b> (Refer to Summary Plan Description)	100%	80% RBP
<b>Ambulance</b>	100%	100% RBP
<b>Annual Plan Maximum</b>	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.** Entire family deductible must be met before any plan payments are made for any individual family member.

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

**Deductible is waived for Network Preventive Health Services.**

The Out-of-Pocket Maximum amount includes the Deductible and Coinsurance.

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 continued in the AultCare Insurance Company Medical Plan document 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.