Canton Regional Chamber Health Fund

2021

MEWA "A" PLAN OPTIONS - 1500 & 2500
HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE
SCHEDULE OF HEALTH INSURANCE BENEFITS

MEDICAL BENEFITS	MEWA 1500/100 A			MEWA 2500 A		
	Network	Non Network		Network	Non Network	
Calendar Year Deductible						
Employee	$1,500	$4,500		$2,500	$7,500	
Family	$3,000	$9,000		$5,000	$15,000	
Benefit Level	100%*	80%*RBP		100%*	80%*RBP	
Medical Out-of-Pocket Maximum						
Employee	$1,500	$9,000		$2,500	$15,000	
Family	$3,000	$18,000		$5,000	$30,000	
Annual Maximum	Unlimited	Unlimited		Unlimited	Unlimited	
Emergency Services	100%*	100%*RBP		100%*	100%*RBP	
Urgent Care	100%*	100%*RBP		100%*	100%*RBP	
Preventive Health Services As defined by the Affordable Care Act.	100%	50%*RBP		100%	50%*RBP	
Maternity Care	100%*	80%*RBP		100%*	80%*RBP	
Inpatient Hospital Services	100%*	80%*RBP		100%*	80%*RBP	
Diagnostic Services (Labs, X-Rays)	100%*	80%*RBP		100%*	80%*RBP	
Outpatient Therapy Services	100%*	80%*RBP		100%*	80%*RBP	
Second Surgical Opinion	100%*	80%*RBP		100%*	80%*RBP	
Other Services (Refer to plan benefit chart)	100%*	80%*RBP		100%*	80%*RBP	
Ambulance	100%*	100%*RBP		100%*	100%*RBP	
Physician Office Visits						
Visits for Illness / Injury	100%*	80%*RBP		100%*	80%*RBP	
Telemedicine	100%*	80%*RBP		100%*	80%*RBP	
Prescription Drugs	100%*			100%*		

*** After Deductible**

RBP stands for Reference Based Pricing

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.

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.

These plans are constructed to be HSA compatible. Therefore, deductible will be indexed to correspond to IRS guidelines.

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.

Canton Regional Chamber Health Fund

2021

MEWA "B" PLAN OPTIONS - 500, 1000, 1500
SCHEDULE OF HEALTH INSURANCE BENEFITS

MEDICAL BENEFITS	MEWA 500/80 B		MEWA 1000/100 B		MEWA 1500/80 B		MEWA 1500/100 B	
	Network	Non Network	Network	Non Network	Network	Non Network	Network	Non Network
Calendar Year Deductible								
Employee	$500	$1,500	$1,000	$3,000	$1,500	$4,500	$1,500	$4,500
Family	$1,000	$3,000	$2,000	$6,000	$3,000	$9,000	$3,000	$9,000
Benefit Level	80%*	60%*RBP	100%	80%*RBP	80%*	60%*RBP	100%*	80%*RBP
Medical Out-of-Pocket Maximum								
Employee	$4,500	$13,500	$1,000	$6,000	$2,500	$7,500	$1,500	$9,000
Family	$9,000	$27,000	$2,000	$12,000	$5,000	$15,000	$3,000	$18,000
Prescription Drug Out-of-Pocket Maximum (Separate from Medical)								
Employee	$4,050		$7,550		$6,050		$7,050	
Family	$8,100		$15,100		$12,100		$14,100	
Annual Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Emergency Services	$150 Copayment	$150 Copayment RBP	$150 Copayment	$150 Copayment RBP	$150 Copayment	$150 Copayment RBP	$150 Copayment	$150 Copayment RBP
Urgent Care	$50 Copayment	$50 Copayment RBP	$50 Copayment	$50 Copayment RBP	$50 Copayment	$50 Copayment RBP	$50 Copayment	$50 Copayment RBP
Preventive Health Services As defined by the Affordable Care Act.	100%	50%*RBP	100%	50%*RBP	100%	50%*RBP	100%	50%*RBP
Maternity Care	80%*	60%*RBP	100%*	80%*RBP	80%*	60%*RBP	100%*	80%*RBP
Inpatient Hospital Services	80%*	60%*RBP	100%*	80%*RBP	80%*	60%*RBP	100%*	80%*RBP
Diagnostic Services (Labs, X-Rays)	80%*	60%*RBP	100%*	80%*RBP	80%*	60%*RBP	100%*	80%*RBP
Outpatient Therapy Services	80%*	60%*RBP	100%*	80%*RBP	80%*	60%*RBP	100%*	80%*RBP
Second Surgical Opinion	80%*	60%*RBP	100%*	80%*RBP	80%*	60%*RBP	100%*	80%*RBP
Other Services (Refer to plan benefit chart)	80%*	60%*RBP	100%*	80%*RBP	80%*	60%*RBP	100%*	80%*RBP
Ambulance	80%*	80%*RBP	100%*	100%*RBP	80%*	80%*RBP	100%*	100%*RBP
Physician Office Visits								
Visits for Illness / Injury	$25 Copayment	60%*RBP	$25 Copayment	80%*RBP	$25 Copayment	60%*RBP	$25 Copayment	80%*RBP
Telemedicine	$25 Copayment	60%*RBP	$25 Copayment	80%*RBP	$25 Copayment	60%*RBP	$25 Copayment	80%* RBP

