

Aulternative 5000 D HSA Compatible Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
Employee	\$5,000	\$7,500
Family	\$10,000	\$15,000
Medical Plan Out-of-Pocket Maximu	n	
Employee	\$5,000	\$10,000
Family	\$10,000	\$20,000
Physician Office Visits and Telemedic	ine	
Illness/Injury	100%	80% UCR
Psychotherapy Office	100%	100% UCR
Prescription Drugs	100%	
Preventive Health Services		
As defined by	100%	50% UCR
the Affordable Care Act.		
See www.healthcare.gov for		
additional information.		
Maternity Care	100%	80% UCR
Inpatient Hospital Services	100%	80% UCR
Emergency Services	100%	100% UCR
Diagnostic Services	100%	80% UCR
(Labs, X-rays)		
Outpatient Therapy Services	100%	80% UCR
Other Services (Refer to	100%	80% UCR
Summary Plan Description)		
Ambulance	100%	100% UCR
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 <u>DO NOT</u> 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.

Pre-Approval is recommended for all Inpatient admissions.

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

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