



**BRONZE SMALL EMPLOYER PLANS
SCHEDULE OF HEALTH INSURANCE BENEFITS**

2018

Both plans are HSA compatible

	Bronze 4500*		Bronze 6550*	
	In Network	Non Network	In Network	Non Network
MEDICAL BENEFITS				
Annual Deductibles				
Employee	\$4,500	\$13,500	\$6,550	\$19,650
Family	\$9,000	\$27,000	\$13,100	\$39,300
Benefit Level	50%	40% UCR	100%	80% UCR
Out-of-Pocket Maximum				
Employee	\$6,550	\$22,050	\$6,550	\$22,050
Family	\$13,100	\$44,100	\$13,100	\$44,100
Annual Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
ER: Emergency Department Care	50%	50% UCR	100%	100% UCR
URGENT CARE:	50%	50% UCR	100%	100% UCR
Preventive Care As defined by the Affordable Care Act No cost sharing In Network	100%	40% UCR	100%	80% UCR
Maternity Care				
Care In- Hospital	50%	40% UCR	100%	80% UCR
Pre-Admission Testing	50%	40% UCR	100%	80% UCR
As an Outpatient (Lab, Xray, Diagnostic & Therapy Services)	50%	40% UCR	100%	80% UCR
Second Surgical Opinion	50%	40% UCR	100%	80% UCR
Mental Health/Substance Abuse	50%	40% UCR	100%	80% UCR
Other Services (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)	50%	40% UCR	100%	80% UCR
Ambulance	50%	50% UCR	100%	100% UCR
Allergy Extracts	50%	40% UCR	100%	80% UCR
Physician Office Visits for Illness/Injury	50%	40% UCR	100%	80% UCR
Telemedicine	50%	40% UCR	100%	80% UCR
Specialist Office Visits for Illness/Injury	50%	40% UCR	100%	80% UCR
Prescription Drugs	50% after Network Deductible subject to Marketplace Formulary		100% after Network Deductible subject to Marketplace Formulary	

UCR stands for Usual, Customary, and Reasonable

*Annual deductibles and Out of Pockets are Embedded. Each member of a family is looked upon as an individual in regards to the deductible. Once a member reaches the individual deductible, co-insurance will apply.

Deductible and out-of-pocket maximums are nonintegrated. 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. The out-of-pocket maximum amounts include the deductible, co-insurance and copays when applicable.

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 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.

This policy contains exclusions, limitations, reduction of benefits and certain terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or AultCare Insurance Company.