



**Canton Regional Chamber Health Fund
3200 D**

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

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
Employee	\$3,200	\$9,600
Family	\$6,400	\$19,200
Out-of-Pocket Maximum		
Employee	\$3,200	\$17,350
Family	\$6,400	\$34,700
Physician Office Visits and Telemedicine		
Illness/Injury	100%	80% RBP
Behavioral Health	100%	80% RBP
Prescription Drugs (Follow Premium Managed Formulary)	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

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 family member only needs to meet his/her individual deductible prior to receiving any benefits.

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
5000 D**

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

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
Employee	\$5,000	\$15,000
Family	\$10,000	\$30,000
Out-of-Pocket Maximum		
Employee	\$5,000	\$22,050
Family	\$10,000	\$44,100
Physician Office Visits and Telemedicine		
Illness/Injury	100%	80% RBP
Behavioral Health	100%	80% RBP
Prescription Drugs (Follow Premium Managed Formulary)	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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Canton Regional Chamber Health Fund

6650 D

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

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
Employee	\$6,650	\$19,950
Family	\$13,300	\$39,900
Out-of-Pocket Maximum		
Employee	\$6,650	\$22,050
Family	\$13,300	\$44,100
Physician Office Visits and Telemedicine		
Illness/Injury	100%	80% RBP
Behavioral Health	100%	80% RBP
Prescription Drugs (Follow Premium Managed Formulary)	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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**Canton Regional Chamber Health Fund
Maximum Limit D Plan
Health Savings Account (HSA) Compatible
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$8,050	\$24,150
<i>Family</i>	\$16,100	\$48,300
Out-of-Pocket Maximum		
<i>Employee</i>	\$8,050	\$28,350
<i>Family</i>	\$16,100	\$56,700
Physician Office Visits and Telemedicine		
<i>Illness/Injury</i>	100%	80% RBP
<i>Behavioral Health</i>	100%	80% RBP
Prescription Drugs <i>(Follow Premium Managed Formulary)</i>	100%	
Preventive Health Services		
<i>As defined by the Affordable Care Act. See www.healthcare.gov for additional information.</i>	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 <i>(Labs, X-rays)</i>	100%	80% RBP
Outpatient Therapy Services	100%	80% RBP
Other Services <i>(Refer to Summary Plan Description)</i>	100%	80% RBP
Ambulance	100%	100% RBP
Annual Plan Maximum	UNLIMITED	UNLIMITED

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