

STANDARD HIGH OPTION 90%, Purchasing I and III, 80% Option II, \$750 Plan
SCHEDULE OF HEALTH INSURANCE BENEFITS

MEDICAL BENEFITS	High Option 90%		Group Purchasing Plan I		Group Purchasing Plan III		80% Option II		\$750 Plan	
	Network	Non Network	Network	Non Network	Network	Non Network	Network	Non Network	Network	Non Network
Annual Deductibles*										
Employee	\$150	\$450	\$100	\$300	\$200	\$600	\$300	\$900	\$750	\$2,250
Family	\$300	\$900	\$300	\$900	\$400	\$1,200	\$600	\$1,800	\$1,500	\$4,500
Benefit Level	90%*	80%*UCR	90%*	65%*UCR	90%*	70%*UCR	80%*	60%*UCR	80%*	60%*UCR
Medical Out-of-Pocket Maximum**										
Employee	\$500	\$1,500	\$600	\$1,800	\$700	\$2,100	\$1,300	\$3,900	\$3,000	\$9,000
Family	\$1,000	\$3,000	\$1,500	\$4,500	\$1,400	\$4,200	\$2,600	\$7,800	\$6,000	\$18,000
Prescription Drug Out-of-Pocket Maximum** (Separate from Medical Out-of-Pocket)										
Employee	\$6,850	N/A	\$6,750	N/A	\$6,650	N/A	\$6,050	N/A	\$4,350	N/A
Family	\$13,700	N/A	\$13,200	N/A	\$13,300	N/A	\$12,100	N/A	\$8,700	N/A
Annual Maximum (Integrated)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
ER** : Emergency Department Copay	\$75 Copay	\$75 Copay UCR	\$75 Copay	\$75 Copay UCR	\$75 Copay	\$75 Copay UCR	\$75 Copay	\$75 Copay UCR	\$75 Copay	\$75 Copay UCR
URGENT CARE** : Copay	\$50 Copay	\$50 Copay UCR	\$50 Copay	\$50 Copay UCR	\$50 Copay	\$50 Copay UCR	\$50 Copay	\$50 Copay UCR	\$50 Copay	\$50 Copay UCR
Preventive Care As defined by the Affordable Care Act.	100%	80%*UCR	100%	65%*UCR	100%	70%*UCR	100%	60%*UCR	100%	60%*UCR
Maternity Care	90%*	80%*UCR	90%*	65%*UCR	90%*	70%*UCR	80%*	60%*UCR	80%*	60%*UCR
Care In- Hospital	90%*	80%*UCR	90%*	65%*UCR	90%*	70%*UCR	80%*	60%*UCR	80%*	60%*UCR
Pre-Admission Testing	90%*	80%*UCR	90%*	65%*UCR	90%*	70%*UCR	80%*	60%*UCR	80%*	60%*UCR
As an Outpatient (Lab, Xray, Diagnostic & Therapy Services)	90%*	80%*UCR	90%*	65%*UCR	90%*	70%*UCR	80%*	60%*UCR	80%*	60%*UCR
Second Surgical Opinion	90%*	80%*UCR	90%*	65%*UCR	90%*	70%*UCR	80%*	60%*UCR	80%*	60%*UCR
Mental Health/Substance Abuse	90%*	80%*UCR	90%*	65%*UCR	90%*	70%*UCR	80%*	60%*UCR	80%*	60%*UCR
Other Services (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)	90%*	80%*UCR	90%*	65%*UCR	90%*	70%*UCR	80%*	60%*UCR	80%*	60%*UCR
Ambulance	80%*	80%*UCR	80%*	80%*UCR	80%*	80%*UCR	80%*	80%*UCR	80%*	80%*
Allergy Extracts	80%*	80%*UCR	80%*	80%*UCR	80%*	80%*UCR	80%*	80%*UCR	80%*	80%*UCR
Physician Office Visits**										
Visits for Illness / Injury	90%*	80%*UCR	\$10 Copay/\$5 Copay OB/GYN	65%*UCR	\$10 Copay	70%*UCR	80%*	60%*UCR	\$25 Copay	60%*UCR
Telemedicine	\$35 Copay	80%*UCR	\$35 Copay	65%*UCR	\$35 Copay	70%*UCR	\$35 Copay	60%*UCR	\$35 Copay	60%*UCR
Prescription Drugs**	Retail (34 day supply)				Mail Order (60 day supply)					
	Generic Preferred (1st tier)		\$10 copay or 20%, greater of		Generic Preferred (1st tier)		\$27 or 20%, greater of			
	Generic Non-Preferred (2nd tier)		\$20 copay or 30%, greater of		Generic Non-Preferred (2nd tier)		\$45 or 30%, greater of			
	Preferred Brand (3rd Tier)		\$30 copay or 30%, greater of		Preferred Brand (3rd Tier)		\$55 or 25%, greater of (\$125 max)			
	Preferred Non-Brand (4th Tier)		\$45 copay or 50%, greater of		Preferred Non-Brand (4th Tier)		\$85 or 45%, greater of (\$250 max)			
	Most Non Preferred (5th Tier)		75% co-insurance		Most Non Preferred (5th Tier)		75% co-insurance			
	Specialty Preferred		\$125 or 20%, greater of		Specialty Preferred		\$125 or 20%, greater of			
	Specialty Non Preferred		\$250 or 40%, greater of		Specialty Non Preferred		\$250 or 40%, greater of			

