



**Bronze 5400 HSA
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$5,400	\$16,200
<i>Family</i>	\$10,800	\$32,400
Medical Plan Out-of-Pocket Maximum		
<i>Employee</i>	\$7,000	\$25,650
<i>Family</i>	\$14,000	\$51,300
Physician Office Visits and Telemedicine		
<i>Illness/Injury</i>	50%	40% RBP
Specialist Office Visits and Telemedicine		
<i>Illness/Injury</i>	50%	40% RBP
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%	40% RBP
Maternity Care	50%	40% RBP
Inpatient Hospital Services	50%	40% RBP
Emergency Services	50%	50% RBP
Urgent Care	50%	50% RBP
Diagnostic Services (Labs, X-rays)	50%	40% RBP
Outpatient Therapy Services	50%	40% RBP
Other Services (Refer to Summary Plan Description)	50%	40% RBP
Ambulance	50%	50% 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 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.

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

Deductible is waived for Network Preventive Health Services.

Pediatric Dental and Vision (up to age 19) are included in this plan. Refer to certificate for full benefit details.

Note: If you have purchased a **certified** standalone dental plan and provided an attestation to AultCare regarding that plan, coverage for pediatric dental, including a dental check-up, will be provided through that dental plan.

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 (90 day supply)
Tier 1	\$0.00 Copayment	\$0.00 Copayment
Tier 2 - 1-34 day supply	50% Coinsurance	50% Coinsurance
Tier 2 - 35-60 day supply	50% Coinsurance	
Tier 3	50% Coinsurance	50% Coinsurance
Tier 4	50% Coinsurance	50% Coinsurance
Tier 5 and 6 - Prior Authorization is required. Medications must be obtained through an AultCare contracted Specialty Network pharmacy. Limited to a 30 day supply.		
Tier 5	50% Coinsurance	50% Coinsurance
Tier 6	50% Coinsurance	50% Coinsurance
<p>A thirty four (34) day supply is available at the retail pharmacy A sixty (60) day supply is available at the retail pharmacy for Tier 1 and Tier 2 A ninety (90) day supply may be obtained through the mail order program</p>		

Tier Definitions

Tier 1 is defined as Preventive Maintenance List medications.

Tier 2 is defined as Preferred Generic medications.

Tier 3 is defined as Preferred Brand and Non-Preferred Generic medications.

Tier 4 is defined as Non-Preferred Brand and Non-Preferred Generic medications.

Tier 5 is defined as Preferred Generic Specialty medications.

Tier 6 is defined as Preferred Brand Specialty medications.

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**Bronze 6850 HSA
Schedule of Health Insurance Benefits**

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
<i>Employee</i>	\$6,850	\$20,550
<i>Family</i>	\$13,700	\$41,100
Medical Plan Out-of-Pocket Maximum		
<i>Employee</i>	\$6,850	\$25,650
<i>Family</i>	\$13,700	\$51,300
Physician Office Visits and Telemedicine		
<i>Illness/Injury</i>	100%	80% RBP
Specialist Office Visits and Telemedicine		
<i>Illness/Injury</i>	100%	80% RBP
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% 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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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.

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

Deductible is waived for Network Preventive Health Services.

Pediatric Dental and Vision (up to age 19) are included in this plan. Refer to certificate for full benefit details.

Note: If you have purchased a **certified** standalone dental plan and provided an attestation to AultCare regarding that plan, coverage for pediatric dental, including a dental check-up, will be provided through that dental plan.

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<i>Tier 2 - 35-60 day supply</i>	100% Coinsurance	
<i>Tier 3</i>	100% Coinsurance	100% Coinsurance
<i>Tier 4</i>	100% Coinsurance	100% Coinsurance
<i>Tier 5 and 6 - Prior Authorization is required. Medications must be obtained through an AultCare contracted Specialty Network pharmacy. Limited to a 30 day supply.</i>		
<i>Tier 5</i>	100% Coinsurance	100% Coinsurance
<i>Tier 6</i>	100% Coinsurance	100% Coinsurance
<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 and Tier 2</i> <i>A ninety (90) day supply may be obtained through the mail order program</i></p>		

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