Prescription Drugs	**Retail**	**Mail Order (90 day supply)**
Preferred Generic (1-34 day) supply - **1st Tier**	$10 Copayment or 20%, greater of	$25 copay or 20%, greater of
Preferred Generic (35-60 day) supply - **1st Tier**	$20 Copayment or 20%, greater of	
Preferred Brand & Non-Preferred Generic - **2nd tier**	$30 Copayment or 30%, greater of	$85 Copayment or 25%, greater of ($200 max)
Non-Preferred Brand & Non-Preferred Generic - **3rd Tier**	$45 Copayment or 50%, greater of	$130 Copayment or 45%, greater of ($400 max)

Tier 4 and Tier 5 - Prior Authorization is required. Medications must be obtained through an AultCare contracted Specialty Network pharmacy. Limited to a 30 day supply.

Specialty Generic - **4th Tier**	$10 Copayment or 20%, greater of	$10 Copayment or 20%, greater of
Specialty Brand - **5th Tier**	$125 Copayment or 20%, greater of	$125 Copayment or 20%, greater of

*** After Deductible**

RBP stands for Reference Based Pricing

Medical plan Copayments apply to the Medical Out-of-Pocket and Prescription drug Copayments apply to the Prescription drug Out-of-Pocket.

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.

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.

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.

Canton Regional Chamber Health Fund

2021

MEWA "B" PLAN OPTIONS - 2500, 5000, Max Limit
SCHEDULE OF HEALTH INSURANCE BENEFITS

MEDICAL BENEFITS	MEWA 2500 B Network	MEWA 2500 B Non Network	MEWA 5000 B Network	MEWA 5000 B Non Network	MEWA Max Limit B Network	MEWA Max Limit B Non Network
Calendar Year Deductible						
Employee	$2,500	$7,500	$5,000	$15,000	$8,550	$22,650
Family	$5,000	$15,000	$10,000	$30,000	$17,100	$45,300
Benefit Level	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Medical Out-of-Pocket Maximum						
Employee	$2,500	$15,000	$8,550	$25,650	$8,550	$25,650
Family	$5,000	$30,000	$17,100	$51,300	$17,100	$51,300
Prescription Drug Out-of-Pocket Maximum (Separate from Medical)						
Employee	$6,050		Integrated w/Medical Out-of-Pocket		Integrated w/Medical Out-of-Pocket	
Family	$12,100		Integrated w/Medical Out-of-Pocket		Integrated w/Medical Out-of-Pocket	
Annual Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Emergency Services	$150 Copayment	$150 Copayment RBP	$150 Copayment	$150 Copayment RBP	$150 Copayment	$150 Copayment RBP
Urgent Care	$50 Copayment	$50 Copayment RBP	$50 Copayment	$50 Copayment RBP	$50 Copayment	$50 Copayment RBP
Preventive Health Services As defined by the Affordable Care Act.	100%	50%*RBP	100%	50%*RBP	100%	50%*RBP
Maternity Care	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Inpatient Hospital Services	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Diagnostic Services (Labs, X-Rays)	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Outpatient Therapy Services	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Second Surgical Opinion	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Other Services (Refer to plan benefit chart)	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Ambulance	100%*	100%*RBP	100%*	100%*RBP	100%*	100%*RBP
Physician Office Visits						
Visits for Illness / Injury	$25 Copayment	80%*RBP	$25 Copayment	80%*RBP	$25 Copayment	80%*RBP
Telemedicine	$25 Copayment	80%*RBP	$25 Copayment	80%*RBP	$25 Copayment	80%*RBP

Prescription Drugs	**Retail**	**Mail Order (90 day supply)**
Preferred Generic (1-34 day) supply - **1st Tier**	$10 Copayment or 20%, greater of	$25 copay or 20%, greater of
Preferred Generic (35-60 day) supply - **1st Tier**	$20 Copayment or 20%, greater of	
Preferred Brand & Non-Preferred Generic - **2nd tier**	$30 Copayment or 30%, greater of	$85 Copayment or 25%, greater of ($200 max)
Non-Preferred Brand & Non-Preferred Generic - **3rd Tier**	$45 Copayment or 50%, greater of	$130 Copayment or 45%, greater of ($400 max)

Tier 4 and Tier 5 - Prior Authorization is required. Medications must be obtained through an AultCare contracted Specialty Network pharmacy. Limited to a 30 day supply.