UCR stands for Usual, Customary and Reasonable

* After Deductible

** Medical plan Co-pays apply to the medical plan out-of-pocket and Prescription Drug Co-pays apply to the prescription drug out-of-pocket. Annual deductibles are Embedded. If you are insuring more than one person, you have family coverage. With embedded insurance each member of the family is looked at as an individual in regards to the deductible. Once a person reaches the single deductible, the co-insurance percentages 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.

This policy contains exclusions, limitations, savings 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.

NOTE: This sheet is intended to provide a summary of products offered by AultCare to groups with 50 or more employees.

**AULTERNAIVE PLANS SCHEDULE A 1500 Plans
HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE
SCHEDULE OF HEALTH INSURANCE BENEFITS**

MEDICAL BENEFITS	Alternative A 1500/80		Alternative A 1500/100	
	Network	Non Network	Network	Non Network
Annual Deductibles*				
Employee	\$1,500	\$4,500	\$1,500	\$4,500
Family	\$3,000	\$9,000	\$3,000	\$9,000
Benefit Level	80%*	60%*UCR	100%*	80%*UCR
Out-of-Pocket Maximum				
Employee	\$4,150	\$12,450	\$1,500	\$9,000
Family	\$6,650	\$19,950	\$3,000	\$18,000
Annual Maximum (Integrated)	Unlimited	Unlimited	Unlimited	Unlimited
ER: Emergency Department Care /Urgent Care	100%*	100%* UCR	100%*	100%*UCR
Preventive Care As defined by the Affordable Care Act.	100%	50%*UCR	100%	50%*UCR
Maternity Care	80%*	60%*UCR	100%*	80%*UCR
Care In- Hospital	80%*	60%*UCR	100%*	80%*UCR
Pre-Admission Testing	80%*	60%*UCR	100%*	80%*UCR
As an Outpatient (Lab, Xray, Diagnostic & Therapy Services)	80%*	60%*UCR	100%*	80%*UCR
Second Surgical Opinion	80%*	60%*UCR	100%*	80%*UCR
Mental Health/Substance Abuse	80%*	60%*UCR	100%*	80%*UCR
Other Services (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)	80%*	60%*UCR	100%*	80%*UCR
Ambulance	80%*	80%*UCR	100%*	100%*UCR
Allergy Extracts	80%*	60%*UCR	100%*	80%*UCR
Physician Office Visits				
Visits for Illness / Injury	80%*	60%*UCR	100%*	80%*UCR
Telemedicine	80%*	60%*UCR	100%*	80%*UCR
Prescription Drugs	80%*		100%*	

* After Deductible

UCR stands for Usual, Customary and Reasonable

Annual Deductibles are Unembedded: If you are insuring more than one person, you have family coverage. If only one person incurs claims, those claims must satisfy the family deductible before the co-insurance percentages apply. Any combination of family members' claims may satisfy the family deductible.

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, deductible will be indexed to correspond to IRS guidelines.

This policy contains exclusions, limitations, savings 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.

