

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

	Platinum 200*		Platinum 500*		Platinum 1000*		Platinum 1500 HSA 500** ***Attestation required	
	In Network	Non Network	In Network	Not Network	In Network	Non Network	In Network	Non Network
MEDICAL BENEFITS								
Annual Deductibles								
Employee	\$200	\$600	\$500	\$1,500	\$1,000	\$3,000	\$1,500	\$4,500
Family	\$400	\$1,200	\$1,000	\$3,000	\$2,000	\$6,000	\$3,000	\$9,000
Benefit Level	90%	70% UCR	80%	60% UCR	100%	80% UCR	100%	80% UCR
Out-of-Pocket Maximum								
Employee	\$1,400	\$22,050	\$1,300	\$22,050	\$1,000	\$22,050	\$1,500	\$22,050
Family	\$2,800	\$44,100	\$2,600	\$44,100	\$2,000	\$44,100	\$3,000	\$44,100
Annual Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
ER: Emergency Department Care	90%	90% UCR	80%	80% UCR	100%	100% UCR	100%	100% UCR
URGENT CARE:	\$75 Copay	\$75 Copay UCR	\$75 Copay	\$75 Copay UCR	\$75 Copay	\$75 Copay UCR	100%	100% UCR
Preventive Care As defined by the Affordable Care Act. No cost sharing In Network	100%	70% UCR	100%	60% UCR	100%	80% UCR	100%	80% UCR
Maternity Care								
Care In- Hospital	90%	70% UCR	80%	60% UCR	100%	80% UCR	100%	80% UCR
Pre-Admission Testing	90%	70% UCR	80%	60% UCR	100%	80% UCR	100%	80% UCR
As an Outpatient (Lab, Xray, Diagnostic & Therapy Services)	90%	70% UCR	80%	60% UCR	100%	80% UCR	100%	80% UCR
Second Surgical Opinion	90%	70% UCR	80%	60% UCR	100%	80% UCR	100%	80% UCR
Mental Health/Substance Abuse	90%	70% UCR	80%	60% UCR	100%	80% UCR	100%	80% UCR
Other Services (Home Health, Hospice Care, Skilled or Private Duty Durable Medical, Chiropractic)	90%	70% UCR	80%	60% UCR	100%	80% UCR	100%	80% UCR
Ambulance	90%	90% UCR	80%	80% UCR	100%	100% UCR	100%	100% UCR
Allergy Extracts	90%	70% UCR	80%	60% UCR	100%	80% UCR	100%	80% UCR
Physician Office Visits for Illness/Injury	\$20 Copay	70% UCR	\$20 Copay	60% UCR	\$20 Copay	80% UCR	100%	80% UCR
Telemedicine	\$20 Copay	70% UCR	\$20 Copay	60% UCR	\$20 Copay	80% UCR	100%	80% UCR
Specialist Office Visits for Illness/Injury	\$40 Copay	70% UCR	\$40 Copay	60% UCR	\$40 Copay	80% UCR	100%	80% UCR
Prescription Drugs	4 Tier Rx		4 Tier Rx		4 Tier Rx		100% after Network Deductible subject to Marketplace Formulary	

UCR stands for Usual, Customary, and Reasonable

4 Tier Rx with Marketplace Formulary	Retail 1-34 day supply:	Tier 1: \$10 Copay or 20%, greater of	Mail Order 90 day supply:	Tier 1: \$30 or 20% greater of
		Tier 2: \$20 Copay or 30%, greater of		Tier 2: \$55 or 25% greater of
		Tier 3: \$45 Copay or 40%, greater of		Tier 3: \$125 or 35% greater of
		Tier 4: \$50 Copay or 50%, greater of		Tier 4: \$150 or 50% greater of

*Annual deductibles 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.

**Annual deductibles are Unembedded. Family coverage means insuring more than one person. If only one family member 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.

***Attestation required for Platinum 1500 HSA 500: Employer is required to contribute \$500/Single and \$1,000/Family annually to each enrolled Employee's HSA account.

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.