



**Canton Regional Chamber Health Fund  
Heartland - 2800D - HSA Compatible  
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
<b>Calendar Year Deductible</b>		
<i>Employee</i>	\$2,800	\$8,400
<i>Family</i>	\$5,600	\$16,800
<b>Medical Plan Out-of-Pocket Maximum</b>		
<i>Employee</i>	\$2,800	\$16,800
<i>Family</i>	\$5,600	\$33,600
<b>Physician Office Visits and Telemedicine</b>		
<i>Illness/Injury</i>	100%	80% RBP
<i>Psychotherapy Office</i>	100%	80% RBP
<b>Prescription Drugs</b>	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 (Labs, X-rays)</b>	100%	80% RBP
<b>Outpatient Therapy Services</b>	100%	80% RBP
<b>Other Services Refer to Summary Plan Description</b>	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.

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

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

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

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



**Canton Regional Chamber Health Fund  
Heartland - 5000D - HSA Compatible  
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
<b>Calendar Year Deductible</b>		
<i>Employee</i>	\$5,000	\$15,000
<i>Family</i>	\$10,000	\$30,000
<b>Medical Plan Out-of-Pocket Maximum</b>		
<i>Employee</i>	\$5,000	\$22,050
<i>Family</i>	\$10,000	\$44,100
<b>Physician Office Visits and Telemedicine</b>		
<i>Illness/Injury</i>	100%	80% RBP
<i>Psychotherapy Office</i>	100%	80% RBP
<b>Prescription Drugs</b>	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 (Labs, X-rays)</b>	100%	80% RBP
<b>Outpatient Therapy Services</b>	100%	80% RBP
<b>Other Services Refer to Summary Plan Description</b>	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.

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

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

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

Pre-Approval is recommended for all Inpatient admissions.

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**Canton Regional Chamber Health Fund  
Heartland - 6650D - HSA Compatible  
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
<b>Calendar Year Deductible</b>		
<i>Employee</i>	\$6,650	\$19,950
<i>Family</i>	\$13,300	\$39,900
<b>Medical Plan Out-of-Pocket Maximum</b>		
<i>Employee</i>	\$6,650	\$22,050
<i>Family</i>	\$13,300	\$44,100
<b>Physician Office Visits and Telemedicine</b>		
<i>Illness/Injury</i>	100%	80% RBP
<i>Psychotherapy Office</i>	100%	80% RBP
<b>Prescription Drugs</b>	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 (Labs, X-rays)</b>	100%	80% RBP
<b>Outpatient Therapy Services</b>	100%	80% RBP
<b>Other Services Refer to Summary Plan Description</b>	100%	80% RBP
<b>Ambulance</b>	100%	100% RBP
<b>Annual Plan Maximum</b>	UNLIMITED	UNLIMITED

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

Pre-Approval is recommended for all Inpatient admissions.

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**Canton Regional Chamber Health Fund  
Heartland - Maximum Limit D Plan  
HSA Compatible  
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
<b>Calendar Year Deductible</b>		
Employee	\$6,900	\$20,700
Family	\$13,800	\$41,400
<b>Medical Plan Out-of-Pocket Maximum</b>		
Employee	\$6,900	\$24,450
Family	\$13,800	\$48,900
<b>Physician Office Visits and Telemedicine</b>		
Illness/Injury	100%	80% RBP
Psychotherapy Office	100%	80% RBP
<b>Prescription Drugs</b>	100%	
<b>Preventive Health Services</b>		
As defined by the Affordable Care Act. See www.healthcare.gov 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 (Labs, X-rays)</b>	100%	80% RBP
<b>Outpatient Therapy Services</b>	100%	80% RBP
<b>Other Services Refer to Summary Plan Description</b>	100%	80% RBP
<b>Ambulance</b>	100%	100% RBP
<b>Annual Plan Maximum</b>	UNLIMITED	UNLIMITED

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