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9/2017 AultCare Health Insurance Policies



**AULTERNATIVE PLANS SCHEDULE A 2000, 2500 and 3000 Plans
HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE
SCHEDULE OF HEALTH INSURANCE BENEFITS**

	Alternative A 2000/80		Alternative A 2000/100		Alternative A 2500		Alternative A 3000	
	Network	Non Network	Network	Non Network	Network	Non Network	Network	Non Network
MEDICAL BENEFITS								
Annual Deductibles*								
Employee	\$2,000	\$6,000	\$2,000	\$6,000	\$2,500	\$7,500	\$3,000	\$9,000
Family	\$4,000	\$12,000	\$4,000	\$12,000	\$5,000	\$15,000	\$6,000	\$18,000
Benefit Level	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Out-of-Pocket Maximum								
Employee	\$4,150	\$12,450	\$2,000	\$12,000	\$2,500	\$15,000	\$3,000	\$18,000
Family	\$6,650	\$19,950	\$4,000	\$24,000	\$5,000	\$30,000	\$6,000	\$36,000
Annual Maximum (Integrated)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
ER: Emergency Department Care / Urgent Care	80%*	80%*UCR	100%*	100%* UCR	100%*	100%*UCR	100%*	100%*UCR
Preventive Care As defined by the Affordable Care Act.	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR
Maternity Care	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Care In- Hospital	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Pre-Admission Testing	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
As an Outpatient (Lab, Xray, Diagnostic & Therapy Services)	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Second Surgical Opinion	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Mental Health/Substance Abuse	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Other Services (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Ambulance	80%*	80%*UCR	100%*	100%*UCR	100%*	100%*UCR	100%*	100%*UCR
Allergy Extracts	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Physician Office Visits			100%*					
Visits for Illness / Injury	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Telemedicine	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Prescription Drugs	80%*		100%*		100%*		100%*	

* After Deductible

Unembedded deductible: If you are insuring more than one person, you have family coverage. If only one person incurs claims, those claims must satisfy the family deductible before the co-insurance percentages apply. Any combination of family members' claims may satisfy the family deductible.

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, deductible will be indexed to correspond to IRS guidelines.

This policy contains exclusions, limitations, savings 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.

