

Aulternative 2500 A HDHP - HSA Compatible Schedule of Health Insurance Benefits

Medical Benefits	Network	Non-Network
Calendar Year Deductible		
Employee	\$2,500	\$7,500
Family	\$5,000	\$15,000
Out-of-Pocket Maximum		
Employee	\$2,500	\$15,000
Family	\$5,000	\$30,000
Physician Office Visits and Teleme	dicine	
Illness/Injury	100%	80% RBP
Psychotherapy Office	100%	80% RBP
Prescription Drugs	100%	
Preventive Health Services		
As defined by		50% RBP
the Affordable Care Act.	100%	
See www.healthcare.gov for	100%	
additional information.		
Maternity Care	100%	80% RBP
Inpatient Hospital Services	100%	80% RBP
Emergency Services	100%	100% RBP
Urgent Care	100%	100% RBP
Diagnostic Services	100%	
(Labs, X-rays)	100%	80% RBP
Outpatient Therapy Services	100%	80% RBP
Other Services (Refer to	100%	80% RBP
Summary Plan Description)		
Ambulance	100%	100% 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 <u>DO NOT</u> apply to Deductible and Out-of-Pocket amounts met for Non-Network Providers.

Unembedded Deductible. Family Deductibles are per family; there is no perperson Deductible. Therefore, if you have family coverage, one or more persons must satisfy the family Deductible amount.

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

The Out-of-Pocket Maximum amount includes the Deductible and Coinsurance.

Deductible is waived for Network Preventive Health Services.

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 contained in the AultCare Insurance Company Certificate of Coverage which will govern.

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.