Specialty Generic - **4th Tier**	$10 Copayment or 20%, greater of	$10 Copayment or 20%, greater of
Specialty Brand - **5th Tier**	$125 Copayment or 20%, greater of	$125 Copayment or 20%, greater of

*** After Deductible**

RBP stands for Reference Based Pricing

Medical plan Copayments apply to the Medical Out-of-Pocket and Prescription drug Copayments apply to the Prescription drug Out-of-Pocket.

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.

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.

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Canton Regional Chamber Health Fund

2021

MEWA "D" PLAN OPTIONS - 2800, 5000, 6650, Max Limit HSA

HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

SCHEDULE OF HEALTH INSURANCE BENEFITS

MEDICAL BENEFITS		MEWA 2800 D		MEWA 5000 D		MEWA 6650 D		MEWA Max Limit HSA	
		Network	Non Network	Network	Non Network	Network	Non Network	Network	Non Network
Calendar Year Deductible									
Employee		$2,800	$8,400	$5,000	$15,000	$6,650	$19,950	$7,000	$21,000
Family		$5,600	$16,800	$10,000	$30,000	$13,300	$39,900	$14,000	$42,000
Benefit Level		100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Medical Out-of-Pocket Maximum									
Employee		$2,800	$16,800	$5,000	$22,050	$6,650	$22,050	$7,000	$25,650
Family		$5,600	$33,600	$10,000	$44,100	$13,300	$44,100	$14,000	$51,300
Annual Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Emergency Services		100%*	100%*RBP	100%*	100%*RBP	100%*	100%*RBP	100%*	100%*RBP
Urgent Care		100%*	100%*RBP	100%*	100%*RBP	100%*	100%*RBP	100%*	100%*RBP
Preventive Health Services As defined by the Affordable Care Act.		100%	50%*RBP	100%	50%*RBP	100%	50%*RBP	100%	50%*RBP
Maternity Care		100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Inpatient Hospital Services		100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Diagnostic Services (Labs, X-Rays)		100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Outpatient Therapy Services		100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Second Surgical Opinion		100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Other Services (Refer to plan benefit chart)		100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Ambulance		100%*	100%*RBP	100%*	100%*RBP	100%*	100%*RBP	100%*	100%*RBP
Physician Office Visits									
Visits for Illness / Injury		100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Telemedicine		100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Prescription Drugs		100%*		100%*		100%*		100%*	

*** After Deductible**

RBP stands for Reference Based Pricing

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.

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.

These plans are constructed to be HSA compatible. Therefore, deductible will be indexed to correspond to IRS guidelines.

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Canton Regional Chamber Health Fund

2021

MEWA "F" PLAN OPTION - 5000
HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE
SCHEDULE OF HEALTH INSURANCE BENEFITS

MEDICAL BENEFITS	MEWA F 5000 Network	MEWA F 5000 Non Network
Calendar Year Deductible		
Employee	$5,000	$15,000
Family	$10,000	$30,000
Benefit Level	100%*	80%*RBP
Medical Out-of-Pocket Maximum		
Employee	$5,000	$22,050
Family	$10,000	$44,100
Annual Maximum	UNLIMITED	UNLIMITED
Emergency Services	100%*	100%* RBP
Urgent Care	100%*	100%* RBP
Preventive Health Services As defined by the Affordable Care Act.	100%	50%*RBP
Maternity Care	100%*	80%*RBP
Inpatient Hospital Services	100%*	80%*RBP
Diagnostic Services (Labs, X-Rays)	100%*	80%*RBP
Outpatient Therapy Services	100%*	80%*RBP
Second Surgical Opinion	100%*	80%*RBP
Other Services (Refer to plan benefit chart)	100%*	80%*RBP
Ambulance	100%*	100%*RBP
Physician Office Visits		
Visits for Illness/Injury	100%*	80%*RBP
Telemedicine	100%*	80%*RBP

Prescription Drugs — **100% Copayment**

Prescription Copayments apply AFTER Medical Deductible of $5,000/individual or $10,000/family is met

	Retail	Mail Order (90 Day Supply)
Preferred Generic (1-34 day) supply - **1st Tier**	$10 Copayment	$25 Copayment
Preferred Generic (35-60 day) supply - **1st Tier**	$20 Copayment	
Preferred Brand & Non-Preferred Generic - **2nd tier**	$30 Copayment	$85 Copayment
Non-Preferred Brand & Non-Preferred Generic - **3rd Tier**	$60 Copayment or 50%,	$170 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.

Specialty Generic - **4th Tier**	$10 Copayment or 20%, greater of	$10 Copayment or 20%, greater of
Specialty Brand - **5th Tier**	$125 Copayment or 20%, greater of	$125 Copayment or 20%, greater of

No Prescription Copayments AFTER an additional Prescription Out-of-Pocket of $750/individual or $1,500/family is met

*** After Deductible**

RBP stands for Reference Based Pricing

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.

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.

These plans are constructed to be HSA compatible. Therefore, Deductible will be indexed to correspond to IRS guidelines.

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