**AULTERNATIVE PLANS SCHEDULE B 1000 and 1500 Plans
SCHEDULE OF HEALTH INSURANCE BENEFITS**

MEDICAL BENEFITS	Alternative B 1000/80		Alternative B 1000/100		Alternative B 1500/80		Alternative B 1500/100	
	Network	Non Network	Network	Non Network	Network	Non Network	Network	Non Network
Annual Deductibles*								
Employee	\$1,000	\$3,000	\$1,000	\$3,000	\$1,500	\$4,500	\$1,500	\$4,500
Family	\$2,000	\$6,000	\$2,000	\$6,000	\$3,000	\$9,000	\$3,000	\$9,000
Benefit Level	80%*	60%*UCR	100%*	80%*UCR	80%	60%*UCR	100%*	80%*UCR
Medical Out-of-Pocket Maximum**								
Employee	\$2,000	\$6,000	\$1,000	\$6,000	\$2,500	\$7,500	\$1,500	\$9,000
Family	\$4,000	\$12,000	\$2,000	\$12,000	\$5,000	\$15,000	\$3,000	\$18,000
Prescription Drug Out-of-Pocket Maximum** (Separate from Medical Out-of-Pocket)								
Employee	\$5,350	N/A	\$6,350	N/A	\$4,850	N/A	\$5,850	N/A
Family	\$10,700	N/A	\$12,700	N/A	\$9,700	N/A	\$11,700	N/A
Annual Maximum (Integrated)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
ER:** Emergency Department Copay	\$150	\$150 UCR	\$150	\$150 UCR	\$150	\$150 UCR	\$150	\$150 UCR
URGENT CARE:** Copay	\$50	\$50 UCR	\$50	\$50 UCR	\$50	\$50 UCR	\$50	\$50 UCR
Preventive Care As defined by the Affordable Care Act.	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR
Maternity Care	80%*	60%*UCR	100%*	80%*UCR	80%	60%*UCR	100%*	80%*UCR
Care In- Hospital	80%*	60%*UCR	100%*	80%*UCR	80%	60%*UCR	100%*	80%*UCR
Pre-Admission Testing	80%*	60%*UCR	100%*	80%*UCR	80%	60%*UCR	100%*	80%*UCR
As an Outpatient (Lab, Xray, Diagnostic & Therapy Services)	80%*	60%*UCR	100%*	80%*UCR	80%	60%*UCR	100%*	80%*UCR
Second Surgical Opinion	80%*	60%*UCR	100%*	80%*UCR	80%	60%*UCR	100%*	80%*UCR
Mental Health/Substance Abuse	80%*	60%*UCR	100%*	80%*UCR	80%	60%*UCR	100%*	80%*UCR
Other Services (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)	80%*	60%*UCR	100%*	80%*UCR	80%	60%*UCR	100%*	80%*UCR
Ambulance	80%*	80%*UCR	100%*	100%*UCR	80%	80%*UCR	100%*	100%*UCR
Allergy Extracts	80%*	60%*UCR	100%*	80%*UCR	80%	60%*UCR	100%*	80%*UCR
Physician Office Visits**								
Visits for Illness / Injury	\$25 Copay	60%*UCR	\$25 Copay	80%*UCR	\$25 Copay	60%*UCR	\$25 Copay	80%*UCR
Telemedicine	\$35 Copay	60%*UCR	\$35 Copay	80%*UCR	\$35 Copay	60%*UCR	\$35 Copay	80%*UCR
Prescription Drugs**	Retail (34 day supply)				Mail Order (60 day supply)			
	Generic Preferred (1st tier)		\$10 copay or 20%, greater of		\$27 or 20%, greater of			
	Generic Non-Preferred (2nd tier)		\$20 copay or 30%, greater of		\$45 or 30%, greater of			
	Preferred Brand (3rd Tier)		\$30 copay or 30%, greater of		\$55 or 25%, greater of (\$125 max)			
	Preferred Non-Brand (4th Tier)		\$45 copay or 50%, greater of		\$85 or 45%, greater of (\$250 max)			
	Most Non Preferred (5th Tier)		75% co-insurance		75% co-insurance			
	Specialty Preferred		\$125 or 20%, greater of		\$125 or 20%, greater of			
	Specialty Non Preferred		\$250 or 40%, greater of		\$250 or 40%, greater of			

UCR stands for Usual, Customary and Reasonable

* After Deductible

** Medical plan Co-pays apply to the medical plan out-of-pocket and Prescription Drug Co-pays apply to the prescription drug out-of-pocket.

Annual deductibles are Embedded. If you are insuring more than one person, you have family coverage. With embedded insurance each member of the family is looked at as an individual in regards to the deductible. Once a person reaches the single deductible, the co-insurance percentages 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.

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NOTE: This sheet is intended to provide a summary of products offered by AultCare to groups with 50 or more employees.



