

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



MEDICAL BENEFITS	MEWA 1500 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
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 <small>As defined by the Affordable Care Act.</small>	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 <small>(Labs, X-Rays)</small>	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 <small>(Refer to plan benefit chart)</small>	100%*	80%*RBP	100%*	80%*RBP
Ambulance	100%*	100%*RBP	100%*	100%*RBP
Physician Office Visits <small>Visits for Illness / Injury</small>	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.

Deductibles and Out-of-Pocket Maximums are Non-Integrated. Therefore, Deductibles 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, Deductibles 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.

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

MEDICAL BENEFITS	MEWA 500 B		MEWA 1000 B		MEWA 1500/80 B		MEWA 1500 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	\$4,600		\$8,100		\$6,600		\$7,600	
Family	\$9,200		\$16,200		\$13,200		\$15,200	
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.

Deductibles and Out-of-Pocket Maximums are Non-Integrated. Therefore, Deductibles 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.

MEWA "B" PLAN OPTIONS - 2000, 2500, 3000
SCHEDULE OF HEALTH INSURANCE BENEFITS

MEDICAL BENEFITS	MEWA 2000 B		MEWA 2500 B		MEWA 3000 B	
	Network	Non Network	Network	Non Network	Network	Non Network
Calendar Year Deductible						
Employee	\$2,000	\$6,000	\$2,500	\$7,500	\$3,000	\$9,000
Family	\$4,000	\$12,000	\$5,000	\$15,000	\$6,000	\$18,000
Benefit Level	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Medical Out-of-Pocket Maximum						
Employee	\$2,000	\$12,000	\$2,500	\$15,000	\$3,000	\$18,000
Family	\$4,000	\$24,000	\$5,000	\$30,000	\$6,000	\$36,000
Prescription Drug Out-of-Pocket Maximum (Separate from Medical)						
Employee	\$7,100		\$6,600		\$6,100	
Family	\$14,200		\$13,200		\$12,200	
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.

Deductibles and Out-of-Pocket Maximums are Non-Integrated. Therefore, Deductibles 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.

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

MEDICAL BENEFITS	MEWA 5000 B		MEWA Max Limit B	
	Network	Non Network	Network	Non Network
Calendar Year Deductible				
Employee	\$5,000	\$15,000	\$9,100	\$24,300
Family	\$10,000	\$30,000	\$18,200	\$48,600
Benefit Level	100%*	80%*RBP	100%*	80%*RBP
Medical Out-of-Pocket Maximum				
Employee	\$9,100	\$27,300	\$9,100	\$27,300
Family	\$18,200	\$54,600	\$18,200	\$54,600
Prescription Drug Out-of-Pocket Maximum (Separate from Medical)				
Employee	Integrated w/Medical Out-of-Pocket		Integrated w/Medical Out-of-Pocket	
Family	Integrated w/Medical Out-of-Pocket		Integrated w/Medical Out-of-Pocket	
Annual Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Emergency Services	\$150 Copayment	\$150 Copayment RBP	\$150 Copayment	\$150 Copayment RBP
Urgent Care	\$50 Copayment	\$50 Copayment RBP	\$50 Copayment	\$50 Copayment RBP
Preventive Health Services <small>As defined by the Affordable Care Act.</small>	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 <small>(Labs, X-Rays)</small>	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 <small>(Refer to plan benefit chart)</small>	100%*	80%*RBP	100%*	80%*RBP
Ambulance	100%*	100%*RBP	100%*	100%*RBP
Physician Office Visits <small>Visits for Illness / Injury</small>	\$25 Copayment	80%*RBP	\$25 Copayment	80%*RBP
Telemedicine	\$25 Copayment	80%*RBP	\$25 Copayment	80%*RBP
Prescription Drugs	Retail		Mail Order (90 day supply)	
	Preferred Generic (1-34 day) supply - 1st Tier Preferred Generic (35-60 day) supply - 1st Tier Preferred Brand & Non-Preferred Generic - 2nd tier Non-Preferred Brand & Non-Preferred Generic - 3rd Tier		\$25 copay or 20%, greater of \$85 Copayment or 25%, greater of (\$200 max) \$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 Specialty Brand - 5th Tier		\$10 Copayment or 20%, greater of \$125 Copayment or 20%, greater of	

* After Deductible

RBP stands for Reference Based Pricing

There is no separate Prescription drug Out-of-Pocket. Prescription drug copayments apply to the Medical 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.

Deductibles and Out-of-Pocket Maximums 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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**MEWA "D" PLAN OPTIONS - 3000, 5000, 6650, Max Limit HSA
HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE
SCHEDULE OF HEALTH INSURANCE BENEFITS**

MEDICAL BENEFITS	MEWA 3000 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	\$3,000	\$9,000	\$5,000	\$15,000	\$6,650	\$19,950	\$7,500	\$22,500
Family	\$6,000	\$18,000	\$10,000	\$30,000	\$13,300	\$39,900	\$15,000	\$45,000
Benefit Level	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP	100%*	80%*RBP
Out-of-Pocket Maximum								
Employee	\$3,000	\$16,800	\$5,000	\$22,050	\$6,650	\$22,050	\$7,500	\$27,300
Family	\$6,000	\$33,600	\$10,000	\$44,100	\$13,300	\$44,100	\$15,000	\$54,600
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 <small>As defined by the Affordable Care Act.</small>	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 <small>(Labs, X-Rays)</small>	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 <small>(Refer to plan benefit chart)</small>	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 <small>Visits for Illness / Injury</small>	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.

Deductibles and Out-of-Pocket Maximums 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, Deductibles will be indexed to correspond to IRS guidelines.

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2023
MEWA "F" PLAN OPTION - 5000
HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE
SCHEDULE OF HEALTH INSURANCE BENEFITS

MEDICAL BENEFITS	MEWA 5000 F	
	Network	Non Network
Calendar Year Deductible		
Employee	\$5,000	\$15,000
Family	\$10,000	\$30,000
Benefit Level	100%*	80%* RBP
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 per Covered Person or \$10,000 per 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%, greater of	\$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 per Covered Person or \$1,500 per Family is met		

* After Deductible

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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.

Deductibles and Out-of-Pocket Maximums are Non-Integrated. Therefore, Deductibles 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, Deductibles will be indexed to correspond to IRS guidelines.

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