



GOLD SMALL EMPLOYER PLANS

HSA COMPATIBLE

2018

SCHEDULE OF HEALTH INSURANCE BENEFITS

MEDICAL BENEFITS	Gold 1350 HSA*		Gold 2000 HSA*	
	In Network	Non Network	In Network	Non Network
Annual Deductibles				
Employee	\$1,350	\$4,050	\$2,000	\$6,000
Family	\$2,700	\$8,100	\$4,000	\$12,000
Benefit Level	90%	70% UCR	100%	80%
Out-of-Pocket Maximum				
Employee	\$3,000	\$22,050	\$2,000	\$22,050
Family	\$6,000	\$44,100	\$4,000	\$44,100
Annual Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
ER: Emergency Department Care	90%	90% UCR	100%	100% UCR
Urgent Care:	90%	90% UCR	100%	100% UCR
Preventive Care As defined by the Affordable Care Act No cost sharing In Network	100%	70% UCR	100%	80% UCR
Maternity Care				
Care In- Hospital	90%	70% UCR	100%	80% UCR
Pre-Admission Testing	90%	70% UCR	100%	80% UCR
As an Outpatient (Lab, Xray, Diagnostic & Therapy Services)	90%	70% UCR	100%	80% UCR
Second Surgical Opinion	90%	70% UCR	100%	80% UCR
Mental Health/Substance Abuse	90%	70% UCR	100%	80% UCR
Other Services (Home Health, Hospice Care, Skilled or Private Duty Nursing, Durable Medical, Chiropractic)	90%	70% UCR	100%	80% UCR
Ambulance	90%	90% UCR	100%	100% UCR
Allergy Extracts	90%	70% UCR	100%	80% UCR
Physician Office Visits for Illness/Injury	90%	70% UCR	100%	80% UCR
Telemedicine	90%	70% UCR	100%	80% UCR
Specialist Office Visits for Illness/Injury	90%	70% UCR	100%	80% UCR
Prescription Drugs	90% after Network Deductible subject to Marketplace Formulary		100% after Network Deductible subject to Marketplace Formulary	

UCR stands for Usual, Customary, and Reasonable

*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. Maximum out-of-pockets are embedded.

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. AultCare Health Insurance Policies