**AULTERNAIVE PLANS SCHEDULE B 2000, 2500, 5000 & 7150 Plans
SCHEDULE OF HEALTH INSURANCE BENEFITS**

MEDICAL BENEFITS	Alternative B 2000/80		Alternative B 2000/100		Alternative B 2500		Alternative B 5000		Alternative B 7150	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Annual Deductibles*										
Employee	\$2,000	\$6,000	\$2,000	\$6,000	\$2,500	\$7,500	\$5,000	\$15,000	\$7,150	\$21,450
Family	\$4,000	\$12,000	\$4,000	\$12,000	\$5,000	\$15,000	\$10,000	\$30,000	\$14,300	\$42,900
Benefit Level	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Medical Out-of-Pocket Maximum**										
Employee	\$4,000	\$12,000	\$2,000	\$12,000	\$2,500	\$15,000	\$7,350	\$22,050	\$7,350	\$22,050
Family	\$8,000	\$24,000	\$4,000	\$24,000	\$5,000	\$30,000	\$14,700	\$44,100	\$14,700	\$44,100
Prescription Drug Out-of-Pocket Maximum** (Separate from Medical Out-of-Pocket)										
Employee	\$3,350	N/A	\$5,350	N/A	\$4,850	N/A	Pharmacy Out-of-Pocket integrated with Network Medical Out-of-Pocket		Pharmacy Out-of-Pocket integrated with Network Medical Out-of-Pocket	
Family	\$6,700	N/A	\$10,700	N/A	\$9,700	N/A				
Annual Maximum (Integrated)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited		Unlimited
ER:** Emergency Department Copay	\$150	\$150 UCR	\$150	\$150 UCR	\$150	\$150 UCR	\$150	\$150 UCR	\$150	\$150 UCR
URGENT CARE:** Copay	\$50	\$50 UCR	\$50	\$50 UCR	\$50	\$50 UCR	\$50	\$50 UCR	\$50	\$50 UCR
Preventive Care <small>As defined by the Affordable Care Act.</small>	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR
Maternity Care	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Care In- Hospital	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Pre-Admission Testing	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
As an Outpatient <small>(Lab, Xray, Diagnostic & Therapy Services)</small>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Second Surgical Opinion	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Mental Health/Substance Abuse	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Other Services <small>(Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)</small>	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Ambulance	80%*	80%*UCR	100%*	100%*UCR	100%*	100%*UCR	100%*	100%*UCR	100%*	100%*UCR
Allergy Extracts	80%*	60%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Physician Office Visits**										
Visits for Illness / Injury	\$25 Copay	60%*UCR	\$25 Copay	80%*UCR	\$25 Copay	80%*UCR	\$25 Copay	80%*UCR	\$25 Copay	80%*UCR
Telemedicine	\$35 Copay	60%*UCR	\$35 Copay	80%*UCR	\$35 Copay	80%*UCR	\$35 Copay	80%*UCR	\$35 Copay	80%*UCR
Prescription Drugs**	Retail (34 day supply)						Mail Order (60 day supply)			
	Generic (1st tier)		\$10 copay or 20%, greater of		Generic (1st tier)		\$27 or 20%, greater of			
	Preferred Brand (2nd Tier)		\$20 copay or 30%, greater of		Preferred Brand (2nd Tier)		\$45 or 30%, greater of			
	Preferred Brand (3rd Tier)		\$30 copay or 35%, greater of		Preferred Brand (3rd Tier)		\$55 or 25%, greater of (\$125 max)			
	Non Preferred Brand (4th Tier)		\$45 copay or 50%, greater of		Non Preferred Brand (4th Tier)		\$85 or 45%, greater of (\$250 max)			
	Non Preferred Brand (5th Tier)		75% co-insurance		Non Preferred Brand (5th Tier)		75% co-insurance			
	Specialty Preferred		\$125 or 20%, greater of		Specialty Preferred		\$125 or 20%, greater of			
	Specialty Non Preferred		\$250 or 40%, greater of		Specialty Non Preferred		\$250 or 40%, greater of			

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* After Deductible
** Medical plan Co-pays apply to the medical plan out-of-pocket and Prescription Drug Co-pays apply to the prescription drug out-of-pocket.

Annual deductibles are Embedded. If you are insuring more than one person, you have family coverage. With embedded insurance each member of the family is looked at as an individual in regards to the deductible. Once a person reaches the single deductible, the co-insurance percentages will apply. Deductible and out-of-pocket maximums are nonintegrated. Therefore, deductibles and out-of-pocket amounts met for AultCare Providers DO NOT apply to deductible and out-of-pocket amounts met for Non-AultCare Providers.

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**AULTERNATIVE PLANS SCHEDULE D 2800, 5000 and 6650 Plans
SCHEDULE OF HEALTH INSURANCE BENEFITS**

	Alternative D 2800 HSA***		Alternative D 5000 HSA***		Alternative D 6650 HSA***	
	Network	Non Network	Network	Non Network	Network	Non Network
MEDICAL BENEFITS						
Annual Deductibles*						
Employee	\$2,800	\$8,400	\$5,000	\$15,000	\$6,650	\$19,950
Family	\$5,600	\$16,800	\$10,000	\$30,000	\$13,300	\$39,900
Benefit Level	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Out-of-Pocket Maximum						
Employee	\$2,800	\$16,800	\$5,000	\$22,050	\$6,650	\$22,050
Family	\$5,600	\$33,600	\$10,000	\$44,100	\$13,300	\$44,100
Annual Maximum (Integrated)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
ER: Emergency Department Care/Urgent Care	100%*	100%* UCR	100%*	100%*UCR	100%*	100%*UCR
Preventive Care As defined by the Affordable Care Act.	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR
Maternity Care	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Care In- Hospital	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Pre-Admission Testing	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
As an Outpatient (Lab, Xray, Diagnostic & Therapy Services)	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Second Surgical Opinion	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Mental Health/Substance Abuse	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Other Services (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Ambulance	100%*	100%*UCR	100%*	100%*UCR	100%*	100%*UCR
Allergy Extracts	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Physician Office Visits						
Visits for Illness / Injury	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Telemedicine	100%*	80%*UCR	100%*	80%*UCR	100%*	100%*UCR
Prescription Drugs	100%*		100%*		100%*	

UCR stands for Usual, Customary and Reasonable

* After Deductible

***Health Savings Account Compatible

Annual deductibles are Embedded. Each member of a family is looked upon as an individual in regard to the deductible. Once a member reaches the single deductible, the co-insurance percentage will apply.

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.

This policy contains exclusions, limitations, savings 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.

NOTE: This sheet is intended to provide a summary of products offered by AultCare to groups with 50 or more employees.



**AULTERNATIVE PLANS SCHEDULE E and F Plans
HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE
SCHEDULE OF HEALTH INSURANCE BENEFITS**

MEDICAL BENEFITS	Alternative E 1500***		Alternative E 2500***		Alternative F 2800****		Alternative F 5000****	
	Network	Non Network	Network	Non Network	Network	Non Network	Network	Non Network
Annual Deductibles*								
Employee	\$1,500	\$4,500	\$2,500	\$7,500	\$2,800	\$8,400	\$5,000	\$15,000
Family	\$3,000	\$9,000	\$5,000	\$15,000	\$5,600	\$16,800	\$10,000	\$30,000
Benefit Level	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Medical Out-of-Pocket Maximum**								
Employee	\$1,500	\$9,000	\$2,500	\$15,000	\$2,800	\$16,800	\$5,000	\$22,050
Family	\$3,000	\$18,000	\$5,000	\$30,000	\$5,600	\$33,600	\$10,000	\$44,100
Annual Maximum (Integrated)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
ER: Emergency Department Care / Urgent Care	100%*	100%* UCR	100%*	100%*UCR	100%*	100%*UCR	100%*	100%*UCR
Preventive Care As defined by the Affordable Care Act.	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR	100%	50%*UCR
Maternity Care	100%*	80%*UCR	100%*	80%* UCR	100%*	80%*UCR	100%*	80%*UCR
Care In- Hospital	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Pre-Admission Testing	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
As an Outpatient (Lab, Xray, Diagnostic & Therapy Services)	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Second Surgical Opinion	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Mental Health/Substance Abuse	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Other Services (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Ambulance	100%*	100%*UCR	100%*	100%*UCR	100%*	100%*UCR	100%*	100%*UCR
Allergy Extracts	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Physician Office Visits								
Visits for Illness / Injury	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Telemedicine	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR	100%*	80%*UCR
Prescription Drugs	100% Copay**		100% Copay**		100% Copay**		100% Copay**	
	After \$1,500/emp or \$3,000/fam Med/Rx OOP is met:		After \$2,500/emp or \$5,000/fam Med/Rx OOP is met:		After \$2,800/person or \$5,600/fam Med/Rx OOP is met:		After \$5,000/person or \$10,000/fam Med/Rx OOP is met:	
	Retail (34 day supply)				Mail Order (60 day supply)			
	Generic \$10 copay Preferred \$30 copay Non Preferred \$60 copay or 50% greater of				Generic \$27 copay Preferred \$72 copay Non Preferred \$145 copay			
You may receive up to a 30 day supply of Specialty/Limited Distribution medications at retail and mail order								
No copays after additional Rx OOP of \$750/emp or \$1500/fam is met		No copays after additional Rx OOP of \$750/emp or \$1500/fam is met		No copays after additional Rx OOP of \$750/person or \$1500/fam is met		No copays after additional Rx OOP of \$750/person or \$1500/fam is met		

UCR stands for Usual, Customary and Reasonable

* After Deductible

** Once the appropriate network out-of-pocket amount for Medical has been satisfied, enrollee/family has an Rx copay plan until an additional \$750/\$1,500 Rx out-of-pocket amount has been satisfied.

*** (E Plans)Deductibles and Out-of-Pocket amounts are UNEMBEDDED

****(F Plans)Deductibles and Out-of-Pocket amounts are EMBEDDED

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, deductible will be indexed to correspond to IRS guidelines.

This policy contains exclusions, limitations, savings 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.

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